Christine Cotton

The trial was almost perfect

From Biostatistician for the Pharmaceutical Industry to Whistleblower

PREFACE

I've been involved in adverse reactions of vaccines for years, actually many years before the Covid pandemic and the associated immunization campaign. Now a lot of people could open their eyes about the truth about the "safe and effective" mantra provided by the vaccine cult, which is repeated over and over again. I could meet Christine for the first time through the Covid pandemic (we didn't know each other before) and I found a friend in this fight : trying to bring a little bit of justice and give a voice to the people harmed by those products, the same people who are ignored, ghosted and harassed when they just seek to be recognized for what they are : victims.

The fight is not over yet.

Surya Arby

A FOIA guy since 5 years

Truth is a science with a future

(Gaston Bachelard)

For the first several months I was totally alone, I kept my symptoms and my story completely to myself, I thought that this was an isolated incident to be injured by a COVID-19 vaccine. , my perspective changed when I met dozens of others, then there were hundreds of others, then thousands.

(Brianne Dressen)

The eyes of history are upon us. Every generation looks back in wonder at the incredible mistakes of its forebears. They will ask questions such as, "How could they possibly not have realised how wrong they were?", "What on earth happened to them?", "Why did they ignore the evidence for so long, as well as their values and every opportunity to learn from the mistakes of yesteryear?" and "What madness captures men?".

(Andrew Bridgen UK parliament)

This book is dedicated to all the victims of COVID-19 vaccines, to my whistleblowers friends, Yves, Pierre, Surya, Jakob, Jikky, Jeyanthi, Brook, Lynda, James, Anne-Marie, Peter, Patrick and to all the people I've met during my 54 years of life on this Earth, whether they brought me joy and love or pain and tears, because they made me who I'm.

Huge thanks to my friends Juliette, Pierre, Diana and Hélène, who have made this book possible.

ONCE UPON A TIME;
THERE WAS A BIOSTATISTICIAN

My name is Christine Cotton. I've worked in the pharmaceutical industry since 1995, focusing particularly on Research and Development and clinical trial management as a biostatistician and former CEO of a contract research company.

Since the arrival of the SARS-COV-2 epidemic, clinical trials have undoubtedly been on everyone's radar. Here is the precise definition according to Good Clinical Practices (GCP), which, as its name suggests, sets the standard for ethical and scientific quality in clinical research.

A clinical trial is a research involving **"human subjects"**, designed to discover or verify the clinical, pharmacological, and/or other **pharmacodynamic effects** and/or to **identify any adverse events** of one or more investigational product(s), and/or to study the absorption, distribution, metabolism, and excretion of one or more investigational product(s) for the **purpose of ascertaining its safety and/or efficacy.**"[1]

During my career, I've worked on over 500 trials, as well as many real-life (post-marketing approval) studies. My clients have included Archimedes Pharma, AstraZeneca, Aventis, Bauch&Lomb, Ipsen, Janssen-Cilag, Medtronic, Menarini, Roche, Pierre Fabre, Sanofi, Servier, Synthelabo, Takeda, Yamanouchi, and many others. They were large laboratories, but also biotech companies, CHUs, associations, and even competitors who entrusted us with the studies they could not manage.

I've worked in a wide range of therapeutic areas throughout my career, including osteoarthritis, osteoporosis, diabetes, influenza, hepatitis C, tuberculosis, ovarian cancer, colorectal cancer, breast cancer, follicular lymphoma, lymphocytic leukemia, multiple myeloma, kidney transplantation, depression, cognitive disorders, Alzheimer's disease, sinusitis, eczema, psoriasis, hemangioma, ulcerative colitis, Crohn's disease, rheumatoid arthritis, chronic bronchitis, allergies, gout, hypertension, heart failure, menopause, incontinence, benign prostatic hyperplasia, impotence, child nutrition, and undoubtedly many others that slip my mind at the moment.

[1] https://www.ema.europa.eu/en/documents/scientific-guideline/ich-guideline-good-clinical-practice-e6r2-step-5_en.pdf

Contrary to popular belief, doctors are not the ones dissecting clinical trials; that is the domain of biostatisticians. They 're the "unsung heroes"ensuring study designs are rock-solid, from picking the right statistical methods and randomization tricks to calculating sample sizes that won't leave researchers pulling their hair out. Once the data's in, biostatisticians perform a set of analyses to decode trial outcomes accurately, spotting safety red flags like a hawk eyes prey.

Their job does not end there; after interpreting the trial results, they draft concise and accurate reports for the regulatory agencies to make decisions about the safety and efficacy of new products and grant Marketing Authorization (MA).

Without biostatisticians, there would be no results to rubber-stamp, no meds to approve—just clinical chaos.

So, who better to unravel the mysteries of COVID-19 vaccine trials than a biostatistician?

Yet, when is the last time you saw one on TV?

Do you even know that such a job exists?

Although, I stopped working full-time after selling my company, I remain an expert biostatistician specializing in clinical trials.

Today, I wear another hat as a whistleblower.

How did I end up here?

Reader friends, let me take you "***for a ride in my funny life.***"

Today, I wear a different hat: that of a whistleblower. How did I get here?

AGAINST ALL ODDS

It all started one evening in November 2020. I found myself in touch with writers from an alternative media outlet—something that flies under the radar because, let us face it, the "general public" is not exactly clued in about its existence. I offered to write some light-hearted articles, as this media uses humor, especially in its videos, to discuss the COVID crisis.

According to initial reports, COVID-19 (SARS virus - COV-2) officially appeared in Wuhan, China, in December 2019, subsequently spreading worldwide. The Director-General of the World Health Organization (WHO) declared it a global pandemic during his press briefing on March 11, 2020.

Contrary to my expectations, the person I'm in contact with didn't ask me to write a humorous article. Instead, they requested that I use my experience as a biostatistician to summarize the progress of the vaccines in development for the readers. Therefore, I compiled a brief inventory.

THE UNTOLD SAGA OF AN IMPOSSIBLE MISSION

The publication of the complete genome sequence of the coronavirus on January 12, 2020, by China kicked off the vaccine race for many pharmaceutical companies[2].

On March 13, 2020, Pfizer announced a comprehensive plan to fight COVID-19, urging biopharmaceutical players to engage in unprecedented collaboration alongside the group[3].

On March 16, the U.S. National Institutes of Health initiated testing of an "*experimental*" vaccine in partnership with the biotech company Moderna Inc., which was entirely unknown to me until then, as it had never marketed any product[4].

On March 27, the American Secretary of the Department of Health and Human Services (HHS) declared that circumstances justify the authorization of emergency use of drugs and biological products during the COVID-19 pandemic[5].

As of April 8, 2020, **at least 115 vaccines were under study worldwide**, with 73 in the exploratory or preclinical stage (animal testing phase)[6] .

I remained skeptical. For a new disease like COVID-19, a product—or rather a **biotechnology**—was found very quickly.

Indeed, in April 2020, Pfizer joined forces with the German biotechnology company BioNTech. After obtaining initial results on animals, the new partners began their clinical trials on humans as early as April. "Already!" I exclaimed while writing my article[7].

I recall that for one of my studies, in which my company had complete management, a project called Phagoburn—the first clinical trial in the world on phagotherapy (the use of bacteria-eating viruses). It took a year for the French biotech Pherecydes Pharma to develop the product for the clinical trial and obtain the necessary authorizations.

My company was chosen to handle the logistics of this European study, which was subsidized to the tune of 5 million euros[8]. A significant challenge for an SME! This project kept me and my team busy for almost four years.

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[2] https://ncbiinsights.ncbi.nlm.nih.gov/2020/01/13/novel-coronavirus/
[3] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-outlines-five-point-plan-battle-COVID-19
[4] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-outlines-five-point-plan-battle-COVID-19
[5] https://www.federalregister.gov/documents/2020/04/01/2020-06905/emergency-use-authorization-declaration
[6] https://www.nature.com/articles/d41573-020-00073-5
[7] https://www.pfizer.com/news/press-release/press-release-detail/biontech_and_pfizer_announce_regulatory_approval_from_german_authority_paul_ehrlich_institut_to_commence_first_clinical_trial_of_COVID_19_vaccine_candidates
[8] https://cordis.europa.eu/project/id/601857/reporting

Generally, a clinical trial is a lengthy process, the result of several years of work. So, everything was progressing rapidly for the laboratories in search of a miracle vaccine intended to save humanity. At the end of July, Pfizer/BioNTech began its Phase 3 trial with the candidate vaccine codenamed BNT162b2 containing **30 micrograms (µg) of messenger modified RNA**[9].

As early as July, American government agencies ordered 100 million doses[10].

But isn't ordering a product that we know little about putting the cart before the horse?

By the end of August 2020, Pfizer/BioNTech reported having more than 11,000 participants[11].

This number increased to 37,000 by October[12], with 120 clinical sites (hospitals or Clinical Investigation Centers) recruiting participants.

These 120 sites were literally racing each other for the crown of the "best" site, meaning the one with the most participants, not only in the US but also in Brazil, Argentina, and South Africa.

Three months later, in December 2020, Pfizer/BioNTech submited its dossier, presenting the available results, to the Food and Drug Administration (FDA), the agency responsible for granting marketing authorizations for new drugs and vaccines in the United States. The management also indicated that discussions had begun with the Australian, Canadian, European, Japanese, and British health agencies[13].

So there I was in December 2020, late in sending my paper to the person who regularly reminded me. I was late because I felt I had just plunged into something important, a deep dive from which I would never get out.

On December 10, 2020, Pfizer/BioNTech announced to the world the efficacy results of BNT162b2, its vaccine candidate for the population over 16 years old—an efficacy of 95%! **The famous 95%** that the media relayed for months to all who wanted to hear it! That same day, the results were presented to the FDA's VRBPAC, an unwieldy acronym for "Vaccines and Related Biological Products Advisory Committee". The VRBPAC voted 17-4 in favor of granting emergency use authorization (EUA) for the BNT162b2 vaccine[14].

[9] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-choose-lead-mrna-vaccine-candidate
[10] https://www.massdevice.com/hhs-taps-pfizer-to-produce-millions-of-COVID-19-vaccine-doses/
[11] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-share-positive-early-data-lead-mrna
[12] https://www.pfizer.com/news/press-release/press-release-detail/biontech-and-pfizer-initiate-rolling-submission-european
[13] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-submit-emergency-use-authorization
[14] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-receive-fda-advisory-committee-vote

According to the FDA, "*an Emergency Use Authorization (EUA) is a mechanism to* ***facilitate the availability and use of medical countermeasures****, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, the FDA may allow the use of unapproved medical products or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives*."[15]

Results from other laboratories were also available within two months:

Moderna; boom 94%.

AztraZeneca; bim 70%.

Jonhson & Jonhson, 67% is bad, you ask? Not really, because here we are talking about moderate to severe cases and not mild to moderate, The nuance is important.

So, I stopped my work on the current paper to download the d**ocuments and clinical reports of these different products submitted to health authorities** to request their marketing authorizations.

THE TRANSPARENCY ENIGMA

Since December 2020, all results from clinical trials of COVID vaccines have been **freely available on the internet**.

However, knowing how to access them is not always easy, and understanding the content poses an additional challenge, especially for non-English speakers, as the materials are often in English. Having spent my life typing lines of computer code to produce similar tables and reports, I can interpret them with ease.

Clinical reports on tested products are typically not directly published on networks; their results are usually presented in medical publications that do not include the complete findings. However, for COVID, vaccine development actors chose transparency, making almost all results available. This decision, considered a mistake by some, allowed me to access and read them. Later, you'll see that obtaining the patients" data, the raw data, was an entirely different story.

[15] https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained

To those who believe only television and newspapers are reliable sources, and that the internet is a place where *"you can find anything*," reconsider. The internet contains a wealth of information, including the websites of health authorities, which are true gold mines.

With each submission, the FDA permits anyone interested to retrieve all documents presented during the evaluations of the products.

These documents include internal reports from the drugmakers, materials prepared specifically for the authorities, and summarized presentations featuring diagrams and graphs to make the results more "digestible".

It is enough to make you go mad!

Therefore, in December 2020, in the pursuit of transparency, the deliberations were systematically broadcast live on the FDA's YouTube channel, granting everyone access to a multitude of documents related to COVID, particularly the detailed results of Pfizer/BioNTech's BNT162b2 vaccine candidate with just a click on the following links:

https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-december-10-2020-meeting-announcement

Below are the direct links to the results for the BNT162b2 vaccine candidate on December 10, 2020. I use the term "candidate" because, as of this date, it was only in the "candidate" stage.

https://www.fda.gov/media/144246/download

https://www.fda.gov/media/144245/download

Presentation Prepared by Pfizer Management. Below are the links for the results of other vaccine candidates

https://www.fda.gov/media/144325/download

Below are the links for the other vaccine candidates.

Moderna Vaccine Results on December 17, 2020.

https://www.fda.gov/media/144434/download https://www.fda.gov/media/144583/download

AstraZeneca Vaccine Results on January 27, 2021:

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-01/02-COVID-Villafana.pdf

Jonhson & Jonhson vaccine results on February 26, 2021:

https://www.fda.gov/media/146217/download

https://www.fda.gov/media/146218/download

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/02-COVID-Douoguih.pdf

The United Kingdom regulators were the first to grant an authorization to the Pfizer vaccine on December 2, 2020—before the FDA itself[16].

The FDA granted the Emergency Use Authorization on December 11, 2020[17]. In Europe, the European Medicines Agency (EMA) issued **CONDITIONAL Marketing Authorizations** for BNT162b2 on December 21, 2020[18]; followed by Moderna's mRNA-1273 on January 6, 2021[19].

The third vaccine, AstraZeneca's ChAdOx1 nCov-19, received approval on January 29, 2021[20], and the fourth vaccine, Janssen-Johnson & Johnson's Ad26.COV2.S, on March 11, 2021[21].

ChAdOx1 was never authorized in the US due to suspicions of blood clots.

By conditional MA, understand Marketing Authorization granted for one year on INCOMPLETE data due to the emergency sanitary situation with a threat to public health due to the absence of effective drugs against the disease

I will not mention in this book the efficacy of treatments such as ivermectin, azithromycin, hydroxychloroquine, which have been claimed by professors and doctors worldwide, and which have been the object of discrediting campaigns to cast doubt on their allegations, demonstrations, or studies. In France, those who have used these treatments to treat their patients have even been sued by the French Medical Association; in the US, ivermectin prescribers were subject to witch-hunting. I will simply note that potential early treatments have been subjected to extremely severe regulation.

The regulations for granting conditional marketing authorizations are clear; the EMA[22] may grant a conditional marketing authorization for a drug if it considers that all of the following criteria are met:

- The benefit-risk ratio of the drug is positive;
- it is **likely that** the applicant will be able to provide complete data after authorization;
- the drug meets an **unmet medical need**;

[16] https://www.nature.com/articles/d41586-020-03441-8
[17] https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19
[18] https://www.ema.europa.eu/en/news/ema-recommends-first-COVID-19-vaccine-authorisation-eu
[19] https://www.ema.europa.eu/en/news/ema-recommends-COVID-19-vaccine-moderna-authorisation-eu
[20] https://www.ema.europa.eu/en/news/ema-recommends-COVID-19-vaccine-astrazeneca-authorisation-eu
[21] https://www.ema.europa.eu/en/news/ema-recommends-COVID-19-vaccine-janssen-authorisation-eu
[22] https://www.ema.europa.eu/en/human-regulatory/marketing-authorisation/conditional-marketing-authorisation

- the benefit of making the drug available to patients immediately outweighs the risk inherent in the fact that additional data are still needed.

You can deduce, as I do, that if drugs had been recognized as effective against COVID in 2020, COVID vaccines could never have been approved in any way, since the medical need would have been met.

Coming back to our friends at Pfizer/BioNTech, as early as December 2020, after approval by American, English, French, etc., authorities, millions of vials of the vaccine were delivered to vaccination centers. This was to ensure that Mr. and Mrs. Everyone, or almost everyone, could be vaccinated, with priority given to the elderly.

The Pfizer-BioNTech vaccine was marketed as Comirnaty in May 2021, following FDA approval of the biologics license application (BLA) submission.

Some perceive the development of these modified mRNA-based vaccines, manufactured in a few days and authorized after nine months instead of the usual 10 to 15 years, as an unprecedented technical feat. Others, including myself, are more suspicious or more familiar with the processes of the pharmaceutical industry and see it as a challenge that can only be achieved by making small "arrangements" with the standards usually in force.

Proud of their products and eager to break all speed records, some did not hesitate to reveal the secrets of their manufacture.In an interview with a French TV on December 01, 2020, Stéphane Bancel, CEO of Moderna, proudly explained that *"as of January 13 [2020], Moderna's research team, in collaboration with the U.S. Institutes of Health (NIH), had finalized the sequence of its mRNA-1273 vaccine*."

He claimed they accomplished this ***"in two days, on a computer, without ever having seen the virus***[23]."

Two days? Well, I'm not a specialist in messenger RNA, so why not!

During this interview, we learn about the functioning of this new type of vaccines, which "unlike traditional vaccines, [...] aims to train our organism to respond to the disease." It was indeed an "innovative technology, never before used in real life, [that] relies on strands of genetic instructions called messenger RNA. These strands "tell our cells what to make, in this case, a COVID-19-specific antigen".

A technology never used in real life? Really? But I thought that messenger RNA had been used for twenty years? Have I been lied to?

[23] https://www.bfmtv.com/sante/COVID-19-comment-le-laboratoire-moderna-a-t-il-pu-developper-son-vaccin-en-seulement-deux-jours_AN-202012010194.html

Before going any further, I cannot avoid a short reminder of the development process of drugs or vaccines.

THE HISTORY OF VACCINE DEVELOPMENT

Once researchers have identified molecules of interest, they first study them on animals. This so-called **preclinical** phase is extremely important, as it will determine the indicators to be followed in future clinical trials in humans.

The objective of toxicity studies is to identify possible local inflammatory-type reactions (at the injection site for vaccines), potential effects on lymph nodes, effects on different organs, and impacts on the immune system.

Pharmacokinetic studies examine the distribution of the product after injection into various organs, its metabolism, and its elimination. This phase can be complemented by studies on fertility and on embryonic and fetal development.

If - and only if - the product passes preclinical studies, it can then be tested in humans in **clinical trials**.

As with animal studies, all research begins by writing a **trial protocol**. For humans, this is a document stipulating the research objectives, the type of population (subjects chosen based on age, sex, comorbidities, etc.), the follow-up time for participants, the number of visits, efficacy criteria, safety criteria, quality control and assurance procedures, etc. It also details the statistical methodology used to analyze all collected trial criteria.

The biostatistician's role is to describe all analyses and statistical tests for each of the criteria of interest, known as the statistical methodology. This is discussed with the pharmaceutical company and certain health professionals specialized in the field studied. The biostatistician also calculates the number of subjects to be included in a trial to conclude on efficacy based on hypotheses regarding the expected efficacy of the experimental product, particularly for phase 3 trials.

The writing of a protocol requires several months of work, depending on the trial's complexity, and involves coordination with health agencies to obtain consensus on the clinical criteria to be analyzed, including the primary efficacy criterion, and the statistical methodology to be used.

The Case Report Form (CRF), which includes checkboxes, free text, tables of values, date fields, times, accompanies the protocol etc., capturing all information required in the protocol. This information must be reported for each participant in the trial (results of clinical examinations, blood pressure, heart rate, results of biological tests, imaging results such as MRI or CT scans).

With my company, I've participated in the writing of many protocols and patient booklets, so I'm well versed in the methods required to produce such documents.

In order to obtain Marketing Authorization, the tested product must go through three phases.

Phase 1, conducted on a small number of healthy volunteers, allows determining the pharmacological effects (dose ranges, Maximum Tolerated Dose) and the pharmacokinetic parameters in humans. Only a product that is well tolerated and non-toxic can advance to phase 2, where efficacy is also tested. The results of **phase 2** guide the selection of the optimal dose for phase 3; the optimal dose is not necessarily the most effective, but the one that is the least harmful while demonstrating proven efficacy.

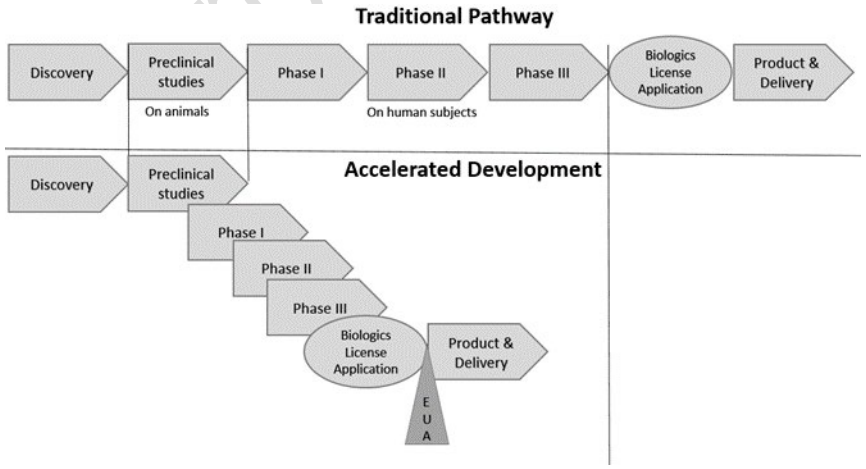
Phase 3 involves a large number of patients recruited by various doctors, possibly in several countries. It may last from a few days to several years, depending on the disease under study, to assess long-term safety.

The goal is to evaluate the benefit/risk ratio of the drug/vaccine being tested and the precautions for use related to its various adverse events.

At the end of this phase, reports are submitted to health authorities to apply for marketing authorization. The regulatory authorities" verification process sometimes takes a year or more. The product can only be marketed once the Holy Grail of marketing authorization has been obtained

The following diagram[24], from a Food and Drug Administration (FDA) presentation, compares traditional product development with COVID vaccine development. You will notice that each phase begins before the previous one is completed, preventing full results, continuous patient follow-up, or a period of vigilance between two studies. This accelerated development, which I would even say has reduced the time between the development of vaccines and their approval to less than a year, is not without putting patient safety at stake

Illustration 1: Classic workflow for a vaccine drug compared to an accelerated workflow



[24] https://www.fda.gov/media/143560/download

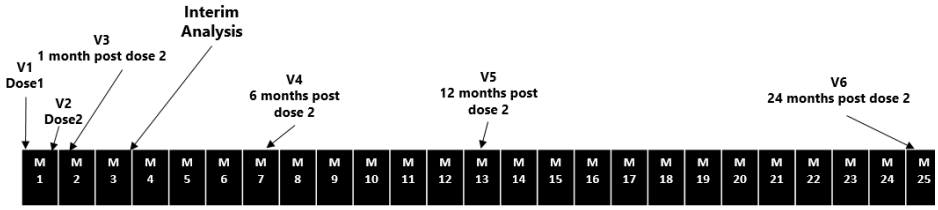
THE HIDDEN TRUTHS OF THE VACCINE

Before the start of any trial, **the sponsor**—whether it is a pharmaceutical company, a university hospital, or an association—contacts doctors, hospitals, and clinical investigation centers that are already trained in trials. The goal is to recruit and monitor participants who agree to take part in the research. In each of these structures, spread across the chosen geographical area as the test site, a team is assembled under the responsibility of a doctor in charge, known as an **investigator**. **These structures are referred to as sites or centers**.

For the Pfizer/BioNTech trial, over 150 sites were established in the United States, Brazil, Argentina, South Africa, Germany, and Turkey, as mentioned earlier. Each participant was required to visit the doctor who recruited him to undergo tests that evaluate efficacy, safety, and immunogenicity (the vaccine's ability to induce an immune response). The schedule for these tests is defined in the protocol.

The schedule of planned visits in the clinical trial was available in the protocol posted online in November 2020[25]. A simplified flowchart is provided below.

Illustration 2 Pfizer: Visit Schedule - Phase 2-3 Clinical Trial



It is important to note that the 95% efficacy results presented to the world were based on an **interim analysis after a maximum of three months of follow-up, i.e., M3, with the trial expected to last two years (24 months)**.

For my reader friends who may not be aware, I recommend reading this book to the end because there are still surprises waiting for you.

On Visit 1, known as the inclusion visit, any individual can volunteer to participate in the trial. As with any trial, the participant signs an **informed consent** form after being informed of all **the potential benefits and risks identified** before the staff conducts the relevant medical examinations. Every participant must be able to understand these elements; there are **no human guinea pigs in the pharmaceutical industry since the guinea pig is the one who doesn't give informed consent**.

[25] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf

For the site, it is a matter of recruiting the **right population** in terms of age and gender, while excluding certain individuals such as pregnant or breastfeeding women, those who have already had COVID, and those who currently have COVID. All the data collected are necessary to evaluate the efficacy of the product by comparing it to another drug already on the market or to a product that is not supposed to have an effect, known as a **placebo**.

On the first visit, then, if the participant met all the inclusion criteria, he or she was given the first dose of the **candidate vaccine named BNT162b2 or the placebo, which is none other than saltwater**. Until proven otherwise, saltwater has never prevented anyone from catching a virus, so choosing the placebo as a comparator allows for a clear evaluation of efficacy and safety.

It was not the person giving the injection who chose whether to administer BNT162b2 or the placebo; the product was automatically assigned via a computer system, as is customary in randomized trials. In a double-blind trial, participants do not know which product They 're receiving, and neither does the recruiting doctor. In the Pfizer/BioNTech trial, one person did know the product administered to the participants. The person giving the injection was indeed informed because the products were recognizable by the texture of the content, **but they were not supposed to divulge this information due to its ultra-confidential nature**. This was not a real a double-blind randomized trial but an observer-blind one, which is not a problem at all.

Returning to the protocol visits, approximately three weeks after the first dose, the participant returned to the site to receive the second dose (Visit 2, V2). In order to collect data at intervals from this vaccination, participants needed to return regularly for the required examinations: one month after dose 2 (Visit 3), six months after dose 2 (Visit 4), one year after dose 2 (Visit 5), and finally, 2 years after dose 2 (Visit 6).

Between each visit, participant were at home, going about their usual business. If they experienced any symptoms, they were to contact the site staff to report them. If the symptoms were more severe (respiratory rhythm disturbances, oxygen saturation ≤ 93%, admission to the intensive care unit, death, etc.), it was classified as a "severe case".

As participants were recruited, the randomization system ensured that an equal number received BNT162b2 and the placebo. To save valuable time, authorized personnel at the investigative site entered all measurements made during the trial into a website called the electronic patient record (e-PCR).

Data managers are responsible for the development and maintenance of the secured site, which has to operate 24 hours a day, 7 days a week. My team and I've managed many e-CRFs, and I'm well versed in all the settings and controls needed to verify the quality of the data as the recruitment process progresses.

This involves tracking down date errors, missing information, contradictory information, etc., to ensure a reliable database and, consequently, reliable statistical results.

Speaking of results, as of February 2021, I examined the efficacy results of the four vaccines for which documentation was available: Moderna, AstraZeneca, Johnson & Johnson, and obviously Pfizer/BioNTech.

THE LEGEND BEHIND THE FAMOUS 95 %

I immersed myself in the tables of the clinical reports. I took notes, I read, I reread, and I was perplexed by what I discovered. As I wrote a summary document of my findings, I recalled all the discussions around the famous 95%, proudly presented by the Pfizer/BioNTech laboratory.

I remember friends who had the virus a few months before and saw no reason to be vaccinated, 95% or not. I recall a discussion with my English neighbors, Jane and William, 76 and 78 years old at the end of the year 2020 when Christmas was not far away.

"*Hallelujah*!" cried Jane, "*they found a vaccine that works*!"

She was so happy, as if she had just broken the world record for windsurfing across the Atlantic. William had "popped" the champagne early, not to celebrate the birth of Jesus but the resurrection of all, as promised by the new vaccines.

Gone were the morticians who counted the deaths every night on television. No more fear of dying alone in the hospital, far from family, to be buried in a plastic bag.

Forget the lockdowns of staying locked up for long days without seeing a soul, the curfews, and the deserted cities.

No more certificates allowing you to go out and run a few errands during permitted hours.

Forget the walks in secret to make the dog pee at 10 pm with the apprehension of crossing a kepi and being fined!

Forget the masks made with a bra cup or used underwear because there were no masks in pharmacies.

No more damaged hands, literally burnt by hydro-alcoholic gel!

Now you could shake hands again! Now you no longer needed to cough into the crook of your arm to avoid contaminating your neighbor!

Relegated to the history books, all those horrors of the year 2020 that kept the population in terror.

Maybe the elderly would no longer need to eat in the kitchen as recommended by a doctor from the Paris Hospitals[26]!

They were thrilled at the thought of entertaining their loved ones again, traveling, and resuming a *"normal life"*. They wanted to make an appointment as soon as possible to ***"be part of the 95%". They were surprised by my question, "The 95% of... what?"***

"***But immune people, of course!***"

The benefits, the risks, the immunity, the efficacy—my poor neighbors mixed everything up. Like many others, they did not understand anything. I had to explain all these concepts to them, using results tables.

Regarding vaccination, the benefits include not contracting the disease or experiencing a less severe form, thereby avoiding severe cases and deaths. This is referred to as efficacy. Immunogenicity is also a factor, encompassing the duration of protection conferred by the antibodies produced following the vaccine injection.

The risks are related to the safety of the product's use, adverse events occurring after an injection, and all the unknown or questions that remain unanswered by the manufacturers due to a lack of results. Clinical trials must, therefore, be capable of making this assessment by providing reliable results on each of the criteria of interest.

Regarding the famous 95%, let's take a look at the table of results from the reports, which I reproduced below. Of the 18,198 participants who received the BNT162b2 vaccine, 8 "caught" COVID, which is 0.0439%. Among those vaccinated with saline water (placebo), 162 people contracted the disease out of 18,328, or 0.8840%.

Illustration 3 Pfizer - Clinical Report December 10, 2020 - Efficacy results - PCR confirmed symptomatic COVID-19 - 92 page report

	BNT162b2 (30 µg) (N[a]=18,198)	**Placebo (N[a]=18,325)**		
	n1[b]	n1[b]	VE (%)	(95%CI)
First occurrence of COVID from 7 days after dose 2	8	162	95,0	(90,3, 97,6)
Calculation in %.	0,0439%	0,884%		

https://www.fda.gov/media/144246/download

N=number of participants in the group

[26] **https://www.huffingtonpost.fr/actualites/article/papy-et-mamie-a-la-cuisine-a-noel-l-image-choque-mais-illustre-le-dilemme-des-familles_173203.html**

n1[b] =number of participants who had a COVID case
n2 = Number of participants at risk for the criterion
VE = Vaccine Efficacy / 95% CI = Credible Interval for Vaccine Efficacy

Vaccine efficacy is calculated as follows:

Relative risk (RR)= 8 / 18 198 = 0.0439% /0.8840% = 0.0497%
162 / 18 328
Vaccine efficacy = 100 x (1- RR) = 100 x (1-0.0497) = 95.027%.

The relative efficacy of this vaccine is 95%.

In absolute terms, this translates to 0.884% - 0.0439%, or 0.84%.

But BE CAREFUL, we are talking here about **mild or moderate symptomatic COVID confirmed by a PCR test, occurring at least 7 days after the second dose,** and in individuals who have never had COVID before. The number of severe cases is very small, as you will see below.

According to the protocol, symptomatic means having **at least one** of the following symptoms: fever, onset or worsening of cough, onset or worsening of difficulty breathing, chills, onset or worsening of muscle pain, loss of taste or smell, sore throat, diarrhea, or vomiting. Anyone with a few headaches and a positive PCR test is considered a symptomatic COVID case confirmed by PCR test. So, these are mostly mild to moderate cases.

My neighbors were petrified when I told them that "***the 95% efficacy doesn't mean that 95% of people are immune, but that this vaccine prevents 0.84% of people from getting a symptomatic COVID after the second dose***".

We will revisit this key criterion later. While all vaccine trials use relative risk efficacy, this is far from the major point. My investigations have uncovered some significant issues in how this data is collected and calculated. But now that I've explained this, I don't think you have the same impression of efficacy, do you?

"*Well, well, but the vaccine protects against severe cases, and at our age, that's the main thing!*" William said, trying to mask his disappointment.

THE MYTH OF SEVERE FORMS

Here are the results of severe cases for the Pfizer vaccine...

	BNT162b2 (30 µg) (N[a]=18,198)	**Placebo (N[a]=18,325)**		
	n1[b]	n1[b]	VE (%)	(95%CI)
First occurrence of COVID from 7 days after dose 2	1	3	66.4	(-124,8- 96,3)
Calculation in %.	0,00005%	0,00016%		

https://www.fda.gov/media/144246/download

In the results table, there was 1 severe case for participants who had two doses of the vaccine (column BNT162b2) and 3 for those who received the saline solution. Vaccine efficacy is in the VE column, so it would be 66.4% on severe cases. However, in biostatistics, any result is accompanied by the proof of the statistical result, here called Confidence Interval (CI). The latter tells us that **the real efficacy of the vaccine varies between -124.8%, which corresponds to negative efficacy, and 96.3%.** Considering this interval contains "0", on December 10, 2020, **it was therefore incorrect to assert that the Pfizer vaccine protected against severe cases after two doses as defined in the protocol because <u>it was not statistically proven</u>!**

Perplexity! Incomprehension! Jane and William had heard the contrary so many times! *"On TV, on the radio,"* they argued. I must be mistaken, *"it wasn't possible,"* the experts were saying that the Pfizer vaccine protected against severe forms. So many people have said so many things! I watch very little television and don't listen to the radio except in the car.

The experts? What experts? They searched in vain for their names because, despite living in France for twenty years, they were not familiar with the French experts.

"*What's her name? We heard it on the radio a week ago... It's on the tip of my tongue... Costa, Costa*."

"*Concordia*!" Jane interjected.

"*Costaconcordia? Costaconcardia... wasn't that the ship that sank?"*

It took me a moment to connect this story about the cruise ship washing up on the Italian coast to vaccines. It was not until I Googled it that I grasped the misunderstanding.

In an interview given to a mainstream French radio on December 14, 2020, Dominique Costa-gli-ola, and not Costaconcardia, - pff, nonsense! - had a "*tantrum against bad science.*" The woman, heavily involved in France's mass vaccination efforts and masked up to her eyes, said: *"We don't know the durability, and we have clearly seen that it protects against symptomatic or severe forms... But we do not know yet if it prevents transmission. So it is* ***probable*** *that, given the effect that it has, it is partly because it prevents transmission, but as we do not have data to guarantee it, we cannot affirm it..."*[27]

One might wonder where the epidemiologist, director of research at a famous French National Institute of Health and Medical Research (Inserm), who was touted as one of the leading experts on the subject, sourced her information to claim that the vaccine protected against severe forms—not from the clinical reports of the laboratories, at least.

Providing false information to the public certainly qualifies as bad science, wouldn't you say?

On January 18, 2021, Professor Alain Fischer, president of the **orientation council for the COVID-19 vaccine strategy**, acknowledged the lack of results on transmission but lauded the spectacular efficacy results. *"The protection rates against the disease for people between 15 and 75 years are 95% with practically no severe forms"*[28].

No severe form means *"no efficacy demonstrated on severe cases"* because there were not enough cases to achieve statistical significance. **Statistics are clear-cut**, and in this instance, for severe cases, the outcome was negative. The trial failed to establish any effect of the vaccine on severe cases.

On the other hand, regarding transmission, both were correct since transmission was never a part of the efficacy criteria studied in the COVID vaccine trials. The trials did not provide evidence that these vaccines prevented transmission of the disease or infection, as outlined in the FDA's notice on December 11, 2020[29].

At that moment, there were no data available to ascertain how long the vaccine's protection lasted, nor was there evidence that the vaccine prevents person-to-person transmission of SARS-CoV-2.

[27] https://www.youtube.com/watch?v=aqi2vf9prNk
[28] https://www.academie-sciences.fr/fr/Rapports-ouvrages-avis-et-recommandations-de-l-Academie/la-vaccination-contre-la-COVID-19-en-questions-entretien-avec-alain-fischer.htm
[29] https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-COVID-19-issuing-emergency-use-authorization-first-COVID-19

My neighbors were stunned. They had poured themselves a few glasses of their favorite drinks to help them swallow the bitter pill. No efficacy against transmission, no efficacy against severe cases. As part of the populations deemed at risk and prioritized for the vaccination campaign, would they end up without protection after all?

THE LEGEND ON THE ELDERLY

Does the vaccine protect people over 75 years old?

William Gruber, Vice President, Vaccine Section, Pfizer Clinical Research and Development, provided the answer[30] in his presentation to the FDA on the day of the hearing.

The reported efficacy is 100%, but the associated range is **-13.1% to 100%**. As a biostatistician, this indicates that **there is no statistical evidence of vaccine efficacy in individuals over 75 years old**.

There were too few of them included at the time of the interim analysis to establish such evidence.

One wonders why the laboratory did not recruit more of them, considering the elderly are most susceptible to developing severe forms. It remains a mystery, along with gumdrops.

It should be noted that there was no effect observed in people over 70 in the Moderna report.

Illustration 4 Pfizer - December 10, 2020 Presentation - Effectiveness Results by Age Group - William Grube

	Vaccine group (according to randomization)			
	BNT162b2 (30 µg) (N[a]= 18,198)	Placebo (N[a]=18,325)	VE (%)	(95%CI)
Age 18-64 years	7	143	95,1	(89,6- 98,1)
Age 65-74 years	1	14	92,9	(53,1, 99,8)
≥75 years	0	5	100.0	(-13,1, 100,0)

When I presented this statistical evidence, my dear neighbors were skeptical and somewhat bewildered.

[30] https://www.fda.gov/media/144325/download

What should they do? Should they trust the "*believe in the science*" mantra echoed in the media, or believe their neighbor who had spent more than 20 years providing and interpreting such results? Should they rush to schedule an appointment as soon as the product is available, or wait a bit longer to avoid making hasty decisions? Far from clarifying things for them, my explanations had only plunged them deeper into confusion.

My conclusions were indeed indicated on the VIDAL website that is an online consultation tool that provides information on healthcare products and therapeutics. Used by over five million people every month, vidal.fr is the primary source of information on healthcare products in France[31].

In February 2021, these people that can't be accused of conspiracy wrote: "*The COMIRNATY vaccine appears to be highly effective (with a 95% protection rate across all analyzed data) in* ***preventing mild to moderate symptomatic forms of COVID-19*** *in individuals who have never been infected with SARS-CoV-2. The efficacy becomes evident quickly, with a protection rate of 52.4% after the first dose. This efficacy appears to persist across various subgroups evaluated based on age, sex, ethnic origin, and risk factors (including conditions predisposing to severe COVID-19).* ***However, the results presented cannot confirm the vaccine's efficacy against severe forms of COVID-19, asymptomatic forms, or in individuals over 75 years old. Nevertheless, they do not rule out its efficacy, as more data is needed for definitive confirmation***."[32]

THE COMING OUT EXPERIENCE

At my level, after examining the clinical reports of the four vaccines, the much-touted benefits of these products no longer appeared as clear-cut.

The results stemmed from an interim analysis where participants were followed for a maximum of three months during the trials, with half being observed for only two months.

This meant that adverse effects were only recorded over this short period, which was completely insufficient for evaluating medium and long-term safety. **It is like watching only the first ten minutes of a soccer match and assuming that is enough to predict the final outcome.** Needless to say, my curiosity was piqued, and frankly, things were off to a shaky start.

[31] https://web.archive.org/web/20210225221652/https:/www.vidal.fr/maladies/voies-respiratoires/coronavirus-covid-19/vaccins.html

[32] https://web.archive.org/web/20210225221652/https://www.vidal.fr/maladies/voies-respiratoires/coronavirus-covid-19/vaccins.html

Regarding efficacy on severe cases, the conclusions were identical for both Moderna and AstraZeneca vaccines: no statistically demonstrated efficacy in clinical trials. The communication about these vaccines lacked rigor, and nothing irks a biostatistician more than a lack of rigor, which is fundamental to our profession. And when I get annoyed, well, I get annoyed. LOL!

Since it appears that "*they don't tell us everything*," or worse, "*They're completely disregarding reality*," I decided to inform people about the trial results myself.

I summarized my investigations and conclusions in a presentation, but who would care to hear from an obscure biostatistician like me? Certainly not the Minister of Health—I knew I would not get a warm reception there. Occasionally, I tuned into interviews from an alternative media outlet that seemed to think my work was worthy of public attention.

On April 8, 2021, I stepped out of anonymity to share my "discoveries," which were simply factual comments on the results during an interview with an alternative media outlet—a newspaper often labeled as "conspiracy".

It would only be a few months later that I would realize how those who raised concerns about vaccine risks were discredited by being branded as "conspiracy theorists" or "anti-vaxxers." However, at that time, I did not question it; my objective was solely to inform the public about the "real" results.

STUPOR AND COLD SWEATS

To stay informed about vaccine discussions, I tuned into television and read articles.

The reassurances about vaccines were always consistent: we were told not to worry about potential side effects because they typically manifest soon after vaccination and not later, according to the experts! The experts were reassuring, but we were dealing with a new product developed in a few months for a disease that was previously unknown, intended to be administered to billions of people. Wouldn't it be advisable to be cautious? If serious effects are not expected long after injections, why plan a two-year clinical trial then?

To assess tolerance, I downloaded one of the American pharmacovigilance databases, VAERS (Vaccine Adverse Event Reporting System). Before diving deeper, it is crucial to define the role of pharmacovigilance.

THE VIGILANTS

According to the Good Pharmacovigilance Practices available on the WHO website, the purpose of drug safety monitoring or **pharmacovigilance** is *"to prevent or reduce harm to patients and thus improve public health; mechanisms for evaluating and monitoring the safety of medicines in clinical use are vita"*[33]. For the European Agency, *"Pharmacovigilance is the science and activities relating to the detection, assessment, understanding, and prevention of adverse effects or any other medicine-related problem"*.

The Agency emphasizes that "*before a medicine is authorised for use, evidence of its safety and efficacy* ***is limited to the results from clinical trials****, where patients are selected carefully and followed up very closely under controlled conditions. This means that at the time of a medicine's authorisation,* ***it has been tested in a relatively small number of selected*** *patients for a limited length of time. After authorisation the medicine may be used in a large number of patients, for a long period of time and with other medicines.* ***Certain side effects may emerge in such circumstances****.*

[33] https://iris.who.int/bitstream/handle/10665/68782/WHO_EDM_2004.8.pdf?sequence=1

It is therefore essential that the safety of all medicines is monitored throughout their use in healthcare practice"[34].

In other words, it is like being the superhero squad for medicines—detecting side effects, preventing mishaps, and keeping everyone safe and healthy.

Hmm, in fact, They 're supposed to do so…

THE DATABASE

What is this VAERS ?

VAERS[35] is a system co-managed by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). It is a key system in the United States for detecting potential safety issues with licensed vaccines **including new, unusual, or rare adverse events related to vaccines.**

In all countries, health professionals and vaccine manufacturers **are mandated** to report all adverse events they encounter, but VAERS allows anyone to submit a report.

You might be wondering, *"Why did a French biostatistician go so far to access pharmacovigilance data?"*

Well, my readers, it is because VAERS is one of the few freely accessible databases you can easily download. In France, the national health agency (ANSM) centralizes adverse events, but access to their database requires authorizations granted only to certain state agencies. Given my keen interest in listing and counting adverse events reported by health professionals and victims, VAERS is my go-to resource.

To analyze the recovered files, I had to reacquire my old statistical analysis software, SAS® (Statistical Analysis System[36]). I never thought I would need it again after selling my company to a competitor in 2018. At that time, I declared, "*The pharmaceutical industry, it is finished for me*," and "*Biostatistics, NEVER again!"*

Well, there you have it! Just goes to show, you should never say never...

[34] https://www.ema.europa.eu/en/human-regulatory-overview/pharmacovigilance-overview
[35] https://vaers.hhs.gov/
[36] https://www.sas.com/fr_fr/industry/health-care.html

THE PROGRAMMER

In my small SAS® database—or rather, my biiigggg one— I proceeded to a significant "cleaning" of the **400,000 or so lines**. I eliminated everything that was unusable to calculate, for each reported case, whether the patient had died, been hospitalized, or experienced a serious adverse reaction.

For women, I identified if the patient was pregnant, if a miscarriage had been declared, or if the newborn suffered from particular problems... Well, I did what I did my whole life —writing a lot of lines of code to program and calculate the variables of interest.

I searched for myocarditis/pericarditis, which we were starting to hear about, as well as blood problems, clots, hemorrhages, hearing problems, autoimmune diseases...

I calculated the time between the vaccination and the reported pathology, the time between the vaccination and death. I spent days—and almost nights—sifting through listings to check my calculations and read thousands of lines of event descriptions, especially in cases where I'd identified a death.

I found elderly people in care homes who died the same afternoon, found dead on the toilet or the next day in their bed. There were grannies about to go out shopping, remaining frozen in their armchair, their bag still in their hand.

I also found young people. The case that struck me the most was that of a 16-year-old with no medical history who died in front of his computer 27 days after the Pfizer vaccine injection.

His mother, who reported the case, noted, *"**My son died while taking his math class on Zoom**. We are waiting for the autopsy because the doctors found nothing. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. He was the best thing in my life."* You can access his file directly on the VAERS website by copying this link into your browser:

https://wonder.cdc.gov/controller/saved/D8/D197F283

THE SHOCK

I must admit, I was not prepared for this. It is enough to make you sweat, isn't it? Isolated cases, surely?

Not quite. In my database at that time, I counted around 5,500 deaths. It is not just the number that alarmed me, but the fact that **28% of deaths occurred within 3 days of vaccination.** 41% occurred within 7 days of vaccination, and 67% occurred within 21 days of vaccination. This seemed very worrying.

For nearly three months, I fine-tuned my programs and presented my results in August 2021[37]. I talked about the 28% of pregnant women for whom I identified an **abortion** or **fetal death**, the 36% who suffered from various pregnancy complications —**cardiac anomalies,** growth issues, **cardiac arrests**, cerebral hemorrhages in the fetus, premature deliveries, ruptured membranes, placenta separations, vaginal hemorrhages—the list goes on and on, with 65% of these problems occurring within 21 days of vaccination.
I found a few cases of **myocarditis and pericarditis**, but they mostly affected young people (57% were under 30 years old) and primarily men.
What really freaked me out were the blood problems—whether it was bleeding disorders or outright bleeding. It is not the number of people involved that got me, but the type of events reported. We were talking **thrombosis in every vein, every artery**, and bleeding from the mouth, eyes, ears, intestines, and vagina. There were also **heart attacks** and **strokes**, almost always within a very short time after vaccination (80% within 21 days).
I was shocked reading these case reports, which were reduced to mere numbers. It was impossible to believe that all this was just random noise in the statistics, especially when it's well known that the number of reported cases represents only 1 to 10% of the actual cases. Mrs. Jonville-Bera, Head of the Pharmacovigilance Centers in France, wrote this in a 2006 article on vaccine adverse events[38]! This means that, in 'real life,' I had to multiply my numbers by at least 10, or even up to 100!"
5,500 deaths multiplied by 100—that is over half a million deaths! That is between 3 and 5 times the number of victims of the Hiroshima atomic bomb, according to various estimates.

As of August 18, 2021, when I queried the number of deaths, it appeared to be 12,791. However, in the extracted database, I only found 5,500. This discrepancy may be due to the shocking fact that multiple people had received different brands of vaccines and were counted multiple times. Despite the lack of results on mixing vaccines at that time, doctors recommended using Pfizer or Moderna to improve efficacy.

VAERS is not the only tool to analyze adverse events.

The Vaccine Safety Datalink or VSD[39] uses electronic health records, and the V-safe system[40], launched in December 2020, monitors the safety of COVID vaccines and is open to people having received a covid-vaccine on inscription.

[37] https://www.francesoir.fr/videos-les-debriefings/alerte-sur-les-donnees-vaers-67-des-deces-enregistres-arrivent-dans-les-21
[38] https://pubmed.ncbi.nlm.nih.gov/16343870/
[39] https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vsd/index.html
[40] https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/v-safe/index.html

In August 2021, the CDC and FDA were clearly not as anxious as I was on these alarming results. They kept repeating the same argument: "***VAERS is an early warning system, but the causality link between serious adverse events and a vaccine cannot be established directly from these reports. Further investigations are needed using all the other systems and BLAH BLAH BLAH***".

I promised myself to find out why none of this appeared in the clinical trials, where the vaccines seemed perfectly safe.

Despite the short analysis period, serious cases like those in the VAERS database should have surfaced in the company reports, especially since they occur within a few days after vaccination.

My analysis reached the US. Suddenly, I was thrust into the "big leagues", connecting with doctors, biologists, chemists, researchers, and professors who shared concerns about the damage these vaccines may be causing.

Following this, I began a series of broadcasts to present these concerning findings, exclusively on alternative media channels in France, England, and Quebec.

Journalist Raphael Berland visited me and invited me to participate in his film "*La face cachée des vaccins" (The Hidden Face of Vaccines*), which continues to be shown in France, Belgium, and Switzerland.

Subsequently, a Belgian journalist working on a report for a mainstream television channel about vaccination also contacted me.

THE WHISTLEBLOWER

I was gradually becoming a whistleblower.

In the USA, being a whistleblower is more exclusive than the VIP section at a celebrity hangout. According to the rulebook, only most executive branch employees, former employees, and applicants fall under the Whistleblower Protection Act"s protective umbrella[41].

In the UK, a whistleblower is a worker who reports certain types of wrongdoing in the public interest. This means it must affect others, for example, the general public[42].

According to the French law, a whistleblower is *"a natural person who reports or discloses, without direct financial compensation and in good faith, information concerning a crime, an offense, a threat, or a prejudice to the general interest*."

[41] https://whistleblower.house.gov/sites/evo-subsites/whistleblower.house.gov/files/wysiwyg_uploaded/Whistleblower_Protection_Act_Fact_Sheet.pdf
[42] https://www.gov.uk/whistleblowing

In short, whistleblowers are the courageous ones who stand up and SHOUUUTTT.

Since April 2021, I've been using my skills as a biostatistician to serve the community—for free, mind you. Some call it conspiracy, others see it as heroism. Everyone does what they can with what they have.

After my appearance on a Quebec media platform, Mrs. Gloriane Blais, a Canadian lawyer, contacted me to write a report on clinical trials. I refused because I did not believe in its usefulness, given the poisonous atmosphere that prevailed.

I witnessed daily campaigns to discredit professors and doctors who used treatments for Covid or spoke out about vaccine risks. The same fate awaited politicians who dared to mention adverse events. In France, a Member of Parliament was ridiculed by the Health Minister for raising concerns about the skyrocketing figures in EudraVigilance. As of July 2021, it appeared our poor Minister was still unaware that clinical trials were far from complete, despite his claims. He even faced what"s known as a "debunking" or correction by the esteemed newspaper Le Monde[43].

But what were the officials of the Ministry of Health, those of the Regional Health Agencies, doing? Were they not aware that, according to regulations, all clinical trials must be registered before patients can be recruited?

The public internet registers referenced by the World Health Organization, such as the American site www.clinicaltrials.gov or the European site **www.clinicaltrialsregister.eu**, make it possible to find a summary of information for any trial.

On April 29, 2020, the Pfizer laboratory registered its phase 1-2-3 trial, called the pivotal trial, under the title "Study to describe the safety, tolerability, immunogenicity, and Efficacy of RNA Vaccine Candidates against Covid-19 in healthy volunteers." The link is still accessible here:

https://clinicaltrials.gov/ct2/show/NCT04368728?term=pfizer&cond=Covid19&draw=2

In April 2020, the end of the main clinical trial was scheduled for January 2023! [44]

The second trial filed at the site on May 25, 2021, ongoing in children and young adults aged 6 months to 18 years, was supposed to end in January 2024[45].

[43] https://www.lemonde.fr/les-decodeurs/article/2021/07/08/COVID-19-les-essais-de-phase-3-des-vaccins-sont-ils-termines-depuis-des-mois-comme-l-affirme-olivier-veran_6087580_4355770.html
[44] https://clinicaltrials.gov/study/NCT04368728?tab=history&a=1#version-content-panel
[45] https://clinicaltrials.gov/ct2/show/NCT04816643?term=C4591007&draw=2&rank=1

Mrs. Blais insisted she needed my report for a case that had reached the Quebec Court of Appeal concerning a client who was in conflict with his ex-wife about the vaccination of their son. I ended up scheduling an internet meeting with her. She explained the situation to me, but I still couldn't see how I could be useful in this family matter. Why did she insist that I write this report? Others could do it; They were just as qualified, if not more.

Her big clear eyes stared at me as she tells me that I explain things clearly and simply, that It's not just about skills but about the person, about courage too. She says, "It's up to you to do this work. Maybe It's like a life mission." A life mission? I'm still a little "stuck," as they say.

I burst out laughing.

The idea that a lawyer I have never heard about was talking to me about a life mission, and from Quebec no less, was an event of zero probability. I call events of zero probability "*miracles*". I've had several in my life already, so I know they exist.

Here's the genesis of the biostatistician that I'm

THE BIOSTATISTICIAN

My first miracle happened one day in 1995. I was wandering the corridors of the math department at the University of Toulouse after finishing my studies.

What was I doing there? I do not remember, but what I do remember is this professor of statistics and probabilities, whom I will call JRM, who accosted me and said, *"I heard that you want to start your own company?"* "*Uh, yes!*" I come from a long line of shopkeepers—daughter, granddaughter, great-granddaughter—all fiercely independent in my DNA. At 25, I already knew I would never thrive under a boss.

He suggested that I meet the Director of the Biometrics Department of the Pierre Fabre laboratory, one of whose buildings is located a few miles from here. Appointment taken with this man with the initials JC, which, with hindsight, was promising for a miracle. LOL!

I immediately felt a kinship with this man, and it is mutual. I find myself hired by the Statistics and Probability Laboratory of the University as a temporary employee, stationed in the laboratory.

They settled me in the break room, right next to the coffee machine. It's here that I dived into the intricacies of clinical trials, especially learning about data management and biostatistics. I start by analyzing small studies that the overworked biostatisticians in permanent positions do not have time to tackle

It is these individuals who made me fall in love with this job and to whom I owe the foundation of my learning. I can never thank them enough for the time they spent explaining the methodologies to me.

I learn about all types of clinical trials: two-group parallel groups, three-group parallel groups, crossover trials, Latin square trials; all types of analyses: superiority, equivalence; all statistical tests which, for the most part, bear the names of the illustrious people who found them: Fisher, Kolmogorov-Smirnov, Student, Wilcoxon, Bonferroni… I delve into analyses of variance, covariance, survival analyses, principal component analyses, and more. I become proficient in programming each of these analyses using one of the recommended software tools for the pharmaceutical industry, the renowned SAS® software that I've used for nearly 28 years.

The world of clinical research and biostatistics is vast, and while I cannot cover all its intricacies, it gives a glimpse into the highly responsible role of a biostatistician.

Using "bad methods" can lead to erroneous results, wrongly concluding that a product is effective or safe, thus risking public health. Conversely, failing to conclude that a product is effective, even when it is, may lead to legal consequences, with laboratories possibly pursuing legal action against subcontractors for delivering inadequate work.

Regarding my mission within the Pierre Fabre laboratory, my experience slowly expanded over time, with evenings spent in front of the computer, racking my brains to deliver expected results in time.

After a year, JC introduced me to JA, a respected figure in clinical research managing a subcontracting company lacking a biostatistics department. This man became my partner and remained so for over 15 years.

Therefore, that's how I became a biostatistician and then a company manager at the age of 26—almost unwillingly—thanks to the three 'Js' who gave me my chance. Even though two of them are no longer here to read this, I still think about them and will never forget them.

Returning to our subject and responding to the request of this somewhat original Quebec lawyer, I accepted to write the requested report. However, I did so with the idea that it might not change the narrative repeated by the media, politicians, and doctors – *"vaccines are safe and effective" and BLAH BLAH BLAH*". The next day, I sent a confirmation email writing, *"Dear madam, I accept the mission*," as it should be when one is mandated by a lawyer. In doing so, I recalled a dream I had at least four years earlier – a deep voice that I could not recognize saying words I couldn't understand, but to which I answered, *"I accept the mission*."

Curious! Unusual! Strange? In any case, unlikely for the biostatistician that I'm. For those who might think these stories are mere coincidences, I prefer to see in them the magic of life guiding us to unexpected places and pushing us to do things we never imagined.

So here I'm once more, diving into the Pfizer clinical trial on its vaccine candidate, BNT162b2. While I patted myself on the back for selling my company and now having the time to meticulously analyze documents downloaded from FDA, CDC, and EMA websites, I also felt compelled to reach out and speak with some of the individuals affected by these vaccines.

THE VICTIMS

The victims—how many are there exactly? Nobody knows, not even the health authorities, due to under-reporting of adverse events. I managed to get in touch with the president of Verity France, an association of COVID vaccine victims, hoping they might have some numbers. Little did I know that the gentleman I saw on social networks in July, the day after the death of his 22-year-old son, angry and distraught, would become my friend.

MUCH ADO ABOUT NOTHING?

On a November afternoon in 2021, I called Frédéric Beltra, a restaurant owner in the south of France.

He proceeded to share his story and that of his son, Maxime.

Maxime, 22 years old

That Monday, July 26, 2021, I was having lunch in one of my restaurants. My daughter stopped by chance, and then It was my son's turn to arrive on his scooter. My wife left the cash register she'd been at since the morning, and the family, very united, shared its last meal. While eating, Maxime, my 22-year-old son, told me that he had an appointment at 2 pm to be vaccinated against COVID-19 because he wanted to go to Greece with his girlfriend. He could not travel without the famous sesame that opened the doors of the planes, the vaccination pass then in progress.

I was worried because my son had a very allergic background since childhood; he had asthma attacks, asthmatic bronchitis, angioedema after eating peanuts, and his tests indicated that he was also allergic to dust mites.

He was so allergic that the doctor prescribed an emergency kit for respiratory edema and for asthma attacks, and a pre-filled, single-use Epipen, which he needed to self-inject in case of an emergency, i.e., a severe allergic reaction also known as anaphylactic shock.

My stomach was in knots at the mention of this appointment at the vaccinodrome. I reminded him not to forget to report his medical history to the doctor, secretly hoping that he would not vaccinate him.

In the evening Maxime was sitting with his girlfriend and her family-in-law around an aperitif. According to his girlfriend, he tasted a piece of veal tartare that accompanied the drinks, which they later learned was lightly sprinkled with peanut powder.

No immediate allergic reaction occurred, unlike his past attacks, and his in-laws would later affirm that they had never seen him eat this famous tartare. For the main course, Maxime chose a duck breast. The meal went perfectly for an hour and a half.

At the end of this time, Maxime didn't feel very well anymore; he was short of breath. Fearing an asthma attack like the one he had had two days before because of the cat hair, he left the people at the table. He indicated that he was going home to get his Ventolin and asked us to wait for him for dessert.

His sister, who was present in the apartment that evening, was in the bathroom with Maxime when he took a puff of Ventolin as he was used to doing. My son never interpreted his difficulty in breathing as a sign of possible allergy. As a precaution, she called me immediately to warn us. It was 9:30 pm.

When we arrived at the house, Maxime was red, and he had difficulty breathing. We called the emergency services immediately; by chance, They were in the district. I pricked him with his adrenaline pen, my wife gave him antihistamines on the advice of the firefighter regulator who was always on the phone.

The firefighters arrived very quickly, a maximum of 5 minutes after our call. They looked at Maxime, who was very agitated because he was choking, measure the blood oxygenation rate (saturation). 56%, this was extremely low, with normal being 98%. The emergency doctor injected him with adrenaline and intravenous antihistamines. Saturation rose to 94%.

The family was breathing better; he seemed to be okay even if he was still not conscious, the emergency doctor administered Solu-Medrol and Polaramine, still intravenously. Maxime's condition deteriorated immediately. Intubation and cardiac arrest followed.

They decided to transport him to the hospital of Montpellier, but unfortunately, the helicopter was not available, so they opted for the transport by fire van to the hospital of Sète. Frederic ran to get his car. When I came back, my wife and daughter were near the van; They were holding each other. **The emergency doctor came towards me to say that my son was dead.**

I figured the vaccine must have messed with the usual care protocol because if he had an allergic reaction, nothing worked as it normally would. These vaccines are just not made for people with severe allergies. So, the next morning at 6 o'clock, I decided to make a video on Facebook to warn other parents and people, hoping to prevent this from happening again. That video ended up getting massively shared on social media.

Around 9 o'clock, the family went to the funeral home to bring Maxime's clothes so they can prepare him.

I don't know it yet, but on the same day, a newspaper published the following statement , *"Nine hours after receiving an injection from Pfizer, a 22-year-old died. A death that his father attributed to the vaccination while corroborating medical sources associate it with a severe food allergy"*[46].

Medical sources? What medical sources? At this time, the body was still in the hospital, and no one had yet examined it.

In the afternoon, a former member of parliament posted a tweet, questioning my morning testimony by claiming that there existed no death notice including the name Maxime Beltra. He went so far as to say that my son's death was fictitious, a fabrication, and that the video was organized by the "anti-vaxxer" community, of which I know nothing. A defamation suit was filed against this individual and is currently being investigated.

In the following days, newspapers kept exonerating the vaccine.

The autopsy report, available in October, concluded that there is no evidence to suggest the death was the result of anaphylaxis, other than my son's previous clinical history. The "experts" reports, full of inconsistencies and missing information, put Maxime's death down to an exacerbation of his asthma that led to asphyxiation, but the inquiry is still ongoing.

THE WARNINGS

Here is how Maxime, vaccinated at 2 pm, left this world before midnight.

Much ado about nothing? I do not think so. Whether it was peanuts or a reaction to the vaccine, how do we explain the lack of contraindications for "severe allergic people"? And if it wasn't an allergy, how do we explain such a quick death?

In its December 14, 2020, Pfizer/BioNTech press release[47], the company also issued a number of reservations and precautions for the use of its vaccine in real life, but only for those allergic to PEG-2000, one of the components of the vaccine: *"Do not administer Pfizer BioNTech COVID-19 vaccine to persons with a known history of severe allergic reaction (e.g., anaphylaxis) to any component of Pfizer BioNTech COVID-19 vaccine."*

[46] **https://www.midilibre.fr/2021/07/27/sete-des-interrogations-sur-les-raisons-du-deces-dun-jeune-primo-vaccine-9697624.php**

[47] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-provide-data-german-phase-12-study

It also stated that "severe allergic reactions had been reported after administration of Pfizer-BioNTech COVID-19 vaccine in mass vaccinations outside of clinical trials," without specifying whether these were allergies to PEG-2000, with real-life vaccination beginning in the UK as early as December 1, 2020.

For any researcher seeking accurate information, the Summary of Product Characteristics (SPC) available at the time of marketing is essential reading. It details the composition, pharmaceutical form, indications, dosage and methods of administration, contraindications, warnings and precautions for use, drug interactions and other interactions, and the impact on fertility, pregnancy, breastfeeding, etc. of the product. You can access the SPC at the following address:

For any researcher of good information, the Summary of Product Characteristics (SPC) available at the time of marketing is one of the documents to be read absolutely.

It indicates the composition, pharmaceutical form, indications, dosage and methods of administration, contraindications, warnings and precautions for use, drug interactions and other interactions, impact on fertility, pregnancy, breastfeeding, etc. of the product.

You can access the SPC at the address:

https://www.ema.europa.eu/en/documents/product-information/comirnaty-epar-product-information_en.pdf

This document is not dated, which is very surprising since each new version cancels and replaces the previous one without indicating when it was modified. Therefore, it is necessary to consult sites that preserve archives to find previous versions. Here is the link for the December 24, 2020 document:

https://web.archive.org/web/20201224122112/https://www.ema.europa.eu/en/documents/product-information/comirnaty-epar-product-information_en.pdf

The December 2020 SPC for Comirnaty® posted on the EMA website stated at that time in the Warnings and Precautions section

"Talk to your doctor, pharmacist or nurse before You're given the vaccine if:

- ***you have ever had a severe allergic reaction*** *or breathing problems after any other vaccine injection or after you were given Comirnaty in the past.*
- *you have ever fainted following any needle injection.*
- ***you have a severe illness or infection with high fever****. However, you can have your vaccination if you have a mild fever or upper airway infection like a cold.*
- ***you have a bleeding problem****, you bruise easily or you use a medicine to prevent blood-clots. • you have a weakened immune system, because of a disease such as HIV infection or a medicine such as corticosteroid that affects your immune system*
- ***you have a weakened immune system****, because of a disease such as HIV infection or a medicine such as corticosteroid that affects your immune system*

As with any vaccine, the 2-dose vaccination course of Comirnaty may not fully protect all those who receive it and it is not known how long you will be protected."

To complete your information on a product, you can also retrieve the Risk Management Plan (RMP). Written by the laboratory itself, the RMP is supposed to list the risks, the missing information, and the measures put in place to minimize these risks for patients. **Anaphylaxis was classified as an important identified risk in December 2020**[48].

Illustration 5 EMA - Pfizer - Risk Management Plan of 25 December 2020

Important identified risks	Anaphylaxis
Important potential risks	Vaccine-associated enhanced disease (VAED) including Vaccine associated enhanced respiratory disease (VAERD)
Missing information	Use in pregnancy and while breast feeding Use in immunocompromised patients Use in frail patients with co-morbidities (e.g. chronic obstructive pulmonary disease (COPD), diabetes, chronic neurological disease, cardiovascular disorders) Use in patients with autoimmune or inflammatory disorders Interaction with other vaccines Long term safety data

We learned that, as of December 2020, **there were no data of any kind on efficacy or safety for pregnant or breastfeeding women, immunocompromised patients, frail patients with comorbidities, or those suffering from autoimmune or inflammatory diseases**. No interaction studies with other vaccines had been performed, and long-term safety was unknown.

It is important to note that the laboratory indicated in the document that vaccination could potentially worsen the disease in some cases. Instead of producing neutralizing antibodies that combat the disease, vaccination might trigger the production of facilitating antibodies that could facilitate a new infection.

How many people have actually read this document?

We will revisit these unknowns later because They 're crucial pieces of information. For now, let us focus on what concerns us in Maxime's case: the issue of anaphylaxis.

[48] https://web.archive.org/web/20210214040948/https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf

As early as December 9, 2020, the British regulatory agency, the MHRA, issued an alert: "*Anyone with a history of significant allergic reaction to a vaccine, drug, or food (such as a history of anaphylactoid reaction or those advised to carry an adrenaline auto-injector) should not receive the Pfizer BioNTech vaccine*" the regulatory agency said[49].

Prudence and the precautionary principle should have dictated that people like Maxime be exempt from vaccination, given that the risk of developing a serious form of COVID-19 is very low in this age group.

However, neither Frédéric nor Maxime were aware of this. Have the risks for severely allergic patients like Maxime been minimized?

The deafening silence of politicians and the media about the potential risks of COVID vaccines since the beginning of the vaccine campaign raises serious questions, especially when we consider that the FDA requested to keep the documents related to clinical trials secret for 75 years.

Seventy-five years? Such a delay can only arouse suspicion. One can't help but think that if these people wanted to hide something, they would not go about it any differently, would they?

THE HIDDEN DOCUMENTS

The FDA has finally been forced to make public the documents related to clinical trials by a court decision, thanks to an action led by an American lawyer, Aaron Siri. You will find his name often in this book because he actively works to shed light on vaccine trials. These documents are regularly posted online and are available to everyone at: **https://phmpt.org/**

This transparency is crucial, as it allows independent researchers and the public to scrutinize the data and hold accountable those who might otherwise prefer to keep it hidden for decades.

An analysis of cumulative post-marketing approval safety data from the United States and abroad was conducted. From December 1, 2020, through February 28, 2021, there were 42,086 case reports in the database, with 25,379 being medically confirmed. Among these, 1,833 cases of anaphylaxis were reported, accounting for nearly 3% of the cases.

If only 10% of the actual cases are reported, as previously discussed, a quick calculation suggests that the real-life number of affected individuals could be at least ten times higher, meaning approximately 420,000 people could have been affected within just three months.

[49] https://www.cnbc.com/2020/12/09/pfizer-jab-warning-for-people-with-history-of-significant-allergic-reactions.html

THE DOUBT

Was it an allergic reaction to the vaccine? Was it an allergy to the few grams of peanuts he might have ingested during his meal, although there was no evidence of an allergy? Has he had an asthma attack? Post-vaccination myocarditis? All the light has not been made on this case, but the doubt persists. Would he still be with his family if he had not received the COVID injection on July 27, 2021?

Frédéric explains to me that he hoped his video would have alerted families to the dangers of these vaccines, at least the parents of children suffering from allergies like Maxime. He learned, during the month of August, of the death of little Melanie, 15 years old, who died of a heart attack two days after being vaccinated.

In September, it was the turn of Sofia, 17 years old, to die in a small town of Southern France a few days after the vaccine.

Frédéric Beltra contacted the families of these young people who were in good health before their vaccination and mysteriously died a few days later. They met and decided to set up an association that they named "Verity France"[50]: **their only common point, having lost a loved one a few days after the COVID vaccination, their only goal, to know the Truth.**

All over the world, associations of people injured by the COVID vaccines are organizing to address for the lack of recognition and care of the authorities.

In Australia, Dr Rado Faletic, a vaccine-injured scientist co-founded COVERSE (Covid vaccine injury support charity)[51]. Similarly, in the United States, React19[52] was established by victims. In Europe the UK CV family group[53] introduce themselves as:

"We are British citizens who have struggled since receiving a Covid-19 vaccine or booster. We live all over the UK and come from all walks of life.
We have struggled to get medical, practical, emotional, and financial support for life-changing conditions that began shortly after vaccination.
We are ignored by many healthcare professionals.
We are ignored by our government.
We are ignored by the mainstream media.
And we are censored by social media.
But, we exist, and we need to be heard."

[50] https://www.verity-france.org/
[51] https://coverse.org.au/
[52] https://react19.org/
[53] https://www.ukcvfamily.org/

So many groups, both large and small, have been established worldwide to provide support for individuals suffering from COVID-19 vaccine adverse events. Some of these groups I had never even heard of before. The websites of these associations regularly highlight new faces and share stories of broken lives and broken hearts.

SCARS IN THE HEART

The more I advanced in constructing my report, the more I came across documents that nobody mentioned: neither the health agencies, nor our health minister, nor the media, and even less the doctors who competed in arguments to convince the general public to be vaccinated.

THE SCIEEENNNCCCEEE

As in many countries, in France, a famous TV doctor criticized the "*professionals of the opposition*" with their "*fanciful theories*" during an interview on a mainstream media on July 14, 2021, affirming that "*it was not necessary to be based on scientific readings*"[54]. Based on scientific readings? I'm choking with laughter.

SCIENTIFIC—a word that has been overused lately, tossed around by too many people for my taste, even by those who have never so much as held a sample in their hands.
Here is the definition of the word scientific by the dictionary.com [55]
Is scientific
"*What is related to science or the sciences: scientific studies.*
occupied or concerned with science: scientific experts.
regulated by or conforming to the principles of exact science: scientific procedures.
systematic or accurate in the manner of an exact science."

According to the science council[56], "*Science is the pursuit and application of knowledge and understanding of the natural and social world following a systematic methodology based on evidence.*

- *Scientific methodology includes the following:*
- *Objective observation: Measurement and data (possibly although not necessarily using mathematics as a tool)*
- *Evidence*
- *Experiment and/or observation as benchmarks for testing hypotheses*

[54] https://twitter.com/CNEWS/status/1415350509926588422?s=20
[55] https://www.dictionary.com/browse/scientific
[56] https://sciencecouncil.org/about-science/our-definition-of-science/

- *Induction: reasoning to establish general rules or conclusions drawn from facts or examples*
- *Repetition*
- *Critical analysis*
- *Verification and testing: critical exposure to scrutiny, peer review and assessment.*"

In July 2021, our renowned expert argued, "*We have never had as much hindsight on a vaccine as we have on this one. There are three billion people vaccinated on Earth, which gives an extremely important perspective.*" **This statement contradicted what the Pfizer laboratory had been asserting in its Risk Management Plan since the beginning, highlighting the unknown long-term safety of the vaccine**.

However, has this country general practitioner and president of a trade union ever read a single clinical trial report in his life?

Does he even know how to interpret a result? **Can vaccinating billions of people replace the time needed for observation? It is an interesting argument, but not a scientific one.** Were there not other doctors or professionals more qualified to discuss these new products, developed in record time, for an unknown disease?

This "expert" reinforced his point in January 2022 with his now-famous statement, "*We have thousands of years of hindsight on this vaccine when we add up the time of each person who has been vaccinated*" [57].

LOL!

It is well known that we have millions of babies born if we add up the number of women who are three days pregnant.

LOL, LOL, and LOL!

While pro-vaccine propaganda was in full swing, young and healthy people in real life were and still are suffering from a mysterious disease: myocarditis and pericarditis.

But what is myocarditis anyway?

[57] https://www.businessbourse.com/2022/01/10/dr-marty-on-a-des-milliers-dannees-de-recul-sur-ce-vaccin-quand-on-additionne-le-temps-de-chaque-personne-qui-a-ete-vaccinee-de-cette-sortie-faut-il-en-rire-ou-en-pleurer/

THE BROKEN HEARTS

A myocarditis, is it harmless?

According to the Mayo Clinic in the United States, an institution renowned for both the quality of its experts and its network of partner hospitals and care centers, myocarditis is defined as the *"inflammation of the heart muscle (myocardium), which can diminish the heart"s ability to pump blood"*[58].

Severe myocarditis weakens the heart so that the rest of the body doesn"t get enough blood. Clots can form in the heart, leading to a stroke or heart attack."

Common symptoms of myocarditis include chest pain, fatigue, swelling of the legs, ankles, and feet, rapid or irregular heartbeat (arrhythmias), shortness of breath – both at rest and during activity – and feelings of light-headedness or faintness. Additionally, flu-like symptoms such as headache, body aches, joint pain, fever, or sore throat may be present. If unexplained chest pain and shortness of breath occur, seeking emergency medical attention is crucial.

In the case of children developing myocarditis, symptoms may include difficulty breathing, chest pain, fainting, fever, rapid breathing, and rapid or irregular heartbeat (arrhythmia).

Considering this definition from highly respected individuals whose excellence is recognized worldwide, it seems reasonable for any normally constituted person to view this pathology as significant.

Killian, 14 years old

A few days after his first shot, **Killian**, **14 years old, high school student** didn't feel well, his chest hurt. After transportation in several hospitals and several examinations (ECG, MRI ..), the doctors diagnosed a "**post-vaccination myocarditis", he had to take** beta blockers to regulate his heart rhythm and was forced to stop all sports and all activities that required his heart.

[58] **https://www.mayoclinic.org/diseases-conditions/myocarditis/symptoms-causes/syc-20352539**

Lucas, 20 years old

Same story for **Lucas**, **20 years old.** After a first dose, he experienced significant fatigue and a fever. After the second one, he suffered a heart attack—**violent chest pains, complete paralysis on one side, headaches, and shortness of breath**. In the emergency room, the doctors straightforwardly acknowledged, "***You're 20 years old, these symptoms at D+15 are due to the vaccine.***"

Following **several MRIs clearly showing myocarditis and several necrotic areas of the heart**, the cardiologist who followed him issued a certificate formally contraindicating a third dose. The governmental institute responsible for studying and compensating drug accidents concluded by establishing a **prejudice leading to a Permanent Physical or Psychic Integrity Impairment.** He was supposed to receive 17,000 euros in compensation, but he only got 2,966 (3 171 dollars).

For Anette and Emmanuelle, the damages are more significant.

Annette, 53 years old

November 6, 2021, is a date I will always remember. It marks the last time I participated in a rowing race. I traveled to Hamburg to take part in a charity race aimed at supporting the homeless during the pandemic. It was a beautiful day that holds a special place in my heart, and I recall every detail vividly. I didn't know at that time that this race would be the last of my life.

After receiving my third dose of Pfizer's "booster" on November 10, 2021, my health deteriorated rapidly. Upon returning home after the vaccination, I began experiencing discomfort. A metallic taste lingered in my mouth, and shortly thereafter, I developed a fever of 40 degrees Celsius. For the next two days, I endured severe trembling, fearing I might damage my teeth from the chattering. My legs became weak, and I nearly lost control of my bladder while rushing to the bathroom. I found myself changing my soaked duvet and pillow multiple times daily. Additionally, lymph nodes in my left armpit—where I received the injection—swole significantly, rendering movement of my left arm difficult. Chest pain and extreme swelling of muscles on the left side of my upper body, including the shoulder, were also prominent, giving me the appearance of a bodybuilder—but only on one side."

Two days later, I felt so unwell that moving become a monumental task. The **fever** persisted unabated. Concerned, I scheduled an appointment with my local doctor. Suspecting an infection stemming from the vaccination, the doctor prescribed antibiotics. Unfortunately, they provided no relief. However, after a week, the fever subsided slightly, and the swelling in my lymph nodes and muscles began to diminish. Despite this improvement, I still felt incredibly unwell.

Having Icelandic horses proved to be a blessing during this trying time, as one of them assisted me while I was incapacitated. However, as I gradually regained some strength, I resumed my responsibilities and ventured out to the barn. Although I battled **chest pains**, I attributed them to the **intense swelling** I had endured. Yet, the discomfort intensified, accompanied by an unusually high heart rate. Eventually, the pain became unbearable—a searing sensation accompanied by **pressure and sharp stabbing in my chest**.

I arranged an appointment with my local doctor, only to be informed that I couldn't enter the premises until I underwent a COVID-19 test. Consequently, I found myself queuing outdoors in December for 1.5 hours, struggling to remain upright. Despite feeling short of breath, I was obliged to wear a mask, which further impeded my breathing. Upon finally seeing the doctor, **she suggested that my symptoms resembled a rare inflammation of the heart, possibly triggered by the vaccine**. This revelation shocked me; I'd never been informed of such potential risks associated with the vaccine, as televised messages touted its safety. The doctor promptly called for an ambulance, and I had to abandon my car at the clinic. Little did I know, this marked the beginning of a series of 18 ambulance trips to the hospital.

Upon arrival at the hospital, no immediate action was taken. It isn't until a month later, during an **ultrasound scan**, that the medical team identified **pericarditis**. Despite the diagnosis, no treatment was administered, as they speculated it would likely resolve on its own.

The day following the ultrasound scan, my ability to breathe normally vanished. I was immobilized, engulfed in excruciating chest pains, and struggling to draw in even a semblance of air. It felt as though I was suffocating.

Despite being transported to the local hospital by ambulance, I was discharged two consecutive days in a row. Frustrated by the lack of assistance, I reached out to another hospital where I had connections with a doctor who prescribed five 25 mg tablets of Prednisolone and advised me to take one every 24 hours. While the medication provided some relief, it wasn't sufficient. Desperate to alleviate the agony, I resorted to taking a tablet every 12 hours. The sensation was akin to my ribcage being inundated with fluid, threatening to rupture.

Aware that the local hospital couldn't provide the help I needed, I made a decision at 4 in the morning, as my Prednisolone supply dwindled, to drive to another region in Denmark for access to better medical care. After two hours on the highway, I contacted an ambulance upon reaching the new region, leaving my car parked. This decision proved pivotal in saving my life.

Upon admission to the new hospital, I immediately received an antihistamine drip and underwent comprehensive scans and examinations. It was revealed that my blood oxygen saturation has plummeted to 83%. I'd been driving for hours on the highway with severely low oxygen levels!

My lung function and oxygen absorption were severely compromised, and I was diagnosed with severe pericarditis and a systemic allergic reaction, resulting in throat constriction due to swelling (my neck resembled that of a pelican, swollen due to fluid retention).

Since then, I've undergone numerous scans and treatments, including Prednisolone, blood thinners, antihistamines, Ibuprofen 600mg, paracetamol 665, LDN, aspirin, and a variety of natural supplements. Among these, the antihistamines, natural supplements, aspirin, and LDN have provided the most relief.

Even two years post-vaccination, I remain unable to walk without assistance.

However, when I adhered to the regimen of natural supplements, I experienced minimal pain. Antihistamines have proven particularly effective in increasing my blood oxygen saturation. Without a double dose, my blood oxygen levels plummet rapidly, and I experience a surge in lactate levels within just five minutes of attempting to walk.

The doctors who have evaluated my condition admit They 're uncertain about the effects of the vaccine on the body, which complicates their ability to provide effective treatment. At one juncture, I was referred to a specialist in vaccine reactions at a prominent hospital. I had anticipated the consultation for six months, hopeful that the specialist could offer a solution. However, my hopes were dashed when the doctor laughe at me, asserting that women can't experience vaccine injuries and praising the vaccine's safety as unparalleled.

I fervently hope that this kind of individuals who promoted the vaccine and failed to offer assistance when I fell ill from it get fired when the truth surfaces.

In my quest for justice, I've attempted to garner attention from the media, only to be met with silence. Politicians, albeit some sympathetic ones, have shown interest in my plight. Regrettably, their influence lacks the power to compel the Minister of Health to aid those injured by the vaccine, given their affiliation with opposition parties.

Driven by desperation, I reached out to a respected vaccine researcher in Denmark, who attentively listened to my story. This researcher acknowledged the plight of vaccine-injured individuals and advocated for their support.

However, her outspokenness led to censorship on social media platforms, although certain newspapers did highlight the issue.

I remain hopeful that this esteemed researcher can rally other medical professionals and researchers to recognize the severity of the situation and advocate for change.

When Health authorities, government and journalists ignore such seriously ill patients and call them anti-vaxxers - solely because they got sick from a vaccine, then it damages trust in the same authorities and media. This is how anti-vaxxers are created. Because the vaccine-injured, their families, friends, neighbors and colleagues will never take a vaccine again - and they will never trust anything they see on TV again where the authorities or government are involved.

No one knows either the acute or long-term side effects. The vaccines are experimental, have never tested correctly and now it turns out They 're also contaminated with DNA and carcinogens. So even if you think you have escaped the Covid vaccines unscathed, only the future will tell. If someone says now the vaccines are safe. Then they lie. People were lied to in order to get them to get vaccinated.

If I had been told that the vaccine had not been tested in an appropriate way, that nothing was known about side effects, then I would never have taken it. No one would.

In Denmark, the system where you report side effects after vaccination is a mysterious database that no one follows up on. The Health authorities say they do not know how the patients are doing, whether they have been cured again, have lost their lives or how many there are.

Still, their official statement is that the reported side effects are only "suspected," making it difficult for patients to prove.

The absence of case management when serious side effects are reported is concerning, neither the patients nor the reporting doctors receive follow-up contact. Reports are simply archived without any follow-up. This lack of follow-up enables authorities and politicians to deny the existence of issues with vaccine-injured individuals in Denmark.

For 3 years, health authorities and the government have ignored the existence of vaccine-injured citizens. Ignoring, censoring, and shaming vaccine-injured patients doesn't help them recover. Instead, it exacerbates their suffering. I cannot comprehend why doctors participate in this inhumane treatment of patients suffering from vaccine injuries.

The doctors have informed me that they don't know what is destroying my body, and It's likely we"ll never discover the cause, as the effects of this vaccine on individuals remain largely unknown.

I hope there is someone somewhere in the world doing some research to help patients like me. **I was an athlete - now I'm disabled and can't go for a walk.** Only way I can get outside is on horseback, then I can keep my heart rate below 140 most of the time. My horses are now my legs.

I took the vaccine to protect elderly family members who had cancer, because the health authorities claimed the vaccine stopped transmission. This turned out to be a lie. To this day, no one has apologized to me or anyone else who was deceived and coerced into taking the vaccine.

I now have chronic pericarditis, lung damage and permanent reduced oxygen intake and lung function, an ongoing systemic allergic reaction and my thyroid doesn't work.

My dream is to get my life back… I want to row races, be with my team and friends and at the regattas all over the world again

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Emmanuelle, 38 years old

September 15, 2021: the deadline for all healthcare workers, including me, to get the mandatory anti-COVID-19 shot—even though the vaccination strategy is based on three public health principles: "NOT REQUIRED, FREE, HIGH SAFETY."

That's when my "life before" ended.

Since the evening of my Pfizer injection, I've had a **tachycardia** that I feel very strongly, with **extrasystoles**, whereas I've never had in my life neither tachycardia nor extrasystoles, and I was in perfect health before this injection. That I've never had or needed any cardiology consultation. The doctor at my place of work then told me that my tachycardia "is transient"...

September 17, 2021: menstrual period occurred clearly in advance while the cycle is still regular. Declaration on the pharmacovigilance website on this day, without any feedback. The following days, tachycardia always present, associated with extrasystoles and cardiac pains. Medical consultation a few days later, Dr Sophie R., general practitioner, prescribed me Xanax following, therefore, post-vaccination cardiac symptoms..... **Xanax? How insightful!**

She declared that **I was lacking sleep, that I was stressed**, maybe pregnant, or anemic, or suffering from hyperthyroidism.. but **dismissed from the start any possibility of link with my Pfizer vaccination... even though my symptoms appeared 6 hours post-injection.**..

As the symptoms did not attenuate, I contacted her by three times. On September 30, she gave me a prescription for ... vitamins ..., having received the results of my blood tests ... **which did not show any anemia or deficit**. I called her back one last time to tell her that I had a heart inflammation that she had to listen to me because I was suffering. In vain...

October 1, 2021: consultation for electro cardiogram: the cardiologist Dr. Philippe A., presumptuous to a fault, examined me for 10 minutes. He declared that there was nothing to worry about - in spite of a sinus tachycardia and heart pains that I mention... I had to wait almost a month for another appointment for an ultrasound and a holter ... He noted on his report: "***no arguments in favor of a post-vaccination myocarditis***"**, without having any proof of it...**

I left, without any solution, weary, worried. I should be angry with him, and in fact, I'm angry with myself for not having succeeded, in front of his white coat, in making him hear how much I was... sick.

My symptoms worsened, and then a major shortness of breath kicked in, leading to a third medical consultation on October 2, 2021. This time, I saw Dr. Sophie R.'s colleague. I told her I suspect post-vaccination myocarditis, and she promptly sent me to the emergency room. The suspicion of myocarditis is noted on the letter I handed over upon my arrival. After waiting all day, I finally underwent only a serology and a chest X-ray. I left the hospital just as I arrived: with no treatment and a diagnosis that dismissed myocarditis or pericarditis based solely on a blood test and a chest X-ray.

On Monday, I returned to work in this state. By Tuesday, I couldn't stand it anymore. I was in pain, I couldn't sleep, I had no life.

I headed to the emergency room at the Heart Institute—the place where they should know hearts, right? They missed my myocarditis, too. They only did a serology and an ultrasound—still no MRI. Dr. Maria L., a cardiologist there, dismissed my complaints about my right calf hurting. "***It's just a cramp***", she said. Meanwhile, I was dealing with shortness of breath, tachycardia, and a sharp pain in my heart. This was my second emergency room visit for the same post-vaccination symptoms that had persisted for 20 days, following three general medical consultations. Yet, she focused solely on D-dimers and troponins, not looking any further.

So, the symptoms definitely didn't count anymore. I got back in my car, parked in the emergency lot, and hit the steering wheel. **The tears, the screams that no one hears**. I broke down. I had to be at work in 8 hours.

I went back to work with this damaged heart, **enduring evenings without bedtime stories for my 5-year-old son—because I no longer had the strength or enough air in my damaged lungs to read them to him.** Sleepless nights, daily fear, pain, and still no care.

A colleague, a general practitioner, noticed I was out of breath. Desaturation. He supported my two reports to pharmacovigilance, trying to refuse the second injection so I could keep my job. **Without any feedback from pharmacovigilance, I was <u>forced</u> to get the second dose on October 15, 2021.** Like my other non-vaccinated colleagues, I received a recommendation from the regional health agencies: **without a second dose, I would be "suspended".**

Thursday, October 21: I've my second cardiac echography with Dr. Laurent B. He said the results are "at the limit of normal," but the sinus tachycardia is still evident. **I refused to get the second dose on October 15th, making me an "outlaw."** I asked Dr. Laurent B. for a certificate of contraindication to the vaccination, which every doctor I'd consulted had refused. He declines. So I asked him, "*Do you think I can safely get the second dose, Doctor?*" As he opened the door for me to leave, he replied, "*There must be laws.*" Laws, it seems, take precedence over the health and lives of some people.

I had to live with a pulse oximeter on my fingertips, battling shortness of breath, hyperhidrosis, sharp chest pains, and sleepless nights that felt like I'm being stabbed with knife blades. A radiating weight oppressed me from my heart to my left jaw.

I was exhausted, losing weight, hair, smiles, and now I had muscle cramps all over my body. And nobody listened to me... Nobody took care of me... Christmas was coming...

Faced with persistent and worsening symptoms, coupled with my debilitating fatigue, I had to reduce my professional activity—without any help, of course.

January 24, 2021: My general practitioner refused my request for a lung scan. After another sleepless night—tachycardia, breathlessness while lying in bed, severe chest pain—I consulted another doctor. This doctor prescribed me a ventilation and perfusion scan. The appointment was scheduled within two hours. "***It's an emergency, ma'am***," I was told for the first time in four and a half months.

Thank you, Dr. Anne-Sophie W., for listening to me for just five minutes and believing me immediately.

Finally, the diagnosis is made: ***"Small bilateral pulmonary embolisms***."

The nuclear medicine doctor told me that day that I had **a post-vaccine venous thrombosis**—let's remember the pain in my right calf that I presented four months earlier... in the Emergency Room of the Heart Institute, diagnosed as "a cramp" by Dr. Maria L., a cardiologist!

The cardiac MRI on January 28, 2022, FINALLY diagnosed myo-pericarditis: inflammation, tachycardia, extrasystoles, cardiac constrictions, along with myocardial scarring sequelae. And, of course, significant psychological trauma from enduring a wait-and-see approach and medical negligence, seemingly submissive to the government when their role, as our attending physicians, should be to protect us.

It took four and a half months to receive a diagnosis for a condition that manifested from the very first day of my vaccination!

February 2022: Finally, after much anticipation, I received the long-awaited written "proof"—a certificate of contraindication to the COVID-19 vaccination. Thank you for this gesture, Dr. T. You were the only one among all the doctors who personally wrote it. However, it arrived five months too late, merely on the basis of an email from another doctor whom you didn't even know. He didn't experience my pains but transcribed them onto paper, holding the advantage of his white coat. Email received, immediately believed. And me? How many times did you see me in your office, without truly seeing me at all?

Doctors no longer listen to the patient; they rely solely on data and numbers, without ever, EVER, taking into account the clinical examination and the symptoms right in front of them, clear as day since the beginning...

What the patient says about their own body and pain is given no value in today's medicine, which operates like a machine, focusing only on numbers on a page. Doctors have become more like data processors than healers.

Between March and June 2022, despite my diagnoses clearly documented, pharmaconegligence sent me from lab to lab for countless "additional tests": thyroid, anemia, HCG, lupus erythematosus, viper venom, Lyme, rheumatoid arthritis, Leiden II and IV... Everything came back negative, and even after fulfilling all their requests and undergoing all their tests, I still had to fight tirelessly to prove the vaccine's role in my condition.

The omertà has lasted long enough!

This mistreatment by the medical profession has put me at vital risk of cardiac arrest or respiratory distress. For four and a half months, nobody acted to prevent me from receiving the second dose when my vital prognosis was at stake.

And I won't even begin to talk about the after-effects related to the delay in my care.

To this day, I have been on long-term illness due to post-vaccination cardiomyopathy, with lasting effects on my lungs and heart. Yet, I'm less monitored than a laboratory mouse. Neither the Regional Health Agencies—who issued all the formal notices—nor the Ministry of Health, French National Agency, laboratories, nor the pharmaco-non-vigilant have offered any support or treatment.

NO medical or psychological support has been provided to the victims of this mass vaccination—first forced, then betrayed, and now abandoned. My pains persist relentlessly; all I want is to rid my body of this poison that has devastated my health and my life. Yet, I must endure it every day.

A caregiver poisoned by this injection for wanting to keep her job.

THE ALARM BELLS

Killian's and Lucas' myocarditis were managed from their first visit to the emergency room. Emmanuelle and Anette, however, share testimonies filled with anger and deep sadness, as they had to fight hard against the medical profession to obtain their diagnoses—a story of age, no doubt. They still are morally and physically weakened.

It seems that pharmacovigilance is reluctant to recognize that vaccines can cause severe damage.

Reading these testimonies, one wonders about the lack of training of medical personnel who put people's lives in danger by delaying diagnosis and, above all, about the role of health authorities. Did they take these heart conditions lightly? Did they underestimate the number and consequences?

In early June 2021, Israel issued a warning about a suspected signal due to the appearance of myocarditis in young people a few days after receiving the mRNA vaccine[59].

In Switzerland, healthcare professionals were informed on June 4, 2021, about the suspicion and ongoing evaluation of a potential association between mRNA vaccines and cases of myocarditis[60].

[59] https://www.science.org/content/article/israel-reports-link-between-rare-cases-heart-inflammation-and-COVID-19-vaccination
[60] https://www.swissmedic.ch/swissmedic/en/home/humanarzneimittel/market-surveillance/pharmacovigilance/vigilance-news/vigilance-news-27.html

On June 29, 2021, a study conducted by the U.S. Department of Defense revealed that all 20 military personnel included in the study developed symptoms after the second dose of the mRNA vaccine, despite being healthy and fit before their vaccinations[61]. This is particularly troubling for soldiers tasked with defending their country, yet it seemingly did not concern the health authorities.

On August 30, 2021, Dr. Hannah Rosenblum submitted a paper to the CDC entitled "*Pfizer-BioNTech COVID-19 Vaccine and Myocarditis in Persons 16-29 Years of Age: Discussion of Benefits and Risks*." [62] She argued that myocarditis following vaccination was a rare event, with an average hospital stay of only 1 to 2 days, and no reported deaths. Dr. Rosenblum noted that patients infected with SARS-CoV-2 had a 16 to 18 times greater risk of developing myocarditis compared to uninfected individuals.

The paper concluded that the benefits of vaccination outweighed the risks, a statement that would become a standard response during subsequent disease outbreaks.

Reader friends, have you had a single person under the age of 40 suffer from myocarditis after a COVID vaccine? Have you heard of people who have had myocarditis because of their vaccination? It's strange that studies systematically conclude the opposite of what everyone observes in reality.

Should the organizations that are supposed to protect our health have sounded the alarm? What are their methods for detecting so-called safety signals?

THE SIGNALS

The notion of a signal is extremely important in the surveillance of the safety of a product. Let us look at some key definitions:

Signal: Information that arises from one or multiple sources, which suggests a potential causal association between an adverse event and a medicinal product, warranting further investigation.

Adverse Event: Any unfavorable and unintended sign, symptom, or disease temporally associated with the use of a medicinal product, **whether or not considered related to the product**.

Causality Assessment: The process of evaluating the likelihood that a medicinal product caused an adverse event, taking into account the temporal relationship, the plausibility of the association, and other factors such as the patient's medical history and concomitant medications.

[61] https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601
[62] https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/06-COVID-Rosenblum-508.pdf

Safety Signal Detection: The systematic process of monitoring adverse event data to identify signals, using statistical methods, clinical review, and other approaches to determine if there is a new or increased risk associated with a product.

Understanding these definitions helps highlight the complexity and importance of monitoring vaccine safety and the need for robust mechanisms to detect and address potential risks.

For the French agency, a potential signal indicates a possible role for the vaccine, but no definitive conclusions can be drawn. A signal is confirmed when the link between the adverse reaction and the vaccine is established.

Public health measures are typically implemented to prevent or minimize the likelihood of such risks occurring in vaccinated individuals. Generally, an adverse reaction is recognized as vaccine-related when the number of reported cases exceeds expected norms, involving statistical calculations. At the individual level, each report is assessed based on the patient's medical history, current treatments, timing of onset, and other factors to determine if the condition can be attributed to the vaccine; this process is known as causality assessment or imputability.

So no link, signal not confirmed.

No confirmed signal, no problem.

REALITY ALWAYS CATCHES UP WITH US IN THE END

Due to declarations from conscientious health professionals and victims, on September 24, 2021, the Pfizer laboratory cited myo/pericarditis on the first page of its Risk Management Plan: *"Rationale for submitting an updated RMP (v 2.3): This Type II variation includes the new important identified risk of myocarditis and pericarditis based on the Signal of Myocarditis, pericarditis for COVID-19 mRNA vaccine*[63].

They claimed to have identified it as early as June 18, 2021, from one of their safety databases, where 3% of myocarditis cases and 0.8% of pericarditis cases had been fatal.

Myocarditis would not be so benign after all, as some people have died from it.

[63] https://web.archive.org/web/20211205121002/https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf

The company has, therefore, updated its Risk Management Plan and the product insert to include information on myo/pericarditis after vaccine administration. It has informed health professionals, as required, and has added studies on the subject to investigate these serious and worrying events that everyone seems to be discovering, even though they have been occurring for months!

Illustration 6 Pfizer Risk Management Plan of September 24, 2021 Safety Risk Summary

Important identified risks	Anaphylaxis **Myocarditis and pericarditis**
Important potential risks	Vaccine-associated enhanced disease (VAED) including Vaccine associated enhanced respiratory disease (VAERD)
Missing information	Use in pregnancy and while breast feeding Use in immunocompromised patients Use in frail patients with co-morbidities (e.g. chronic obstructive pulmonary disease (COPD), diabetes, chronic neurological disease, cardiovascular disorders) Use in patients with autoimmune or inflammatory disorders Interaction with other vaccines Long term safety data

Regarding the several planned studies on myocarditis in this document, I will mention just one. It is a study using source data from the Pediatric Heart Network (PHN), a consortium of hospitals funded by the NIH (National Institutes of Health, part of the U.S. Department of Health and therefore a national medical research agency). **This study aims to characterize the clinical course, risk factors, long-term sequelae, and quality of life of children and young adults.**

Evaluating long-term sequelae? Finally, if the hospitalizations were supposed to be short-term, the consequences of this pathology were unknown, since it is now a question of studying them over... **five years**.

The characteristics available on clinicaltrial.gov[64] indicate that the study aims to determine cardiac and non-cardiac long-term outcomes of persons under 21 years of age with myocarditis/pericarditis after the administration of COMIRNATY, compared with similarly aged persons with myocarditis/pericarditis associated with COVID-19, including MIS-C. Among 400 participants, 300 were recruited in March 2022. The estimated Study Completion Date is fixed on November 21, 2029 …

No comment.

[64] https://classic.clinicaltrials.gov/ct2/show/record/NCT05295290?term=C4591036&draw=2&rank=1

On October 6, 2021, Sweden pumped the brakes on Moderna shots for those under 30 due to myo/pericarditis risks[65].

Finland joined the pause on October 7, 2021[66]. Meanwhile, Denmark[67] and Norway[68] opted not to greenlight Spikevax® for under-18s, yet Comirnaty® remained on the table.

In late October 2021, Tom Shimabukuro, a key figure overseeing COVID vaccine safety in the CDC task force, presented an update on the risks of myo/pericarditis[69]. Predictably, the conclusion was that Pfizer/BioNTech and Moderna vaccines elevate the risk of myocarditis and pericarditis in individuals aged 12-39. Surprise, surprise!

On November 8, 2021, the French High Authority for Health (HAS) issued a statement advising against the use of Spikevax® by Moderna for individuals under 30 years of age due to an elevated risk of myocarditis. Meanwhile, in the US, Spikevax® remained recommended for individuals aged 12 years and older[70].

It took more than 6 months for health authorities to officially recognize myocarditis and pericarditis as adverse effects of messenger RNA vaccines. During this time, doctors, including cardiologists like Dr. Peter McCullough in the United States, Dr. Devilleger and Dr. Agret in France, along with hundreds of general practitioners and scientists worldwide, had been sounding the alarm about the emergence and increase of these serious and potentially fatal conditions since the beginning of the vaccination campaigns. Meanwhile, on social networks, testimonies from victims were circulating widely. Yet, our dear bureaucrats, seemingly hidden behind the windows of their agency buildings, had seen nothing!

On November 12, 2021, Taiwan suspended the second dose of the Pfizer vaccine for 12-17 year olds due to myocarditis[71].

On December 4, 2021, the Japanese Ministry of Health warned about myocarditis and pericarditis in young men as potential serious side effects of both Moderna and Pfizer's COVID vaccines[72].

[65] https://www.reuters.com/business/healthcare-pharmaceuticals/sweden-pauses-use-moderna-COVID-vaccine-cites-rare-side-effects-2021-10-06/
[66] https://www.reuters.com/article/health-coronavirus-finland-moderna-idCNL8N2R31DH
[67] https://www.reuters.com/business/healthcare-pharmaceuticals/denmark-pauses-use-moderna-COVID-vaccine-people-under-18-years-2021-10-06/
[68] https://www.lemonde.fr/planete/article/2021/10/07/COVID-19-les-pays-scandinaves-suspendent-l-utilisation-du-vaccin-de-moderna-pour-les-plus-jeunes_6097527_3244.html
[69] https://cdn.who.int/media/docs/default-source/blue-print/shimabukuro_who-blueprint_myocarditis_who-vr-call_25oct2021.pdf?sfvrsn=40e99d51_7
[70] https://www.fda.gov/vaccines-blood-biologics/spikevax
[71] https://web.archive.org/web/20220408124257/https://www.msn.com/en-in/news/world/taiwan-suspends-2nd-dose-pfizer-COVID-vaccine-for-12-17-ages-amid-myocarditis-cases/ar-AAQD03t
[72]h ttps://www.japanbullet.com/news/health-ministry-warns-of-vaccines-side-effects

At my level, I wondered if the safety results presented in Pfizer/BioNTech's clinical reports truly captured the potential risks adequately. Did I miss something crucial?

ONCE UPON A TIME IN AMERICA AND ARGENTINA

THE REASSURING RESULTS

In the December 2020 clinical report[73], a small excerpt from the adverse event results table indicated that 105 participants in the vaccine group (BNT162b2) experienced at least one adverse event, compared to 81 in the placebo group. This represented less than 1% of the total number of individuals. Among the vaccine group, fourteen participants suffered from cardiac disorders, including three cases of myocardial infarction, one participant died of cardiac arrest. While more adverse events were observed in the vaccine group compared to the placebo group, the numerical difference was not significant enough to raise alarm.

Illustration 7 Adverse events blood system and cardiac problems - Clinical report of December 14, 2020

System Organ Class / Preferred Term MedDRA Organ Class / Preferred Term	**BNT162b2 (µg) (Na=18,801)**		**Placebo (Na=18,785)**	
	n (%)	**(95% CI)**	**n (%)**	**(95% CI)**
All events	103 (0.5)	(0.4-0.7)	81 (0.4)	(0.3-0.5)
Hematologic and Lymphatic System Disorders	1 (0.0)	(0 - 0)	1 (0.0)	(0 - 0)
Lymphadenopathy	1 (0.0)	(0 - 0)	0	(0 - 0)
Neutropenia	0	(0 - 0)	1 (0.0)	(0 - 0)
Thrombocytopenia	1 (0.0)	(0 - 0)	1 (0.0)	(0 - 0)
Cardiac conditions	14 (0.1)	(0 - 0.1)	12 (0.0)	(0 - 0.1)
Atrial fibrillation	2 (0.0)	(0 - 0)	3 (0.0)	(0 - 0)
Acute myocardial infarction	3 (0.0)	(0 - 0)	0	(0 - 0)
acute coronary syndrome	1 (0.0)	(0 - 0)	1 (0.0)	(0 - 0)
Congestive heart failure	1 (0.0)	(0 - 0)	1 (0.0)	(0 - 0)
Myocardial infarction	0	(0 - 0)	2 (0.0)	(0 - 0)
Angina pectoris	1 (0.0)	(0 - 0)	0	(0 - 0)
Unstable angina	1 (0.0)	(0 - 0)	0	(0 - 0)
Aortic valve insufficiency	0	(0 - 0)	1 (0.0)	(0 - 0)
Supraventricular arrhythmia	1 (0.0)	(0 - 0)	0	(0 - 0)

[73] https://www.fda.gov/media/144246/download

System Organ Class / Preferred Term MedDRA Organ Class / Preferred Term	BNT162b2 (μg) (Na=18,801)		Placebo (Na=18,785)	
Coronary arteriospasm	0	(0 - 0)	1 (0.0)	(0 - 0)
Bradycardia	1 (0.0)	(0 - 0)	0	(0 - 0)
Coronary heart disease	1 (0.0)	(0 - 0)	0	(0 - 0)
Dissection of a coronary artery	1 (0.0)	(0 - 0)	0	(0 - 0)
Occlusion of a coronary artery	0	(0 - 0)	1 (0.0)	(0 - 0)
Tachyarrhythmia	0	(0 - 0)	1 (0.0)	(0 - 0)
Tachycardia	0	(0 - 0)	1 (0.0)	(0 - 0)
Ventricular arrhythmia	1 (0.0)	(0 - 0)	0	(0 - 0)

Note that this table is compliant with the ICHE3 guideline "*Structure and Content of Clinical Study Reports"*. Adverse events are grouped by body system or System Organ Class (SOC) and preferred term resulting from the MedDRA coding. The sum of lines in a SOC is not the total number of patients with an AE in the SOC due to multiple AE in the same SOC. I've produced hundreds of such tables

These tables serve to document all adverse reactions listed in each drug insert. You might think doctors compile these, but it is actually biostatisticians who do this, just like all other tables in a clinical report.

To clarify, in a clinical trial, any event that occurs must be recorded, whether It's a broken leg from a ladder fall or pregnancies among women of childbearing age, which are also considered adverse events requiring contraception. The team at each patient center reports these events, and then They 're categorized and grouped under general terms for counting—a process known as "coding". Over 23 years, my data management team and I've meticulously coded hundreds of thousands of lines of adverse events using the MedDRA® medical dictionary, as recommended by Good Clinical Practices.

Coding plays a crucial role in clinical trials by enabling biostatisticians to calculate the incidence of adverse events categorized by organ class or System Organ Class (SOC). These classes are universally numbered and ordered to ensure consistency across all clinical reports worldwide—a testament to the stringent regulations in the pharmaceutical industry.

Accurate coding is paramount because any errors can lead to inaccuracies in the results tables.

Therefore, the pharmacovigilance department of the trial sponsor carefully validates the work of data managers to maintain the integrity and reliability of the clinical data.

In Phase 3 trials, it is possible for patients to die, whether They're taking the test product or the placebo, especially in oncology. Any serious adverse effect or death is not automatically attributed to the substance being tested, and it is crucial to accurately assess this causality.

The doctor overseeing patient care, typically blinded to the treatment assignment in most trials, evaluates the severity and potential link with the product objectively.

If the product doesn't cause more harm than the placebo, it is considered well tolerated and "safe". Given these considerations, there were no particular concerns about the results in December 2020.

So, the clinical report for adolescents aged 12 to 15 and young folks under 25 was unveiled to the public in April 2021[74]. It revealed four vaccinated youths with serious adverse events (like worsening of suicidal ideation), compared to just one in the placebo group (who got appendicitis).

As a biostatistician, after diving into these reports, it is clear that if these vaccines can lead to myocarditis, pericarditis, heart issues, and other serious stuff, no one saw that coming before they hit the market, right?

At this stage of my reflections, I come across a video that completely overturned all these conclusions.

As I was poking around, I stumbled upon an interview with Senator Ron Johnson of Wisconsin in a grand Senate chamber. He generously gave the floor to vaccine victims. Intrigued, I added English subtitles to ensure I grasped everything because a woman spoke passionately about a young girl seated in a wheelchair beside her. Here is what I call the case of Maddie de Garay.

THE CASE OF MADDIE DE GARAY

Who is Maddie de Garay? The letter sent to the U.S. health agency, the FDA, by the family"s chosen lawyer, Aaron Siri, who specializes in medical litigation, reads as follows[75]: "*Maddie de Garay was a typical 12-year-old little girl: full of energy, spunk, gymnastic moves, and TikTok dances. Maddie, along with her two brothers, took part in Pfizer's pediatric clinical trial for the COVID-19 vaccine. Since the day she received the second dose of the vaccine, the vibrant girl Maddie's parents once knew has disappeared, replaced with a girl who lives her life in agony.*"

Within 24 hours of receiving her second dose at Cincinnati Children's Hospital, the clinical trial site where she was enrolled, Maddie experienced abdominal, muscle, and nerve pain, along with a sensation as if someone was "***ripping her heart out through her neck***", which prompted her to visit the emergency room.

[74] https://www.fda.gov/media/148542/download
[75] https://www.sirillp.com/wp-content/uploads/2021/10/Letter-to-Federal-Health-Agencies-Regarding-Maddie-and-Clinical-Trials-for-Children.pdf

Over the next three months, a **multitude of symptoms emerged: gastroparesis, erratic blood pressure, irregular heart rate, memory loss, brain fog, dizziness, fainting spells, seizures, verbal tics, motor tics, loss of feeling from waist to toes, muscle weakness, vision problems, urinary issues, and highly irregular menstrual cycles**. Stephanie de Garay actually has a 23-page list!

Twenty-three pages of symptoms?

This is what is documented in the "SAE, Serious Adverse Events" section of the report detailing the excruciating suffering of this young girl.

"***One participant*** *experienced a serious adverse event reported as generalized neuralgia, and also reported* ***3 concomitant non-serious events*** *(abdominal pain, abscess, gastritis) and 1 concomitant adverse event (constipation) in the same week.* ***The participant was eventually diagnosed with functional abdominal pain.***"[76]

The Cincinnati hospital staff responsible for managing the trial did not deem it necessary to report all the pathologies mentioned by Maddie's mother; instead, they categorized them under the term "*functional abdominal pain*." Was it an oversight? I doubt it.

Could it have been concealment, fraud, or pressure from the laboratory to prevent the reporting of these troubling effects? I cannot say for certain, but this case is extremely serious.

Not only are the statistical analyses presented nearly identical to those in the previous report—indicating interim results over a limited observation period of a maximum of three months—still excluding the same fragile and at-risk populations, but the number of young people included in this critical evaluation, primarily focused on vaccinating healthy individuals, is very low.

Indeed, the vaccine safety evaluation **only included 1,131 participants**. With such a limited number, it was, of course, impossible to detect myocarditis during the trial. If Maddie's case had been reported, it would have highlighted a disability in 1,131 adolescents.

This isn't exactly the best way to claim that "*vaccines are safe and effective*", is it?

The Maddie de Garay case also underscores the challenges some participants encountered in reaching out to the investigator site and receiving adequate treatment.

This raises concerns about the accurate assessment of the benefit/risk ratio, not only for adolescents but for all participants. As Mr. Siri puts it, "***If Pfizer concealed this serious adverse event, it calls into question all the safety reports of this trial***."

In two words, the youth trial's safety assessment is questionable.

[76] https://www.fda.gov/media/148542/download

I cannot help but remind you here of the regulations of Clinical Research that define what is considered reliable.

THE GUIDELINES

Good Clinical Practices (GCP) govern every clinical trial. Health agencies worldwide, including those in Europe, Japan, the United States, Switzerland, Canada, Brazil, Korea, China, and Arabic countries, have entrusted the **International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH)[77], founded in 1990, with the mission of drafting and maintaining guidelines and technical documents.**

These guidelines ensure uniformity in working methods across clinical research, with a focus on safety, quality, and efficacy. Adherence to the recommendations in the document "Good Clinical Practice" **guarantees the protection of the rights, safety, and well-being of trial subjects, aligning closely with the principles outlined in the Declaration of Helsinki**[78].

According to this statement, physicians are obligated to ensure that risks in research involving humans are thoroughly assessed and can be effectively managed.

If it is determined that the risks outweigh the potential benefits, or if definitive conclusions show this to be the case, physicians must decide whether to continue, modify, or cease the research immediately.

Therefore, a clinical trial can be stopped at any point if the tested product is found to pose a threat to participants.

The concept of risk is thus crucial in the development of drugs or vaccines.

Adhering to standards involves all participants in a trial—the laboratory staff, investigator sites, medical analysis laboratories, data managers, clinical research coordinators who monitor patient records at the sites, biostatisticians, pharmacovigilance teams, and medical writers responsible for drafting clinical reports. This ensures that risks are minimized.

The extensive list of ICH recommendations, established over years, covers various aspects crucial for clinical trials. While I won't delve into the exhaustive details here—spanning several pages in this book—It's important to note that laboratory quality assurance departments ensure compliance among all personnel and subcontractors. Any subcontractor found breaching Good Practices is typically swiftly terminated for their disloyal services.

[77] https://www.ich.org
[78] https://www.wma.net/fr/policies-post/declaration-dhelsinki-de-lamm-principes-ethiques-applicables-a-la-recherche-medicale-impliquant-des-etres-humains/

It is through the sweat of everyone's brow that trial data are meticulously gathered, ensuring They 're deemed "*reliable*" and uphold "*integrity*" in pharmaceutical terms.

The Maddie Garay case underscores that the Pfizer/BioNTech adolescent clinical trial lacked reliable safety data, thereby undermining its conclusions.

The Garay family has testified multiple times in front of American senators and sought information about their daughter's participation in the clinical trial through legal channels[79].

THE BENEFITS AND RISKS

In this same report, I observe a **lack of efficacy in severe cases**, akin to findings for adults, particularly on page 38.

Ah, page 38! Dear readers, brace yourselves because what follows may make you fall off your chairs!

In April 2021, the table on page 38 revealed that the duration of protection was unknown for adolescents aged 12 to 15 years. **Pfizer graciously informed us that there was**

- **no evidence of efficacy of the vaccine in certain populations at high risk of severe COVID-19,**
- **no evidence of efficacy in individuals previously infected with SARS-CoV-2,**
- **no evidence of efficacy against asymptomatic infection, against the long-term effects of COVID-19 disease, against the transmission of SARS-CoV-2, or against mortality**

... and this applies not only to adolescents but also to adults!

For a product that has been used for nearly 5 months in real life and injected into millions or billions of people, I'd say it "*sucks*"!

Despite these uncertainties and a lack of evidence of efficacy, the FDA authorized emergency use for 12–15-year-olds on May 10, 2021[80], while the EMA, the European agency, granted conditional Marketing Authorization on May 28, 2021[81].

[79] https://phmpt.org/wp-content/uploads/2023/05/001-Complaint-PHMPT-de-Garay-v.-FDA-2022-10-11.pdf"
[80] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-biontech-announce-positive-topline-results-pivotal
[81] https://www.ema.europa.eu/en/news/first-COVID-19-vaccine-approved-children-aged-12-15-eu

In the US, on September 9, 2021, Joe Biden, who campaigned promising the opposite, imposed a federal mandate compelling employees of state and federal contractors to get the vaccine or face termination. He left it to employers to decide whether to enforce similar mandates"[82].

In France, health authorities began vaccinating 12-18-year-olds with the Pfizer/BioNTech vaccine starting June 15, 2021, despite the National Consultative Ethics Committee's opinion titled *"Ethical issues relating to vaccination against Covid-19 in children and adolescents"*. The Committee emphasized the minimal risk of severe disease in those under 18, the low transmission rate in those under 10, and the **limited direct individual benefit of vaccination for young people[83].**

As for the risks, these cautious individuals deemed them poorly understood due to the novelty of the vaccines employing new technology for immunity development. They also highlighted the **unproven efficacy in severe cases and the small size of the adolescent trial in April 2021**, which aligns perfectly with my own conclusions.

Hallelujah! Looks like someone in the world reads clinical reports!

The Committee also reiterated the **necessity of parental consent for minors** and raised ethical concerns about placing the responsibility for refusing vaccination, refusal that would have an impact on the adult population.

Curiously, I've not seen representatives from the National Consultative Ethics Committee invited by journalists to discuss this crucial topic. Instead, we have heard from the usual doctors emphasizing the importance of vaccinating adolescents to achieve *"herd immunity"*[84].

Achieving herd immunity?

LOL! With a vaccine that lacks proven efficacy in preventing transmission, severe cases, and other critical aspects of COVID-19?

In short, great theatrical performance for the gullible or ill-informed.

The conclusions of the National Consultative Ethics Committee, based on the results of the Pfizer/BioNTech laboratory's clinical report on adolescents, therefore advocated for caution. These well-informed individuals likely were unaware of Maddie de Garay's case, thus not knowing that the individual benefit/risk ratio was even more unfavorable than their initial estimation, considering the severe pathologies Maddie had experienced.

[82] https://www.whitehouse.gov/briefing-room/presidential-actions/2021/09/09/executive-order-on-requiring-coronavirus-disease-2019-vaccination-for-federal-employees/
[83] https://www.mesvaccins.net/textes/20210608_CCNE_ethique_vaccination_COVID_enfants.pdf
[84] https://rmc.bfmtv.com/replay-emissions/apolline-matin/l-invite-de-l-actu-gilbert-deray-03-06_VN-202106030651.html

Maddie is not the only one to have experienced serious side effects in a clinical trial. A little later, I received a call from Argentina; a certain Augusto Roux had heard of me; he wanted to tell me how he almost died during the Pfizer clinical trial.

THE CASE OF AUGUSTO ROUX

Like Maddie, Augusto Roux experienced severe pathologies during a clinical trial that were never reported in the database. In fact, these pathologies do not appear in the results of the pivotal study clinical report on adults.

He reached out to the Argentinean health agency, as well as the European and American agencies, including the CDC. Below is a brief excerpt from the email he sent to the "*Compliance issues with pharmacovigilance obligations*" department of the EMA:

"*My name is Augusto German Roux, 36 years old, born on August 18, 1984, living in Buenos Aires, Argentina.* ***I wanted to file a complaint regarding the adverse reactions I suffered after volunteering to receive the Pfizer SARSCov2*** *vaccine at the Cosme Argerich Central Military Hospital in the city of Buenos Aires. After the second dose, I had fever spikes of more than 40 degrees (which lasted for several weeks), I suffered from loss of consciousness, fainting, tachycardia that almost left me for dead, my urine was extremely dark, etc.*"

This email should have prompted the agency staff, who are paid with citizens' taxes to safeguard public health, to urgently audit the Argentine center and verify Augusto's claims, as the safety of all trial participants could be at stake. But no such action was taken! Some even advised him to seek a "*personal resolution of his problem*" with Pfizer, essentially meaning he should keep quiet and ask for a large settlement.

However, Augusto, a lawyer at the High Court of Justice in Buenos Aires, sought recognition of the trial's irregularities, not a settlement.

He shared his story with anyone willing to listen, even publicly revealing some of his medical documents to raise awareness about the vaccine's potential dangers[85] [86].

In his quest to expose Pfizer, Augusto met Brianne Dressen, a volunteer in the AstraZeneca clinical trial. The night following her first dose, Brianne experienced blurred vision, distorted sounds, heart rate fluctuations, severe muscle weakness, and debilitating internal electrical shocks.

[85] https://davidhealy.org/disappeared-in-argentina/
[86] https://vaccineharm.wordpress.com/2020/12/29/augusto-german-roux/

"There was a time where I couldn't rest, there was no joy for even a minute in my day and so I wanted to be done and I had a plan and I wrote goodbye letters to my kids"[87].

Brianne's moving story, detailing the severe ordeal that led her to contemplate ending her life, was widely shared on social media. She co-founded a collective called React19.

We will meet Brianne again later in this book.

Augusto and Brianne have published an article together, stating that four doctors examined Augusto and confirmed that his injuries were vaccine-induced[88]. Due to his health issues, Augusto discontinued his participation in the Pfizer clinical trial. However, the database records that he left the trial for personal reasons, not due to serious adverse events related to the vaccine. The Argentinean center staff even added a non-existent suspected case of COVID-19 and an imaginary anxiety disorder to his record. Augusto has proof to the contrary.

We are clearly dealing with <u>blatant fraud</u> intended to conceal serious effects that posed a life-threatening risk.

The Argentinean center raises many questions.

Thanks to documents made public by a court decision, several whistleblowers have been examining the files containing data reported by each participant's site for over a year now.

The XPT files, or "*transport*" files, are generated by the SAS® software used to program the analyses of the Pfizer/BioNtech clinical trial and originate from the laboratory itself.

Any SAS® user can import them to convert them back into SAS® tables and check the results included in the clinical reports. The format of these tables, which constitute the database, is governed by pharmaceutical industry standards. They must comply with the structure established by CDISC (Clinical Data Interchange Standards Consortium). It is worth noting that the SAS® tables provided by Pfizer do not follow these recommendations; there are missing variables in the datasets, seemingly intended to complicate the calculations for those competent enough to reprogram them. This is yet another deviation from Good Practices.

Despite this, I managed to program some analyses not included in the reports.

The Argentinean site that recruited Augusto Roux included more than 5700 participants between April 2020 and November 2020, and this out of a total of 40,000.

10,000 participants were recruited across only 5 centers.

[87] https://www.youtube.com/watch?v=aDRTzUj1b58
[88] https://pubmed.ncbi.nlm.nih.gov/36710689/

Moreover, no analysis excluding this center was conducted, which is standard practice when there are doubts about data quality.

A center-specific analysis would have enabled the identification of centers with the highest patient volumes, considering that the virus affects regions differently. Given the concerns about data quality, it cannot be dismissed that there may have been fraud in reporting COVID-19 cases at the Argentinean center.

The cases of Maddie de Garay, Augusto Roux, and Brianne Dressen present significant challenges for Pfizer and AstraZeneca. Their testimonies raise serious doubts about the reliability of the data and, consequently, the safety of the products that are highly praised by health authorities worldwide. Despite millions of people viewing their videos, health authorities continue to ignore these issues as if they do not exist.

Would BNT162b2 have been authorized for 12-15-year-olds if Maddie's serious adverse events had been included when only 1131 participants were analyzed?

Perhaps, but the type of event, involving serious pathologies affecting the heart and nervous system, would likely have alerted health authorities… and the public.

Of course, Maddie is not the only one to experience these symptoms. So many others have experienced neuralgia, memory loss, paresthesia, dizziness, vision problems and that strange brain fog. They all report severe "connection problems" in their brains that now prevent them from functioning normally.

THE MEN WHO KNEW TOO MUCH

I cannot recall whether it was during one of my many conversations with one of the truth seekers who had been archiving documents for a legal procedure, or while watching a video shared on social media, but I stumbled upon yet another presentation by Tom Shimakuburo, a member of the CDC's Covid vaccine safety group, whom we've already discussed[89] .

This man is not just anybody. If you google his name, you will find his CDC record that states: "Dr. Tom Shimabukuro is the Deputy Director of the **H1N1 Vaccine Task Force** at the Centers for Disease Control and Prevention (CDC). The H1N1 Vaccine Task Force was responsible for coordinating CDC's vaccine response for the 2009 H1N1 influenza pandemic. He is also the **Pandemic Influenza Vaccine Coordinator in the Immunization Services Division at CDC**.

Dr. Shimabukuro received his M.D. degree from New York University. He did his internship at Emory University and Preventive Medicine residency at Johns Hopkins. After completing his preventive medicine residency, Dr. Shimabukuro served as an **Epidemic Intelligence Service Officer** at the Centers for Disease Control and Prevention (CDC).

He also served as a Preventive Medicine Officer for the 42nd Infantry Division, U.S. Army, during Operation Iraqi Freedom III in 2005. He has an M.P.H. and an M.B.A in finance both from Johns Hopkins and is board certified in Public Health and General Preventive Medicine"[90].

During the FDA's Vaccine and Related Biological Products Advisory Committee (VRBPAC) public meeting, which was broadcast live on October 22, 2020, this man, who occupies a position of prime importance—and a military one at that—featured a page on adverse events of special interest (AESI).

Hmm, saying he displayed it would be a lie; let us say that the page was visible for less than a second.

For those interested, the video is still available on the FDA's YouTube channel[91].

[89] https://www.fda.gov/media/143530/download
[90] https://cdc.confex.com/cdc/nic2010/webprogram/Person23997.html
[91] https://www.youtube.com/watch?v=1XTiL9rUpkg

Brave readers, you only have 8 hours and 50 minutes to watch! No, I'm kidding!

At 2 hours, 6 minutes, and 29 seconds, you can briefly see a page titled ***"Preliminary list of VAERS AEs of special interest"***, if you manage to pause at the right moment. It's not easy!

Adverse Events of Special Interest (AESI) are a defined set of adverse events (AEs) that are considered significant due to their potential association with a specific medical intervention or because They 're of particular concern to public health. These events, based on theoretical concerns, previous trials … have to be monitored more closely due to their potential to provide critical information on the safety profile of a medical product.

Steve Anderson, Head of the Office of Statistics and Epidemiology in the FDA's Center for Biologics Evaluation and Research, **also briefly displayed this list during his public presentation**.

However, he too only showed it for a quarter of a second, referring to his colleague Tom who supposedly presented it earlier. I say *"supposed"* because he did not mention it at all. Steve Anderson"s talk starts at 2 hours 20 minutes and 52 seconds for those who want to listen.

Why didn't these two well-informed men discuss this list?

Did they assume that other participants in the meeting or viewers would not be interested in knowing about the potential risks of these new vaccines?

Did they think that these pages would go unnoticed?

After all, who would listen to nearly 9 hours of tedious discussion? Except for a few "enthusiasts" with time to spare? No one, of course!

The full transcript of these lengthy quasi-monologues, which could put even the most hyperactive among us to sleep, is also freely available for the sake of transparency. However, not a single line concerns the possible adverse effects of mRNA vaccines. Not a single line, because not a single word was spoken[92]. So what were these gentlemen telling us, or rather what were they trying **<u>not</u> to tell us**?

I've, of course, retrieved the presentations from Tom Shimakuburo[93] and Steve Anderson[94].

On October 22, 2020, <u>before</u> the first results of the clinical trials, these gentlemen, who cannot be accused of being "conspiracy theorists" or "anti-vaxxers", had identified the following pathologies as adverse events to be monitored from the VAERS or VSD database:

[92] https://www.fda.gov/media/143982/download
[93] https://www.fda.gov/media/143530/download
[94] https://www.fda.gov/media/143557/download

- Covid-19 disease: this is called a vaccine failure, we know, there are surely billions of them on the planet!
- **Death:** oh boy, isn't that what we wanted to avoid by vaccinating?
- Problems during pregnancy and birth,
- Guillain-Barré Syndrome,
- Other clinically serious neurological adverse events (Group AE)
    - Acute disseminated encephalomyelitis (ADEM)
    - Transverse myelitis (TM)
    - Multiple sclerosis (MS)
    - Optic neuritis (ON)
    - Chronic inflammatory demyelinating polyneuropathy (CIDP)
    - Encephalitis
    - Myelitis
    - Encephalomyelitis
    - Meningoencephalitis
    - Meningitis
    - Encephalopathy
    - Ataxia
- Seizures / convulsions
- Stroke
- Narcolepsy / cataplexy
- Autoimmune disease
- Anaphylaxis
- Non-anaphylactic allergic reactions
- Acute myocardial infarction
- Myocarditis / pericarditis
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain,
- Kawasaki disease,
- Multisystem inflammatory syndrome in children (MIS-C, MIS-A),

AMEN!

Upon seeing this list of these pathologies flagged for monitoring due to the potential risks associated with the new mRNA vaccines, I nearly fell from my office chair, where I have spent my days and a good part of my evenings since I started delving into vaccine documents.

I found here the cardiac problems such as myo/pericarditis, myocardial infarction, numerous neurological disorders, and the vascular problems that we will discuss later! In other words, a significant portion of the pathologies that the people I'd been in contact with have complained about.

OCTOBER 2020!

How many people worldwide were aware of this list, compiled by individuals who already knew almost everything? Not many, because no one was worried. It was said there was no risk with this messenger RNA, which had supposedly been used for a long time.

THE MESSENGER RNA

So, has mRNA been in use for 20 years? 30 years? Millions of years???

Indeed, there are RNA-based products, such as ONPATTRO® (patisiran)[95] [96], which was marketed in 2018 for the treatment of hereditary transthyretin amyloidosis in adults with stage 1 or 2 polyneuropathy. However, It's important to note that ONPATTRO® is not modified mRNA but interfering RNA, **making it a completely different story**.

This is probably why Pfizer's CEO, Albert Bourla, told the Washington Post on March 10, 2022[97]: "*mRNA was a technology, but we had less experience, only two years working on this, and actually, **mRNA was a technology that never delivered a single product until that day, not vaccine, not any other medicine**. So it was very counterintuitive, and I was surprised when they suggested to me that this is the way to go, and I questioned it. And I asked them to justify how can you say something like that, but they came, and they were very, very convinced that this is the right way to go..*"

So, mRNA had never been used before!

You can inform your relatives; if Bourla says it, it must be ***ssssssscientific***.

After all, he is a veterinarian! And yes, Mr. Bourla has a veterinary degree and a Ph.D. in reproductive biotechnology[98]. Vaccinating herds must have given him some ideas.

Is it surprising that pathologies appear because of this mass use on billions of individuals?

We were also told by all TV experts in the world that mRNA disappeared in a few hours.

[95] https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/210922s000lbl.pdf
[96] https://www.ema.europa.eu/en/medicines/human/EPAR/onpattro
[97] https://www.washingtonpost.com/washington-post-live/2022/03/10/transcript-wp-subscriber-exclusive-albert-bourla-author-moonshot-inside-pfizers-nine-month-race-make-impossible-possible/
[98] https://fr.wikipedia.org/wiki/Albert_Bourla

How many infectious diseases "specialists" have you heard stating the benefit/risk balance was "*strongly in favor of the benefit*" because "*mRNA stays at the injection point*", that "*mRNA doesn't persist in the human body beyond a few hours*" and therefore that *"there is no risk of late side effects, after several months or several years*."?

If I remember correctly, prominent figures such as Dr. Anthony Fauci, former Director of the National Institute of Allergy and Infectious Diseases (NIAID), an US top infectious-diseases expert, and Dr. Rochelle Walensky, former Director of the Centers for Disease Control and Prevention (CDC), who were in charge of the emergency response to the COVID-19 pandemic outbreak in 2020, have made public statements aligning with these points.

These *"experts"* must not have read the preclinical studies, or the Risk Management Plan for that matter, because they were less cautious than Pfizer itself, who wrote in it that **long-term safety was UNKNOWN**[99] [100].

How could they be so confident? Obviously, it is not so.

The manufacturer's pharmacokinetic studies show that the Lipid Nano Particles (LNP) are distributed mainly in the muscle at the injection site and in **the liver**. According to a confidential Pfizer document obtained through the FOIA, the LNP were found in the ovaries of female rats[101].

Subsequent publications have shown that they transport mRNA throughout the body and are found in the heart, brain, and other organs[102] [103] [104]. Additionally, the SARS-CoV-2 spike protein was detectable in the serum of recently vaccinated subjects for up to ten days, peaking in concentration one day after vaccination[105]. Vaccine mRNA was also detected in few milk samples, even if judged as minimal (maximum of 2 ng/ml)[106].

It is common knowledge that the anticoagulants that nurses inject into freshly operated patients stay in the abdomen or thigh and would not dare venture into the bloodstream where they might actually avoid coagulation disorders, isn't it?

LOL! *So "mRNA stays at the injection point" ?*

What a load of CRAP!

[99] https://www.radiofrance.fr/franceinter/podcasts/l-invite-de-8h20-le-grand-entretien/l-invite-de-8h20-le-grand-entretien-du-jeudi-05-aout-2021-7606286
[100] https://twitter.com/franceinter/status/1423173293058703363?s=20
[101] https://ia902305.us.archive.org/28/items/pfizer-confidential-translated/pfizer-confidential-translated.pdf
[102] https://www.mdpi.com/1422-0067/23/13/6940/html
[103] https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712
[104] https://www.preprints.org/manuscript/202206.0308/v1
[105] https://www.mdpi.com/1424-8220/21/17/5857
[106] https://www.nature.com/articles/s41541-021-00370-z

Moreover, mRNA vaccines do not produce the expected modified Spike protein, but produce errors in the translation of the genetic code as revealed by a major study published in Nature in December 2023[107].

Since 2021, several publications have demonstrated that human cells have the capacity to transform mRNA injected by vaccination into DNA and, consequently, to integrate it into their own genome, leading to human genome modifications[108] [109] [110].

We have heard so many claims that turned out to be false or were debunked by real scientifics over time, as more research was published and victims bravely shared their stories of suffering.

These mRNA vaccines have left behind millions affected in the heart and brain across all age groups.

Despite being touted as "*safe and effective*", it appears they may carry significant risks after all.

What are the risks specifically for children?

[107] https://www.nature.com/articles/s41586-023-06800-3
[108] https://www.mdpi.com/1467-3045/44/3/73
[109] https://doi.org/10.3390/cimb44030073
[110] https://www.nature.com/articles/s41598-023-33862-0

THE SACRIFICE OF THE INNOCENTS

A few weeks after myocarditis and pericarditis were recognized as adverse events of mRNA vaccines worldwide, Comirnaty and then Spikevax were approved for children aged 5 to 11 years in the United States [111] The authorities did not express alarm about the pathologies that could affect the hearts of children, similar to those that had affected adolescents and young adults. In Europe, the EMA followed suit and granted conditional marketing authorization to Pfizer on November 26, 2021[112], with authorization for Spikevax following on February 24, 2022[113].

You do not change a winning team!

However, in France, on November 8, 2021, the French Health Agency (HAS) advised against the Spikevax vaccine from Moderna for individuals under 30 years old[114]. This added inconsistency in health policy: advising against the vaccine for those under 30 while granting authorization for children... Go figure..

In early January 2022, as my expert opinion for the Canadian lawyer drew to a close, my dear neighbors, like the majority of their age group, had long since received their two doses of the vaccine. The allure of restaurants proved stronger than my statistical explanations. If They were now back to their former serenity, it was because they had contracted the virus, and they had SURVIVED. They were gradually realizing that this crisis had given prominence to what they described as *"snakes injecting everyone with the venom of fear*," even to the point of instilling fear in them towards their own family members, children, and grandchildren!

But that was all in the past now; they no longer worried, and "*so much the worse if we die; after all, we are all mortal, and only what we give remains*," as William said. They were turning into philosophers, something I would not have believed.

[111] https://www.drugs.com/clinical_trials/pfizer-biontech-receive-first-u-s-fda-emergency-authorization-COVID-19-vaccine-children-ages-5-19737.html
[112] https://www.ema.europa.eu/en/news/comirnaty-COVID-19-vaccine-ema-recommends-approval-children-aged-5-11
[113] https://www.ema.europa.eu/en/news/ema-recommends-approval-spikevax-children-aged-6-11
[114] https://www.has-sante.fr/jcms/p_3297260/fr/COVID-19-la-has-precise-la-place-de-spikevax-dans-la-strategie-vaccinale

At that time, however, They were anxious for their seven-year-old granddaughter, Courtney. Their son refused to listen to their attempts to explain the true effectiveness of the vaccine and was considering having his daughter vaccinated as soon as it became available in France.

The worst part was that it was not to protect her, but "*out of fear that she might infect him*" said Jane. Jane and William were dismayed by this attitude. They were at odds with their son, whom they considered as "*selfish*", and even "*monstrous*" "*hypochondriac*".

Firmly determined to try to dissuade him from this "*madness*", they had the idea of writing him a letter and asked me to help by attaching a few pages of explanations, believing that a well-supported argument might bring him to his senses.

To fulfill their request, I simply needed to refer back to the source: the results reports provided by the Pfizer/BioNTech laboratory. Conveniently, I had just finished examining them.

During a dinner invitation, I seized the opportunity to present my findings as a biostatistician.

Skipping the usual pleasantries about each other's health and the gossip about annoying neighbors who enjoy cutting down trees on Sunday mornings at 8 o"clock, as well as complaints about my young dog who, after shredding my socks and a few pairs of shoes, had now attacked the garden hoses, I dove right into the main topic: meal!

No, I'm joking—of course, the results of the Pfizer vaccine clinical trial for children aged 5 to 11 years.

THE KIDS' GAMBLE

Several reports have been made available to the public on the FDA website since October 26, 2021 [115] [116], when the laboratory presented them to the renowned Advisory Committee on Vaccines and Related Biological Products in the United States to request marketing approval [117]. As with the adolescents, these results stem from the second clinical trial [118] slated to conclude in October 2024.

What do these documents tell us?

[115] https://www.fda.gov/media/153409/download
[116] https://www.fda.gov/media/153447/download
[117] https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-october-26-2021-meeting-announcement
[118] https://clinicaltrials.gov/ct2/show/NCT04816643?term=C4591007&draw=2&rank=1

Firstly, **2285 children were recruited by the sites**, with twice as many participants in the vaccinated group as in the placebo group, which received saline injections. So far, so good. What insight do we gain into these young children?

William and Jane are so attentive that a total silence has replaced the clinking of forks and knives on plates.

Just like with the adults and adolescents, the results stem from an interim analysis conducted when the children are far from the end of the trial, being only a few months into the two-year follow-up period. 95.1% were observed between 2 and 3 months.

"Isn't three months a bit short to know if there are problems?" remarks Jane while William listens to me with a gloomy eye while chewing his slice of ham.

Indeed, it is surprising that the laboratory did not think to postpone the interim analysis by a few months to have data over a longer period of time for young children, who have different immune systems from those of adults.

Regarding the number of COVID cases, out of 1968 children, 3 vaccinated and 16 placebo recipients contracted mild to moderate COVID, yielding a reported efficacy of 90.7%. However, as with other populations, the results in the October 2021 report are only for children who have never had SARS-CoV-2 before. Given the number of people who had already been sick by this date, especially children, recruitment must not have been easy!

But this is how vaccine trials are conducted - they study a population that has not contracted the disease; otherwise, it is already immune.

Illustration 8 Pfizer -- Clinical Report October 26, 2021 - Efficacy Mild to Moderate Cases in Children 5-11 Years

	BNT162b2 (10 μg) (N[a] = 1,305)	**Placebo (N[a] =663)**	**VE (%)**	**(95% CI)**
First occurrence of COVID from 7 days after dose 2	3	16	90.7	(67.7, 98.3)

William was surprised that he was not considered immune after having caught COVID because, generally, one doesn't get vaccinated after contracting an illness, except for the flu since the virus mutates every year and the vaccine is adapted to protect against the new strain. My neighbors was a bit confused, and so was I.

Since this COVID pandemic, the basics of medicine seem to be undergoing a major upheaval! Natural immunity no longer exists, old drugs used for ages suddenly become toxic, antibiotics often prescribed with the flu to limit secondary infections are now banned, and the Medical Council, which has transformed into a sort of court for the occasion, likens doctors who try to treat their patients with anything other than paracetamol to Mengele. Listening to all these people, the survival of our modern societies is truly a miracle! How could we have lived so long in error and ignorance? My neighbors were pensive, and I'm sarcastic.

Before they got lost in their youthful memories, I took them back to the results of the clinical trial on children and, more precisely, to the efficacy on severe forms.

No effect of the vaccine was statistically demonstrated, for the simple reason that no child had a severe case of COVID during the three months of observation, so it was impossible to conclude that the vaccine performed better than the placebo.

In addition, of course, it is still not proven that the vaccine prevents transmission of the virus and catching it, as transmission is still not studied.

This lack of efficacy in preventing transmission and severe forms triggered William's anger towards his son, who, I quote, "*left his wife for a younger woman to have another child at 50 years old*", "*has always been difficult*", "*has consistently been a problem since childhood, unlike his brother who was always so calm*", among other grievances.

His tirade culminated in William declaring, "*Steven is a jerk who claims to believe in science while calling us old fools who understand nothing*!"

It was enough to make you feel like bundling up for winter.

But really, believing in science? What nonsense! Science revolves around hypotheses, experiments, results, and conclusions. Thus, science and belief are fundamentally opposed."

I wrapped up my presentation with "still no clinical trial results for immunocompromised or fragile patients, or those with autoimmune diseases, since December 2020."

Taking advantage of a pause, I segued into the safety results

- "*You know how the body reacts right after the shot?*"

They were aware that their son's arm had been hurting for two days. Even children were not spared these reactions; during the trial, they experienced pain at the injection site, fever, headaches, chills, vomiting, muscle pain, and diarrhea. There was nothing to worry about; children recover quickly. It was nothing to be overly concerned about.

They gazed at me with stern eyes, clearly displeased at the thought of Courtney experiencing these symptoms. I'm being ironic, of course... but these are typical reactions to vaccinations.

Jane and William were upset; They were determined to persuade their "*stubborn*" son not to vaccinate "*THEIR*" Courtney, but the authorities'stance was not in their favor.

Even the French National Consultative Ethics Committee had issued an opinion endorsing the vaccination of children aged 5 to 11 years in the child's individual interest, given the presence of a low risk of severe illness[119]. This conclusion directly contradicted their stance from June 2021[120].

If we used all the wind vanes in this country to generate electricity, we could potentially shut down some nuclear power plants!

The meal ended on a slightly more relaxed note, and I bade farewell to my friendly neighbors after leaving them a page of notes and copies of report tables to substantiate my arguments.

In June 2022, results for children under 5 years old were released, though too late for me to include them in my expert report. I mention them here because They 're particularly concerning to me.

THE TITANIC OF CLINICAL RESEARCH

The results for the youngest children are simply shockingly mediocre.

These figures were presented by William C. Gruber, Pfizer's Vice President of Vaccine Clinical Research and Development, on June 15, 2022, to the Vaccine and Related Biologics Advisory Committee (VRBPAC) as part of the approval process for BNT162b2 in children under 5 years old [121] [122].

[119] https://www.lepoint.fr/sante/le-comite-d-ethique-approuve-l-ouverture-de-la-vaccination-aux-5-11-ans-17-12-2021-2457284_40.php#xtor=CS3-190
[120] https://www.mesvaccins.net/textes/20210608_CCNE_ethique_vaccination_COVID_enfants.pdf
[121] https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-june-14-15-2022-meeting-announcement
[122] https://www.fda.gov/media/159258/download

For the Omicron variant, the efficacy is 80.3% after 3 doses (3 doses!) on all children under 5 years old; for the smallest children and babies, the efficacy announced is 75.5%, 82.3% for children aged 2 to 5 years.

Do you remember the confidence interval (CI) already mentioned, which attests to statistical significance? Well, you will be delighted to learn here that there is no demonstrated efficacy for the 3 months to 2 years because the associated CI (-370.1- 99.6) contains 0. The same goes for the 6 months to 2 years (-8 - 98)! And this, because there were not enough COVID cases during the trial to prove that the vaccine is better than placebo.

Illustration 9 Pfizer - VRBPAC Presentation - Effectiveness - Children 6 months to 5 years

	BNT162b2 (10 µg) (N[a] = 1,305)	**Placebo (N[a] =663)**		
	n / N[b]	n / N[b]	**VE (%)**	**(95% CI)**
6 months to under 5 years	3/992	7/464	80,3	(13,9 - 96,7)
2 to < 5 years	2/606	8/280	82,3	(-8,0 -98,3)
6 months to <2 years	1/386	2/184	75,5	(-370,1 - 99,6)

We also note in this presentation that after two doses, the efficacy against the Omicron variant is 4.2% for children under 5 years of age. Great, then. In one of the reports, we learn that 8 children under 5 years of age had severe COVID during the trial, 6 in the vaccine group, 2 in the placebo group[123]. **There were more severe cases among the vaccinated children!**

Regarding product safety, more than one-third of the vaccinated pups had experienced adverse events, with the saline-injected children experiencing almost as many. Many of these events were reactions usually seen immediately after injections, such as vomiting, diarrhea, and pyrexia. No cases of myo/pericarditis were reported among the more than 3,000 children vaccinated in the trial, but, as with adolescents, there were insufficient numbers to detect them.

So why didn't they include more participants to study a new vaccine for a new disease and do it on small children and babies? This is yet another mystery.

Also in one of the reports, my attention naturally turned to the uncertainties associated with vaccination with BNT162b2.

[123] https://www.fda.gov/media/159193/download

In section **6.2. Uncertainties related to benefits**[124], it stated

"The uncertainties associated with the benefits of the Pfizer-BioNTech COVID-19 vaccine when used in children 6 months through 4 years of age include the following:

- ***Duration of vaccine effectiveness**: the blinded, placebo-controlled evaluation period for descriptive efficacy analyses was limited, and waning of protection following a primary series has been observed in older age groups.*
- ***Need for a booster dose**: based on experience with adults, it is likely that a booster dose will be needed in addition to the three-dose primary series to increase robustness, breadth, and duration of protection against currently circulating and emerging SARS-CoV-2 variants in children 6 months through 4 years of age.*
- ***Effectiveness in certain populations at high risk of severe COVID-19**, including immunocompromised individuals.*
- *Benefits **in individuals previously infected with SARS-CoV-2**: descriptive post-Dose 3 efficacy analyses do not include cases in previously infected participants.*
- ***Effectiveness in preventing post-acute sequelae of COVID-19**: available data are not conclusive on the effectiveness of COVID-19 vaccines currently in use against long-term sequelae of COVID-19 among individuals who are infected despite vaccination. Additional evaluation is needed …*
- *Future vaccine effectiveness as influenced by characteristics of the pandemic, including emergence of new variants:*
- ***Vaccine effectiveness against asymptomatic infection and transmission of SARS-CoV-2**"*

There were a number of uncertainties previously mentioned in the earlier reports, but the kicker was that now we were being urged to administer **a fourth dose to infants and young children because the protection wanes within a few months.**

A fourth dose! For babies!

Moreover, with a product that didn't prevent transmission, severe cases, asymptomatic cases or variants … !

Where was it supposed to end? Were children born from 2022 onward destined to spend their entire lives receiving messenger RNA injections every six months?

Despite uncertainties regarding the safety and efficacy of the product, the VRBPAC members voted to approve the Pfizer and Moderna vaccines, for children aged 6 months to 5 years [125] [126].

[124] https://www.fda.gov/media/159195/download

[125] https://youtu.be/GbNpaZeDPiA
[126] https://youtu.be/Ixm4UmldTGQ

During the deliberations, one of the voters, Dr. Cody Meissner, questioned, "***Why vaccinate 20 million children to prevent 200 to 300 deaths from COVID?***"

Yes, WHYYY?

I do not know…

The European Medicines Agency gave authorization to vaccinate children under 5 years of age with Comirnaty® on October 19, 2022[127].

Readers friends, armed with this information, I leave it to you to weigh the benefits and risks for your children. First, a little quiz in the style of *Who Wants to Be a Millionaire*!

The reason SARS-CoV2 has continued to spread, despite the reported efficacy figures, is:

- Answer A: the fault of the short duration of protection, which unfortunately lasts only a few months?
- Answer B: the fault of the variants?
- Answer C: the fault of bad luck?
- Answer D: the fault of the facilitating antibodies?
- Answer E: the fault of the clinical trial that was not designed to properly measure the efficacy criteria?
- Answer F: other reason that nobody could not even imagine?
- Answer G: use the lifeline (joker).

For those who chose "*Lifeline*", please revisit this book.

Of course, feel free to consult a friend first for discussion and an informed opinion.

LOL!

For the rest of you, the answer awaits in the following chapters.

[127] https://www.ema.europa.eu/en/news/ema-recommends-approval-comirnaty-and-spikevax-covid-19-vaccines-children-6-months-age

THE TRIAL WAS ALMOST PERFECT!

At this point, I believe you have a clearer understanding of the risks associated with these vaccines and the apparent irregularities in the Pfizer/BioNTech clinical trial. Allow me to summarize them here as a reminder:

- Serious adverse events were not reported in clinical trials, casting doubt on the conclusion that "*vaccines are safe*", especially for adolescents.
- The observation period was too short to assess medium and long-term safety, further undermining the assertion of vaccine safety since long-term effects remain unknown.
- Populations at high risk of severe COVID-19 were not studied, contradicting the goal of protecting these vulnerable populations.
- Same for immunocompromised, frail patients with comorbidities..
- Vaccine efficacy against SARS-CoV-2 transmission, asymptomatic infection, and Covid mortality was not studied or efficacy was not statistically demonstrated.
- Vaccine efficacy in persons already infected with SARS-CoV-2, potential effects of co-infections, and virus evolution was not confirmed.
- The duration of protection conferred by the vaccines is unknown.
- There is evidence of rapid weakening of antibody protection.
- A concerning list of potential adverse effects has been kept quiet since October 2020.

That sucks!

Given these circumstances, how did the laboratory and health authorities conclude that the benefits outweighed the risks? Typically, the benefit in a vaccine trial is measured by the number of patients who produce antibodies to fight the disease and the duration of protection conferred by these antibodies. An increase in antibody levels suggests protection for the vaccinated individual.

So, what criteria did the laboratory employ to evaluate this renowned protection?

THE BLACK HOLE

The trial protocol must include thorough examinations to measure the disease, such as physical examinations, cardiologic assessments, vital sign measurements (temperature, pulse, blood pressure), laboratory tests, imaging studies (MRI, scan..), urine analysis, and more, **conducted at various intervals**. Since diseases evolve over time and in response to treatment, It's essential to schedule these measurements and corresponding patient visits accordingly.

For example, if conducting a study on Benign Prostatic Hyperplasia, the focus would be on urinary symptoms like urgency, difficulty-holding urine, nocturia, and prostate-specific parameters such as size and urine flow, as these are the indicators of treatment efficacy.

In the Pfizer clinical trial, the protocol published online in November 2020[128] for phases 1-2-3 outlined the primary objective of phase 3 as "***to evaluate the efficacy of BNT162b2 in preventing symptomatic COVID-19 from seven days after the second dose in participants without COVID-19 infection prior to vaccination***."

Therefore, the protocol must specify clear guidelines on the method to identify COVID-19 cases meeting this definition to ensure accurate report by the centers and accurated counting by biostatisticians in charge of the statistical analysis.

The protocol also includes provisions for evaluating the immune response and its duration on an exploratory basis.

The World Health Organization explains how vaccines function[129]:

"Vaccines reduce risks of getting a disease by working with your body's natural defenses to build protection. When you get a vaccine, your immune system responds. It:

- *Recognizes the invading germ, such as the virus or bacteria.*
- *Produces antibodies. Antibodies are proteins produced naturally by the immune system to fight disease.*
- *Remembers the disease and how to fight it. If You're then exposed to the germ in the future, your immune system can quickly destroy it before you become unwell.*

The vaccine is therefore a safe and clever way to produce an immune response in the body, without causing illness.

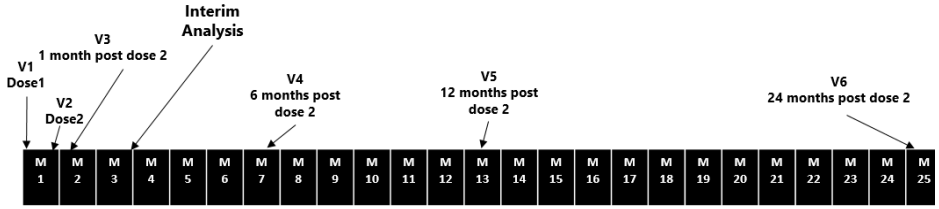
Our immune systems are designed to remember. Once exposed to one or more doses of a vaccine, we typically remain protected against a disease for years, decades or even a lifetime. This is what makes vaccines so effective. ***Rather than treating a disease after it occurs, vaccines prevent us in the first instance from getting sick.***"

[128] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf
[129] https://www.who.int/news-room/questions-and-answers/item/vaccines-and-immunization-what-is-vaccination

Antibodies play a crucial role in vaccine trials, so it is essential to study their progression to determine if they increase and how long they persist.

In the Pfizer/BioNTech clinical trial, the primary antibodies assessed are **neutralizing antibodies, selected because no better alternative has been identified to evaluate immunogenicity**. This is not just my assertion; it is outlined by the FDA in its document titled "*Emergency Use Authorization of Vaccines to Prevent Covid-19 - Guidelines for Industry*"," specifically in the chapter on *Samples for Immunogenicity Criteria*[130] .

This indicates that the rise in these antibodies post-vaccination is insufficient to confirm protection against SARS-CoV-2. This understanding has been universally acknowledged since December 2020. Therefore, to accurately assess the vaccine's protection and its duration, it was necessary to measure the level of neutralizing antibodies before administering the vaccine and subsequently at specific intervals, which I will outline here.



<u>No follow-up visits</u> were scheduled for participants between 1 and 6 months after receiving the second dose injection, neither to measure antibodies nor to collect data on safety, adverse events, blood parameters, or COVID-19 infections.

When You're accustomed to reading protocols—and believe me, I've read or written my fair share in my lifetime—such a glaring omission cannot go unnoticed.

This indicates that neutralizing antibody assays, the primary but insufficient marker for assessing protection against disease, will only be performed at 1 month and 6 months after completing the full two-dose regimen.

Frankly, I'm not sure what to make of this.

Let us remember that when the clinical trial began in April 2020, phase 3 started in July. So, we were in the midst of a pandemic, lockdowns, barrier measures, and a complete lack of confidence.

[130] https://www.fda.gov/media/142749/download

Instead of taking measurements at shorter intervals to gather as much data as possible and gain a precise understanding of the evolution of these antibodies, the laboratory waited 4 months before measuring them again? **Was there no interest in knowing if the protection persisted? Pinch me, I must be dreaming!**

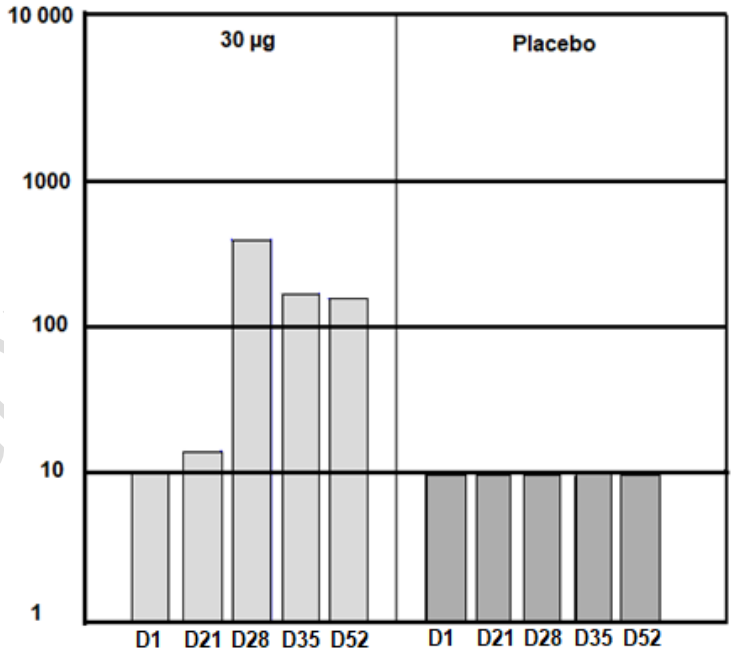
You do not need to be a biostatistician to find this lack of urgency simply incomprehensible, especially in these troubled times when the threat of severe COVID hung over the entire planet, instilling fear in the population.

As you understand that this "*negligence*" proved to be very convenient.

I've reproduced the evolution of neutralizing antibodies (geometric mean) as presented in the results for phases 1 and 2[131], for the 30-µg dose chosen on July 27 for the phase 3 trial, and for the placebo.

The height of each bar corresponds to the measurement of the antibody level, with higher bars indicating higher antibody levels. The bars on the right of the graph represent the antibody measurements for the placebo, and fortunately, no increase was noted after the injection of saline.

Illustration 10 Pfizer - Clinical Report December 10, 2020 - Immunogenicity Results Phase 1,2 - Neutralizing Antibody -- 18-55 years - 92 page report



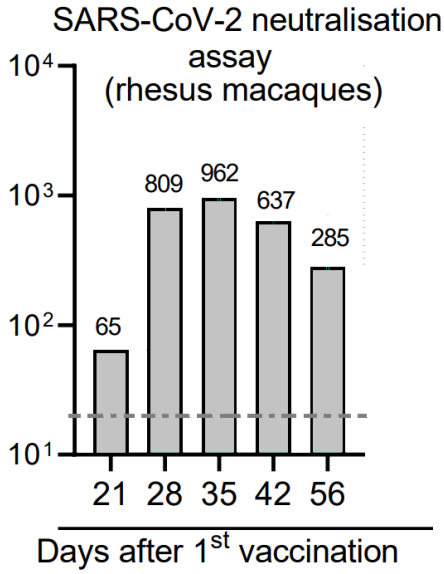
This graph illustrates a decline in immunity observed as early as day 52 (D52), which is less than two months after dose 2.

[131] https://www.fda.gov/media/144246/download

This decline was also observed for the 10 µg and 20 µg doses. It is challenging to envision how these antibodies, which had already begun to decrease, could increase again after this time point. This conveniently aligns with the inability to present the next measurement at 6 months after dose 2 in a report of an interim analysis over 3 months of follow-up.

The results of the preclinical study on macaques corroborate the emerging conclusions, as a decline in neutralizing antibodies was also noted at 2 months after the second dose[132].

Illustration 11 Pfizer - Preclinical Study in Macaques - Immunogenicity Results - Phase 1,2



It does not require an exceptional level of expertise to deduce from all this that the antibody levels started to diminish as early as two months after vaccination. This was the information conveyed by Philippe Douste-Blazy, former French Minister of Health and former Deputy Secretary-General of the United Nations, during an interview with France Info on November 9, 2020[133].

"If there is a vaccine, that's great news, but we have to be careful. The antibodies that Pfizer's vaccine produces start to decline after two months".

[132] https://www.biorxiv.org/content/10.1101/2020.09.08.280818v1.full.pdf
[133] https://www.francetvinfo.fr/sante/maladie/coronavirus/vaccin/vaccin-contre-le-coronavirus-philippe-douste-blazy-exhorte-ala-patience_4175915.html

Thankfully, the laboratory had foreseen this possibility, as it had already planned to assess the "***importance of a boost in terms of sustaining the induced immune response***" as early as December 2020, as outlined in the opinion of the French National Authority for Health (HAS) at that time[134]!

In this document, you can also read that

"*In addition to the C4591001 trial, Pfizer* ***plans to evaluate in other studies:***
- the relevance of boosting the immune response induced
- the effective and well-tolerated dose in a pediatric population
- vaccination in pregnant women
- vaccination in immunocompromised patients
- vaccination with a second-generation, ***refrigerator-stable formulation***
- co-administration with influenza vaccine."

Good to know, no?

Would the laboratory have avoided measuring the antibodies too far into the future to prevent revealing this rapid drop? Admitting this would have strongly contradicted the narrative of "*two doses and you'll be back to normal*", especially since we already suspected that two doses would be far from sufficient to confer immunity even for one year!

Did our dear minister, Mr. Douste-Blazy, make a significant "blunder" by announcing on a mainstream channel the rapid decrease of antibodies? One may wonder, especially considering his complete disappearance from the scene afterward. With the trial protocol written as early as February 2020, it is also legitimate to wonder if the company already had results on a similar virus and/or similar biotechnology that led them to avoid measuring something that would have embarrassed them. All bets are off.

The decision to introduce a "black hole" period between 1 month and 6 months after the second dose was fully approved by the FDA, as mentioned in the BNT162b2 Module 1.6.3 Correspondence Regarding Meetings [135].

"*However, we agree in general with the safety and immunogenicity endpoints described in the previously submitted Phase 3 protocol synopsis (in amendment 7, sequence 0007, dated May 15, 2020),* ***including the plan to assess the serologic response at baseline, 14 days, and 1, 6, 12, and 24 months after completion of vaccination in all study subjects in Phase 3***"

[134] https://www.has-sante.fr/upload/docs/application/pdf/2020-12/strategie_vaccination_COVID_19_place_vaccin_a_arnm_comirnaty_bnt162b2.pdf
[135] phmpt.org/wp-content/uploads/2023/10/125742_S1_M1_meeting-correspondence.pdf

If these vaccines have proven to be disappointingly ineffective, could this be attributed to the predicted short duration of protection, foreseen as early as December 2020 to last only a few months? Particularly concerning is the fact that the antibodies targeted are not specific to COVID-19.

Even more concerning is the fact that once our cells are infiltrated by the messenger RNA, the body produces the Spike protein of the vaccine, triggering the production of neutralizing antibodies but also facilitating antibodies. This concern has been outlined since the initial Risk Management Plan, where Pfizer/BioNTech acknowledged the possibility of exacerbated disease among the risks. Rather than preventing illness, these facilitating antibodies may contribute to it. This risk has been known since December 2020, as previously mentioned.

It is time to form a decisive opinion on the answer to my quiz.

Therefore, it appears that the protection afforded by the vaccines lasts only a few months, and it is noteworthy that only our former Minister recognized this from the outset. As time passes, it becomes increasingly challenging to conceal what everyone is observing.

On September 17, 2021, Pfizer confronted- at last- the stark reality that its two-dose regimen woefully failed to stem the SARS-CoV-2 epidemic. Consequently, it submitted a request to the FDA for approval of a booster dose. This third dose was to be administered approximately six months after the initial two doses, now referred to as the primary series[136].

Without delving into the specifics of the results, it is worth noting that They 're based on a sample size of just over 300 participants and indicate a rise in antibodies following the third dose. However, it is important to mention that the efficacy in reducing the number of symptomatic COVID-19 cases has not been studied. They just measure non-specific antibodies to conclude that the booster will prevent people from being sick. Getting better and better.

Despite the heightened risk of myocarditis/pericarditis, of which the laboratory was well aware, the perceived benefits outweighing the risks - and so on and so forth, as the narrative goes - justified the use of the booster dose. Accordingly, on September 22, 2021, the FDA authorized this third dose, cleverly termed an "immunity booster"[137].

In their booster reports, Pfizer also attributed the diminished efficacy of its vaccine to the mutations of the original Wuhan virus, referred to as "variants".

[136] https://www.fda.gov/media/152161/download
[137] Pfizer and BioNTech Receive First U.S. FDA Emergency Use Authorization of a COVID-19 Vaccine Booster - Drugs.com MedNews

THE WAVES

Ah, the variants! They 're the ones responsible for the waaaaavesssss that seem poised to sweep us all away. With code names worthy of a suspenseful movie, at the very least!

Here is a brief rundown according to the European Centre for Disease Prevention and Control (ECDC) [138] and the CDC websites[139].

From December 2020 to September 2021, we grappled with the **Alpha** variant (B.1.1.7), also known as "*the English variant*", along with the Beta or B.1.351 from South Africa and the **Gamma** or P.1. From February 2021 to September 2021, spanning a significant portion of the year, we encountered the **Zeta**, the **Eta** or B.1.525, the **Epsilon** (B.1.427 and B.1.429), and briefly, the **Mu** (B.1.621, B.1.621.1), which appeared and disappeared in September 2021. Just when everyone thought they had finally gotten rid of COVID-19, along came the **Omicron** variant, the latest Variant of Concern (VOC), accompanied by its various lineages: B.1.1.529, BA.5, BA.5, BA.2.74, CH.1.1, XBB.1.5, XBB.1.16, and XBB.2.3.

In France, one of the leading vaccination experts sounded the alarm about the particularly virulent nature of the variants on television in August 2021[140] [141].

Let me quote the expert: "*the delta variant targets non-immune individuals, including children and adults, **seeking** out those whose immune systems do not recognize it, thereby infecting them. Conversely, when it encounters individuals whose immune systems do recognize it, it adapts its course*."

Yes, dear readers, in case you missed this enlightening moment of sccccienncee, you will be thrilled to learn that the delta variant of the SARS-CoV-2 virus apparently has a built-in radar to track down the unvaccinated!

That 's right! LOL!

How fortunate that such crucial information was made available to the public to comprehend the disease's evolution!

By the way, considering the considerable time this individual spent on TV shows, it is doubtful he had much time for patient care!

To provide accurate information to the public, this "expert" could have clarified that the vaccine distributed in August was developed based on the Wuhan strain and not on the variants.

[138] https://www.ecdc.europa.eu/en/COVID-19/variants-concern
[139] https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html
[140] https://www.cnews.fr/emission/2021-08-23/punchline-du-23082021-1118651
[141] https://www.dailymotion.com/video/x83ogfl

Consequently, for months, millions of people received vaccinations under the assumption of protection from a vaccine whose effect on transmission had never been studied in any trial. Furthermore, it had been developed against a strain that was no longer prevalent, or barely so.

What else is there to say...

But where did all the figures proclaimed in the media regarding the vaccines" ability to mitigate virus transmission originate? Initially, it was divided by 12, indicating three times fewer risks, then it dropped to only dividing by 6, then by 2. Nonetheless, the narrative persisted that vaccines protected against severe forms of the illness. Did they prevent death? Well, no, but apparently, we were no longer succumbing to non-severe forms...

Of course, I'm being ironic. I enjoy teasing, especially in the evening when my dog has just "eaten" my 18th pair of shoes...

How can we believe that a vaccine, which doesn't prevent contracting the disease, can avert severe forms?

It is another conundrum, but then again, I'm just a biostatistician. Any insights from immunologists on this matter would be greatly appreciated.

Jokes aside, the statistics touted regarding the vaccine's efficacy in "slowing" transmission were not derived from clinical trial results. Instead, they stemmed from studies conducted directly on populations, termed "observational" or "real-life" studies, the majority of which were retrospective.

The French High Authority on Health's evidence grading guide[142] clearly outlines the levels of evidence from different studies. According to the guide, a grade A recommendation is founded on scientific evidence established by studies with a high level of evidence. For instance, this includes high-powered randomized controlled trials without major biases, meta-analyses of randomized controlled trials, and decision analyses based on well-conducted studies.

It is worth noting that trials <u>with significant biases</u> are not considered to provide a high level of evidence.

Turning to real-life studies, they typically offer a lower level of proof compared to clinical trials. This is why all those involved in research to bring a product to market must undergo clinical trials to demonstrate the efficacy and safety of the product tested, ultimately seeking to obtain Marketing Authorization.

[142] https://www.has-sante.fr/upload/docs/application/pdf/2013-06/etat_des_lieux_niveau_preuve_gradation.pdf

Illustration 12 Haute Autorité de Santé - Level of evidence and gradation of good practice recommendations - April 2013

Grade of recommendations	**Level of scientific evidence provided by the literature**
A Scientific evidence established	Level 1 - high power randomized controlled trials; - meta-analysis of randomized controlled trials ; - decision analyses based on well conducted studies.
B Scientific presumption	Level 2 - low power randomized controlled trials; - well-conducted non-randomized comparative studies; - cohort studies.
C Low level of evidence scientist	Level 3 - case-control studies.
	Level 4 - comparative studies with significant biases; - retrospective studies ; - case series ; - descriptive epidemiological studies (cross-sectional, longitudinal)

Even worse, so-called retrospective studies conducted on existing databases have the lowest level of evidence among all study types, indicating that their results should be approached with caution. Throughout my 28-year career, I've worked on very few numbers of retrospective real-life studies as these studies are primarily utilized to describe a situation at a specific point in time and are certainly not suitable for drawing conclusions about a product's efficacy. However, they have been deemed sufficiently robust and reliable to form the basis of health decisions.

This is particularly questionable given that these studies pertain to a new product utilizing innovative biotechnology, developed in record time.

One might wonder why hundreds of people have spent years writing recommendations if not to adhere to them!

The effects purported on transmission in these studies were therefore not reliable evidence. In reality, as many of you have observed, much like the first two doses, the third dose failed to eradicate SARS-CoV-2, which is proving to be quite resilient. Hence, a fourth dose became necessary, followed by a fifth, and a sixth, and a seventh... As long as it continues to show efficacy, the cycle repeats, and the profits roll in!

Obviously, the quality of the vaccine is not at all responsible for this complete **debacle**, as it is solely the fault of these accursed variants, which seem to emerge every other day.

So, the time of bivalents has arrived.

THE COKTAILS

Pharmaceutical companies are finally addressing the issue of variants that are infecting the population and undermining the effectiveness of their vaccines by developing new ones. These vaccines will no longer be solely based on the Wuhan strain but will also incorporate more recent variants, a kind of cocktail you see.

Once again, I will not delve into the specifics of the clinical report; the opinion of the French High Authority for Health (HAS) provides sufficient insight into this new combination of messenger RNA based on the Wuhan strain and the Omicron variant[143].

The HAS acknowledges that the neutralizing antibodies used in clinical trials as a measure of immunity are insufficient to fully elucidate immunity :"i***n the absence of a defined threshold of protection for Covid-19 to date, however, neutralizing antibody titers cannot be directly correlated with the protection conferred by vaccination***".

But wait, there is more!

"*The evaluation procedure was founded on more limited (preclinical) data, prioritizing the swift availability of a vaccine over the ability to quantify any potential increase in clinical efficacy.*"

The cherry on the top is the uncertainties existing at the time of evaluation.

Regarding the bivalent vaccine Comirnaty Original/Omicron BA.1, the following points are noted:

- Insufficiency of clinical efficacy data to complement immunogenicity data.
- Absence of data for individuals aged 12–17 years.
- Absence of data specifically on Comirnaty Original/Omicron BA.1 15/15 µg bivalent vaccine in adults aged 18-55 years.
- Lack of data for special populations, including those with comorbidities such as obesity and immunocompromised individuals, as well as pregnant women.
- Lack of data on individuals who received a heterologous regimen (use of different vaccines).

[143] https://www.has-sante.fr/upload/docs/application/pdf/2022-09/rapport_evaluation_place_des_vaccins_cominarty_bivalents_original.omicron_ba.1_et_origninal._omicron_ba.4-5.pdf

- Absence of data on the persistence beyond 28 days of superiority of the immune response induced by Comirnaty Original/Omicron BA.1 15/15 µg vaccine compared to Comirnaty Original 30 µg vaccine.
- Unavailability of long-term safety data.
- Lack of data when administered as a first booster dose.

In summary, we lack certainty regarding its efficacy, yet the recommendation is to vaccinate oneself with the bivalents! Since when has a product been endorsed based on such results?

This goes beyond science; It's science-FICTION!

We've reached an all-time low!

Let's sum it up, then: two doses, ineffective; third dose, ineffective; fourth dose, ineffective; fifth dose, ineffective; bivalent, efficacy impossible to quantify...all with a protection ensured by antibodies which are not sufficient to ensure the protection.

Dear reader, a good comedian would make a memorable sketch out of this story!

The proliferation of doses has prompted those tasked with advising our politicians to raise questions. Professor Delfraissy acknowledged the "*very peculiar*" nature of this new vaccine in an interview with France Info on January 25, 2022.

The president of the COVID-19 scientific council stated that, ultimately, "*in some respects, it is a vaccine. But It's also a vaccine that resembles, to some extent, a vaccine-drug...*"[144]

"A vaccine-drug?" A novel concept.

He further added, "*and this, I believe, has not been emphasized enough... It's new because It's incongruous. Normally, I Wouldn't say that as a medical professor, it doesn't make sense, and yet, It's the reality*."

Indeed, you have not emphasized it enough; in fact, you have not mentioned it at ALL!

It is understandable why, from the outset, these pseudo-vaccines have had limited success in halting the SARS-CoV-2 virus. Apart from the swift waning of protection, each new vaccine introduced to the market swiftly became outdated as the strains it targeted were supplanted by new variants. It brings to mind a French virologist, Professor Raoult, who faced ridicule from uninformed "virologists".

[144] https://www.francetvinfo.fr/sante/maladie/coronavirus/vaccin/COVID-19-le-vaccin-est-un-peu-un-medicament-avec-une-action-formidable-pour-jean-francois-delfraissy_4929057.html

Yet, as early as April 2020, he had remarked, "***Finding a vaccine for a disease that is not immunizing [...] is even a foolish challenge***"[145]. By September 2020, he had identified mutations of the virus—an opinion evidently not shared by the consensus among typical "medical professionals"[146]. While the French High Authority for Health (HAS) did acknowledge the existence of the alpha variant by the end of 2020, the "experts" missed the mark once again.

Consequently, we are far from achieving the 95% efficacy touted in December 2020. Perhaps, in reality, the efficacy was never truly 95%?

This is a point I emphasized in my expert report.

[145] https://www.francetvinfo.fr/sante/maladie/coronavirus/coronavirus-selon-le-professeur-didier-raoult-le-consensus-c-est-pe-tain_3941995.html
[146] https://www.youtube.com/watch?v=3o-Wl3k2gUk

REQUIEM FOR AN ILLUSION

To understand whether the efficacy was indeed 95%, let us go back to the source: the clinical trial protocol and the December 2020 report.

THE COVID CASES

As mentioned above, assessing COVID cases according to the Pfizer study protocol means identifying participants who have at least one of the following symptoms: fever, onset or worsening of cough, onset or worsening of difficulty breathing, chills, onset or worsening of muscle aches, loss of taste or smell, sore throat, diarrhea, vomiting, in order to offer them a PCR test that will confirm whether or not it is positive.

At the slightest fever or sore throat, the participant must urgently pick up the phone to call the site to report that he or she is "symptomatic" in order to obtain an appointment to be tested.

If the center's staff is very busy and no one responds, the poor participant is left with no way of letting anyone know that he or she is potentially ill. This may not seem like a big deal to you, but to a biostatistician, it means that COVID-19 cases may be missing because no test was done; because no test, no COVID-19 case! It goes without saying that if some cases are missing, the 95% are simply wrong.

Another problem is the permitted use of antipyretics, fever-reducing drugs, in case of a reaction right after the injections of each dose. These drugs may have actually suppressed fevers that are a symptom of COVID. You may have heard of people who were vaccinated and became ill within a few days of a dose. So using antipyretics means fewer cases of COVID in the trial. Not a big deal, you might say.

Well, it is a big deal when you know that in the results, the vaccinated people used much more antipyretics than the saltwater vaccinated people did. **This constitutes what we call a statistical bias, i.e., an element likely to make the results deviate from their true value**.

However, all the guidelines put in place by the ICH have only one goal: to minimize the risk of error and therefore of bias in the evaluation of the benefits/risks.

THE GUIDELINES

Because an erroneous evaluation of this famous ratio could lead to the authorization of a potentially ineffective or even dangerous product, the role of the biostatistician is therefore to identify possible biases as soon as the protocol is written. The aim is to eliminate them, and if this proves impossible, to consider them in the analyses by proposing appropriate methods.

The idea is to obtain the real effect of the tested product because bias means error in the result.

In view of all the above, it is highly likely that COVID-19 cases were missing due to poor organization of the site staff, who were busy managing dozens or even hundreds of participants, and due to the use of antipyretics. This may be meaningless for you, but in the small world of the people involved in clinical trials, this is very important.

In its guidance written in December 2019, titled "***Demonstrating Substantial Evidence of Effectiveness for Human Drug and Biological Products: Guidance for Industry***," which is currently in draft mode (not final) and distributed for comment purposes only, everyone can read: "*to establish a drug's effectiveness, **it is essential to distinguish the effect of the drug from other influences**, such as spontaneous change in the course of the disease, placebo effect, or biased observation.*

*This is the basis for the statutory requirement that approval be based on **adequate and well-controlled investigations**, as well as the basis for FDA's regulations describing the characteristics of such investigations (i.e., design elements that are generally intended to minimize bias and permit a valid comparison with a control to provide a quantitative assessment of drug effect).* [147]

This text refers to 21 CFR § 314.126 [148], which outlines requirements for Adequate and well-controlled studies.

It states: "*Adequate measures are taken to **minimize bias** on the part of the subjects, observers, and analysts of the data. The protocol and report of the study should describe the procedures used to accomplish this, such as blinding.*"

It is evident that no measures were taken to minimize bias in the Pfizer clinical study.

[147] https://www.fda.gov/media/133660/download
https://www.fda.gov/regulatory-information/search-fda-guidance-documents/demonstrating-substantial-evidence-effectiveness-human-drug-and-biological-products
[148] https://www.govinfo.gov/content/pkg/CFR-2016-title21-vol5/pdf/CFR-2016-title21-vol5-sec314-126.pdf
https://www.govinfo.gov/app/details/CFR-2016-title21-vol5/CFR-2016-title21-vol5-sec314-126/summary

Regarding the intake of antipyretics, it was possible to provide COVID cases for the subgroup of participants who had completed the reactogenicity diary.

Between the scheduled visits to the site, participants continued their daily lives more or less quietly, as usual in trials. But here again, we were not dealing with a classical virus like the flu; we were facing a virus so virulent that the whole world had to halt normal activities to try to contain it.

Doesn't it seem somewhat negligent that a pharmaceutical company, amidst a pandemic, did not find it necessary to provide PCR tests so participants could promptly ascertain their health status, without needing to visit the recruiting site? **Asymptomatic individuals can also transmit the disease, making every participant, symptomatic or not, potential vectors of transmission to their families, friends, and colleagues, potentially leading to fatal consequences.** This apparent lack of concern from the laboratory left participants vulnerable, without proper testing or support.

Such management of participants in this trial is highly questionable, **as it fails to minimize risks for them as recommended by guidelines and the Helsinki Declaration**. It unnecessarily exposes them to danger.

It would have been more appropriate to use severe COVID-19 cases, including hospitalizations and deaths, as the primary criterion, considering the stated goal was to alleviate hospital overcrowding. Although this possibility was discussed in a World Health Organization technical briefing[149],

it was dismissed due to cost concerns. While setting up additional sites and recruiting more participants for severe cases might have been more complex and costly, it was not impossible. When working on a revolutionary product that could generate tens of billions of dollars, such investments are warranted.

Furthermore, why not choose a simpler primary endpoint for data collection instead of leaving potentially vulnerable participants to fend for themselves for identification and testing?

A basic blood test could have easily identified COVID-19 cases during the observation period, symptomatic or asymptomatic.

An anti-nucleocapsid serology, detecting antibodies produced in response to viral illness, was conducted at every planned visit, the results were never presented during each Vaccines and Related Biological Products Advisory Committee Meeting.

So WHY?

[149] **https://cdn.who.int/media/docs/default-source/medicines/regulatory-updates/COVID-19/tech-brief_april-2021_regulation-of-COVID-19-vaccines_synopsis_-aug2020_feb2021.pdf**

Upon recalculating based on the serological criterion using the data made publicly available by Mr. Siri, I've determined that the efficacy of the vaccine on ALL COVID cases, and not solely on mild or moderate symptomatic cases confirmed by PCR tests, **is approximately 53%!**

This is significantly lower and, therefore, not as promising as the initially announced 95% efficacy.

The **complex primary efficacy criterion**, reliant on the implementation of PCR tests, not only posed a risk to participants by delaying diagnosis but also presented a significant practical inconvenience for site staff. Managing phone calls, participant reminders, appointment scheduling, and ad hoc PCR testing added to the logistical challenges. Opting for such a criterion raises critical methodological questions. It seems counterintuitive to accurately measure the number of patients affected if the chosen method fails to do so.

Consider the analogy of conducting a study on migraines by solely asking sufferers to indicate their pain on one side of the head. Such an approach would overlook the full scope of the condition. Yet, this is akin to what the laboratory has done by selecting this criterion, which fails to capture the entirety of the disease. It's noteworthy that this choice was endorsed by health agencies, underscoring its significance.

Moreover, we have confirmation in the database that **participants who received the vaccine were tested less frequently than those in the placebo group, which introduced a major bias in counting the number of COVID-19 cases, the primary efficacy criterion, in favor of the vaccine**[150].

Furthermore, it raises serious doubts that the FDA accepted only one clinical trial for a product of such significance. Confirmation of this can be found in the BNT162b2 Module 1.6.3 Correspondence Regarding Meetings section 2.1.5, under Sponsor Clinical Question 2:

"*Does CBER agree that revised Study C4591001 is adequate to serve as the **single pivotal study to demonstrate adequate safety, immunogenicity, and efficacy of the candidate vaccine** for the proposed indication and may be used to support Traditional Approval*?"

The FDA's Response to Clinical Question 2 states:

"*We agree that **a single, well-designed and well-conducted clinical disease endpoint efficacy study** that is able to meet our requested pre-specified success criterion would likely provide substantial evidence of effectiveness and an adequately sized safety database to support licensure of your product via the Traditional Approval Pathway*."

[150] **https://openvaet.substack.com/p/pfizerbiontech-c4591001-trial-audit**

However, it is crucial to note the requirement for a "**well-designed and well-conducted clinical trial.**"

Well, that was a complete FAILURE...

THE "PAIN IN THE ASS"

In terms of methodology, there is much to say and reiterated about the Pfizer/BioNtech clinical trial. Above all, numerous questions need answers because they cast doubt on the validity of the results presented.

Why didn't the laboratory increase the number of neutralizing antibody measurements?

What are the reasons for not scheduling dosages more than two months after the second dose?

Why was a booster study planned as early as December 2020 when we were informed that two doses would enable a return to normal life? Did they know that immune protection only lasted a few months? Did they intend to conceal their rapid decline?

Why were systematic PCR tests not planned for **all**, as this would have allowed the identification of **all** COVID cases, symptomatic or not? Why were the results of anti-nucleocapsid serology not presented, which would have indicated how many people became infected during the observation period, at each interim analysis? Did the Pfizer laboratory create an "**illusion**" **of efficacy** to obtain marketing authorizations from health agencies? This is what my methodological analyses reveal.

It seemed like a good attempt, but unfortunately, it is always a "pain in the ass" when it comes to asking the tough questions.

In the US, there are many of these troublemakers who ask irritating question. You may already be familiar with Aaron Siri, Peter McCullough, and Ron Jonhson, and there is also Dr. Lieutenant Colonel Theresa Long[151], who is concerned about a catastrophic increase in illnesses and vaccine casualties within the Department of Defense.

However, the "pain in the ass" in chief is Brook Jackson. I say this affectionately because I've the honor of knowing this woman whose courage and integrity are extraordinary.

[151] https://twitter.com/ltctheresalong

Ventavia Research Group hired Brook Jackson, a 20-year veteran of clinical trial coordination and management, as a regional manager[152] on September 7, 2020, to oversee the company's clinical trial operations, recruitment, and quality assurance.

In this capacity, she was involved in the Pfizer/BioNtech Phase 2/3 trial. Brook, along with two other employees who wished to remain anonymous, have accused Ventavia of several infractions, including falsifying data, employing inadequately trained staff, **delaying follow-up on reported adverse events**, failing to complete data entry promptly, and **neglecting to conduct PCR testing on all participants with COVID-19-like symptoms** to confirm the presence or absence of the disease.

BOOM!

Brook's on-site experience corroborates my methodological analysis and our findings into the trial database; since PCR tests were not administered to some individuals exhibiting symptoms, it is highly probable that there are unaccounted-for cases in the COVID case tally, and consequently, the reported 95% effectiveness is likely erroneous.

Moreover, no statistical analysis was conducted excluding these centers, as recommended by regulations in such instances.

Aware of these grave violations of Good Clinical Practices, Brook Jackson filed a formal complaint with the FDA on September 25, 2020, notifying the authorities of all the serious deficiencies and issues encountered within Ventavia Research Group, thereby jeopardizing patients' lives.

Consider an elderly individual, already frail, desperately attempting to contact the site for guidance. Is it ethical to allow a participant's condition to deteriorate simply because the phone wasn't answered for an appointment, particularly in the midst of a pandemic? I don't believe so.

Her employer terminated Brook Jackson's employment on the same day she reported to the FDA. Even more distressing, the FDA, instead of promptly auditing this center with alarming practices endangering participant safety, took no action whatsoever!

The Ventavia case pertains to only three sites, encompassing a little over 1000 participants, yet this raises concerns about the management of all other sites. How many additional sites engaged in similar practices? How many neglected to monitor their participants while vying for the title of top site?

[152] https://www.ventaviaresearch.com/

A straightforward calculation, **relying on the recruitment figures cited in the press releases,** permits us to reconstruct the trajectory of participant recruitment in the clinical trial.

Illustration 13 Calculation of the rate of recruitment of participants in the Phase 3 trial

Date	Number of participants	Number of centers	Number of days	Recruitment rate per day	Recruitment rate per hour
07/27/2020	360				
08/202020	11000		25	426	53
10/06/2020	37000	120	48	541,7	67,7
11/142020	44000	150	40	175,0	21,9

As of August 20, 2020, less than a month into the trial, 11,000 participants had already been recruited; by October 6, 2020, this number rose to 37,000 across 120 sites.

Between October 6 and August 20, 26,000 participants were enlisted over a 48-day period, **averaging 542 per day**, or nearly 68 per hour.

By November 14, 2020, the database used for interim analysis contained almost 44,000 participants from 150 clinical sites. Within a 40-day span, 13,000 participants were recruited, amounting to a daily rate of 175, or nearly 22 per hour.

Was this rapid recruitment pace compatible with adequate training at the centers, consistent practices, and proper participant follow-up? The Brook Jackson case provides the answer, and it is negative. She shared her account in an article in the British Medical Journal[153], circulated worldwide under the title "*Pfizer Gate*", yet received no coverage in our mainstream media.

THE FINAL BELL TOLLS

After nearly three months of meticulously examining the clinical trial documents, with the aim of summarizing my investigations, I compiled a report exceeding 100 pages. Titled ***"Evaluation of the methodological practices implemented in Pfizer's trials in the development of its RNA-messenger vaccine against COVID-19 with regard to Good Clinical Practices",*** this report served as a wake-up call regarding the safety and efficacy of the purported miracle vaccine.

[153] https://www.bmj.com/content/375/bmj.n2635

Within this report, I demonstrated that the trial was fraught with serious violations of Good Clinical Practices, as highlighted by Brook Jackson. **Moreover, it was plagued by statistical and methodological biases that skewed the efficacy results. Additionally, due to unreported adverse events, the safety data is also flawed.**

The review of participant data Case Reports Forms made public on May 1, 2023, revealed that four deaths were not reported at the time of the December 2020 submission, even though the laboratory was aware of them.

Amont the concerned individuals, there were two female participants aged 58 and 63, who died of **cardiac arrest within 3 months after dose 2**. In both cases, these were **data entry errors**, with the dates of death entered into the data collection system being later corrected via correction requests.

Data entry errors !!

These errors on the dates of death persisting at the time of such an important interim analysis are highly unusual, as data managers and pharmacovigilance experts are particularly vigilant about the issue of deaths.

In December 2020, there were not two deaths in the vaccine group as indicated in the report, but four, including three cardiac arrests, casting doubt on the entire set of results provided.

This analysis was confirmed the Australian Doctor, Dr. Jeyanthi Kunadhasan in her correspondence with the Australian Therapeutic Goods Administration (TGA). These exchanges, sent and made public on behalf of the Australian Medical Professional Society (AMPS), consist of an initial letter dated March 21, 2024, a response from the professor of the Health Products Regulation Group of the TGA dated March 27, 2024, and a reply from the professor of AMPS dated March 27, 2024[154].

Moreover, the duration of participant observation, **limited to three months in interim analyses**, is deemed inadequate for assessing medium- and long-term tolerability.

Finally, the failure to measure antibodies beyond two months post-second dose represents a significant and unacceptable shortcoming given its potential consequences.

Would health agencies have granted authorization for the marketing of this product if, as early as December 2020, they had observed a drop in antibodies after three or four months?

I highly doubt it.

[154] https://openvaet.substack.com/p/pfizerbiontech-c4591001-trial-audit#footnote-93-144275433

You do not authorize a vaccine with only a three-month duration of efficacy. It is this rapid weakening of the protection conferred by the antibodies that prompted the administration of a third dose, the booster, which has been acknowledged by Albert Bourla[155] to be just as ineffective as the previous ones, and subsequently, the subsequent doses.

I therefore conclude that:

- The results provided in the various clinical reports, hastily examined by different health authorities in terms of efficacy, immunogenicity, and tolerance, **cannot be considered honest and reliable from the perspective of Good Clinical Practices.** This biases the evaluation of the benefit/risk ratio, which is supposedly favorable to the vaccine.
- Given the identified risks and the still missing information, continuing to use the Comirnaty vaccine in real life poses a significant risk to people's lives.
- **It is therefore necessary to urgently suspend any vaccination by the Pfizer's vaccine**, not only for the populations on which we have no information to date, but also for the entire population. Continuing to use the Comirnaty vaccine in real life poses a significant risk to people's lives, given the identified risks and the still missing information.
- Moreover, the achievement of herd immunity is statistically unproven and unprovable based on this trial, as transmission was not one of the criteria studied.

BOOMMM!

Yes, I know, it hurts, it hurts a lot!

THE GAME IS OVER

In light of all these issues, it is necessary to scrutinize the trial more closely to highlight any errors or attempts at concealment, either by the laboratory itself or the participating centers. I therefore invite decision-makers to:

- Ask Pfizer to provide the complete database of the trial in order to verify the calculations provided (SAS® format).
- Request that Pfizer provide files tracking participants' phone calls, callbacks by the center, and PCR test results from both local and central laboratories.

[155] https://www.cnbc.com/video/2022/03/11/pfizer-ceo-albert-bourla-on-need-for-fourth-COVID-vaccine-dose-panvaccine-and-more.html

- Ask Pfizer to provide the file tracing the values and dates of data entry and modifications by the various participants in the investigating centers, a file called "**Audit-trail**" which would make it possible to identify any modification of data intended to mask a failure in the performance of the main tasks of the trial by the investigating sites, such as the non-performance of the PCR assay for suspected cases of COVID-19, or the failure to follow up on the participants who reported suffering from adverse events[156].

More generally, in January 2022, I requested a full audit of the Pfizer/BioNtech phase 1-2-3 clinical trial, preferably by auditors external to any organization involved in the development and approval of the Comirnaty vaccine, by delegating teams of quality assurers on site to review all records available at the sites, i.e., records related to participants, consent, dates of vaccinations and visits, etc.

These include: participant records, consent, dates of vaccinations and visits, participant calls for symptom or adverse event reporting, telephone reminders from the center, compliance with the non-removal of decoding of trial products (protection of randomization) for supposedly blinded personnel, product storage conditions, and all center source documents.

The FDA did audit the sites but they admit that **they did not check the integrity of the data**, which is vital for a reliable database.

I can already hear the voices of those who think that these serious failures surely have an explanation; all this is obviously fortuitous, due to the emergency, that the pharmaceutical laboratories and these people are serious and respectable.

Yes, that was my opinion before I started looking at COVID clinical trials, because in my 24-year career I've only worked with conscientious people who follow the recommendations.

So, serious and respectable?

[156] https://scdm.org/wp-content/uploads/2021/04/2021-eCF_SCDM-ATR-Industry-Position-Paper-Version-PR1-2.pdf

HANDS IN THE BAG AND IN THE WALLET

In the United States, the opioid crisis, for which Purdue Pharma LP was convicted in 2020 by the Department of Justice, remains fresh in everyone's minds. The company organized a gigantic campaign, with brochures, audiocassettes for practitioners and videos for patients to promote its opioid, oxycontin. The highly addictive nature of the opiods has led to the overdose deaths of 500,000 people in the country. Purdue Pharma LP was ordered to pay $8 billion after pleading guilty to a three-count felony information, including one count of dual-object conspiracy to defraud the United States and violate the Food, Drug, and Cosmetic Act, and two counts of conspiracy to violate the Federal Anti-Kickback Statute[157].

In France, aside from the Mediator scandal, which garnered significant attention, discussions regarding potential malpractice in the pharmaceutical industry were rare in my interactions with former clients. While I acknowledge that pharmaceutical companies are often quick to promote their products rather than acknowledge their adverse effects, the idea of widespread fraud seemed far-fetched.

Therefore, I decided to conduct research with the assistance of a legal colleague regarding Pfizer's legal history. Here is a list of convictions involving the company:

In 1992, concerning potentially defective heart valves marketed by Shiley Inc, a subsidiary of Pfizer, 51,000 people were affected and 300 died. The company was ordered to pay $215 million, with each victim's family receiving between $500,000 and $2 million, depending on the patient's age and general health, under the condition that they would not sue the laboratory[158].

Since 1995, according to the trade press, the Pfizer group has faced legal issues on more than forty occasions. These include 42 cases of fraud and non-compliance with various legal rules in the United States alone, resulting in a total of US $6,585,258,830 in compensation[159].

[157] https://violationtracker.goodjobsfirst.org/violation-tracker/-purdue-pharma-lp

[158] https://www.latimes.com/archives/la-xpm-1992-08-20-mn-6381-story.html

[159] https://violationtracker.goodjobsfirst.org/parent/pfizer

Forty-two cases totaling 6.5 billion dollars! Just a drop in the bucket!

Among these cases, some are particularly enlightening:

In 2004, Pfizer faced charges of illegal promotion and sale of Neurontin. The company paid **$430 million** in civil and criminal penalties for aggressively promoting its epilepsy drug Neurontin for uses not authorized by the federal government, despite it having no effect on the targeted conditions. Pfizer was found to have illegally marketed the drug between 1996 and 2000[160].

In 2007, Pfizer faced the Genotropin scandal involving **corruption**. Subsidiaries Pharmacia & Upjohn Company, Inc. and Pharmacia & Upjohn Company, LLC, paid $34.7 million to settle lawsuits related to off-label marketing of Genotropin, a human growth hormone-based drug. Additionally, they were found guilty of fraudulently paying suppliers to induce them to recommend the purchase of Pharmacia drugs. Pfizer itself acknowledged this case in a 2007 press release, which unfortunately has been inaccessible for several months[161].

In 2009, Pfizer was embroiled in the Bextra scandal involving **scientific fraud**. The company paid $2.3 billion to settle civil and criminal charges related to the illegal marketing of four drugs: Bextra, Geodon, Zyvox, and Lyrica. These charges included allegations of promoting the drugs for unapproved uses with the intent to defraud and mislead[162].

In 2009, Pfizer faced repercussions for **scientific fraud** related to clinical trials conducted in Nigeria. The company agreed to pay $75 million to the Nigerian government to settle criminal and civil lawsuits. These allegations stemmed from Pfizer's illegal testing of an experimental antibiotic named Trovan on children during a 1996 meningitis outbreak. Tragically, 11 children died as a result of these experiments, and many others were left disabled [163][164].

In 2011, Pfizer faced legal action and agreed to pay $14.5 million to settle lawsuits related to the **illegal sale** of Detrol. These lawsuits alleged violations of the False Claims Act and illegal marketing practices regarding Detrol[165], a drug primarily used for treating overactive bladder.

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[160] https://www.justice.gov/archive/opa/pr/2004/May/04_civ_322.htm

[161] https://www.pfizer.com/news/press-release/press-release-detail/phar%E2%80%A6e_allegations_of_improper_activities_prior_to_acquisition_by_pfizer

[162] https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history

[163] https://www.pogo.org/database/federal-contractor-misconduct-database-fcmd

[164] https://www.jeuneafrique.com/31695/economie/affaire-pfizer-nigeria-les-victimes-attendent-toujours-leur-d-dommagement/

[165] https://www.justice.gov/opa/pr/pfizer-pay-145-million-illegal-marketing-drug-detrol

Pfizer marketed Detrol off-label for use in male patients with benign prostatic hypertrophy and related conditions, including lower urinary tract symptoms and bladder outlet obstruction, which were not approved indications by the FDA.

Whistleblowers played a crucial role in exposing this fraud and protecting public funds. Tony West, assistant attorney general for the Justice Department's Civil Division, emphasized the importance of such settlements in upholding the integrity of the FDA's drug approval process and supporting critical federal and state healthcare programs.

In 2012, Pfizer subsidiary Pfizer H.C.P. faced charges for violating the Foreign Corrupt Practices Act (FCPA) and agreed to pay a $15 million fine to settle the case. The U.S. Department of Justice (DOJ) accused Pfizer H.C.P. of conspiracy and FCPA violations related to improper payments made to government officials in Bulgaria, Croatia, Kazakhstan, and Russia. Between 1997 and 2006, Pfizer H.C.P. allegedly made over $2 million in improper payments to hospital administrators, members of regulatory and purchasing committees, and other healthcare professionals in those countries. These payments were intended to influence decisions concerning the approval and registration of Pfizer products, the awarding of pharmaceutical tenders, and the sales volume of Pfizer products[166].

In 2012, Pfizer Inc. settled lawsuits by paying $55 million to address allegations of illegally introducing a **mislabeled drug**, Protonix, into the market and selling it off-label[167].

In 2012, Pfizer Inc. paid $3.34 million to the State of Oregon to settle allegations of **scientific fraud** related to its drug Zyvox®. The company was accused of relying on flawed clinical studies to support claims that Zyvox® was superior to vancomycin, a generic drug, despite lacking the required evidence from the FDA to make such assertions[168].

In 2013, Pfizer and Wyeth Pharmaceuticals LLC, which Pfizer acquired in 2009, paid a total of $45.2 million to the U.S. government. This payment was for disgorgement of profits and interest related to violations of the Foreign Corrupt Practices Act and fraudulent practices. Additionally, they paid $15 million in civil damages[169].

[166] https://www.justice.gov/opa/pr/pfizer-hcp-corp-agrees-pay-15-million-penalty-resolve-foreign-bribery-investigation
[167] https://www.justice.gov/opa/pr/pfizer-agrees-pay-55-million-illegally-promoting-protonix-label-use
[168] https://www.doj.state.or.us/media-home/news-media-releases/oregon-department-of-justice-reaches-landmark-3-34-million-agreement-with-pfizer/
[169] https://www.sec.gov/news/press-release/2012-2012-152htm

In 2013, Pfizer and the manufacturer and distributor of EpiPen paid $625,000 to the state of Massachusetts to settle allegations. These allegations involved airing a misleading television advertisement that overstated the effectiveness of EpiPen, a self-injectable pen for acute allergic reactions[170].

In 2013, Pfizer subsidiary Wyeth Pharmaceuticals paid more than $490 million to settle several lawsuits with several U.S. states regarding illegal off-label marketing of Rapamune, a drug used to prevent kidney transplant rejection.

Two former Wyeth employees claimed they were encouraged to promote the drug for heart, lung, liver, and pancreas transplants, despite the FDA not approving it for those indications[171].

In 2013, Pfizer paid $450 million to settle litigation brought by Brigham Young University (BYU) for **fraudulently breaching a collaboration agreement** related to the development of a non-steroidal anti-inflammatory drug, or "super aspirin", in the early 1990s. Pfizer and its subsidiary Monsanto were accused of misappropriating BYU's work and wrongfully retaining all profits from the sale of the drug[172].

In 2014, Pfizer paid $9.5 million in settlements to the State of Nevada for illegally promoting certain postmenopausal hormone therapy drugs and **misleading consumers and physicians about the safety and efficacy** of these drugs. Additionally, $8 million was paid in compensation[173].

In 2014, Pfizer paid $35 million to 41 U.S. states and the District of Columbia for promoting off-label uses of its kidney transplant drug Rapamune. Pfizer, along with Wyeth (acquired by Pfizer in 2009), also misrepresented the uses and benefits of Rapamune through an orchestrated campaign. This campaign involved promotional discussions by Wyeth-retained physicians, **misleading presentations of data**, and company-funded studies at hospitals and transplant centers designed to encourage off-label uses of Rapamune[174].

In 2014, Pfizer paid $325 million to settle civil claims in the Neurontin scandal (**Dissemination of misleading information**)[175].

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[170] https://web.archive.org/web/20131210003236/http://www.mass.gov/ago/news-and-updates/press-releases/2013/2013-11-07-epipen-ad-settlement.html
[171] https://www.doj.nh.gov/news/2014/20140806-pfizer-rapamune-settlement.htm
[172] https://casetext.com/case/brigham-young-univ-v-pfizer-11
[173] https://ag.nv.gov/News/PR/2014/Consumer_Protection/Attorney_General_Masto_Announces_an_$8_Million_Charitable_Contribution_as_Part_of_a_Settlement_with_Pfizer/
[174] https://www.doj.nh.gov/news/2014/20140806-pfizer-rapamune-settlement.htm
[175] https://www.reuters.com/article/us-pfizer-neurontin-settlement-idUSKBN0ED1IS20140602

In 2014, Pfizer paid $190 million to settle a class action lawsuit involving various **consumer rights frauds and antitrust violations**. Additionally, Pfizer engaged in improper listing of certain patents with the Food and Drug Administration, illegal promotion and sale of Neurontin for unapproved uses, filing and maintaining sham litigation over certain patents, and making false statements to patent courts[176].

In 2015, Pfizer paid $400 million to settle a class action lawsuit accusing it of disseminating **fraudulent information regarding its off-label marketing practices** between 2006 and 2009. The lawsuit alleged that Pfizer misled investors by misrepresenting the off-label marketing of its products, including Bextra, Geodon, Zyvox, and Lyrica, to shareholders[177].

On the criminal side, government investigations into these practices led to a $2.3 billion settlement in 2009.

In 2016, Wyeth and Pfizer Inc. paid $784.6 million for their involvement in the Protonix Scandal (2), which involved trade fraud. They were accused of reporting **false and fraudulent pricing** to the government on two of their proton pump inhibitors (PPIs), Protonix Oral and Protonix IV[178].

In 2018, Pfizer paid $23.85 million to settle allegations of Medicare fraud and bribery, thereby ending prosecution. The company was accused of **violating the False Claims Act** by paying bribes to Medicare patients through an allegedly independent charitable foundation. The anti-bribery law prohibits pharmaceutical companies from directly or indirectly offering or paying any remuneration - which includes money or anything else of value - to induce Medicare patients to purchase the companies' drugs[179].

In 2020, Pfizer and seven other pharmaceutical companies paid over $850 million in settlements for False Claims Act violations related to **Medicare fraud and corruption**. These violations involved the companies using third-party foundations as instruments of corruption[180].

Edifying, isn't it?

[176] https://www.aboutlawsuits.com/neurontin-settlement-class-action-pfizer-63772/
[177] https://www.reuters.com/article/pfizer-classaction-idUSL1N0V61YR20150127
[178] https://www.justice.gov/opa/pr/wyeth-and-pfizer-agree-pay-7846-million-resolve-lawsuit-alleging-wyeth-underpaid-drug-rebates
[179] https://www.justice.gov/opa/pr/drug-maker-pfizer-agrees-pay-2385-million-resolve-false-claims-act-liability-paying-kickbacks
[180] https://www.justice.gov/usao-ma/pr/fourth-foundation-resolves-allegations-it-conspired-pharmaceutical-companies-pay

Whether it is health insurance or consumer fraud, misleading advertising, illegal sales, or **even scientific fraud** claiming unproven efficacy in clinical trials on certain diseases or populations, Pfizer has a track record of reaching into its wallet to settle disputes out of court.

At this point, it is not just a coincidence or a few isolated cases; It's indicative of a pervasive company culture.

Regarding the COVID vaccine, it is undeniable that the financial stakes were and still are enormous.

In December 2020, Pfizer was awarded a $2 billion firm-fixed-price contract for the production of the BNT162b2 vaccine in support of the national emergency response to COVID-19.

The contract is still available on the U.S. Department of Defense website[181]. In July 2021, they received another contract worth $1,3 billion for the production of vaccine BNT162b2[182].

Furthermore, they were awarded contracts totaling $3.5 billion in August 2021[183], $5.2 billion in November 2021, and $1.4 billion in November 2021[184] [185] [186].

According to the specialized press[187], the Pfizer group "*generated $36.8 billion in sales (in 2020) with its anti-COVID vaccine alone, which is almost a third of its total sales. Its net profit more than doubled to $22 billion (...). Sales jumped by 95% to $81.3 billion. Its net profit more than doubled, to $22 billion (...). Thus, thanks to the pandemic, Pfizer's turnover reached $100 billion in 2022*[188].

Enough to make your head spin.

What about botched trials in which important measures were missing to avoid providing a complete picture of efficacy, tolerance, and immunogenicity, perhaps? What was the point of hiding the drop in antibodies in order to sell an immunity booster that we'd known we needed all along?

I summarized the content of my expertise in a simplified presentation and presented it during an interview on February 03, 2022[189].

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[181] https://www.defense.gov/News/Contracts/Contract/Article/2456596/
[182] https://www.defense.gov/News/Contracts/Contract/Article/2706009/
[183] https://www.defense.gov/News/Contracts/Contract/Article/2716710/
[184]: https://www.defense.gov/News/Contracts/Contract/Article/2848255/
[185] https://www.defense.gov/News/Contracts/Contract/Article/2851450/
[186] https://www.defense.gov/News/Contracts/Search/Pfizer/
[187] https://www.latribune.fr/entreprises-finance/industrie/chimie-pharmacie/COVID-19-chaque-jour-pfizer-le-leader-des-vaccins-a-engrange-60-millions-de-dollars-de-benefices-en-2021-903656.html
[188] https://www.fiercepharma.com/pharma/pfizer-to-exceed-100b-revenue-2022-thanks-to-COVID-19-drug-and-vaccine-analyst
[189] https://www.francesoir.fr/videos-les-debriefings/essais-pfizer-sur-le-vaccin-anti-COVID-le-rapport-explosif-de-christine

The YouTube video reached almost half a million views before the channel was purely and simply deleted ('conspiracy theory', you know..).

Given the number of people who were ill because of these vaccinations, I was not the only one wanting to warn people about the risks. In France, petitions on the side effects of COVID-19 vaccines were regularly submitted on a platform set up for this purpose by the Senate[190].The rule is that if a petition manages to gather 100,000 signatures, the subject can be taken up for parliamentary work by decision of the Conference of Presidents.

The first two failed to pass the 100,000 mark within 6 months, with 3019 and 2346 signatures, respectively. The last one, filed on January 12, 2022, by Julien Devilleger, a non-vaccinated cardiologist who was suspended by the French Medical Council, was very successful, gathering 33,600 signatures in just one month.

This petition insisted on the "protective role of Parliament" and asked the Senate "***to ensure that the French pharmacovigilance system is sufficient to detect side effects in the short, medium, and long term*".** Dr. Devilleger referred to a hearing of the ANSM held in the Senate, which had reported more than 110,000 listed adverse reaction reports on vaccines against COVID-19 as of December 2021[191].

The French Senate finally heard our voices.

[190] https://petitions.senat.fr/

[191] https://www.publicsenat.fr/article/parlementaire/effets-indesirables-des-vaccins-la-saisine-de-l-opecst-n-est-pas-une-reponse

DAVID VERSUS GOLIATH

In February 2022, the Senate therefore considered the petition and closed it, leaving it no possibility of reaching 100,000 signatures. Instead of opening a commission of inquiry in accordance with the request of the original petition, the department of social affairs of the Senate handed the 'hot potato' over to the Parliamentary Office for the Evaluation of Scientific and Technological Choices (OPECST) on February 9, **thus transforming a commission of inquiry into an inventory of the "*adverse effects of vaccines against Covid-19 and the French pharmacovigilance system*".**

Meeting on February 22, the Office entrusted this study to the four rapporteurs who had been working on the COVID-19 epidemic for more than a year: members of parliament and senators. The rapporteurs began their cycle of hearings on March 28. I was honored to be among the people auditioned.

The people representing the State were the health authorities, the Director General of the ANSM as well as some of her collaborators, the President of the Technical Commission on Vaccinations at the Haute Autorité de Santé, High Authority for Health, the President of the French Network of Regional Pharmacovigilance Centres (CRPV), as well as the persons in charge of writing the safety reports on vaccines (the rapporteurs), Professor Alain Fischer, President of the Vaccine Strategy Orientation Council in France…

In short, the fight of David against Goliath.

THE ROOKIE BIOSTATISTICIANS

On April 5, 2022, at around 9:00 a.m., I joined the teleconference organized by the OPECST. During the session, I presented my conclusions regarding the Pfizer clinical trial, which You're now familiar with. As I wrapped up my presentation on the inaccuracies in efficacy, I remarked, "***I'm not sure if you've had the chance to review my report, but I've certainly read yours***".

I distinctly remember sensing a slight unease among the attendees. Despite the concerning findings indicating ineffectiveness in transmission, lack of efficacy in individuals over 75, and ineffectiveness in preventing severe cases, these individuals had authored a report on December 15, 2020, titled "**The Covid-19 Vaccine Strategy**"[192].

[192] https://www.assemblee-nationale.fr/dyn/15/rapports/ots/l15b3695_rapport-information.pdf

Page 18, I quote:

"*Given that vaccines have only been tested for their ability to prevent symptomatic forms of the virus,* ***their impact on virus transmission remains unknown.*** *The prevailing logic behind vaccination is to achieve herd immunity, thereby protecting those who are not vaccinated. However, collective immunity can only be achieved if vaccination effectively prevents virus transmission*."

So, they were fully aware of this? If I understand correctly, was vaccinating to protect others just a big, fat lie?

Currently, there is insufficient data on vaccine efficacy to accurately predict the duration of protection.

On page 17, they once again confirmed one of my observations with the statement, ***"The efficacy could not be established for individuals over 75 years of age due to small sample sizes.***" Consequently, this vulnerable population, often under treatment, was vaccinated without statistically demonstrated efficacy.

On page 102, one MP appeared to express some cautious reservations: ***"I recall that to eradicate an infectious disease, a vaccine must both prevent severe forms and halt the spread of the virus***."

However, neither of these requirements were statistically proven.

The report also mentioned the risks of severe allergy, and the possibility of excluding from the vaccination people who permanently have injectable adrenaline. I remember my friend Frédéric's anger when he read this sentence. Why didn't the health authorities take this common sense precaution?

I advise everyone to download this very interesting report, which also anticipated certain reticence to this innovative product, the **so-called** "antivaxxers", the "conspiracy theorists" who would not fail to be corrected by "fact-checkers", i.e. people paid to re-establish the official and authorised "truth". You will find them mentioned a little further on.

A real movie scenario this report, don't you think?

On April 5, 2022, I also presented to my audience the results of the analysis of the clinical trial on adults, no longer after three months of follow-up but after six months, published in September 2021[193], which is certainly more interesting to evaluate the safety of the vaccine.

At six months of follow-up (paper published in November 2021[194], there were 15 deaths for BTN162b2 vaccine versus 14 for the saltwater (placebo) group during the so-called blind period and 3 deaths for BNT162b2 versus 2 for placebo but after the blind was lifted.

[193] https://pubmed.ncbi.nlm.nih.gov/34525277/
[194] https://www.nejm.org/doi/pdf/10.1056/NEJMoa2110345

Returning to our table of deaths, which is only available in the appendices of the article[195], what do people die of in the vaccine group?

Mostly problems of the cardiovascular system with 4 cardiac arrests in the vaccinated group against only 1 in the placebo group.

This picture is interesting in many ways because; with more deaths in the vaccine group, there is obviously no question of concluding that the vaccine is effective against overall mortality.

You will not have failed to note that concerning mortality due to COVID, there was 1 death in the vaccinated group against 2 in the placebo group, which means **that no statistical efficacy against COVID mortality can be claimed**.

Obviously, this product is very disappointing!

Illustration 14 : Causes of death from dose 1 to Unblinding (safety population, ≥16 years old- Pfizer clinical trial results at 6 months follow-up

Cause of death	**BNT162b2 (N=21 926)**	**Placebo (N=21 921)**
Deaths	15	14
Acute respiratory failure	0	1
Aortic rupture	0	1
Arteriosclerosis	2	0
Biliary cancer metastatic	0	1
COVID-19	0	2
COVID-19 pneumonia	1	0
arrest	4	1
Cardiac failure congestive	1	0
Cardiorespiratory arrest	1	1
Chronic obstructive pulmonary disease	1	0
Death ?	0	1
Dementia	0	1
Emphysematous cholecystitis	1	0
Hemorrhagic stroke	0	1
Hypertensive heart disease	1	0
Lung cancer metastatic	1	0
Metastases to liver	0	1
Missing	0	1
Multiple organ dysfunction syndrome	0	2
Myocardial infarction	0	2
Overdose	0	1
Pneumonia	0	2
Sepsis	1	0
Septic shock	1	0
Shigella sepsis	1	0
Unevaluable event	1	0

[195] https://www.nejm.org/doi/suppl/10.1056/NEJMoa2110345/suppl_file/nejmoa2110345_appendix.pdf

The results of this analysis confirmed the efficacy COVID cases and finally demonstrated an efficacy on severe forms of COVID. However, the criterion of severe cases based on the same mode of collection as the main criterion has the same bias, therefore, it is not more reliable. It follows that the result is also very likely to be erroneous. Once it has been shown that the trial data are false, any result loses credibility, as the sites may not have counted severe cases, just as they did not bother to report serious adverse events.

THE TRACE ERASERS

After the first results, Pfizer had the **good idea to vaccinate the participants of the placebo group** after a certain time spent in the trial. Since the product administered was unknown to almost everyone, as already explained, unblinding meant identifying the injected product to each person. Participants therefore had the opportunity to receive the vaccine after receiving the placebo injections.

So why vaccinate placebo participants? Surely to protect them? This had the enormous disadvantage of gradually making the placebo group disappear.

Did you understand the trick? How can you compare the vaccinated with the non-vaccinated if there are no non-vaccinated left? **This was <u>another major methodological bias</u> since it was impossible to ensure that the vaccine doesn't cause more damage than the control group**.

In the latest protocol version Amendment 20, 15 September 2022 that was made public in 2024, one can read.

"*As of protocol amendment 20, because the study is now being fully unblinded with no control arm, **making it observational in nature**, and with the active safety surveillance period for the majority of participants completed, following agreement with the FDA and EMA, **the study will be concluded early**. Following approval of protocol Amendment 20, active study participants will be informed of the early completion of the study and further data collection will be ceased*."

No control group to compare infection rates.

No control group to compared adverse events rates!

This obviously weakens the scientific value of the trial promised to participants during enrollment, doesn't it?

With a shortened trial, how can one assess the long-term risk?

The audience listened to my explanations, yet their response echoed what we have been hearing in the media for months: "*there have been billions of people vaccinated, isn't that enough to attest to the efficacy and safety?*" I almost burst out laughing. That was a good one!

Since when does using a product in real life suffice to evaluate it??????

One might question the purpose of clinical trials in that case. This approach puts the public at risk and contradicts existing patient protection laws. It is better to hear this than to be deaf, but still!

I reminded them of all the problems of this trial, multiple bias, erroneous main criterion, erroneous safety, I reminded them of the number of adverse events reported in the pharmacovigilance reports despite under-reporting, I reminded of them the importance of complying with Good Clinical Practices.

What is the future of clinical research if a trial is "allowed to go ahead" without respecting rules that have been established for decades?

If product development takes less than a year instead of the usual 10 or 15 years, pharmaceutical companies will be able to lay off many of their employees. So what is the future of private research actors? Of public research? In addition, what is the future of the organizations in charge of controlling them?

The COVID-19 vaccines are a first, justified by the emergency. It is crucial to acknowledge their limitations and dangers as soon as possible, and above all, NEVER repeat the same mistakes!

My interview concluded with a final warning. I cautioned these elected officials that by attempting to conceal the risks of the COVID-19 vaccines too aggressively, a segment of the population was losing trust in politicians and health authorities, and frankly, "that sucks."

Well, I admit, I did not actually say that. I keep it casual but I did maintain decorum!

Following all the hearings, the board members will meticulously choose the speakers who will be tasked with presenting their arguments publicly, face-to-face, on May 24, 2022.

THE LION'S DEN

Neither the members of the victims" association nor those of the collectives "*Where are my periods?"* were included in the list of the "chosen" (i.e. those selected for the hearings). Nor was I. This choice didn't surprise me; I had anticipated it because questioning the methodology of the Pfizer clinical trial when all the health agencies worldwide had found no fault was obviously not a good idea.

The day of the audition, I was quietly sitting in front of my computer to attend the live broadcast of the commission on the Senate channel[196].

In this hearing, we learnt that the countries belonging to the European community only had a small margin of maneuver, and that they reported the signals identified locally to the Pharmacovigilance Risk Assessment Committee (PRAC) or European Pharmacovigilance Committee, which decided on its own whether to continue or close the evaluation of the signal. Of course! European friends, your health and your life are in the hands of a few officials at the EMA and the European Commission.

One Professor, in a masterly diatribe against the vaccine strategy, emphasized "**the instrumentalization of children"** recalling the words of French Prime Minister Jean Castex in December 2021, who was infected by his own 11-year-old daughter at the time.

They [children] are transmitters, so It's not about protecting children but protecting yourself as an adult from **children who are a potential danger**", remarked the Prime Minister.

In March 2021[197], the French Prime Minister, in a bid to set an example, courageously received the AstraZeneca vaccine live, despite suspicions at the time of its potential link to thrombosis. Instead of attributing the vaccine's obvious lack of effectiveness, he placed the blame on the children.

Reader friends, consider setting up a sterile room in your garage to isolate your sick child, as your child may pose a danger to you! Personally, I always believed that parents should protect their children rather than the other way around, but it seems I was mistaken!

This competent Professor also highlighted the "**fear strategy"** employed by governments to incentivize citizens to be vaccinated, accusing them of **manipulating COVID figures, exaggerating the benefits of the vaccine, and downplaying the risks associated with it**.

[196] https://videos.senat.fr/video.2908931_628cbfd4c67cf.declaration-analyse-et-communicationautour-des-effets-indesirables-des-vaccins-contre-la-COVID-19
[197] https://www.20minutes.fr/politique/3004227-20210322-vaccination-jean-castex-mise-scene-faux

I will spare you the hours of discussions that constituted this masquerade of a commission which is still available on the Senate's tv channel.

In summary, we witnessed representatives of the State congratulating each other on their supposedly excellent working methods, which nonetheless led to several health scandals, such as the Mediator affair. In March 2021, the French Agency was fined 303,000 euros (more than 325,000 dollars) for having "**failed in [its] role as health police and drug watchdog** [198]" It has also announced its intention not to appeal this conviction [199].

But when the money doesn"t come out of your own pocket but from taxpayers", paying more than 300,000 bullets is not so disturbing after all. I suggest that those responsible for health scandals should be held personally accountable and made to pay from their own pockets, as is the case for all self-employed individuals; this should significantly increase their level of vigilance.

THE PHARMA-NEGLIGENCE

All around the world, from the outset, politicians, journalists, and TV "experts" assured us that these vaccines were under close monitoring.

"We have the most intensive pharmacovigilance ever. Every minor adverse event, even a broken toe, is reported to pharmacovigilance".

If these TV experts had spoken with victims, they would have learned that all of them struggle to convince their doctors of a possible link with vaccines and that the doctors are reluctant to fill out tedious reports, especially since They 're not paid for it, unlike vaccination. They would have known that It's mostly the patients themselves who report the information and that they have to wait for months to receive a response from pharmacovigilance centers. Nobody enjoys reporting a fractured little toe, dear "expert," nobody, I assure you...

One might wonder if these people do not live in the "*metaverse*"…

On June 9, 2022, the rapporteurs of the OPECST published their interim report[200]. They emphasized **the subjective aspect of the benefit/risk balance**, "*difficult to mathematize"* and therefore left to the appreciation of colleges of experts on the data.

[198] https://www.lemonde.fr/societe/article/2021/03/29/scandale-du-mediator-les-laboratoires-servier-condamnes-a-2-7-millions-d-euros-d-amende_6074840_3224.html
[199] https://ansm.sante.fr/actualites/proces-en-appel-du-mediator

[200] https://www2.assemblee-nationale.fr/content/download/473079/4608021/version/1/file/rapport_EI+vaccines+COVID+sec_VF.pdf

Having witnessed the grievances of victims, **they recognized the need for** "**transparent and complete communication on the existence of adverse events**" and to implement "vigorous action to encourage health professionals to report adverse events" in order to restore trust. All in all, this was a very positive development. All was not lost!

Not a word about my presentation, which earned me the mockery of the trolls you will soon get to know.

Not a word about the methodological biases in the trials, the lack of proven efficacy of Pfizer's vaccine against severe forms of the disease, its inefficacy on COVID mortality, the absence of evidence on transmission and asymptomatic cases, nor a mention of the erroneous evaluation of safety and all the missing information at the time of authorization.

Nothing, zip, nada.

Of course! Because the strategy is to continue VACCINATING!

In the meantime, nothing has changed. Victims of serious adverse events are drained, losing weight, hair, and smiles. They shed tears that go unnoticed and scream without anyone listening. They continue their personal battle for survival, receiving no assistance whatsoever from health authorities. As Emmanuelle puts it, "Pharma-negligence" persists in tallying up reported cases with meticulous reports—ah, **They 're efficient at counting victims instead of preventing them. They forget that behind each case lies a human tragedy.**

IT HAPPENED NOT FAR FROM YOUR HOME

On social networks, I had heard about **blood clots** so huge that people had to undergo amputation, but I couldn't get their testimonies, so I started looking for people who have had thromboembolic disorders. Pierre came from Belgium to tell me about his myocardial infarction following a thrombosis, and then it is Isabelle's turn, who had been trying for months to have the role of the vaccine in her iliofemoral artery thrombosis recognized.

Pierre, 49 years old

Pierre, 49 years old, a company manager suffered from a myocardial infarction due to **arterial thrombosis** then days after his first dose. He underwent an emergency surgery to place a first stent to unblock the artery. Without making the link with the vaccine, he received the second dose of the Pfizer vaccine. Abundant sweat, fatigue, pains in the whole body, even his cardiologist suspected… **paranoia and delirium.**

Scars in the heart probably due to paranoid crises LOL!

He was finally placed on disability for two years, with a disability rating of over 66%, due to the **risk of sudden death attributed to "scars" on the heart**!

Morally and emotionally, he is still deeply affected, especially since his company, the result of 30 years of hard work, has been destroyed by the consequences of this "experimental gene injection" as he says.

Isabelle, 62 years old

Three weeks after her first dose, **Isabelle, 62 years old, accountant,** struggled to climb stairs, and her walking range was suddenly limited to 100 meters An arterial Doppler revealed the blockage of the ilio-femoral artery at more than 90%. She was quickly operated on. It could have been worse! Fortunately, she was protected by the anticoagulant treatment she has taken since a previous **medical accident** (perforation of the femoral artery during a laparoscopy), The pharmacovigilance service has never established the link with the vaccine due to her medical history. **Another damned coincidence.**

I could cite hundreds of scientific publications on thrombosis, unrelated to any specific vaccine, spanning from quantitative studies to case reports. However, I understand that this might complicate your reading. From the outset, it is clear that this book is not a biostatistics tome but rather "*a little life story*".

I could also recount the stories of hundreds of victims, but some are no longer here to share their experiences.

We have all heard of **sudden deaths** in our circle of friends and family, but we have not paid much attention to them. As my neighbor William says, "*everyone dies one day or another, this is the great game of life*". Everybody dies but when it is young people, it is more concerning.

Here is Sofia's short life story.

Sofia, 17 years old

In September 2021,

Sofia was a 17-year-old high school student, aspiring to become a childcare worker. As part of her studies, she had to complete an internship, and the teachers required Covid vaccination for it to be valid.

Ten days after her first shot, one of her classmates noticed that she looked very pale. They took her to the infirmary and called emergency services, who transported her to the hospital. **Sofia experienced fifteen cardiorespiratory arrests**. Upon transfer to intensive care, she underwent a massive transfusion due to **hemorrhagic shock** from DIC and thrombolysis. Two hours later, she developed **multi-organ failure** with refractory shock. The autopsy revealed "**unexplained massive pulmonary embolisms**."

Unexplained? Yet another death of unknown cause. In the expert report requested by the legal counsel, the expert concludes that only the role of oral contraception can be attributed to the occurrence of a massive pulmonary embolism based on the available data.

No peanut this time—contraception takes the blame!

I've read the autopsy report, it does mention a bilateral pulmonary embolism that led to death and diffuse cutaneous and visceral hemorrhages.

It was difficult but I even looked at the pictures. Sofia was a pretty young girl with long black hair, 50 kg (110lb) for 1,60 m, on the day of the autopsy she weighed 73 kg (160lb) because of the existence of liquid in the cavities related to the reanimation.

Sofia's parents and her brother underwent subsequent blood tests, which showed that they had no constitutional biological risk factors for venous thromboembolic disease. Therefore, there was no familial risk of pulmonary embolism.

To appreciate the seriousness of what we are discussing here, thromboembolisms or thromboses are blood clots that form in a vein or artery. A pulmonary embolism occurs when a deep vein thrombosis clot breaks away from the wall of a vein, travels to the lungs, and blocks some or all of the blood supply. Arterial thromboembolism often occurs in the legs and feet. Some can occur in the brain, causing a stroke, or in the heart, causing a heart attack (myocardial infarction)[201].

For the family, there is no doubt that the vaccine is responsible for Sofia's death. She had no particular health problem and was not taking any treatment other than a contraceptive pill for painful periods. Her general practitioner had taken care to prescribe her the appropriate blood tests to ensure that there were no contraindications.

Melanie, 16 years old

Melanie was healthy and full of life. She was at her father's house to prepare for her birthday in the garage while her father was watering the garden 500 meters away.
4:52 PM - Melanie had a video call on her phone with her friend Carla, which lasted 30 minutes.
5:20 PM - Her father found her unconscious, lying on the ground on her back. A couple passing by heard his cries. By chance, one of them was a firefighter. He performed CPR while his wife called emergency services.
5:30 PM - The firefighters arrived.
5:50 PM - The emergency medical services arrived.
6:00 PM - An effective heartbeat was restored.
She was airlifted to the Intensive Care Unit of a well-equipped hospital for further treatment. Upon arrival at the hospital, she has a brain scan and several tests.
She never regained consciousness.
On the first day, the doctors diagnosed her with a genetic disorder that affects the body's connective tissue: Marfan syndrome, a rare disease she was unaware of until then.

[201] https://www.heart.org/en/health-topics/venous-thromboembolism/what-is-venous-thromboembolism-vte

For ten days, her mother insisted on having an MRI of her heart and brain, but the medical staff denied the request, saying it was not possible to move her.
On the tenth day, the MRI was finally performed. The medical staff saw nothing alarming, just some sequelae, but they did not provide formal results to Melanie's mother.
On the thirteenth day, Melanie's brain was declared dead due to edema. The doctors suggested a tracheotomy and gastrostomy as she was in a vegetative state and at risk of further cardiac arrests and other issues. The parents refused, deciding to limit and stop active treatment.
Melanie passed away on August 7, 2021, five days after her COVID vaccination. The family had to wait for six months to obtain the complete medical record and only a part of the imaging scans.

My dear readers, if, like me, You're not involved with victims'associations and have never heard of these sudden and unexplained deaths of young people occurring in the days following their vaccination, this revelation must feel like a slap in the face.

Nowadays, dying from hemorrhages, thrombosis, or strokes for no apparent reason in healthy people is often discussed in so-called "*conspiracy circles*". It is common knowledge that conspiracy theorists see evil everywhere and spend their time linking deaths to vaccines without any scientific reasons!

For the families affected, however, uncovering the truth about their loved one's death presents a significant challenge. They encounter numerous obstacles: medical professionals, experts, and pharmacovigilance services do not acknowledge a connection to the vaccine, and the judicial process is slow.

However, the thromboembolic risk was not entirely unknown when Sofia received her first and only dose of mRNA vaccine. Doctors and researchers had been issuing warnings about it for months, similar to the concerns raised about myocarditis.

The factors that increase the risk of thrombosis are numerous and have been well-documented: family history of venous thromboembolism, obesity, advanced age, high blood pressure, diabetes, heart disease, lung disease, inflammatory bowel disease, cancer, sedentary lifestyle, and estrogen-based treatments (including the contraceptive pill)[202].

Sofia was only 17 years old and had only one risk factor—the pill.

[202] https://www.verywellhealth.com/thromboembolism-1745803

Should the vaccine have been accompanied by specific contraindications, such as not being combined with other pro-thrombotic drugs, or perhaps not recommended for young girls taking the pill who are at low risk of developing severe COVID-19?

Where are the interaction studies between the vaccines and other commonly used treatments? The risks were known, yet no special precautions were implemented.

In the United States, during a CDC meeting in June 2021, Tom Shimakuburo presented a table listing adverse events occurring **within 21 days after injection**[203],

Within 3 weeks after a dose, there were already reports of various blood disorders: 1168 (944 + 224) ischemic or hemorrhagic strokes, 530 venous thromboembolisms, 60 cases of thrombosis with thrombocytopenia syndrome, 26 cases of disseminated intravascular coagulation, 459 pulmonary embolisms, and 43 cases of immune thrombocytopenia (low platelet count in the blood, increasing the risk of bleeding).

Illustration 15 CDC - June 10, 2021 Security Updates - Risk Assessment

Pre-specified outcome event	Events in the risk range	Adjusted Odds Ration*.	95% CI	Signal
Acute disseminated encephalomyelitis	2		0.07-	No
Acute myocardial infarction	560	1.00	0.86-1.17	No
Appendicitis	608	0.82	0.71-0.95	No
Bell's palsy	454	1.02	0.85-1.21	No
Thrombosis of the cerebral venous sinus	4	1.07	0.17-9.36	No
Disseminated intravascular coagulation	26	0.62	0.33-1.19	No
Encephalitis /myelitis /Encephalomyelitis	15	1.06	0.38-3.41	No
Guillain-Barré syndrome	10	0.63	0.20-2.14	No
Stroke, hemorrhagic	224	0.89	0.70-1.14	No
Stroke, ischemic	944	0.97	0.86-1.10	No
Immune thrombocytopenia	43	1.04	0.58-1.92	No
Kawasaki disease	0	0.00	0.00-6.53	No
Myocarditis / pericarditis	60	0.94	0.59-1.52	No
Epileptic seizures	233	1.01	0.79-1.31	No
Transverse myelitis	2	0.50	0.04-15.32	No
Thrombotic Thrombocytopenic purpura	5	2.04	0.33-17.36	No
Thrombosis with thrombocytopenia (TTS)	60	0.76	0.49-1.18	No
Venous thromboembolism	530	1.06	0.90-1.25	No
Pulmonary embolism	459	1.00	0.84-1.19	No

* Adjusted for VSD site, 5-year age group, gender, race/ethnicity, and calendar date.

[203] https://www.fda.gov/media/150054/download

For the CDC, the numbers were not deemed sufficient to indicate a signal for these conditions. Is it reasonable to limit counting adverse events to within 21 days after a single injection? Considering the time required to establish a diagnosis, to have an autopsy result, it would have been more prudent to adjust the usual standards to ensure that no serious signals were overlooked, wouldn't it?

They modified all guidelines to expedite product development but did not do so for safety monitoring, possibly to avoid highlighting early signals that could undermine public acceptance of the product. It is worth noting that at that time, they had not yet identified a signal for myocarditis either!

The vaccines, intended to combat the SARS-CoV-2 virus and to protect against severe forms of the virus and thereby reduce hospitalizations and deaths, have not succeeded in decreasing mortality. **On the contrary, since their authorization, we have observed excess deaths.**

THE EXCESS DEATHS

In Belgium, in December 2022, funeral home and crematorium employees were expected to work overtime due to the influx of "customers". There was a 17.6% increase compared to 2019 and an 18.6% increase compared to 2018 in the number of services provided[204].

On the Euromomo website[205], which records mortality data from 27 European countries and Israel, the number of additional deaths in 2022 and 2021 was close to the levels reached in 2020, the year of the pandemic. At the end of 2022 and the beginning of 2023, a peak in excess deaths across all age groups was observed. Even more surprisingly, the excess mortality observed in 2022 for children or adolescents far exceeded that of both 2021 and 2020, a year in which, according to the site's calculation criteria, there were fewer deaths.

The same trend applies to the 15-44 age group, with more deaths recorded in 2021 and 2022 compared to 2020. For people over 65 years of age, the age group most affected by severe COVID-19 cases, excess mortality has persisted since 2020.

Despite a significant peak in March of the same year due to the Wuhan virus, subsequent variants have continued to contribute to excess mortality.

[204] https://www.7sur7.be/belgique/les-deces-augmentent-en-belgique-et-le-COVID-19-ny-est-pour-rien-mais-que-se-passe-t-il-br~a1a6c65a/
[205] https://www.euromomo.eu/graphs-and-maps/#

In France, according to INSEE figures, in 2022, we observed an excess death of 9.8% (60,181) compared to 2019, the year before the pandemic, taken as a reference[206]. By mid-2023, there were 53,800 more deaths reported than expected in 2022.

These statistics are so significant that they have sparked discussions worldwide.

In the UK, on January 16, 2024, a debate took place in the Westminster House on excess deaths[207]. The link to Andrew Bridgen's speech is available on the parliament website[208].

Mr. Bridgen was expelled from the Conservative Party for seeking explanations on the COVID vaccines and their potential harms. He stated, "*I fought so hard to raise this issue in Parliament, at a cost to my reputation, my career, and the financial security of my family.*" He presented statistics on annual death rates in England and Wales from 2010 to 2019, highlighting 65,000 excess deaths compared to 2018. In 2021, there were 44,000 more deaths than in 2018. Bridgen emphasized, "*After such a rise, there should be a significant deficit. In fact, our most vulnerable and elderly, who might have lived a while longer, were sadly taken from us early. In 2022, there were 577,000 deaths in England and Wales, and in 2023 there were 581,000. That is a huge rise when a significant deficit would, and should, have been expected.*"

In March 2024, the British Health Secretary urged to release data that may link Covid vaccine to excess deaths, call reported by the Telegraph[209].

MPs and peers criticized "*wall of silence*" as Government blamed waiting lists and pandemic backlog for increase

It is enough to make you wonder.

Victims, deaths—none of this aligns with the official discourse of "*vaccines are safe and effective.*" After all, if vaccines are effective, this excess mortality cannot be attributed to COVID, and if vaccines are safe, people should not be dying from adverse reactions. It seems logical, doesn't it?

So, what are "people" dying of?

These are questions that deserve answers, and many of us are asking them.

Fortunately, journalists are there to shed light on these matters.

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[206] https://www.insee.fr/fr/statistiques/6206305
[207] https://parliamentlive.tv/Event/Index/5e1f14d2-72b3-488f-a53c-fc94fee92dac
[208] https://hansard.parliament.uk/Commons/2024-01-16/debates/152B485D-812D-43CC-9D25-C2B651564810/ExcessDeathTrends?highlight=westminster+hall#contribution-46059AFE-9A03-472B-9364-0BF972E2E7D8
[209] https://www.telegraph.co.uk/news/2024/03/02/health-secretary-release-data-covid-vaccine-excess-deaths/

THE SMOKERS

Indeed, for some time now, articles have been multiplying about the risks of death, cardiac arrest, stroke... After the sudden death of infants, sudden death in adults is now becoming a trend. Sudden Adult Death Syndrome? Haven't heard of it?

Dear readers, I do not know if You're aware, but we live in an extremely dangerous world. Here is a brief overview of the dangers that await us.

August 26, 2020, we learned thanks to *ScienceDaily* that "*Depressed or anxious teens risk heart attacks in middle age*"[210].

On March 24, 2021, *Safety and Health magazine* [211] warned against **refined grains** because it is reportedly **associated** "***higher risk of stroke, heart disease and early death***."

On May 17, 2021, the *Daily Mail*[212] cited a study that concluded " ***working more than 55 hours a week increases the risk of death from heart disease and stroke by up to 35%***."

On June 02, 2021, it was the turn of frozen pizzas "***If you ask yourself, what's one major potential side effect of eating a lot of frozen pizza, it has to be heart disease***."[213]

On December 12, 2021, the *Express* reported on the issue of "skipping breakfast." According to one study, "***people who skip breakfast have a 32 percent higher chance of dying from all causes***." Heart attacks are especially common among those who regularly skip this meal, with a 21 percent increased risk.

You have to admit, It's starting to be pretty funny, isn't it?

December 14, 2021, for the *Standard* "***Up to 300,000 people facing heart-related illnesses due to post-pandemic stress disorder, warn physicians.***"[214]

On December 29, 2021, *US News* headlined "***Science Reveals How Red Meat Harms the Heart.***" [215]

On February 02, 2022, a famous feminine newspaper panicked its readers with its article "***Sudden death during sex****: more women concerned than we think*"[216].

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[210] https://www.sciencedaily.com/releases/2020/08/200826083017.htm
[211] https://www.safetyandhealthmagazine.com/articles/21002-refined-grains-tied-to-higher-risk-of-stroke-heart-disease-and-early-death-study
[212] https://www.dailymail.co.uk/news/article-9587963/Working-55-hours-week-increases-risk-death-heart-disease-stroke.html
[213] https://www.eatthis.com/side-effect-eating-frozen-pizza/
[214] https://www.standard.co.uk/news/health/post-pandemic-stress-disorder-heart-conditions-COVID-london-physicians-b969436.html
[215] https://www.usnews.com/news/health-news/articles/2021-12-29/science-reveals-how-red-meat-harms-the-heart
[216] https://www.elle.fr/Love-Sexe/Sexualite/Mort-subite-pendant-le-sexe-3985736

May 29, 2022, another article from *Presse Citron*: "*Why you should spend less time in front of your TV. According to a study, too much TV increases the possibility of developing* ***heart disease***"[217].

On July 01, 2022, Science & Avenir, a popular French science magazine that covers a range of scientific topics informed us that "***a study confirms that the risk of heart attack increases after a solar storm***[218]***"***.

On July 25, 2022, *CNN* warned us that "***Napping regularly linked to high blood pressure and stroke***"[219].

LOL!

On August 12, 2022, in *Every Day Health*, it was stated that "***Social Isolation, Loneliness Increase Risk of Fatal Heart Attacks and Strokes***"[220].

On August 24, 2022, The Daily Mail headlined "***Car fumes from exhaust and heavy braking raise risk of heart attacks***"[221].

On September 08, 2022, *Eurekalert* reported on climate issues. "***Singapore scientists find cold spells in the tropics increase heart attack risk***[222]*.*"

On October 2, 2022, *Medical News Today*, focused on pollution "***Study links air pollution to increased risk of stroke and related death***".

On October 15, 2022, the *Express* sounded the alarm about potato chips because as not everyone knows "*Crisps "drive" atherosclerosis that can lead to dangerous blood clots*" which can lead to the formation of dangerous blood clots that can clog veins and arteries and lead to **heart attacks and strokes**[223].

On July 19, 2023, the famous *Forbes* told us that "***Excessive heat can kill, but extreme cold is a silent killer that causes many more fatalities***"[224].

On March 25, 2024, *NY Breaking News* headlined "***Warning for anyone who sleeps with open blinds: this could increase the risk of stroke or heart attack by 40%***[225]!

LOL, LOL and LOL!

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[217] https://www.presse-citron.net/pourquoi-vous-devriez-passer-moins-de-temps-devant-votre-tv/
[218] https://www.sciencesetavenir.fr/sante/coeur-et-cardio/les-tempetes-solaires-pourraient-causer-5-500-deces-lies-au-coeur-chaque-annee_164677
[219] https://edition.cnn.com/2022/07/25/health/naps-high-blood-pressure-study-wellness/index.html
[220] https://lesactualites.news/sante/la-solitude-et-lisolement-social-peuvent-augmenter-le-risque-de-crise-cardiaque-ou-daccident-vasculaire-cerebral-de-30/
[221]https://www.dailymail.co.uk/news/article-11139977/Car-fumes-exhaust-heavy-braking-raise-risk-heart-attacks-study-suggests.html
[222] https://www.medicalnewstoday.com/articles/study-links-air-pollution-to-increased-risk-of-stroke-and-related-death
[223] https://www.express.co.uk/life-style/health/1682852/blood-clots-cause-diet-crisps-increase-risk
[224] https://www.forbes.com/sites/joshuacohen/2023/07/19/excessive-summer-heat-can-kill-but-extreme-cold-causes-more-fatalities/
[225] https://nybreaking.com/warning-for-anyone-who-sleeps-with-open-blinds-this-could-increase-the-risk-of-stroke-or-heart-attack-by-40-research-suggests/

Dear readers, imagine the risks you take if you live in a polluted city center, work hard, live alone, and frequently eat red meat, frozen pizzas, and chips. If you have a car, sleep with open blinds, skip breakfast, and live in a cold region, don't expect to live to be a hundred—heart attacks or strokes are just waiting for you!

And if you happen to have sex after a solar storm, You're COOKED!

I know it sounds like I'm joking, and of course I'm. Dealing with my dog, whom I now call the Terminator since he managed to chew through the outdoor lighting wires without electrocuting himself, makes me a bit mischievous.

They say you can laugh at anything, so let us laugh!

I thank the researchers and journalists who have spent hours informing us that sitting on a couch all day in front of the television, eating junk food full of fat or sugar, is not good for our health! Fortunately, these articles with their catchy titles exist to catch the eye of the uninformed person who has never heard of healthy eating or living. Let us celebrate the devotion of these people who work so hard to keep us alive

Amen!

I scoff, I scoff, I'm not nice, but ever since I came across an article about the health benefits of Nutella[226], I've been taking this kind of article more than a little lightly. It turns out that the nutty spread reduces the risk of developing heart disease. Yes, it does! That is right! Nutella is good for people suffering from anxiety and depression. It fixes mood fluctuations and produces happy hormones. Moreover, it even helps control our cholesterol levels and regulate our blood pressure!

I'm laughing my head off!

Maybe injured people should eat more Nutella to get better and avoid a stay in a psychiatric hospital for paranoid crisis, no?

You have understood correctly—we live in a time where studies can be made to say anything and everything, even contradict themselves.

What a stark contrast to the previous testimonies, isn't it?

Are these articles supposed to stop us from questioning the increasing frequency of sudden deaths, heart attacks, and strokes, even among young people and athletes lately?

Obviously, no article mentions vaccines.

As I said, many of us are searching for the reasons behind this excess mortality.

[226] https://www.timesnownews.com/health/article/world-nutella-day-is-nutella-nutritious-know-the-health-benefits-of-this-tasty-dessert-spread/716291

THE PUBLIC ENTERTAINERS

In France, obtaining statistics on hospitalizations and deaths categorized by age and vaccination status is not possible. The French administration responded with a noteworthy opinion dated September 22, stating, *"There are no statistics on the vaccination status of all deceased individuals, nor are there statistics on hospitalizations categorized by vaccination status."* As a result, the state doesn't have information on whether individuals who die in France are vaccinated or not." Is France a third-world country, poorly equipped, poorly computerized, and poorly organized, where no civil servant can link a few databases?

Even the Indian Ministry of Health decided to investigate the wave of heart failures affecting India in December 2022, as well as the rest of the world, and to look into a possible causal link with the Covid vaccines[227].

But France noooo.

So where do the statistics showing that vaccination significantly reduces the risk of death from COVID-19 come from?

These data are of major interest because they would allow us to count the number of hospitalizations and deaths, detailed by causes, according to vaccination status. It is important to verify if vaccines are not causing a surge in other diseases or sudden deaths, especially since a mysterious hashtag, ***#diedsuddenly***, has appeared on social networks like X (former Twitter) or facebook.

Pizzas? Meat? Sugar? Salt? Sex? Cold? Heat? Solar storms? Pollution? Post-pandemic stress? Pills? Peanuts?

Vaccines?

As the accounts accumulate, similar to what happened with myocarditis, time gradually unveils the truth. The unmistakable statistical signal that signifies "*Houston, we have a problem*" begins to emerge.

At the January 2023 meeting of the Advisory Committee on Vaccines and Related Biological Products, the esteemed Tom Shimakuburo noted a statistical signal as early as November 2022 for ischemic stroke.

By the end of January, it became evident that the risk of stroke was significantly elevated following the administration of Pfizer/BioNTech's bivalent vaccine among individuals older than 65 years[228].

[227] https://timesofindia.indiatimes.com/india/sudden-cardiac-arrest-icmr-to-probe-COVID-link/articleshow/96467046.cms

[228] https://www.fda.gov/media/164811/download

Finally, the bivalent not so safe finally[229], what to make grandpa and grandma think a little before having it injected!

It underscores the critical importance of reporting post-vaccination illnesses to pharmacovigilance agencies. Without these reports, crucial signals cannot be identified or addressed.

No declaration, no signal.

No signal, no problem!

Health professionals, including physicians, dental surgeons, midwives, and pharmacists, have a duty to report any suspected adverse reactions to drugs or vaccines, irrespective of the circumstances in which they occurred. Whether the medication was used according to its authorization or not, whether there was a medication error, abuse, misuse, overdose, or occupational exposure, all suspected adverse reactions must be reported.

To readers who may have experienced difficulties following vaccination and have discussed them with their healthcare provider, if you encounter dismissal or are told there is no relation to the vaccine, it is important to remember that it is not the healthcare provider's responsibility to establish a link with the product.

Reporting adverse reactions falls under the purview of pharmacovigilance. You have the right to remind your healthcare provider of their reporting obligations in such cases.

You can also report any disorders you experience yourself so that pharmacovigilance calculations accurately reflect reality. The role of pharmacovigilance is crucial in this matter because detecting early signals could potentially save lives, including yours, if contraindications for future vaccinations are identified. Ultimately, only God knows what plans our governments have for us.

Menstrual disorders were identified as **early signals** by the French agency as of June 2021, and perhaps this should have triggered an alert.

A RED alert.

[229] https://www.reuters.com/business/healthcare-pharmaceuticals/us-says-pfizers-bivalent-COVID-shot-may-be-linked-stroke-older-adults-2023-01-13/

RED ALERT

Since the beginning of the vaccination campaigns, women have been more concerned by adverse events, with nearly 70% of cases reported to pharmacovigilance. Concerning menstrual disorders, some women had to fight a real battle for months to have certain disorders, and I mean certain disorders, recognized as being related to vaccination.

For Mélodie Féron, founder of ***Where are my periods?*** who testified at the French commission on COVID-19 vaccine adverse events, everything started in July 2021.

Vaccinated in June and July 2021 with the Pfizer vaccine, Mélodie had very painful hemorrhagic periods in August, with the presence of clots, preventing her from working and even from driving! Worried, she talked about it around her and realized that other women were also complaining about it. In January 2022, she opened an Instagram account intended for the "*census of side effects on the menstrual cycle that could be due to V*"[230].

In order to facilitate the understanding of these testimonies, I include some definitions.

For the Mayo Clinic "*adenomyosis occurs when the tissue that normally lines the uterus (endometrial tissue) grows into the muscular wall of the uterus. The displaced tissue continues to act normally — thickening, breaking down and bleeding — during each menstrual cycle. An enlarged uterus and painful, heavy periods can result*"[231].

Concerning menopause, everyone obviously knows what it is, but here is the definition from the Mayo Clinic: "*Menopause is the time that marks the end of your menstrual cycles. It's diagnosed after you"ve gone 12 months without a menstrual period. Menopause can happen in your 40s or 50s, but the average age is 51 in the United States. Menopause is a natural biological process. Menopause is a natural biological process. But the physical symptoms, such as hot flashes, and emotional symptoms of menopause may disrupt your sleep, lower your energy or affect emotional health. There are many effective treatments available, from lifestyle adjustments to hormone therapy*".[232]

[230] https://www.instagram.com/vaccin_menstruel/
[231] https://www.mayoclinic.org/diseases-conditions/adenomyosis/symptoms-causes/syc-20369138
[232] https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397

On social networks, Mélodie shares testimonies of women who, like her, are writhing in pain and are relieved to know They ‘re not alone. Here are the tortuous life paths of Julie, 45, who declared adenomyosis; Jessica, who was "suddenly" menopausal at 37; and Marine, who had so many symptoms that I will let you discover them in detail a little further.

Julie, 45 years old

I received my second dose of the vaccine on August 2, 2021. A few days later, I experienced horrible cramps that lasted for 10 days. It was impossible to walk, eat, or go to work; I spent the entire day doubled over in pain on the floor.

In a hurry, I asked my sister to pick me up from the office and take me to the nearest gynecologist. The gynecologist recommended getting an Intrauterine device or returning to the pill. However, I've not taken hormones for 15 years due to serious side effects; hormones caused me to have suicidal thoughts. When I stopped taking them, the thoughts ceased. I requested an MRI to check for endometriosis or adenomyosis, as I’d heard these could be possibilities. The doctor couldn’t understand my refusal to go back on hormones or my fear of experiencing the excruciating pains again. Overwhelmed by suffering and the prospect of enduring it daily for the past 10 days, I broke down in tears in front of him.

My period eventually arrived, but my nightmare continued for another 10 days, leading to a work stoppage. The MRI confirmed the diagnosis: adenomyosis, it was deep and painful.

In my mind, the decision was clear: I would have to undergo a hysterectomy (removal of the uterus) without delay. Having lost both of my parents to cancer, I’ve zero tolerance for suffering and decay, and a profound fear of it. Consequently, I made appointments with two specialized surgeons to seek second opinions.

During my second menstrual cycle after vaccination, I endured another **nightmare lasting 20 days**, resulting in another work stoppage. Nothing provided relief, absolutely nothing! Additionally, I struggled with the idea of missing work.

Desperate for pain relief, I visited a doctor who dismissed any connection to the vaccine and prescribed medication that proved ineffective. The pain was so intense that I fainted in a pharmacy, where bystanders gawked as if I was about to give birth or miscarry right then and there. Concealed under my coat, it was difficult to discern if I had a swollen belly or not.

At the first surgeon's office, I received the same response as from my previous surgeon: *"It's unfortunate to remove your uterus. You're still young; you should consider trying hormones again."* **The pain was so severe that my decision, my choice, was to undergo surgery as soon as possible because I would rather die than endure this agony every month.** When I expressed my exhaustion, both physically and emotionally, and my reluctance to try other solutions for months on end, my concerns were once again dismissed. When I mentioned my decision to remove my uterus, the second gynecologist abruptly ended our appointment, showing no further interest in my case.

My third post-vaccination menstrual cycle proved to be a nightmare. I was filled with dread at the thought of enduring this agony every month until menopause, enduring 15-20 days of torment each time.

During my vacation, I sought a consultation with another surgeon.

He told me that if It was my choice, he wouldn't let me continue living in such agony. He assures me that he would assist me and perform the surgery since the diagnosis of adenomyosis had been confirmed**.**

Overwhelmed with relief, tears welled up in my eyes as I felt finally heard in my pain and respected in my decision.

He prescribed a potent medication to be taken as a suppository, as it proves to be much more effective. Miraculously, I finally found relief. I could breathe again, and my suffering diminished by about 40%.

The operation was scheduled as an emergency procedure for mid-December. Initially, I was afraid of suffering post-procedure, but to my surprise, I experienced no such thing. I was bedridden for three weeks and took only one month off work during the holidays when my company was closed. Now, I had rediscovered my joy for life, free from pain.

It's worth mentioning that I still had my ovaries and fallopian tubes, and I felt more like a woman than ever. However, no doctor had been willing to entertain the slightest possibility that the vaccine may have contributed to my suffering. Yet, for me, there was no doubt that the vaccine played a role because the cause-and-effect relationship between the extreme pain I experienced following the injection was immediate.

Even though I may have had adenomyosis, it was "dormant" as I had no prior symptoms. I'm firmly convinced, based on my body and my instinct as a woman, that the vaccine was the trigger for my excruciating pain and subsequent surgery.

I had to consult with four doctors before finally being heard.

My salvation is owed to my strength and determination to live with dignity, "as before."

In January 2022, I reached out to the pharmacovigilance department to inquire about the status of my file. I learnt that the doctor who was handling it had gone on maternity leave, and **surprisingly, no one had taken over the follow-up of her files.** Furthermore, the secretary informed me that the doctor mentioned in my April 2022 letter as being in charge of the pharmacovigilance service was no longer part of their team.

She informed me that normally they receive an average of 2000 reports per year, but since the Covid Comirnaty vaccination, they had received more than 12,000 reports for this local cell alone, encompassing all adverse effects. She assures me that she will search for my file in the archives—archives???—and take down my cell phone number to call me back.

I've heard that the vaccines are closely monitored, but this seems more than excessive!

Before the vaccine, I had a uterus; now I don't. I cannot have children anymore. Obviously, I will not be taking the third or subsequent doses, even though I'm a fan of movies, concerts, theaters, and restaurants...

The world is crazy...

Nathalie, 53 years old

Nathalie is a 53-year-old nurse, mother of two boys, she has a menstrual history punctuated by more or less long cycles. At the medical level, nothing to report except a retroverted uterus and a miscarriage in 1993.

After her two doses, she developed a very voluminous cervical adenopathy (swelling of the lymphatic ganglions) which took more than six weeks to be resorbed and which she reported to the pharmacovigilance. Her menstrual cycles continued with more "sticky" periods, slightly more painful, and some spotting appeared between periods. She felt tired and experienced pronounced pelvic pains, but she didn't pay too much attention to it because she is familiar with pain—she has being treated in a pain center for left cervico-brachial neuralgia, for which she had a neurostimulator implanted.

After the booster shot, her periods were cut off to reappear on Christmas Day! The month after, she bled again with pain that increased until she was paralyzed. She consulted several doctors; the verdict fell after an MRI: endometriomas.

She finally "**removed this EVIL"** by a hysterectomy with bilateral adnexectomy and removal of the uterosacral ligaments endovaginally. She has been a nurse on disability since 2021.

For Jessica, a hospital civil servant, it is another story.

Jessica, 37 years old

She never was very convinced by the COVID vaccine and the wonderful efficacy announced by the government. She got it only to accompany her 7-year-old daughter to her athletics or judo club. Her periods stopped immediately; she worried about a possible pregnancy, but the tests came back negative. After an examination by her gynecologist, everything seemed fine; trauma perhaps or too much stress.

Several months later, she felt like she is living in a body that no longer belonged to her. She became very emotional for the slightest reason, irritable, and very sad. After a blood test, she discovered the frightening results: her hormone levels were classified under the category **MENOPAUSED WOMAN**.

Before the vaccination, she had a very good health condition. Now she is a sad menopausal woman under hormonal treatment. And she can't have children anymore...

Marine, 31 years old

Marine wanted to have a child on her own.

Forced by her manager to be vaccinated, she received her two injections. Ten days after the second dose, she began experiencing bleeding between cycles accompanied by intense pain. Upon examination at a center specializing in endometriosis, they discovered uterine varicose veins. The only way to alleviate the pain and bleeding was to start taking contraception. She also suffered from fainting spells, attributed to stress by emergency unit staff. As a result, she required time off from work.

The pain worsened to the point where she couldn't sleep at night and was unable to work. She continued to lose blood, experienced frequent fainting spells, and found no relief from painkillers. Eventually, she was diagnosed with adenomyosis. Her life revolved around continuous medication, painkillers that left her drowsy, and applying a hot water bottle to her abdomen daily. Exhausted and unable to live as she once did. **At 31 years old, she couldn't leave her house without wearing a diaper**.

As nobody wanted to acknowledge a link with the vaccination, she reluctantly received her third dose. Despite reports of her troubles since vaccination, a nurse injected her without her consent. Shortly after, she began experiencing heart pains and blood pressure drops.

Regardless of these health challenges, she initiated a process using assisted reproductive technology in hopes of fulfilling her long-held desire to conceive.

Instead of experiencing her regular menstrual cycle, she began to suffer from symptoms resembling menopause: hot flashes, nausea, vomiting, chest pain, intense fatigue, and uncontrollable crying spells.

Her doctor's response added to her distress: "*Madam, You're likely experiencing burnout. I recommend consulting a psychiatrist because I'm uncertain how to help you*."

He referred her to a psychiatric hospital for further evaluation.

She finally found a doctor who listened attentively to her concerns.

However, her problems persisted. She collapsed with convulsions, and she was diagnosed with an anxiety attack. Subsequently, she experienced memory loss, difficulty concentrating, and overwhelming fatigue. A brain MRI revealed inflammation of the blood vessels in her head and eight cysts in the pineal gland.

Her psychiatrist diagnosed her with **post-traumatic stress disorder (PTSD) with tetanic attacks,** overlooking her clear signs of physical damage.

According to all the doctors she has consulted, she has been diagnosed with multiple sclerosis, suffers from bipolar disorder with depressive phases, and her elevated heart rate is attributed to stress and smoking.

"*Bipolar disorder with depressive phases …*"

Pinch me, I'm dreaming! Who Wouldn't be depressed in such a situation? Faced with such denial from the medical profession?

These testimonies underscore the disparities in healthcare, influenced by both physicians" expertise and patients" ages. Younger patients often encounter more challenges, as some doctors may be less familiar with their specific conditions. All patients describe the lengthy and often arduous process of diagnosis, which can be especially difficult when experiencing pain. Many struggled to establish a connection between their newly developed conditions and the vaccinations they received.

Here, we are clearly dealing with inadequately trained or informed health professionals. For instance, there was mention of a nurse administering vaccines despite the patient reporting serious menstrual disorders after previous doses. Any adverse reaction to prior doses should have been considered a potential contraindication and thoroughly discussed.

These poignant testimonies also prompt consideration of the concept of choice.

The act of "*choosing*" to be vaccinated begs the question: have some healthcare providers reduced themselves to mere vaccination dispensers, losing sight of the individualized benefits for their patients? "*My body, my choice*" becomes especially significant in these situations, emphasizing the fundamental right to informed consent and personalized medical decision-making.

Julie fought relentlessly to undergo a hysterectomy, viewing it as the only solution to end her prolonged suffering. For Nathalie, at 53 years old, the decision may have been somewhat less challenging, but it undoubtedly carried its own complexities. Each woman's journey underscores the deeply personal and significant decisions individuals must make regarding their health and well-being.

The choice to undergo a hysterectomy is a profoundly difficult one for any woman.

It is an experience I'm intimately familiar with, having endured years of excruciating pain and the frustration of feeling unheard and unsupported.

Suffering from endometriosis for over a decade, I endured two years where even a simple cough became unbearable.

The longer the diagnosis of the disease is delayed, the more severe its consequences become.

The aftermath of surgery paints a vivid picture of waking up to a drastically altered reality: no more uterus, no more ovaries, portions of the colon and small intestine cut, tubes and catheters, drains and bandages, and the reliance on intravenous fluids and morphine for pain relief,

At 37 years old, transitioning from a hyperactive company director to a state where moving even two centimeters is an insurmountable challenge is a bitter pill to swallow. Going without food for a week, and especially abstaining from drinking, while the intestines heal from their "stitching" presents its own set of trials. Although you don't experience hunger, sustained only by intravenous infusion, the most agonizing aspect is the cracked lips, which you moisten with a toilet glove. It's a profound life lesson.

Was it truly worth approaching this precipice to avoid COVID-19?

How many women share similar tales of misfortune?

How many have faced the daunting decision to undergo a hysterectomy to alleviate their suffering?

And how many have been disregarded by uninformed healthcare professionals?

These are the pressing questions that demand answers.

THE DUST UNDER THE RUG

During the summer of 2021, French Pharmacovigilance had already reported a signal to the European Pharmacovigilance Commission (PRAC) regarding menstrual disorders after examining 4,000 cases received since the start of women's vaccination in April 2021. The signal was closed with comments like "***complicated to decide" and "menstrual disorders are quite common in the general population and multifactorial, particularly with stress factors.***"

Here comes the stress again. Is it true that stress did not exist before vaccination? Well, no! This is surely post-traumatic stress. Do women find themselves bleeding like "*cows that piss*," excuse the expression, or do **they experience menopause due to the fear of COVID or the confinements**??

Maybe it is time to stop kidding. It is another way to minimize the severity of the situation. No more, no less.

At that time, the French Health Agency monitoring committee **identified 82 pathologies** during the year, that were the subject of either a European signal or a specific monitoring procedure. **And of these more than 80 diseases, the agency transmitted 50 potential signals to Europe**, 19 of which were "de novo" signals that only France had issued and that we were the first to issue."

82 pathologies? And yet, nothing has been done to warn the population?

In February 2022, the European Pharmacovigilance Commission reopened the signal on menstrual disorders after France, Norway, and England insisted on the number of cases and the discomfort caused by heavy bleeding and absence of menstruation for more than three months (amenorrhea).

It was not until October 28, 2022, that European officials decided to stop sweeping the dust under the rug and recommended adding heavy menstrual bleeding to the product information as a side effect of unknown frequency for COVID-19 Comirnaty and Spikevax mRNA vaccines[233]. **The notice also stated, *There is no evidence to suggest the menstrual disorders experienced by some people have any impact on reproduction and fertility."***

It seems complicated to conceive a child when experiencing such heavy bleeding that one is living "in a diaper" like Marine. And indeed, It's improbable to have eggs fertilized when not having menstruation or experiencing it only once every 36 months. Is there any common sense left in these people? I do not know.

Over time, small streams make large rivers.

[233] https://www.ema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-24-27-october-2022

As of July 2024, the European pharmacovigilance website reported over 132,000 cases in the category of "*reproductive system and breast disorders*", involving a majority of women and more than 3,000 teenagers. Among them, only 20% were resolved without sequelae. And this data pertains solely to the first Pfizer vaccine, Comirnaty.

The few cases of anecdotal bleeding have turned into more than 27,000 cases if you select the term "*menstrual disorders*". Add endometriosis, adenomyosis, premature menopause, menstrual clots … and multiply the figures by 10 or even 20, and you will get a more accurate picture of the catastrophe!

This type of data, though purely factual as it is simply a report of information from the Eudravigilance website, has a tendency to irritate internet trolls. Exposing the extent of the disaster puts them on edge. I've been warning you about these unpleasant creatures for some time now; you must be eager to encounter them. There are encounters that leave a lasting impression on one's life, especially those of the 4th kind.

CLOSE ENCOUNTERS OF THE FOURTH KIND

THE VISITORS

To refresh your memory, I completed my expert report in mid-January 2022 and sent it to Mrs. Blais so she could use it for her case at the Quebec Court of Appeal. The next day, I shared it on the LinkedIn professional network with my former contacts in the pharmaceutical industry to get their opinion on my work. The reception was mostly positive.

My publication was censored by LinkedIn within 24 hours. I reposted it and told the moderators they had no right to censor it since I did not call for violence, nor did I make raging or discriminatory remarks. Unfortunately, my second post was censored within the hour! Obviously, my report was disturbing. Can't we have a debate on the methodology of the clinical trial among competent people? Should one be vaccinated without reading any scientific document?

I realized that my publication, although it had only been there for a very short time, attracted unexpected visits for a profile that now displays "*Director of Swan Melodies*", a music production company. You will find out why later.

My illustrious visitors worked at Thales, Apple, TotalEnergies, Airbus, the Ministry of Defense, the French National Center for Scientific Research (CNRS), the Ministry of the Armed Forces, the French Police, and even the World Health Organization; They were consultants, business strategists, or even lawyers, not only in France, but also in Belgium. They worked for the Canton of Geneva in Switzerland, as well as at the U.S. Department of State.

What could possibly warrant the U.S. Department of State's interest in an unknown French statistician?

133 lawyers looked at my profile in a few days. Unusual. Almost disturbing, but not one contacted me, so I continued.

Anyway, do I really have a choice?

I'm not very familiar with social networks; I can even say that I hate them. However, given the urgency to inform the population about the risks of these vaccines and the serious failures in their clinical evaluation that nobody talked about, I created a Twitter account (now X) at the same time. Why Twitter? Because it is a network more oriented towards information and politics than Facebook. All the important people of this world—businessmen, politicians, journalists, influencers, singers, actors—have a Twitter account.

As soon as I entered the network, some accounts with strange names, recognizable from miles away thanks to their manga pictures, came to attack me and share information about my companies. I learnt that They 're called "***trolls***" because free insults seem to be their specialty. Trolls... Oh well...

I've not lived in fear for a long time because I've learned to live in the present moment without projecting stressful situations that have almost zero probability of happening. However, I know how to assess risks.

So here I was, within a few days, with personnel from Ministries, the army, the armament, a bunch of consultants, engineers, or lawyers on my LinkedIn profile, and belligerent and rude trolls on my back. My situation was starting to resemble a good thriller in which the poor, isolated hero fights or struggles against a rich and powerful system that can crush him in a few seconds... Some of my Twitter detractors happened to live very close to me, and when I saw what They 're capable of, they seemed to suffer from serious behavioral disorders. So, I assessed the risks as a good statistician, and there were risks. **Thanks to the power of networks, I contacted a security company to ensure my protection and I hired, without further delay, a "body and mind guard" to watch over my physical and psychological well-being day and night, all the time to make my work known to as many people as possible**. I felt like I was dreaming, like I was having a nightmare; in a few days, my life had just changed.

THE HARASSERS

On Twitter, I shared my report along with tables from laboratory documents, CDC and FDA reports, and periodic reports on adverse events from the French agency (ANSM). The information is easily verifiable as you can simply click on the links to read the content. Despite this, I still received some unpleasant comments from a few trolls, but nothing too severe.

However, from the end of March 2022, following the publication of the list of individuals heard within the framework of the investigation on adverse events by the French Senate, which included my name, a veritable horde of trolls seemingly emerged out of nowhere and began attacking me relentlessly.

I quickly realized that they 're all interconnected, with each one subscribed to the accounts of the others. This coordination enabled them to synchronize their attacks and rapidly propagate all the negative information they say about me in order to reach as many people as possible. Their objective was to disseminate misinformation rather than genuine information.

I therefore endured months, years, of attacks against my person, false assertions, shameless lies, defamations, and insults, all with the singular goal of humiliating me and publicly belittling me. Their aim was to sow doubt about my diploma, my CV, my competence as a biostatistician, my expertise in clinical trials, and, above all, to invalidate the conclusions of my report on the Pfizer clinical trial!

For years, I "blocked" hundreds of Internet users who still managed to access my publications, likely via other personal accounts or accounts within their own malicious circle. Some of them only came to insult me sporadically, while others spent their days, for weeks on end, fixated on... ME.

Reader friends, are you ready to dive into the world of the most **unfathomable stupidity**?

Cowardice?

Gratuitous malice?

Intellectual poverty?

The most total mediocrity?

Welcome to the merciless universe of what some people call the Twitter harassment scene.

Here is a small sample—copied and pasted, including spelling mistakes—of the messages I received almost every day from these "immense scientists" who claim to be able to contradict my report, of which you now know all the elements.

- *She didn't do a biostats, She's a liar.*
- *We've got your nose in your poop*
- *She knows nothing about health, nothing about research, nothing about bio, nothing about stats, she was just the boss who worked with the pharmaceutical industry (thanks to the vice-president who was in that field) and cosmetics. And yesap, It's not so bright all of a sudden*
- *Christine Cotton is talking nonsense and above all is usurping a self-assigned title of scientist. Her thing is marketing, we remind you*
- *Christine is not a biostat expert and her report is just verbal diarrhea that no one serious takes into account*

I was appalled to see that most of them claimed to be "scientists"; they purported to be *"Masters"* in virology, vaccines, studies, clinical research, and even biostatistics! As someone who has only encountered competent and polite individuals in the pharmaceutical industry—doctors, pharmacists, medical directors, pharmacovigilance staff, quality assurers, etc.—I was truly astonished by these individuals who seemed to have come from another realm, and whose existence had previously eluded me. I had no idea that such beings could exist.

In their incompetence, trolls often resorted to massive arguments such as "*disinformation*", "*conspiracy*", "*anti-vaxxer*", thereby shutting down any reasoned argumentation that They 're incapable of providing.

- *Christine, the purveyor of misinformation*
- *Anti-vaxxer, conspiracist, incompetent, manipulative, or subscribing to delusional theories? You seem to be ticking off quite a few categories, don't you?*
- *A website promoting anti-vaccine conspiracy theories (Verity) shares a tweet from a doctor known for promoting anti-vaccine conspiracy theories (McCullough), citing a report from a television channel known for promoting conspiracy theories (NTD), which distorts the findings of a report from an anti-vaccine influencer (Cotton)*

An association of injured people classified as an anti-vaccine conspiracy site? How absurd! These are individuals who have previously placed unwavering trust in vaccinations, even receiving them multiple times, who have tragically lost loved ones within hours or days of inoculation, who have suffered real harm and are seeking acknowledgment and support. Labeling their legitimate concerns and experiences as mere conspiracy theories is not only dismissive but also incredibly harmful. It undermines the gravity of their injuries and silences their voices. Is it justifiable to dismiss the suffering of those whose images and identities are openly shared? What mindset would one need to possess to assert such arguments? Confusion? Cat litter? Lack of cognitive coherence due to neurons that never manage to connect each other? These questions prompt reflection.

Discussing about the inefficacy of vaccines enraged them, victim advocacy groups exasperated them and their agitation intensified when I shared video testimonials from these victims on my social media account. Even the sight of young women in tears failed to evoke the little bit of humanity that must persist somewhere, buried under the manga mask. Even those whose names began with Doc or Dr, so proud to display their belonging to the medical profession on their anonymous profiles, remained unmoved in front of these worried faces and bruised bodies.

- *The reported side effects of the vaccine include its ability to prevent severe illness or death from the virus, as well as potential long-term effects. Individuals who raise concerns about serious adverse events may be perceived as discredited scientists and mental morons.*

These despicable individuals denied the suffering of vaccine victims and dismissed any potential link to the vaccines without taking the time to listen to testimonies or review medical records for months. I told you they were at least as disgusting as the trolls in Lord of the Rings, in a different context, of course. How can they be so affirmative when individuals suffering from serious adverse effects during clinical trials have made themselves known worldwide? These victims alone embody evidence of fraud in trials. Hiding adverse effects to conclude good tolerance, isn't that criminal?

Brianne Dressen is those of these people injured by the COVID-19 vaccine, her specificity is that it happened during the AztraZeneca clinical trial.

She was heard by the US Senator Ron Johnson[234], her story encapsulates the discrediting of many victims by trolls and fact-checkers of various persuasions.

Brianne Dressen, 31 years old

In 2020, I was eagerly listening to NPR and I was afraid. I willingly consumed all the latest statistics and death tolls. I was afraid for the vulnerable people in my life and wanted nothing more than to protect these people who were at most risk. Little did I know everything I was being told was a lie. The price I would pay for the truth? My life, as I knew it.

I was thrilled to be a part of a clinical trial to get us all out of the pandemic. I wanted life to get back to normal, I wanted to connect with my family and friends again, but I also didn't want to be the reason anyone else died from Covid-19. My "why" for getting the shot then ironically is the same as my "why" for speaking out now. It's not to prove any one side right or wrong, or having a leg up on someone else. My "why" is simple. It's about love. It is what ultimately pushes through barriers, hate, the chaos, even the anger.

[234] https://youtu.be/eN1nYdeIgV8

One dose of AstraZeneca is all it took in November of 2020. Within one hour, my arm was tingling as if it had been asleep for hours. That painful nerve sensation is just as powerful today as the day it began.

Within the first 24 hours my vision was blurred and double, I had foot drop, and I had an extreme sensitivity to sound. My sensory overload got so painful I was soon relegated to my bedroom, in complete darkness and isolation with nothing to distract me but this painful electrical sensation that was then pulsing through my body with the rhythm of my heartbeat, and a screaming tinnitus that felt like a freight train was rumbling inside my head. There was no peace or reprieve in my body or my mind. **I couldn't eat, I couldn't sleep, all I could do was try to control my breath**.

Rewinding to two and a half weeks into my vaccine reaction, with tingling, zapping, heartrate fluctuations, fasciculation, shaking, and tinnitus ringing raging on, I landed in the hospital when my legs were failing. **At this point, AstraZeneca unblinded me from the study and it was confirmed I had in-fact received the vaccine**. The test clinic called to tell me They were recommending I should not get a second dose. More on the importance of this later.

The doctors suspected a silent migraine and gave me a very powerful migraine cocktail over several days. When this medication didn't solve my problems the migraine specialist came in to discuss next steps. "*You know"*, she said, "*Covid is a really stressful time. We think that with all of the stuff going on with Covid, you just got really stressed out and went and got this vaccine, and had a* ***mental breakdown***." I was discharged with a diagnosis of "**anxiety due to the Covid vaccine**" with physician ordered in-home physical and occupational therapy to rehab my legs and cognitive deficits.

My 6-year-old little girl is the most optimistic and determined little person I've ever come in contact with. Her world is essentially just one big musical performance. She sings about her breakfast, about the clothes she wears, about what small thing she has planned for the day. Magic surrounds her wherever she goes, and her magical force has a gravitational pull that brings everyone within earshot of her tiny little sing-song voice. I was everything to her. I fed her, sang with her, danced with her, cared for her when she was sad and scared. She was my everything too. Then, in November of 2020, I was gone. I was away in hospital beds or if I was home, I was hiding in my dark prison away from her little voice as it was far too painful for my ears. **Even our dog's breath was too much for my ears**.

When my world crumbled, so did hers. The person who she relied on to reassure her, protect her and comfort her was now gone. She was left on her own as the rest of the family dedicated every waking hour to trying to support me and keep me alive. She would try to sneak into my room when nobody was looking and promise to not make a noise, just to spend a little time next to me, even just five minutes. Of course, before long her little body could not handle the silence and her sweet voice would begin to explode with the stories of all the tales she had wanted to share with her mom, and my husband would have to pull her away many times through tears from all of us. **She then resulted to writing little love notes and sneaking them under my door**. She would climb up onto the bathroom vanity to leave little doodles with the words "*I love my mommy*." Like the rest of us, she tried everything she could to reclaim the life that we all once had.

Despite the nerve pain, the constant discomfort head to toe with no breaks, the greatest punishment of all has been the removal of my role as a mother and wife. Instead of being an active and engaged participant in their lives, I'm now just a bystander, watching from the sidelines as the years continue to pass us all by.

The nightmarish days turned into weeks, with no change in my condition. If anything, it grew worse. Before I knew it, I was dropping to the floor in full body **convulsions**, with my small children watching, all of us completely helpless. Our calls to the test clinic who promised a response from AstraZeneca grew more and more desperate. As the weeks moved on it became apparent that my cries for help would remain unanswered by the drug company. Their silence was deafening.

I could slowly feel the life I once lived, that I was frantically fighting to return to, becoming a permanent fixture of my past, never to return.

With this hope faded, and I was consumed with grief. I never saw myself as a weak woman, but this little vaccine, a vial of liquid of unknown material that was just casually injected into my body hollowed me out and left me the weakest I've ever been. It completely robbed me of who I was.

In January 2021, there was nothing left of me.

My brain was altered, my connection and purpose in my family was completely severed, and the drug company had left me for dead.

I wanted to die.

It wasn't just a fleeting moment or desire; it was a haunting obsession to escape the pain and torment that was relentless 24/7. This went on for months. My husband recognized the signs and didn't leave me alone for a minute during this time.

He asked his job to allow him to work from home. If he had to go to the store, he would have a family member come and spend time with me. My husband is the only reason I survived this. It is because of his unyielding love and constant support that I live to tell the tale of a torture that took me to the brink, that I still largely continue to endure to this day.

Now years have gone by, the pain and discomfort are still there, my constant companion that greets me every morning when I wake up. It reminds me many times throughout the day that my body is no longer a place of peace or solace. I've flooded my life with as much busy work as my brain can handle to distract me from the constant discomfort. I spent a lot of time working through acceptance therapy, which has honestly been the hardest work I've had to do through all of this.

This work has allowed me to close that dark but welcoming doorway to suicide, and close it shut, never to open again. You see, the reality is that I don't have a choice in this. I cannot run from the discomfort and subsequent evil that I now see plain as day.

I must stand firm, face it head-on and unflinching move straight through these overwhelming moments.

The reward lies on the other side in small moments with my little girl, listening to her songs about nothing, feeling the healing warmth of the sun on my face, the cool sensation of water on my skin. In a world that is now anything but certain, I live for these little moments when they arise.

It is up to me, whether or not to do everything possible to make these moments a possibility, or to drown and not only ruin the rest of my own life but the lives of my small family in the process.

I do not have a choice. I must survive. I will not let the drug company win. They will not get one more ounce of me than they already have taken.

Back in the early days of my injury, commercials were beginning to grace the screens in the US for AstraZeneca's Covid vaccine that was going to be approved quickly. We realized that AstraZeneca was not going to be disclosing my injury to the public. My husband reported my injury to the NIH, the National Institutes of Health on January 11, 2021. In the weeks following, the United States government pulled AstraZeneca from the running here in the United States.

The NIH also started a study to examine Covid vaccine adverse events and began flying several injured people out to be evaluated and treated on-site. In this study the National Institutes of Health confirmed several Covid vaccine injuries, neurological in nature with an immunological or autoimmune component.

Being the only avenue we knew of that would help severely ill people suffering after Covid vaccination, we sent the NIH hundreds of patients through 2021, until something strange happened and the NIH closed up shop.

They abruptly stopped helping people and stopped interacting with all of us as well. This research team at the NIH helped patients privately all over the country with their home physicians who were refusing to make the connection to the vaccine, in large part due to the government's very loud and persistent "safe and effective" messaging.

The US government helped and treated patients privately while trumpeting as loud as they could publicly that these products couldn't possibly cause the problems that they were privately treating us for.

What about the drug companies you ask?

Aren't they supposed to take care of those harmed in their study?

The contract I signed with AstraZeneca states that they will provide medical support and pay for medical expenses for any injury during the study. The test clinic committed several times that AstraZeneca would pay for medical expenses and expressed frustration with the drug company"s management of my case.

We received two offers of payment after the injury, both were after news stories ran of my experience that mentioned them. The first offer came 7 months into my injury, an offer of $590.

My husband and I both vehemently refused to accept this pittance that Wouldn't even cover one emergency room visit. The test clinic wired the money to our account anyway. Another 6 months went by and we had to refinance our house and borrow large sums of money from family.

A reporter asked AstraZeneca for a statement on my claim of their avoidance to provide financial or medical support.

The test clinic promptly emailed me a final settlement letter for $1200, while at the same time telling the reporter that they were actively working with me on settling and were waiting for my response. Ironically, when the settlement offer came through I was sitting in a hospital facility getting a medication infused that costs over $4200 every time I'm infused twice a month. **This one medication costs $189,000 per year.**

AstraZeneca has stated in numerous news pieces that my injury is not a result of their vaccine, never once stating this privately. This is at odds with the National Institutes of Health, who diagnosed me with post-vaccine neuropathy.

The New England Journal of Medicine published the clinical trial report for AstraZeneca's Covid vaccine trial. This report states that people didn't get the second dose because they chose to forgo getting the second dose. This is quite a different slant than the reality of my case, where they told me to forego getting the second dose due to my adverse event.

What I didn't realize at the time was that it provided a convenient loophole for AstraZeneca to drop me from the trial, a fitting way to change where my case would sit in the clinical trial report, along with 186 other people who were dropped. No further detail on why these people could not finish the series is provided in the report.

The report also states that they follow all adverse events for 730 days. They collected my health data for 60 days. What happened to those like me who failed to complete due to adverse events? Why doesn"t this data matter? We are anything but "drop-outs."

I didn't speak out publicly about my injury for six months. I was fighting for my life, and I honestly thought I was one in a million. My perspective changed when I met dozens of others, then there were hundreds of others, then thousands. All dealing with near identical neurological complications after Covid vaccination that I had. This strange never heard of constellation of symptoms that had upended my life and that I had never talked to anyone about, mysteriously was now happening in thousands of others from all the Covid vaccine brands: Pfizer, Moderna, J&J, Sinevac, AstraZeneca. This isn't just a coincidence.

The final tipping point for my passiveness and silence was crossing paths with a brave young girl named Maddie de Garay a vibrant, thriving, and healthy 12-year-old who was severely injured in the Pfizer clinical trial. We met in person at a press conference by Senator Ron Johnson and clicked right away.

She too was abandoned by those who were responsible for helping her. She too worked with the NIH. She too has been left to fend for herself, but worse, confined to a wheelchair and feeding tube. Seeing the constant noise that surrounded this child and her mother, as their story was sung from the rooftops to "stop the shots", I saw how little help came after this mother and child were hoisted on-stage to help her. No help came. She continued to decline without any adequate care. The Pfizer child clinical trial report coded her as "functional abdominal pain", a stomachache.

We are not anti-vaxx. Also because the CDC and FDA continued to ignore our pleas, our begging, we decided we needed to act because we started to see this happen to kids like Maddie.

So from our sick beds, we took action, we reached out to our blue [Democrat] and red [Republican] elected officials, we reached out to the COVID committee, we reached out to all the representatives on the health and education committee, if you have an elected official in your state, they heard about us.

During this journey the Covid vaccine injured community are turning our negative reactions into positive action globally.

We have launched organizations to help provide connections to doctors, financial support in the form of small grants, and to foster a community of others who understand our unique situation.

We continue to push with constant meetings in our respective countries, collaborating with researchers, and working with lawyers to explore all legal avenues to find any kind of relief; whether that is from the unrelenting censorship, the substantial financial burden on our families, or just to be able to gather in support groups to cope with living in our new bodies.

The world is so fatigued from the trauma of the Covid pandemic. I get it. Covid was so toxic, exhausting, and hard on everyone. It is only natural to move on and hopefully never ever have to look back at the disaster that was the last few years.

The problem is, we must take this time to right these wrongs. The powers have been refining their craft for decades, beginning their education from lessons learned during the Big Tobacco era.

They made major strides during Covid to continue to chip away even more at the freedoms we enjoy in modern democracy, in every developed nation around the globe. Those essential human rights will not be restored if we look the other way. I can assure you, they will come back and do this again, under the guise of the next "emergency".

Who will be there to stop them if we all "just move on?"

Never give up, never give in. If we do, that's when they win.

We need the CDC to acknowledge us. We also need to just begin the conversation, this will lead to real healing for the injured for appropriate and objective review of the science to establish an environment for open dialogue, so ultimately, we will be able to make rational and fully informed policies and decisions."

I'm suffering from "***a post-vaccine neuropathy***" according the diagnosis by Dr. Wallit, rheumatologist at the National Institutes of Health (NIH).

We have been following this with Long Covid patients and They 're near-identical to people like you who are suffering from the Covid vaccine. Do we understand it entirely?

No. But that is why we are here. We have found micro-clotting and several people have this complement system dysfunction. I think this IVIG will help you. It has helped others we have been treating here.

I hope that these few pages enlighten the suffering and harassment by COVID-19 vaccine victims will give pause to the trolls who have been relentlessly harassing whistleblowers and injured people for the past three years.

"We need the CDC to acknowledge us."

A very simple act would change everything for the sick and suffering.

Yet, none of the health agencies have taken this simple step thus far. Only the despicable cockroaches and fact-checkers of all kinds would dare to label individuals who have experienced adverse reactions as anti-vaxxers.

These entities, along with the censorship enforced by all social networks, bear significant responsibility for neglecting the victims. By contributing to their invisibility and marginalization, they perpetuate the denial of a segment of the medical profession. There is no doubt that one day they will all be held accountable for their actions.

THE COCKROACHES

Personally, I name them as ***"cockroaches"***, although I doubt their intelligence even matches that of the despised insect. Not because these creatures frighten me— I'm not easily intimidated— but because of their tendency to multiply rapidly and become invasive. Much like cockroaches, they thrive in dark corners, feeding on anything in their path, including excrement. This characterization aligns well with the quality of their comments.

As one friend of mine often remarks, cockroaches avoid the light. Therefore, instead of ignoring them, I expose them by sharing some of their insults on my profile. This way, their vulgar behavior and mediocrity are brought into the light for everyone to see."

- *I think everyone understood the toxic and despicable character of this person*
- *Christine Cotton is a proud sociopath. To vomit*
- *She's just totally stupid*
- *Supported evidence to prove You're a moron Christine, no problem*
- *The decerebrate grunt tagged me*
- *It's a blocking factory the old one*
- *Unattractive girl, ugly - Example Christine Cotton*
- *I said it too bi-bitch*
- *I'm honored, proud to inform you that the Christine Cotton turkey is back in the pipe and we will be able to follow this little mound of hatred mixed with a high level of debilitation.*
- *You're actually very stupid*
- *A paranoid lunatic with a superiority complex*
- *I'll make the offer again: Christine Cotton, I'm willing to fuck you to relax.*

Fuck me? This poor cockroach is completely fantasizing, I would have to fall very low to accept such a proposal, I'm not used to eating out of the garbage.

- *As long as this madwoman is free, the problem is that she brings a lot of "crazy people" with her in her cult and apparently some very important doctors in the most advanced fields*

Obviously, I've not called anyone. Hundreds or even thousands of doctors have not waited for me to see the devastating effects of these vaccines on their patients since they have been denouncing them for months.

Then come the accusations of homophobia that earn me a temporary suspension by Twitter due to their multiple reports of my account to close it. According to them, I would be part of the Freemasons, then the Illuminati. You can imagine that I'm not part of anything, simply because, as a CEO of my Clinical Research Organization, I spent 23 years locked in an office typing program lines; I never had time to go and talk in assemblies or in any lodge.

On my personal email adress, I even received insulting emails

- *You're a disgrace to science Christine Cotton. I've known scumbags who take advantage of the credulity of the weak but at your level It's impressive.*

Then, they published information about my past, such as an anonymous labor court ruling, lost on appeal by my company in 2016. The goal was always the same: to tarnish my image, to cast doubt on my expertise, to discredit the messenger because they cannot contradict the message. Does losing a labor case equate to incompetence in biostatistics? This is a heavy "scientific" argument, so we are far from constructive and substantiated criticism of my work.

This judgment was thrown in my face dozens of times, even by a nephrologist working at the Cincinnati Children's Hospital. How about that? The very hospital that enrolled Maddie de Garay in the Pfizer clinical trial. This individual was even one of the most relentless. Coincidence?

Two others, respectively a professor of mathematics and an oceanographer, rejoiced for months at having written a "debunk", i.e., a counter-expertise of my report.

Anyone with a little experience in clinical research would find hilarious to read this real rag, even a trainee would have done better.

These people have never been able to contradict any of my expertise in the Pfizer clinical trial because most of them have never understood its purpose. So, they keep making it up.

- *Christine was pushed out because her management was catastrophic*

I almost choked on my laughter, yet I've never shied away from selling my company to a competitor in 2018. So, as usual, PURE BULLSHIT!

They worked so hard that Twitter classified me as "sensitive content", and my profile, which had reached 50,000 followers in just a few months—an achievement for a complete beginner—gradually lost visibility. I was forced to start almost from scratch in August 2022. However, my followers re-subscribed, and we started again as in WW2 because the battle was raging.

After enduring several months of cyber-harassment by groups, a behavior that can be severely punished by the law, I made the decision to file complaints against some of them. These individuals, hiding behind their computers, sometimes located in other countries such as Switzerland, Belgium, Canada, and the United States, seemed to believe They were immune from consequences, even from justice.

To finance these legal procedures, I launched an appeal for donations. I had already spent thousands of euros on a bodyguard and had been working tirelessly and without pay for months to educate the public about the risks associated with these vaccines. Legal proceedings can be lengthy, and I was committed to seeing them through to the end.

Some individuals, often the same ones, attempted to intimidate me by claiming that my actions were illegal.

- *She faces 6 months in prison and €45,000 in fines.*

This was blatant falsehood.

- *We're going to bring her back to reality*

Bring me back to reality? Now, threats. How delightful…

Taking advantage of this opportunity to appeal to the generosity of *my subscribers, some accused me of "soliciting money from them".*

- *How astonishing, Christine is asking for your money*
- *Don't donate to charlatans*
- *Christine Cotton warmly thanks the flock and the swarm of pigeons who have contributed her well-deserved vacation after six months of bullshit*

These remarks, of course, are unfounded. I've never taken a vacation due to my heavy workload. Nevertheless, the ravings of these evil brains comments persisted.

Inventing a pseudo-coordination of artists at an anti-mask protest, one individual revealed that I'm also a singer-songwriter and music producer. The company Swan Melodies, posted on my LinkedIn profile, is none other than my music production company.

Yet another revelation!

Obviously they don't like my electropop Ave Maria song still online on my MsButterfly's youtube channel[235]!

So, according to them, my involvement in music somehow negates my years of professional experience?

This argument lacked merit and failed, just like the others put forward by the group. Their relentless attacks against me have proved to be counterproductive, as I now have a growing fan base.

THE PUPPETS

The worst part is that these completely incompetent people have been highlighted by journalist and politicians. I let you judge the manner in which these "experts" have spoken about me on Twitter[236].

- *How antivaxxers do statistics: If you have 4 pens and I've 4 apples, how many pancakes can we put on the roof? Purple because aliens don't wear hats.*

These people, hidden behind their account, The vaxxers, want to remain anonymous. No surprise there! Could it be to conceal their utter lack of competence on the subject they"re discussing? Or maybe to avoid lawsuits for defamation, harassment, and public insults, which they have continuously engaged in since the beginning of the COVID crisis?

The vaxxers are among those who emerged a few years ago, the so-called fact-checkers.

Fact-checking was originally employed in journalism to verify the accuracy of facts before publication. **Over time, this practice has expanded, with numerous individuals suddenly proclaiming themselves as fact-checkers overnight**. Their stated goal is to combat the dissemination of false information or "fake news."

In the medical field, we have seen the emergence of "***skeptics***" who present themselves as "doctors committed to not spreading false information." They 're staunch supporters of the doctors invited by the media to convey the supposed consensus on vaccines. Many of the messages you have encountered above originate from these well-known skeptics. After reviewing them, one gains a better understanding of the challenges faced by most victims in obtaining a diagnosis…

[235] https://www.youtube.com/watch?v=wCjhfl0x66E
[236] https://twitter.com/les_vaxxeuses/status/1551111518502195200?s=20&t=CTJ4jl0MpXrNsf1yjI7nrQ

On May 2, 2022, I had the great pleasure and honor of speaking with the Member of European Parliament (MEP) Michèle Rivasi, who was well-known for her efforts to promote transparency regarding the contracts between the European Commission and the Pfizer company.

Ms. Rivasi had been diligently working for months to uncover the details of the orders placed via text message by Ms. Von Der Leyen, President of the European Commission, to Pfizer CEO Albert Bourla. For those who may not be aware, it is worth noting that the vaccine vials for all member states were ordered via text message, a highly unusual procedure, especially considering the substantial order amounting to several billion euros.

No comment.

At the start of May 2022, the member of Parliament was eager to grant me the opportunity to provide an update on my hearing at OPECST[237], as it had been decided that the proceedings would not be made public

So, this was a serious and, as usual, well-argued discussion. There was nothing to complain about in that regard. However, this was without considering the fact-checkers. They published an article with the false title "*The anthology of false information on the vaccination of Christine Cotton*." I will spare you this "*dish towel*"[238], which only demonstrated one thing: the dishonesty of these authors, who were willing to go to such lengths as modifying my right of reply to give credence to their garbage.

In June 2022, during one of their attacks on the "conspiracy" sphere, the trio made a half-hearted accusation of fraud against me[239].

There are numerous fact-checkers on the web, with each newspaper having its own service, and countless individual fact-checkers who have emerged since the onset of SARS-CoV-2.

There are countless articles or dingy documentaries that question the statements of esteemed professionals who have had illustrious careers in their respective fields.

My advice regarding them is simple: the moment you encounter the term "*fact-checking*" in an article, **your best course of action is to use it as kindling for a fire or as toilet paper**, as that is where They 're most useful. Unfortunately, this approach doesn't apply to electronic versions. Too bad! LOL!

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[237] https://www.michele-rivasi.eu/politique/debrief-la-biostatisticienne-christine-cotton-sur-lefficacite-du-vaccin-anti-COVID-pfizer

[238] https://web.archive.org/web/20220813234617/https://factandfurious.com/fact-checking/le-florilege-de-fausses-informations-sur-la-vaccination-de-christine-cotton

[239] https://web.archive.org/web/20220616100528/https://factandfurious.com/tribunes/analyse-de-laudience-twitter-de-la-sphere-complotiste-et-de-desinformation

I'm being facetious, but these seemingly innocuous cases raise questions about the connections between the government and the fact-checking services that have consistently defended vaccines, downplayed their toxicity, and denied the experiences of their victims.

THE DAY OF THE DEVIL

The obstinacy of all these people to harm me did not prevent me from making my way. After discussing with Michèle Rivasi in May, **there I was, one month later, on June 6, 2022, invited by another MEP, Virginie Joron**. Some people, somewhat versed in esotericism, will not fail to point out that the date is not conducive to a trip to the European Parliament in Strasbourg. Indeed, the 06/06/2022 would make 666, the number of the Beast according to the apocalypse of Saint John.

Yeah... I will make a mental note to remember to use holy water as my perfume!

Scoffing aside, despite these ominous signs, on this demoniac day, I was still going to expose the multiple irregularities of the Pfizer clinical trial to Ms. Joron on the set reserved for broadcasts in the Parliament.

Our discussion is still available on YouTube, as the censors are evidently struggling to remove the videos featuring an MP, just as they have removed countless others for allegedly "*not respecting community standards*"[240]. This is also why my LinkedIn posts were deleted, as the moderators of social and professional networks seem to consider themselves "experts" capable of contradicting specialists in their respective fields.

Mrs. Joron and Mrs. Rivasi, although from different political parties, have been the only French MEPs to demand accountability from Pfizer for its contracts, as well as for the contents of the vials and their adverse events.

With the support of a few other members of parliament - the Romanian Cristian Terhes, the Dutch Robert Roos, and the German Christine Anderson - these two courageous women gave Pfizer a hard time, as they even secured a special hearing on Covid in October 2022.

Albert Bourla, who had been summoned to the European Parliament, did not deign to attend, leaving his place to Janine Small, in charge of the laboratory's international markets. The hearing can still be viewed on the Parliament's website[241].

[240] https://www.youtube.com/watch?v=snXhb5p5uTY

[241] https://multimedia.europarl.europa.eu/fr/webstreaming/special-committee-on-COVID-19-pandemic_20221010-1430-COMMITTEE-COVI

During this exchange with the laboratory's representative, Mrs. Joron cited the 900,000 adverse reactions recorded in October on the pharmacovigilance site.

Rob Roos, on the other hand, "forced" poor Janine Small, who was sent to the coalface by her director, **to publicly admit that transmission had never been studied in the clinical trial**, which was far from being a revelation for me as a biostatistician, **since we had been aware of it since December 2020**[242] !!!!

The fact-checkers and other cockroaches and snakes did not hesitate to come to Mrs. Small's defense, advocating for the vaccine and downplaying the risks—a daily endeavor for them on the treacherous terrain of social media.

As for my complaint for cyber-harassment, I will not delve into the ordeal with the lawyers; it took seven just to file a complaint properly. I will not provide any updates about them, but I'm already envisioning the day when I will see the faces of these despicable individuals in court ~~of law~~.

An examination of their bank accounts will confirm whether they spend their days spewing venom out of sheer malice or if They 're paid to do so. A psychiatric evaluation would not be unwarranted, as it seems far more necessary for these individuals than for the victims of the vaccines. Justice may be slow, but one inevitably reaps what one sows; it is one of the universal laws.

To this day, I've been accused of being anti-vaxxer, homophobic, far-right antisemite, pro-Putin… But regarding my expertise on the Pfizer clinical trial, nobody has been able to write ten lines to contradict it.

After this plunge into the abyss of indecency and obscenity, let us return to more pressing matters: the vaccination of pregnant women.

[242] https://twitter.com/Rob_Roos/status/1579759795225198593?s=20

TWO FOR THE PRICE OF ONE

As I've mentioned several times since the beginning of this book, pregnant women were excluded from the clinical trials that led to vaccine approvals by the authorities, as stated in the drug makers' protocols[243]. This exclusion is common as pregnant women are protected under various patient protection laws, ensuring that their participation in clinical trials is subject to stringent ethical standards and safety protocols.

According to the FDA's draft document "*Pregnant Women: Scientific and Ethical Considerations for Inclusion in Clinical Trials - Guidance for Industry*"[244], "***information about drug use in pregnancy generally is collected in the postmarketing setting, using data from observational studies such as pregnancy exposure registries and other cohort studies, case control studies, and surveillance methods***".

THE MISSING ... DATA

Therefore, the **Risk Management Plans (RMP)** drafted by pharmaceutical companies at the time of authorization, and regularly updated, indicate that there is no data on this population. In Pfizer's RMP, one can read on page 58, section "*Women who are pregnant or breastfeeding*".

"*Reason for exclusion: To avoid use in a* ***vulnerable*** *population*.

Rationale: It is not known if maternal vaccination with COVID-19 mRNA vaccine ***would have unexpected negative consequences to the embryo or foetus***."

The "**Summary of Safety Issues**" of the RMP outlines potential safety concerns associated with a pharmaceutical product. In December 2020, the listed risks were the following[245].

[243] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf
[244] https://www.fda.gov/media/112195/download
[245] https://web.archive.org/web/20210214040948/https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf

Illustration 16 EMA - Pfizer - Risk Management Plan of 25 December 2020

Significant Risks Identified	Anaphylaxis
Potential Significant Risks	Vaccine-associated aggravated disease (VAED), including Vaccine-associated aggravated respiratory disease (VAERD)
Missing information	Use in pregnant or nursing women Use in immunocompromised patients Use in frail patients with co-morbidities (e.g. chronic obstructive pulmonary disease, diabetes, chronic neurological disease, cardiovascular disorders) Use in patients with autoimmune diseases or inflammatory problems Interaction with other vaccines Long-term tolerance

Keep in mind that

- identified Risks are known risks that have been observed during clinical trials or post-marketing surveillance.
- potential Risks are suspected based on scientific evidence or theoretical considerations but have not yet been observed in clinical practice.
- missing Information are gaps in knowledge about the drug's safety profile

Therefore the table indicates that there was insufficient data on the safety and efficacy of the vaccine for these specific groups. This lack of data means that the effects of the vaccine on these populations were not studied or not well understood.

Have the patients with co-morbidities been informed by their healthcare providers that they may have a higher risk for adverse effects or may not respond to the vaccine as expected? Have they been informed that the potential risks or interactions with their usual treatments were unknown?

Have the pregnant women been informed that the consequences on their pregnancy or their babies were unknown??

I'm not sure…

For pregnant women, the French health authority (HAS) opinion of December 2020, modified in February 2021 stated:

"*In the absence of robust data on the safety and efficacy of the BNT162b2 vaccine during pregnancy, in accordance with the Summary of Product Characteristics, use in pregnant women should be considered only if the potential benefits outweigh the potential risks for the mother and the fetus.*

It is recommended that the vaccine should not be given during breastfeeding [246]

[246] https://www.has-sante.fr/upload/docs/application/pdf/2020-12/strategie_vaccination_COVID_19_place_vaccin_a_arnm_comirnaty_bnt162b2.pdf

"Only if"?

It seems that those responsible for vaccinating the population should have evaluated the benefits and risks **on an individual basis**, don't you think?

The English government website has been very explicit since the beginning of vaccination as to the state of knowledge on this population in chapter "***3.4 Toxicology***"[247].

"*The lack of reproductive toxicity data reflects the* ***rapid development*** *to identify and select the COVID-19 BNT162b2 mRNA vaccine for clinical testing and its rapid development to meet an urgent health need. [...] under Regulation 174,* ***it is not considered possible at this time to provide sufficient assurances regarding the safety of the vaccine for use in pregnant women****: however, use in women of childbearing age could be supported provided that health care professionals are instructed to exclude any known or suspected pregnancy prior to vaccination.* ***Women who are breastfeeding should also not be vaccinated****. These opinions reflect the absence of data at this time and do not reflect a specific finding of concern.*"

You read correctly, "***it is considered that it is not possible, at the present time, to provide sufficient guarantees as to the safety of the use of the vaccine in pregnant women"***.

This raises questions about the evaluation of the benefit/risk ratio by the health agencies especially as the FDA guideline in "Pregnant Women: Scientific and Ethical Considerations for Inclusion in Clinical Trials", even in a draft mode, explain the potential risks in this population.

"*Extensive physiological changes associated with pregnancy may alter drug pharmacokinetics and pharmacodynamics, which directly affects the safety and efficacy of a drug administered to a pregnant woman through alterations in drug absorption, distribution, metabolism, and excretion.*"

All these precautions have "*suddenly"* become false with covid vaccines?

So for years, FDA have written dozens of documents sharing bullshit things?

In the document 1.6.3 CORRESPONDENCE REGARDING MEETINGS[248], paragraph 6.4. Pregnancy of June 2020, it is noted that "***Licensure will be sought based on demonstration of adequate safety and effectiveness****. Before starting a study of vaccination in pregnancy, results from a DART study will be submitted. The results of this would also be reassuring for advising women following accidental exposure in early pregnancy, which is very likely to occur in the event of a largescale general population immunization program.*"

[247] https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-COVID-19/summary-public-assessment-report-for-pfizerbiontech-COVID-19-vaccine
[248] https://phmpt.org/wp-content/uploads/2023/10/125742_S1_M1_meeting-correspondence.pdf

Obviously, it was planned to vaccinate pregnant women after the first trimester of pregnancy and on the basis of solid proofs that the vaccine is safe and effective.

The results of a DART (Developmental and Reproductive Toxicity) study were provided on rats, with no vaccine-related effects on female fertility or the development of fetuses or offspring were observed.

But, here again, there is so much to say.

The absence of toxicity studies in two species (rats and monkeys) and pharmacokinetic studies for Pfizer's vaccine formulation with Spike-lipidic nanoparticles (LNP) mRNA raises valid concerns about the potential impacts, including on reproductive health. The pharmacokinetic study obtained through a FOIA (Freedom of Information Act) request in the USA, which was not included in the European dossier but was provided to Pfizer by the Japanese government, reveals significant findings.

Specifically, it shows **that BNT162b2 mRNA-LNP distributes to various organs within 48 hours of administration, with the ovaries of female rats** accumulating the highest levels of mRNA-LNP after the **liver**, **spleen**, and **adrenals**[249].

How could they be so sure that the LNPs would not reach the fetus?

THE BENEFIT/RISK RATIO

Considering the benefits of vaccination in preventing serious COVID and mitigating risks, let us examine the signals clearly listed in the French ANSM pharmacovigilance report from January 2023.

Confirmed signals, officially recognized, include high blood pressure, myocarditis/pericarditis, and heavy menstrual bleeding.

Under surveillance for potential signals are shingles and viral reactivation, rhythm disorders, glomerular nephropathy, and pancreatitis, for which the European committee hasn't identified a vaccine link. Signals being evaluated include rheumatoid arthritis, acquired hemophilia, Parsonage Turner syndrome, menstrual disorders, rheumatoid pseudoarthritis, autoimmune hepatitis, and deafness. Given the delay in recognizing heavy bleeding as an adverse event, 1.5 years, can we still trust their conclusions?

[249] https://www.biorxiv.org/content/10.1101/2021.02.23.432460v1

Events already under surveillance encompass cerebral venous thrombosis, thrombocytopenia / immunological thrombocytopenia /spontaneous hematoma, diabetic imbalance due to reactogenicity, microphagia activation syndrome, zoster meningoencephalitis, bone marrow aplasia, Guillain-Barré syndrome, corneal transplant rejection, and vaccine failure — contracting SARS-Cov-2 post-vaccination — **affecting the entire population.**

Specifically for pregnant and breastfeeding women, the French report of January 2023 notes that **spontaneous miscarriages** constitute the majority of adverse events.

However, current data do not establish a conclusive link to the vaccine, especially considering associated risk factors and its occurrence rate in the general population (12 to 20% of pregnancies). Recent studies found no association between spontaneous miscarriage and COVID-19 mRNA vaccines.

I will not reiterate my stance on real-life studies; You're already familiar with it. I recently commented on one published in The Lancet, a prestigious journal[250]. The methodology raises significant doubts as events **are only recorded for seven days after each dose**, severely limiting the type and number of events considered. Moreover, the results presented in the discussion do not compare health events between vaccinated and unvaccinated pregnant women, but rather between vaccinated pregnant women and vaccinated non pregnant women, which is strictly irrelevant. **After two doses, vaccinated pregnant women are 2.42 times more likely to have a significant health event** (95% CI= [1.31 - 4.49]) than non-vaccinated women, all vaccines combined.

In addition to the limitations that make the study highly unreliable, the authors paradoxically conclude that there is no increased risk of post-injection adverse effects for pregnant women, which contradicts their own results.

Reflecting on the numerous observational studies I've been involved in, I recall "beautiful" prospective cohort studies with thousands of specially recruited patients, lasting several years, with meticulously designed objectives and quality processes rivalling clinical trials. The validity of the results was unquestionable.

It was another time... It is a different story now.

Dear readers, I regret to inform you that Clinical Research is about to join the trash in a dumpster!

The Pfizer clinical trial serves as a prime example.

[250] https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00426-1/fulltext

Returning to the topic of pregnant women, **miscarriages** — unrelated to the vaccine, of course — are joined by **thromboembolic events, intrauterine fetal deaths, metrorrhagia** (bleeding outside of menstruation), uterine **contractions**, **mastitis**, and **HELLP Syndrome**, among other events already under surveillance in pregnant women.

For those unfamiliar with HELLP syndrome, hemolysis, elevated liver enzymes, and thrombocytopenia characterize it. HELLP syndrome is a life-threatening pregnancy complication usually considered to be a variant of preeclampsia. Both conditions usually occur during the later stages of pregnancy, or soon after childbirth.

This syndrome typically arises in the context of gestational disorders and preeclampsia. Treatment options to improve fetal outcomes without escalating maternal morbidity include prompt delivery with risks of prematurity-related fetal morbidity and mortality, or conservative management with potential maternal risks such as hepatic and/or cerebral-meningeal hemorrhagic complications[251].

I will leave the calculation of the benefit-risk balance to you and yield the floor to Ophélie.

Ophelie, 34 years old

Ophélie, a consultant, wad four months pregnant with her second child. Despite her fears for her baby, she followed the advice of doctors and authorities, believing that the vaccine had been thoroughly tested and would pose no problems.

After her second dose, her second trimester ultrasound revealed devastating news: the baby had a severe brain malformation. After consulting with several doctors and much deliberation, the couple made the heartbreaking decision to end the pregnancy to spare their child a life of suffering. They said goodbye to their baby to let him rest in peace.

For a long time, she convinced herself that it was just bad luck, not the vaccine.

But two months later, she experienced a **liver attack**. She felt her body changing and was overwhelmed by anxiety. She confided in friends and family, but everyone dismissed her concerns as symptoms of post-traumatic shock following the loss of her baby. Then she began experiencing numbness in half of her face. Alarmed, especially considering her mother"s history with multiple sclerosis, she underwent a brain MRI, but the results came back normal.

[251] https://www.preeclampsia.org/hellp-syndrome

Subsequently, she contracted COVID-19, which exacerbated the neuropathic pain. She began experiencing **tingling sensations** throughout her body, along with pins and needles and various other symptoms.

She now suffers from neuropathic pain in her fingers, hands, legs, buttocks, face, and skull, accompanied by **burning sensations**, indicative of potential small fiber neuropathy. These neuro-vegetative symptoms lead to **dysautonomia**, causing **tachycardia**, **bradycardia**, **digestive and urinary issues**, and **fluctuations in blood pressure**.

Nerve fibers are affected throughout her body. Her greatest hope is that the disease progression stops, allowing her to continue caring for her children like any other parent. She asks for your prayers.

Ophélie has never reported her adverse reactions to pharmacovigilance, so no link with the vaccine could be established.

I will not dismiss her experience by suggesting, like others might, that it must be a coincidence.

Not seen, not taken

In order to ensure reliable data, the Pfizer laboratory set up a trial as early as February 9, 2021 with the aim of studying possible adverse effects on the patients themselves but also on the babies[252].

In February 2022, Pfizer revealed that they still did not have "*a complete set of data*."

It was not until July 13, 2023, that Pfizer published the results and the study documents.

The final version of the protocol dated March 5, 2022[253] defined the study as an "*interventional study, designated as a PASS (Post-authorization safety studies), identified as Category 3 in the EU Risk Management Plan. It is conducted as a* ***conditional marketing approval commitment to the EMA and Swissmedic*** *and an emergency use authorization commitment to the US FDA and numerous other health authorities under respective national emergency use legislation*". The document clearly states in the Summary of Data/Rationale for Risk" table that:

[252] https://clinicaltrials.gov/ct2/show/record/NCT04754594
[253] https://classic.clinicaltrials.gov/ProvidedDocs/94/NCT04754594/Prot_000.pdf

"*There are no ongoing COVID-19 vaccine studies including pregnant women and, therefore, the* ***potential for adverse obstetric and/or neonatal outcomes following vaccination while pregnant is unknown***."

In total, 726 participants were recruited, with 391 participating mothers signing the informed consent form. Of these, 348 were randomized to receive either the vaccine or the placebo. 335 children were born to participating mothers.

Regarding the collection of adverse events, it is noted that events were collected through **non-systematic methods**. This bias arises from the method of collection via an electronic diary that only lists certain conditions, local reactions, and a few systemic events. Furthermore, data from the electronic journal were not collected from participants initially assigned to the placebo group who later received the BNT162b2 vaccine after childbirth.

For a first trial involving pregnant women, is this way of managing participants up to the task?

The conclusions of this trial should therefore be considered with caution, as the number of adverse events is significantly underestimated, favoring the vaccine.

Regarding birth-related events in infants born to these women, 6% of babies born to vaccinated women (10 infants) had a congenital malformation or anomaly, compared to 3.6% in the placebo group (6 infants).

Finally, despite the one-year delay between the end of the trial and the publication of results on the clinical trial website, the results submitted in October 2023, which we have just reviewed, are very incomplete. The number of COVID cases and the results of neutralizing antibody titers were missing. Pfizer has therefore taken a year to publish results that do not allow for any conclusions regarding the vaccine's efficacy in pregnant women and present erroneous tolerance results.

The missing results were finally published in July 2024.

We note 2 covid cases in vaccinated women (2.3%) versus 2 in the placebo group (2.2%), **the displayed VACCINE EFFICACY is 3.8% !**

	BNT162b2 (30 µg) (N[a]=86)	**Placebo (N[a]=89)**		
	n1[b]	n1[b]	VE (%)	(95%CI)
First occurrence of COVID from 7 days after dose 2	2	2	3.8 %	(-1227.8 to 93.0)
Calculation in %.	2,3%	2,2%		

https://clinicaltrials.gov/study/NCT04754594?tab=history&a=24#version-content-panel

N=number of participants in the group

n1[b] =number of participants who had a COVID case

VE = Vaccine Efficacy / 95% CI = Credible Interval for Vaccine Efficacy

When computing the VE using classic formulas, we find:

$$\text{Relative risk (RR)} = \frac{2/86}{2/89} = \frac{0{,}02326}{0{,}02247} = 1{,}034883721$$

Vaccine efficacy = 100 x (1- RR) = 100 x (1-1,034883721) = --3,48 %.

The placebo would be better than the vaccine.

Conclusions: no statistically efficacy demonstrated in pregnant women. Vaccinating pregnant women doesn't prevent them from being ill.

To all those conducting real-world studies that have proven otherwise, you can pack up your junk—the game is OVER.

I will not dwell on the alerts from certain gynecologists and midwives who reported more miscarriages and smaller babies, certainly conspiracy nuts in full paranoid delirium following a post-traumatic stress caused by confinement during lockdowns.

But remember the Thalidomide scandal. Commercialized as Contergan by Grunenthal in Germany, thalidomide was a sleep aid and sedative sold in many countries worldwide. It was responsible for nerve damage (polyneuritis) and deformities in children born to mothers who used the drug, round 10,000 children worldwide would have been affected.

An entire website details **the Thalidomide tragedy**[254]. I quote " *It is important to explain that knowledge about the safety of medicinal products was not as far advanced in the 1950s and 1960s as it is today.* ***There were no guidelines for developing, producing, or marketing pharmaceuticals as there are today****, neither in Germany nor in most other countries.* ***The procedures for authorizing and monitoring medicines that we know today were only established after the Thalidomide tragedy."***

They also add: "*According to our information, the development and introduction of Thalidomide corresponded to the state of knowledge at that time and the applicable standards in the pharmaceutical industry.* ***These standards were substantially altered in the subsequent years as a reaction to what was learned from the Thalidomide tragedy.*** *With today"s knowledge of Thalidomide"s side effects, it may be difficult to understand."*

So, the guidelines were written to be followed, right? Because, obviously, they prevent a sanitary catastrophe, don't they?

We can debate everything but the numbers, some would say.So here are some numbers: 3.8 % of efficacy. Almost a joke !

[254] https://www.thalidomide-tragedy.com/the-history-of-the-thalidomide-tragedy

THE NEW SCIENCE

On the WHO's pharmacovigilance site, Vigiaccess[255], concerning pregnancy problems, there are just over 13,800 reported cases, which may not seem like much compared to the number of women vaccinated, but half of them are spontaneous abortions. Still too many, isn't it, for parents who lose a baby? And this is without counting the under-reporting, I let you multiply the numbers, you must be used to it by now

Couldn't we wait for the results of the clinical trials before rushing to pregnant women? They 're young and healthy enough to bear a child, yet they were classified as at risk as early as April 20, 2020. Were the women who were vaccinated properly informed of all the remaining unknowns?

I hope that they gave their informed consent before being injected with a new product with unknown effects on their health and that of their babies. When I think of my mother who did not take an aspirin in nine months for fear of polluting me, the time when precautions were taken is long gone.

CDC has studied commonly used medications, the findings from their work are used to help update guidelines and recommendations for medication use during pregnancy. You will find a lot of information on the **https://mothertobaby.org/fact-sheets/** website quoted on the CDC's page.

Many drugs are not recommended for pregnant women such as alproic acid used in the treatment of epilepsy, isotretinoin used to treat certain forms of severe acne, thalidomide of course, sleeping pills, tranquilizers (benzodiazepines) or antidepressants, non-steroidal anti-inflammatory drugs (NSAIDs)

Even for the Ibuprofen, you can read: "*Some studies have suggested that the use of ibuprofen **may increase the chance of miscarriage**, especially if taken around the time of conception or over a long period of time. However, the reason why a person is taking ibuprofen (such as a medical condition or viral infection) may increase the chance for miscarriage.*"

But for a messenger RNA vaccine found in a few days, there is no problem? Isn't it?

And no, because the strategy adopted is very similar to the vaccination of livestock, with vaccination recommended for all, regardless of individual benefit.

[255] https://www.vigiaccess.org/

In February 2024, a scientific paper reported on two pregnant women who were vaccinated a few days before delivery. The authors found the spike protein in the placental tissue, demonstrating that the COVID-19 mRNA vaccine is capable of penetrating the fetal-placental barrier and reaching the intrauterine environment [256]. For a product that was supposed to remain at the injection site, isn't that worrying?

For years, certain organizations have been conducting observational studies on vaccinated populations to determine if significant harm is occurring, all without taking into account the myriad of papers detailing safety concerns.

Welcome to the new world, Reader friends, a new world in which **the word precaution is now <u>obsolete</u>**, a world in which consulting firms take care of your health: "*The vaccine development paradigm has been transformed for emergencies and, potentially, for more. Two years on, it is easy to forget how remarkable the development of COVID-19 vaccines was. Moving in just 326 days from a genomic sequence to the authorization of a COVID-19 vaccine by a stringent regulatory authority shattered all previous records. In addition, biomedical science delivered multiple vaccines with high efficacy against severe COVID-19 and a strong overall safety profile.* ***The bar has risen, and there is now serious discussion of what it will take to cut the time from sequence to authorization to just 100 days for the next emerging threat.***"[257]

100 days? When you see the "***junk food***" that we have on the market in 326 days, I let you imagine what awaits us in 100 days!

Courage to all, here comes the time of the NEW science.

The bar has been set high? You would think so!

No, consultants, the bar has not been set high, it is even at the level of the daisies!

The accelerated development of these products and the way in which participants were managed in the trials constitute risk-taking for them, in violation of all the principles listed in patient protection laws such as the Declaration of Helsinki. The bar was also set at a very low level with regard to the choice of an adequate methodology and the respect of Good Clinical Practices, all of which allow the authorization of a product whose efficacy has been largely overestimated and whose toxicity has been largely underestimated.

[256] https://www.sciencedirect.com/science/article/abs/pii/S0002937824000632

[257] https://www.mckinsey.com/industries/healthcare/our-insights/ten-lessons-from-the-first-two-years-of-COVID-19?cid=other-eml-dre-mip-mck&hlkid=ee011309d17944b68fae004742b199ec&hctky=2025206&hdpid=

THE HEARING

As proof of the total ineffectiveness of its vaccines, Pfizer developed a drug, an antiviral, Paxlovid ®, which was recommended, not to protect against COVID-19, but to treat it. FDA authorized high-risk adults and high-risk pediatric patients 12 years of age and older weighing at least 40 kg[258].

Pfizer's Risk Management Plan for Paxlovid® stated that clinical trials of the new product had also been conducted at high speed, with the Phase 3 clinical trial involving 1,000 patients[259]. The company informed us that the safety profile of its product **has not been studied in pregnant and breastfeeding women**, nor in patients with active liver disease or acute liver failure, nor in patients undergoing dialysis or with known moderate to severe renal impairment due to their exclusion from the pivotal clinical study.

Dear readers, if you're vaccinated and have COVID, all is not lost. You can still avoid ending up in the hospital with a severe form or in the morgue. Pfizer is still trying to save your life!

LOL!

More seriously, after tirelessly advocating to make myself heard, I finally secured an appointment with important people, highly qualified personnel from the French health agency, to discuss vaccines.

On July 5, 2022, I explained to my three interlocutors all the biases of the clinical trial. I shared with them all my questions about the very advantageous choice of the primary efficacy criterion, which doesn't measure the disease in its entirety and allows the laboratory to announce a 95% efficacy that never existed. I asked them if they would have granted authorization had the drop in antibodies been noted as early as December 2020. I heavily emphasized the unreported serious adverse events that invalidated the safety assessment.

I sounded the alarm on the number of safety issues and on the medical wandering of the victims, and especially on the dangerousness of these lipid nanoparticles, which travel throughout the human body despite claims that they would remain at the injection site.

I will not reveal the answers I received because They 're confidential. Just know that the methodological choices of this flawed clinical trial have been praised by health agencies worldwide.

[258] https://www.pfizer.com/news/press-release/press-release-detail/pfizer-receives-us-fda-emergency-use-authorization-novel
[259] https://www.ema.europa.eu/en/documents/overview/paxlovid-epar-medicine-overview_fr.pdf

This raises questions about the drug approval process, which obviously doesn't include a review by biostatisticians competent in clinical trials. I warmly thanked my interlocutors for giving me their time. Our exchanges were cordial and very interesting, but as a biostatistician and quality assurance professional in my company, I believe that authorizing a product intended to be administered to billions of individuals, based on such a mediocre test, constitutes an unprecedented risk that they never wanted to acknowledge.

As the saying goes, there is no one deafer than the one who doesn't want to hear. Some people no longer need to be deaf because they have been deaf since their vaccination. All it took was one shot to make their world full of strange and annoying noises.

THE EMPIRE OF THE SOUNDS

Arthur, 27 years old

My name is Arthur, I'm 27 years old, and I live in Aix en Provence (South of France).

In October 2021, I started a professional training as a sound engineer at the IMFP of Salon de Provence. I had to be vaccinated for concerts open to the public and for my internship at the 6MIC in Aix en Provence. So, I got my first dose of the Pfizer vaccine.

Shortly afterward, I complained of intense fatigue, but I didn't make any link with my vaccination, so I tooke my second dose on November 13.

On Thursday, November 18, I suddenly complained that I can no longer hear in my left ear. The following Monday, I go to see an ENT specialist who diagnoses **unilateral sensorineural deafness**. He sent me to the Clairval Clinic in Marseille for hyperbaric chamber sessions on the same day. On this occasion, I saw another ENT who gave me intra-tympanic injections of cortisone.

In total, I underwent 28 caisson sessions, 15 days of oral cortisone, and 7 injections.

In December, I visited my doctor to request an ALD (long-term illness) declaration. He accepted, but he refused to make the declaration for pharmacovigilance, arguing that my deafness can't result from the vaccination, even though it occurred a few days later. The simple precautionary principle should have prompted him to do so. **I'm now 95% deaf in my left ear.** The only sounds that reach me are metallic and distorted, disrupting my life to such an extent that in January 2022, with a heavy heart, I had to halt my professional training as a sound engineer. **I have endured a hellish experience with this deafness and all the symptoms it brings**. I can't tolerate noisy places, such as the street, cars, or conversations with others, due to my hyperacusis and hypersensitivity to surrounding noises.

I suffer from highly disabling tinnitus, which leads to chronic insomnia and depression.

In February, I'm fitted with a hearing aid, not to enable me to hear but to stimulate my ear, as my deafness is too profound. I'm unable to receive a cochlear implant either, as my left ear is too damaged.

In February, the immunologist I consult with finally submits the pharmacovigilance declaration, and my ENT specialist requests that I'me exempted from receiving a third dose, which is approved.

In May, I apply for recognition as a disabled worker at the Maison du Handicap in Marseille to seek assistance in my job search, as **I can no longer work in a noisy environment**. This significantly limits my employment opportunities, and I'm still awaiting their response. I now rely on RSA benefits, and without the support of my parents for medical care, additional expenses, etc., I would risk being homeless.

Since February 2022, my audiometric tests have shown no improvement in my hearing. I'm uncertain about how to manage my tinnitus, insomnia, and bouts of depression. I'm unable to envision my future, both personally and professionally. I've lost interest in listening to music, which was once my greatest passion. My social life has been severely disrupted and is now almost non-existent due to my sensitivity to surrounding noise.

I fail to comprehend why individuals like myself, with no pre-existing risks, were mandated to receive a vaccine that we now know doesn't prevent transmission and holds no benefit for me, except to expose me to the risk of serious side effects. Because of this vaccine, I'm deaf, and my life will never be the same.

How ironic it is-a sound engineer who loses their hearing.

Another life to rebuild, another path to navigate while significantly impaired.

This symptom is on the list of all possible symptoms of long COVID, along with many others.

By the way, I'ven't even explained long COVID yet!

THE LONG COVID

If You're wondering what is this famous long COVID that you must have heard about in the media, here is what the NHS says about it.

According to the NHS, long COVID, also known as post-COVID-19 syndrome, is when people continue to have symptoms for more than 12 weeks after their initial COVID-19 infection. Symptoms of long COVID can vary widely and may include fatigue, shortness of breath, chest pain or tightness, problems with memory and concentration ("brain fog"), difficulty sleeping, heart palpitations, dizziness, joint pain, depression and anxiety, tinnitus, earaches, nausea, diarrhea, stomach aches, loss of appetite, a high temperature, cough, headaches, sore throat, changes to sense of smell or taste, and rashes[260].

Any resemblance to the adverse effects of vaccines would be purely coincidental? Of course not. Long COVID is a catch-all term for all post-COVID pathologies. The name is rather misleading because it is more about the ravages of the spike protein than a persistence of the initial respiratory infection. This doesn't detract from the suffering of those who are affected and who, long before the start of vaccination, found themselves in the same predicament as the victims of vaccines.

Jean-Marc Sabatier, a French researcher, Doctor in Cell Biology and Microbiology; and editor-in-chief of international journals such as "Coronaviruses" and "Infectious Disorders - Drug Targets," has been working on SARS-CoV-2 since the beginning. He even collaborates with the Wuhan laboratory in China. This man, who is not just anyone, doesn't recommend vaccination against the virus because, since March 2020, he has identified the main processes of action of the virus, particularly the Spike protein. I cannot go into detail, but he has highlighted that the Spike protein, whether viral or vaccine-induced, creates a dysfunction of the renin-angiotensin system[261]. The renin-angiotensin system is one of the most important and complex systems in the human body, controlling not only innate immunity but also physiological and hormonal functions, as well as many organs.

In the context of the vaccine, the lipid nanoparticles surrounding the messenger RNA protect it from degradation and allow it to penetrate our cells so they can manufacture the vaccine spike protein. This vaccine spike, having the ability to bind to the cellular receptors ACE2 (angiotensin-2 converting enzyme) of our cells, makes the vaccine the worst choice, according to Jean-Marc Sabatier.

[260] https://www.gouvernement.fr/actualite/mieux-comprendre-et-prendre-en-charge-le-COVID-long

[261] https://pubmed.ncbi.nlm.nih.gov/32370727/

When we remember that the mRNA of the Moderna vaccine was found in two days, on a simple computer simulation and without having seen the virus, we understand that these people did not have time to think about everything, confusing speed with haste.

Jean-Marc Sabatier's findings perfectly highlight all the complications of COVID and the problems occurring after vaccination—problems that can potentially affect all our organs since ACE2 receptors are present everywhere.

This could explain the multitude and diversity of pathologies that have appeared since the vaccination campaign, affecting the cardiovascular system, the brain, the reproductive organs, and the ears.

Regarding tinnitus, Ben has been maintaining a blog on the subject for a year, collecting over 500 testimonies from individuals who have reported tinnitus following vaccination. Some experienced a worsening of pre-existing conditions, while others noticed an onset of tinnitus after contracting COVID-19, which worsened with vaccination. According to Sabatier, adding spike protein to those suffering from long COVID is unlikely to improve their condition. As with Arthur, the daily lives of people with this disease have become increasingly complicated.

Roland, 53 years old

For Roland, 53 years old, severe itching began a few days after his first COVID-19 vaccine dose, followed by intermittent tinnitus in one ear. Believing it was an ear infection, he consulted a general practitioner who found nothing. A month later, the tinnitus became constant in both ears. Despite visiting the hospital and undergoing an MRI, CT scan, and audiogram, no issues were found, and he had no hearing loss.

The problem of post-vaccination COVID tinnitus is twofold. Tinnitus origins are unknown and it has no treatment, as only the patient hears it. During the pandemic, physicians were hesitant to link vaccines to tinnitus without clinical evidence, making it difficult to establish a cause-and-effect relationship.

The degree of disability caused by tinnitus depends on its volume. People can manage well with low-level tinnitus, akin to the hum of a refrigerator. However, when the noise escalates to that of a siren or whistling kettle, it becomes unbearable. Impossible to concentrate and sleep, he lost 50% of his work capacity. Sleeping pills are necessary to sleep. Tinnitus causes more than just noise; it creates an invasive feeling that hampers one's ability to function, while others are unaware of the struggle.

In addition to this suffering, most doctors refused to consider a possible link with the vaccine. During the vaccination period, Roland didn't want to continue with the vaccination, but no doctor would give him a certificate of exemption without proof of an adverse effect.

He finally obtained the document after a Pharmacovigilance department investigation that confirmed that the link with the vaccine could not be excluded. Out of 33 people who reported post-vaccination tinnitus and received a second injection, 27 experienced worsening symptoms with the second dose.

Doctors say that post-vaccination tinnitus is temporary. However, Roland has been suffering from it for more than a year and a half, without any improvement, and without any recognition of the adverse event by the medical profession.

Tinnitus is one of the more easily reproducible effects. Since at least two doses were required at the beginning of the vaccination campaign, it is straightforward to check if tinnitus that appeared after the first dose worsened with the second dose.

By February 2021, the WHO had detected a signal for sudden hearing loss and tinnitus, with a statistically higher-than-expected number of reported cases. These hearing problems mainly affected healthy young adults without comorbidities and appeared a few minutes to several hours after vaccination. The WHO recommended that pharmaceutical companies closely monitor these cases[262].

As with all pathologies that have appeared since vaccination, the cases are classified as very rare in proportion to the millions of injections performed. Relating everything to the number of injections diminishes its importance. Why not divide by the number of vaccinated individuals instead, since a person who has received three doses counts three times? In clinical trials, we always consider the percentage of patients, not the percentage of doses.

I don't think I've ever seen the number of cases divided by the number of tablets taken for drug pharmacovigilance, have you? This is another way of minimizing the damage of vaccines under the pretext that the only reliable data is the number of doses. It Wouldn't be difficult to convert doses into patients, as pharmacovigilance services can access the number of people who received one dose, two doses, three doses, etc.

A small example to illustrate my point: Let us say we have 500 reported cases out of 1 million doses injected, which gives 0.05%.

[262] https://www.who.int/publications/i/item/9789240042452

Assuming that, on average, the French population received 2.3 doses, my 1 million doses would cover approximately 434,783 people. Therefore, my 500 cases would affect around 0.12% of those vaccinated, which is more than double the result when expressed per number of doses. It is not difficult to vary assumptions to obtain a range of percentages of people affected.

In mid 2024, on the Eudravigilance website of the European Pharmacovigilance, there were almost 37,000 cases reported for Ear and Labyrinth Diseases, the vast majority in 18-64 year olds but also in those under 18. Nearly half of these were tinnitus cases, and this was only for the first Comirnaty vaccine[263] .

Age	**Number of cases**
Not specified	2,126
0-1 Month	7
2 Months - 2 Years	6
3-11 Years	64
12-17 years old	543
18-64 years old	28,882
65-85 years old	4,983
Over 85 years old	374
Total	36,985

Of the tinnitus cases, 65% were unresolved at the time of reporting.

Result	Number of cases
Fatal	6
Not recovered / not resolved	9,728
Not specified	0
Recovered / resolved	1,399
Recovered / resolved with sequelae	587
In progress	1,415
Unknown	1,900
Total	15,035

Tinnitus was thus subject, like menstrual disorders, to an early signal detected as early as February 2021 without any contraindication of any kind, especially for people already suffering from tinnitus.

The art of letting things get worse.

263
https://dap.ema.europa.eu/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FPHV%20DAP%2F_portal%2FDAP&Action=Navigate&P0=1&P1=eq&P2=%22Line%20Listing%20Objects%22.%22Substance%20High%20Level%20Code%22&P3=1+42325700

THE VERDICT

As situations worsen, victims are starting to fight back.

THE COUNTERATTACK

Commissions on COVID and lawsuits are multiplying worldwide, Europe, South Africa, USA, Australia, Finland, Germany, UK ...

In France, as soon as May 2022, several victims have already filed a complaint against "*unknown parties*" for **poisoning**. Many legal actions are ongoing against Pfizer but obtaining formal recognition of a link between vaccination and death is a real assault course.

In Japan, in July 2022, the Ministry of Health acknowledged "*that a causal relationship between subsequent health problems and the vaccine could not be denied*." As a result, individuals whose deaths may be related to a vaccine **may receive a lump-sum compensation of 44.2 million yen** and a contribution of 212,000 yen towards funeral expenses[264].

In Switzerland, an investment banker and filmmaker suffering from serious adverse events following his vaccination, has lodged a complaint against the Minister of Health[265]. In March 2023, this was the turn of a Swiss lawyer, Philipp Kruse, to file a complaint against the Swiss health Agency requiring to stop all mRNA-vaccines[266].

In January 2024, in Australia, following a complaint from Daniel Shepherd, a youth worker who developed pericarditis after receiving a mandatory Covid booster under the lawful State Government Public Health Order (Emergency Management Act 2004), the Tribunal determined that Daniel's employment had been a significant contributing cause to his injury.

[264] https://www.japantimes.co.jp/news/2022/07/26/national/science-health/japan-first-COVID-19-vaccine-compensation/
[265] https://arretsurinfo.ch/plainte-penale-contre-le-president-suisse/
[266] https://corona-complaint.ch/

As a result, he is now incapable of performing his work duties. **His employer, the Department of Child Protection (DCP), has been ordered to provide weekly compensation payments for his work-related injury**[267].

In the United States, as of January 2024, the Countermeasures Injury Compensation Program (CICP), has compensated 11 claims out of the more than 12,000 that have been filed for COVID-19 vaccines according to the Select Subcommittee Hearing on the "***Assessing America's Vaccine Safety Systems***" of February 2024[268].

11 among 12,000 ?

Moreover, the average CICP payouts is about 3,700 dollars. What can possibly do a victim with serious neurological problems or scars in a heart with 3,700 dollars?

In February 2024, John Watt, a vaccine-Injured Man confronted the British Prime Minister live on GB News[269], allow me to quote his speech:

"*I want you to look into my eyes, Rishi Sunak, and I want you to look at the pain, the trauma, and the regret I've in my eyes.*
We have been left with no help at all.
I know people who have lost legs — amputations.
I know people with heart conditions like myself, Rishi Sunak.
Why have I had to set up a support group in Scotland to look after the people that have been affected by that Covid-19 vaccine?
Why are the people who are in charge who told us all to do the right thing have left us all to rot and left me and the thousands and the tens of thousands in this country to rot?
Rishi Sunak, look me in the eye.
When are you going to start to do the right thing? "

"Doing the right thing", it is not too late for some injured people.

In March 2024, Augusto Roux officially initiated a **criminal investigation** in Argentina against Fernando Polack, the principal investigator of the Argentine center, and Pfizer, for **falsification of public documents and abandonment of a person**. He has been followed by Brianne Dressen who officially prosecuted AstraZeneca[270].

It is time for a reckoning.

[267] https://canberradaily.com.au/landmark-covid-vaccine-injury-win/?trk=public_post_comment-text
[268] https://oversight.house.gov/hearing/assessing-americas-vaccine-safety-systemspart-1/
[269] https://www.youtube.com/watch?v=X0EgdiWdXXY
[270] https://icandecide.org/wp-content/uploads/2024/05/2024-05-13-Dressen-AstraZeneca-Complaint.pdf

THE BIG SCAM

After two years of widespread vaccine use in the general population, It is evident to me that their total ineffectiveness in halting the SARS-CoV-2 virus and the daily toll of their toxicity are apparent to all.

Therefore, with two years of hindsight, my final conclusions about the Pfizer clinical trial are as follows:

As I've reiterated throughout this book, no efficacy has ever been demonstrated in preventing transmission, as it was never studied in the trial.

The primary criterion, the number of COVID cases confirmed by PCR test, exhibits significant methodological biases that invalidate the reported 95% efficacy. Furthermore, this criterion fails to represent the full spectrum of the disease, as efficacy calculated based on anti-nucleocapsid serology, also known as non-S-seroconversion to SARS-CoV-2 infection, which includes all COVID cases, is approximately 53%, calculated using the SAS® database.

The results presented in the various reports spanning from 6-month-old babies to elderly individuals do not provide conclusive evidence of statistically proven efficacy in preventing severe COVID cases at the time of emergency use authorization or marketing authorizations.

The results of the 6-month analysis purported efficacy in severe cases, but the data collection method mirrored that of the primary endpoint, rendering the results no more reliable. Additionally, this analysis failed to statistically demonstrate efficacy in preventing COVID mortality, with the number of deaths even higher in the vaccine group compared to the placebo group.

As of December 2020, efficacy in the over-75 population had not been substantiated.

The absence of neutralizing antibody assays beyond two months after dose 2 allowed for the omission of reporting the rapid waning of vaccine protection.

This oversight is particularly egregious since this decline was already observable and hence predictable in preclinical results on macaques. This short duration of protection has facilitated Pfizer's marketing of third and subsequent doses, as well as the subsequent development of bivalent vaccines. **The company was very inspired to consider a "boost" as early as December 2020**.

All the interim analyses upon which the marketing authorizations (issued in December 2020, April 2021, October 2021, and June 2022) were based, could only be conducted on participants followed up for a maximum of 3 months, thanks to a new regulation specific to anti-COVID vaccines hastily drafted by the FDA in response to the emergency. However, this very short follow-up time is entirely insufficient to evaluate the medium- and long-term safety, which remains unknown.

It is worth noting that it is precisely this change in recommendations that conveniently allowed the laboratory to avoid presenting the antibody assay at 6 months after the second dose. Without this alteration, they would have been compelled to reconsider their revolutionary biotechnology, as no health agency would have been willing to grant authorization for a vaccine whose protection wanes in such a short period.

Pregnant or lactating women, immunocompromised patients, patients with comorbidities, or autoimmune diseases were excluded from the main clinical trials. At the time of the authorization, NO trial results were available on these populations, nor are results available on the interaction of this vaccine with other vaccines, notably the influenza vaccine.

Serious adverse events were not reported in the database, as demonstrated by the testimonies and complaints filed by Stephanie de Garay and Augusto Roux. These major irregularities thus invalidate the conclusions about the supposed good safety.

In a December 3, 2022, Twitter post, Stephanie de Garay confirmed my methodological analysis of the Pfizer/BioNtech clinical trial failures. In it, she stated that Maddie ultimately suffers from chronic inflammatory demyelinating polyradiculoneuritis (CIDP), small fiber neuropathy (SFN), as well as postural orthostatic tachycardia syndrome (POTS)[271] .

Into the December 2020 report, deaths after vaccination are missing due to data entry errors.

Brook Jackson, medical director for Ventavia, testifies to the serious violations of Good Clinical Practices that she witnessed. This casts doubt on the reliability and integrity of the entire trial data and calls into question the entire results. Since January 2021, Brook's legal battle against Ventavia and Pfizer has been raging. All documents in the case are openly available for the world to follow the progress of the case[272].

[271] https://twitter.com/shdegaray73/status/1598936183794343939
[272] https://www.iambrookjackson.com/casedocuments

Robert Barnes, his first lawyer, argued that Pfizer and Moderna Laboratories lied to the Department of Defense by promising a safe and effective vaccine for preventing COVID-19, making it a case of fraud. He claimed $3 trillion from Pfizer for false statements. Pfizer's lawyers, on the other hand, have had the audacity to try to downplay the magnitude of the claims, stating that "***even if the rules were violated, the problems only affected a small number of trial sites***," **and essentially suggesting that the FDA was aware of the issues.**

These COVID trials smell more and more like sulfur, and the "troublemakers" have not finished working to uncover the truth.

The results of the interim analysis at 6 months follow-up presents 29 deaths (15 deaths in the BNT162b2 group versus 14 in the placebo group) as the real number calculated from the SAS database is 38. Just imagine that the authors did not consider it relevant to present deaths beyond 1 month after dose 2.

The final Clinical Study Report specifies the existence of independent clinical quality assurance audits without mentioning the company name, and the audit certificates are not available. **It also mentions that the study was conducted in compliance with Good Clinical Practices guidelines.**

What nerve!!!

If only these vaccines were merely ineffective, the situation would not be as dire. However, the multitude of adverse reactions reported by health professionals and patients to various pharmacovigilance organizations, despite being underreported, serves as evidence of their harmfulness. Vaccines have left behind millions of victims with damaged hearts, blood vessels, and lungs, as well as bodies mutilated or plagued by pain. Souls in agony wander from doctor to doctor, hoping to find a miraculous solution to their ailments.

In light of all these elements, now more than ever, I stand by my conclusions from January 2022. These conclusions were presented during my private hearing in April 2022 with the **Parliamentary Office of Scientific and Technological Choices** and certain members of the **French Health Agency (ANSM) in July 2022**.

The methods employed in the Pfizer clinical trial do not assure that the presented results are reliable and honest according to the quality and ethical standards of Good Clinical Practices. **Given the identified risks and the still missing information, it is imperative to immediately suspend all vaccinations using the Pfizer's vaccines that endanger people's lives.**

These conclusions apply to any other trial conducted using the same procedures and methods.

If you have managed to read this far, I commend you. It is clear you have persevered. Now, you likely have a better understanding of the weighty responsibilities of a biostatistician in the pharmaceutical industry: a solid grasp of statistics, methodology, precision, patience to code the thousands of lines needed for trial analyses, and above all, nerves of steel to withstand the pressure from pharmaceutical companies.

Throughout this COVID crisis, health policies have not relied on the results of clinical trials, which, despite being unreliable in this case, typically offer the highest level of evidence. Instead, they have been based on observational studies, which, over time, have revealed their methodological limitations. Health and vaccine mandates or passports have been established on these elements, which have been elevated as the gold standard of science, alongside dubious "scientific" publications and entirely flawed modeling.

Recall that the French government banned hydroxychloroquine as a treatment for COVID based on a study published in The Lancet. However, the study was fraught with statistical biases, easily detectable within minutes, and was later retracted by its authors. It was revealed that the data, purportedly from nearly 100,000 patients across 700 hospitals worldwide, were fraudulent and provided by Surgisphere, a small and entirely unknown company with no prior experience. Interestingly, Ariane Anderson, who was hired by the company for publicity purposes, came from the adult entertainment industry.

This scandal, known as "Lancet Gate," circulated widely on social networks, prompting even mainstream media outlets to cover the story[273].

Vaccines were expected to undergo meticulous monitoring by pharmacovigilance services, yet they seem to struggle with timely reporting and often reduce our health concerns to mere risk calculations, neglecting the impact of under-reporting.

When did the methodology of clinical research deviate to the extent of drawing nonsensical conclusions that no longer align with reality?

At what juncture did compliant and uninformed bureaucrats supplant diligent and effective operational personnel?

I do not know. Despite the risk of sounding like a nostalgic cynic, I venture to say, "*things were better in the past*."

THE GREAT AWAKENING

[273] https://www.bfmtv.com/replay-emissions/ligne-rouge/chloroquine-l-incroyable-fraude-revoir-l-enquete-de-bfmtv_VN-202006230246.html

Around the world, more and more doctors who were initially in favor of vaccination are gradually joining the camp of whistleblowers.

For Dr. Aseem Malhotra[274], a leading British cardiologist named in 2015 as one of the most influential people in science and medicine in the UK by the Sunday Times Debrett"s list, "***there are strong scientific, ethical, and moral arguments for stopping the administration of the COVID vaccine until all the raw data have been subjected to a fully independent review".***

The death of his father due to cardiac arrest prompted the cardiologist to delve into research on messenger RNA vaccines—a field previously unfamiliar to him, like many other doctors. He was taken aback by his father's autopsy findings, revealing clots obstructing the coronary arteries.

Subsequently, he scrutinized the statistics of heart attacks in the UK, noting a staggering increase of 14,000 out-of-hospital cardiac arrests in 2021 compared to the previous year[275]. In an article published in the Journal of Insulin Resistance[276], he argues that "*Authorities and sections of the medical profession have supported* ***unethical, coercive, and misinformed policies*** *such as vaccine mandates and vaccine passports, undermining the principles of ethical evidence-based medical practice and informed consent"*.

In February 2023, a documentary on adverse reactions was aired on a mainstream TV in Germany and France. It served the crucial purpose of enlightening those who may struggle to comprehend the suffering endured by victims of severe pathologies, while showing the denial of certain doctors who try, again and again, to minimize the extent of the disaster[277].

The discrediting of voices speaking out against the pseudo-scientific consensus has been meticulously orchestrated by numerous fact-checkers who are entirely ignorant of the subjects they claim to verify. Victims have faced harassment from legions of cockroaches reeking of mediocrity. Specialists in their fields have been ridiculed by supposed experts lacking any genuine expertise, thrust into the spotlight despite demonstrating profound ignorance of pharmaceutical industry procedures and clinical research in their interviews and articles

They all repeated the silly slogans that were probably the result of a brainstorming session in a consulting firm, *"all vaccinated, all protected"* and *"I believe in The sccieeenccce."*

There were those who wanted to vaccinate everyone even if it meant using force,

[274] https://doctoraseem.com/biography/
[275] https://twitter.com/DrAseemMalhotra/status/1574389600914534400?s=20
[276] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9557939/
[277] https://www.arte.tv/fr/videos/091092-000-A/des-vaccins-et-des-hommes/

there were those who wanted to let the non-vaccinated die, there were those who wanted to lock up those they accused of spreading false information.

Beyond these individuals who are known to the public, numerous doctors and other specialists in their respective fields have been unfairly labeled as "*antivaxxers*" or "*purveyors of fake news*". They have faced harassment from online trolls and a handful of opportunistic doctors seeking notoriety, who were given undue attention by journalists and politicians lacking in both rigor and education. The risks associated with these **vaccine-medical interventions** have been disregarded, while the benefits have been grossly exaggerated to pressure the population into getting vaccinated. To my reader friends, I suggest considering unsubscribing from your favorite print newspapers and foregoing television news altogether; instead, you might as well indulge in some science fiction or watch a good movie!
This is our current reality: a complete inversion of values where mediocrity is applauded. Dr. Malhotra refers to it as a "*misinformation pandemic*."

But remember, there will come a time when "***the last will be first***."
One day, we will ascertain whether all these critics of early treatment, these staunch advocates of messenger RNA vaccination, acted for the health of their fellow citizens or for their own interests. The gradual power of truth is advancing, and nothing can impede it, for the victims remain, and no one possesses the magic wand to make them vanish.
In spite of all these warnings, COVID vaccines continue to be administered worldwide, although They 're increasingly discouraged for the youngest. Thousands of healthcare workers lost their job or have been suspended without pay for refusing to administer these products that they deemed unreliable or even dangerous. According to Dr. Malhotra, "***the gatekeepers who are supposed to protect the public are actually funded by the companies that stand to gain from the sale of these drugs***."[278].
So we are slowly but surely heading towards the biggest health scandal of all time.

THE GREAT REVERSAL

As time goes by, the ranks of whistleblowers grow larger every day, the victims come out of their anonymity, and the dam set up from scratch, intended to make people believe in a pseudo-scientific consensus and to hide the reality, cracks from all sides.

[278] **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9557939/**

Since the takeover of Twitter by the multi-billionaire Elon Musk, the underbelly of the censorship practiced by this social network has been brought to light under the name of Twitter Files, or Twitter dossiers.

It is revealed in the questioning of a former high-ranking Twitter official, Vijaya Gadde, by a member of the Republican Party, that Twitter staff censored the words of reputable scientists, without having any qualifications or competence to do so[279].

Twitter not only censored competent doctors defending natural immunity before vaccine requirements, but also victims who complained about adverse effects[280] ! These methods of gagging citizens are totally contrary to the freedom of speech enshrined in the US constitution. Twitter is not the only network to have used and abused it.

The CEOs of Amazon, Apple, Meta, the new name for Facebook, and Microsoft have also been subpoenaed[281] to explain their methods of "*moderating messages*" posted on their networks.

These methods have led to the outright deletion of messages concerning, among other things, **adverse event that they deemed not to correspond to community standards!**

In a public hearing in January 2024, Zuckerberg standed up, turned to survivors and parents who lost kids to social media, apologizes to them **for harms caused by Meta**[282].

In a letter to the House Judiciary Committee (July 2024) in response to its investigation into content moderation on online platforms, Meta's CEO wrote: "*I believe the government pressure was wrong, and I regret that we were not more outspoken about it*," "*I feel strongly that we should not compromise our content standards due to pressure from any Administration in either direction — and we're ready to push back if something like this happens again.*"[283]

This public confession is a proof the censorhip faced by all victimes on Meta to prevent them informing the population of the serious adverse events following injection. Such as the fact-checkers and trolls enrolled in the trash of scient, one goal: to continue with the "safe and efficient vaccines" mantra, what a shame!

We could add LinkedIn that censored me and prevented me from debating with my colleagues in the pharmaceutical industry without having any competence to evaluate my work!

[279] https://twitter.com/Amelie_Paul/status/1623734923096911872?s=20
[280] https://twitter.com/StatChrisCotton/status/1634501160156422145?s=20
[281] https://www.wsj.com/articles/house-panel-issues-subpoenas-to-tech-ceos-seeking-information-on-content-moderation-9f503e7?mod=e2tw
[282] https://x.com/JudiciaryDems/status/1752745091569979672
[283] https://www.politico.com/news/2024/08/26/zuckerberg-meta-white-house-pressure-00176399

Also in the United States, journalists grouped under the name **Project Veritas** set a trap for Dr. Jordon Walker, director of research and international development at Pfizer.

In February 2023, during a tryst filmed on hidden camera by an acting journalist, he made some shocking revelations. The laboratory would explore how to mutate SARS-coV2, in order to develop new vaccines in a preventive way by letting monkeys get infected until they mutate. We also learn that Pfizer is wondering about the **possible persistence of messenger RNA in the human body and the disruption of menstrual cycles**!

If you recall from Tom Shimakuburo and Steve Anderson's October 2020 presentations, menstrual disorders were not on the post-vaccination watch lists, so they would be the surprise of the day, the icing on the cake that no one expected.

As usual, as soon as it comes to elements that could call into question the confidence of the population in the holy vaccine, the mainstream journalists, **who have obviously lost all critical and ethical spirit for a long time**, did not relay the information. On the other hand, the fact-checkers, who never disappoint, did not deviate from their good habits by taking the side of the laboratory to try to stifle the scandal.

Following Dr. Jordon Walker's revelations, several Senators and members of the House of Representatives wrote to the Secretary of Health and Human Services, the heads of the FDA and the NHS, to shed light on the Doctor's disturbing claims, as well as on the **links between big pharma and the health authorities**[284].

In England, in early March 2023[285], The Telegraph newspaper obtained more than 100,000 WhatsApp messages exchanged between Matt Hancock and other ministers and officials at the height of the Covid-19 pandemic. The Secretary of State for Health considered the best time to deploy a new variant, the alpha variant, in order to scare the population, thus ensuring that they would more easily comply with the measures imposed by the government.

The same person who imposed social distancing on the English people had to resign in June 2021 for having broken his own rules by "fooling around" with one of his collaborators[286].

Since the publication of his messages, Matt Hancock has been in the hot seat, with the Guardian newspaper headlining, "*Matt Hancock Under Pressure After Ignoring Covid Advice on Care Home Tests*"[287].

[284] https://www.lee.senate.gov/services/files/C8F3A56B-6127-4EE7-A3EA-F470ED511BFB
[285] https://www.telegraph.co.uk/news/lockdown-files/
[286] https://www.lemonde.fr/international/article/2021/06/26/matt-hancock-le-ministre-de-la-sante-britannique-demissionne-apres-des-revelations-concernant-une-liaison-extraconjugale_6085860_3210.html
[287] https://www.theguardian.com/politics/2023/mar/01/matt-hancock-rejected-COVID-testing-advice-leaked-messages-suggest

This case is not unlike that of Neil Ferguson, an epidemiologist at Imperial College London, who was responsible for the general panic at the beginning of the crisis. His modelling of the epidemic predicted 510,000 deaths in the UK and over 2.2 million in the US. Ferguson was so fearful of the virus that he "consulted" with his mistress in the middle of a lockdown[288]. Barrier measures, confinements, are good for the populace, Reader friends, not for these people...

This raises serious doubts about the quality of government management of the pandemic and the appropriateness of the drastic health measures used. On March 06, 2023, Newsweek headlined "***U.S. response to COVID was based on lies and opinions***", they pointed out that "*we have not seen a public apology for the dissemination of false information, nor for the defamation and de-legitimization of political experts and medical scientists like myself who have spoken correctly about the data, standard knowledge about viral infections and pandemics, and basic biology*."

In Europe too, Members of the European Parliament continue to work to dispel the opacity that reigns over contracts with pharmaceutical companies for the purchase of vaccines. The first hearings of the COVI commission[289] were held[290] in March 2023.

MEPs have received unexpected support from across the Atlantic since the New York Times entered the fray by suing the European Commission, again with the aim of obtaining the text messages exchanged between Ursula Von der Leyen, the President of the European Commission, and Albert Bourla, the CEO of Pfizer, concerning vaccine orders[291].

When I think about the amount of paperwork that every subcontractor in the pharmaceutical industry has to sign, ordering billions of doses by SMS is almost a joke.

Despite the urgent need of transparency on this question, in January 2024, only 254 MEPs were in favor of publishing the contracts and the messages between Mrs Von der Leyen and and Mr Bourla among 349. Despite suspicions of corruption, Ms Von der Leyen has been re-elected to head the European Commission in July 2024.

In February 2024, representatives of the FDA, CDC and CICP testified before the United States House of Representatives - Committee on Oversight and Accountability - Select Subcommittee on the Coronavirus Pandemic.

[288] https://www.liberation.fr/checknews/2020/06/03/les-previsions-de-ferguson-qui-ont-conduit-de-nombreux-pays-a-se-confiner-etaient-elles-fantaisistes_1790061/
[289] https://www.europarl.europa.eu/news/fr/press-room/20220412IPR27113/la-commission-speciale-du-parlement-sur-le-COVID-19-debute-ses-travaux
[290] https://multimedia.europarl.europa.eu/en/webstreaming/-policy-department-a-workshop_20230309-1030-COMMITTEE-COVI
[291] https://www.humanite.fr/videos/video-vaccins-pfizer-le-scandale-des-sms-continue-783396

At the hearing, FDA Director Dr. Peter Marks stated that cases of myocarditis, particularly in young people, were known. Doctors opposed to approval were fired, and the U.S. Defense Advanced Research Projects Agency (DARPA) [292]worked with the FDA to plan mandatory vaccination [293][294]

Not a word on the change in guidelines for the vaccines, not a word on the under reporting, not a word on Augusto Roux, Maddie de Garay or Brianne Dressen, severely injured during the trials and who were not considered by the pharmaceutical companies and the Health authorities.

Not a word on the change of manufacturing process.

You're not out of the woods yet, dear readers, because there is more!

THE GREAT SHOW

The manufacturing processes of the vaccine elixir are opaque. Contaminations aside, the manufacture of the product itself raises questions.

The information given by Moderna to the US SECURITIES AND EXCHANGE COMMISSION as early as December 2019 should have alerted us[295].

One can read: "*Currently, **mRNA is considered a gene therapy product by the FDA**. In addition, because no product in which mRNA is the primary active ingredient has been approved, **the regulatory pathway for approval is uncertain.** The number and design of the clinical and **preclinical studies required for the approval of these types of medicines have not been established, may be different from those required for gene therapy products, or may require safety testing like gene therapy products.***

*Moreover, **the length of time necessary to complete clinical trials and to submit an application** for marketing approval for a final decision by a regulatory authority varies significantly from one pharmaceutical product to the next, and may be difficult to predict.*"

The FDA has known all along that mRNA is a gene therapy, COVID vaccines were not classified as such to allow pharmaceutical companies to have an accelerated development for their vaccines, regulation far less restrictive than GT regulation **which would have required more studies and more time ! And more MONEY !**

After all, these vaccines would not be vaccines at all ????

[292] https://www.darpa.mil/
[293] https://oversight.house.gov/wp-content/uploads/2024/02/FDA-SSCP-Vaccine-Safety-and-Surveillance-FDA-Written-Testimony-FINAL-Clean.pdf
[294] https://oversight.house.gov/release/wenstrup-reforming-vaccine-safety-reporting-and-injury-compensation-systems-will-improve-public-health/
[295] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000006/moderna10-k12312019.htm

But genetic therapies …

Remember that the clinical study protocol available in the appendices of the NEJM publication on the famous 95% efficacy in December 2020[296] mentioned a **nucleoside-MODIFIED messenger RNA (modRNA) for the BNT162b2!**

Concerning manufacturing process, EMA had noted some **irregularities** as early as December 9, 2020. This case has reached us, not thanks to the communication of health authorities but following a cyber-attack!

Confidential documents from the Pfizer/BioNTech vaccine evaluation file were stolen from the EMA) by hackers and then published on the internet.

The EMA was forced to publish several press releases on its website on this subject [297] [298].

The documents also contained emails exchanged between November 10 and November 25 between EMA staff and Pfizer.

We learn that the vaccine vials manufactured to vaccinate the population **do not contain the same ingredients as those of the clinical trial.**

You're not dreaming fellow readers! I'm sorry to tell to all of you who have been injected with the Pfizer's vaccine that you have never received the vaccine with the supposed "95 %" of efficacy!

As the matter of fact, **in October 2020**, the company had changed its manufacturing process to increase production and opened new factories. In the process, the vaccines lost some of the so-called "**full-length RNA**". In clinical trials, the product administered contained between 69% and 81% of full-length RNA, while the vials manufactured in the new production lines contained only 59% on average.

A "sticking point," for the EMA in November 2020 according to the documents leaked.

The Committee for Medicinal Products for Human Use (CHMP) Assessment report of the 19 February 2021 states that "*two manufacturing processes for the active substance were used during the development history: **process 1 (clinical trial material) and process 2 (commercial process)***"

They highlighted a "*number of issues relating to the Good Manufacturing Practices status of the manufacture of the active substance and of the testing sites of the finished product for the purpose of batch release*".

[296] https://www.nejm.org/doi/full/10.1056/NEJMoa2034577
https://www.nejm.org/doi/suppl/10.1056/NEJMoa2034577/suppl_file/nejmoa2034577_protocol.pdf
[297] https://www.ema.europa.eu/en/news/cyberattack-ema-update-5
[298] https://www.ema.europa.eu/en/news/cyberattack-ema-update-4

EMA classified these issued as a **MAJOR OBJECTION**[299].

Major objection leading to an authorization? Great job guys!

Joshua Guetzkow, an academic researcher with a Ph.D. in sociology from Princeton University and a postdoctoral fellowship in health policy from Harvard University, is an Associate Professor in the Department of Sociology & Anthropology and the Institute of Criminology at the Hebrew University in Tel Aviv, Israel. He has worked extensively on this[300]. So have I.

This change in manufacturing process was already mentioned into the published protocol. 250 participants were to receive vaccines from process 2. Immunogenicity (antibody assay) and safety of this process 2 were to be compared with a sample of 250 randomly selected vaccinated with process 1.

The latest protocol written by Pfizer in September 2022, 20th amendment removed this objective "*as of July 3, 2022, over 3.6 billion doses of BNT162b2 have been distributed, with over 1.4 billion doses of BNT162b2 administered worldwide, which were manufactured via "Process 2". Given the number of doses now administered worldwide, the originally planned comparison of manufacturing processes is no longer warranted*."

So they used the population as Guinea Pigs?

A very bad joke, isn't it?

Despite countless recommendations in the pharmaceutical industry to ensure individual safety, various authorizations were granted—for adults in December 2020 and for adolescents aged 11 to 15 in May 2021—**without any efficacy, safety, or immunogenicity results for the commercial process (process 2).**

The public was led to believe they were receiving a vaccine with the 95% efficacy announced in December 2020, which was actually based on participants in the trial who had received process 1 or clinical trial material.

And all this happened with the applause of health agencies worldwide?

A report from the Australian health agency TGA states: "*The efficacy and safety data of the product **will be accumulated with the progress of the vaccination program**. The applicant is required to give physicians **appropriate instructions** to ensure that they administer the product to vaccine recipients who, or whose legally acceptable representatives, **have been provided with the most updated efficacy and safety information of the product in written form**, and who have provided written informed consent through the vaccine screening questionnaire in advance.*"[301]

[299] https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf
[300] https://www.bmj.com/content/378/bmj.o1731/rr-2
[301] https://www.pmda.go.jp/files/000243206.pdf

Dear friends, have any of you ever signed a consent form acknowledging this change in the manufacturing process?

There are countless questions that need to be asked of Pfizer representatives and health authorities worldwide.

MEP Michèle Rivasi, who unfortunately *died suddenly* in late 2023, began raising these questions in October 2022, yet clear answers have not been provided[302].

And simply for stating this truth, I was harassed by trolls on X.

In March and July 2024, The publication of the *"RKI files"*, RKI for **Robert Koch Institute**, the Germany's central institution for the federal level, responsible for controlling and preventing disease, highlighted the government's influence over the federal biomedical body. A former employee of the institute passed on nearly 4,000 pages to Aya Velázquez "*for reasons of conscience*". The conference held by Aya, Bastian Barucker, a freelance journalist, and Stefan Homburg, Professor of Economics at the University of Göttingen, in July 2024 caused a stir in Germany. It became evident that the RKI "*often served as a scientific front to legitimize political decisions.*"

The Robert Koch Institute was fully aware that lockdowns would cause more harm than the virus itself, that wearing masks outdoors was ineffective, and that closing schools would not slow the spread of Covid-19**. The institute also knew that the so-called *"pandemic of the unvaccinated"* was "a *political myth*" designed to justify vaccine mandates**. The documents further reveal the institute's silence on the serious adverse events of AstraZeneca's Covid vaccine. Yet, no one came forward to warn the public: ***"The Covid experts knew the government was lying—and they stayed silent!"*** headlined Bild in response[303].

The whole package, representing over 10 GB of files, can be downloaded from the rki-transparenzbericht.de website, which has already been the victim of several attacks since it went online.

Same story for the **Swiss Federal Office of Public Health**. The documents published in April 2024 show decisions often **inconsistent** and **arbitrary**[304].

In the US, the **House Select Subcommittee on the Coronavirus Pandemic** issued a staff report recommending that EcoHealth Alliance President Dr. Peter Daszak be formally disbarred and criminally investigated for his actions before and during the COVID-19 pandemic[305].

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[302] https://multimedia.europarl.europa.eu/fr/webstreaming/special-committee-on-COVID-19-pandemic_20221010-1430-COMMITTEE-COVI

[303] https://www.bild.de/politik/inland/corona-experten-wussten-dass-die-regierung-luegt-und-schwiegen-669fb6cad2fbcb0f92d40f90

[304] https://www.bag.admin.ch/bag/en/home/krankheiten/krankheiten-im-ueberblick/coronavirus/covid-19/bisherige-materialien/taskforce-protokolle.html

[305] https://oversight.house.gov/wp-content/uploads/2024/04/Daszak-Production-Combined-compressed.pdf

The report also exposes serious systemic weaknesses within the National Institutes of Health (NIH) that allowed EcoHealth to earmark $600,000 for the Wuhan Institute of Virology, China over a five-year period to study whether bat coronaviruses could be transmitted to humans. That is what we call "**gain of functions**".

Evidence shows that Dr. Daszak was aware of this potentially dangerous research, but failed to inform the NIH. The NIH terminated the grant to EcoHealth thanks to the Trump administration that identified serious concerns about EcoHealth Alliance's funding of WIV and asked NIH to fix the problem. The full audition of Dr Dasak is still available on the Congress Oversight Committee Youtube channel[306].

Anthony Fauci, in a May 2021 audition, denied the gain of functions, the funds would be "*a modest collaboration with very respectable Chinese scientists who were world experts on coronavirus.*"

He has unfortunately been contradicted during a hearing of the Select Subcommittee on the NIH's relationship with EcoHealth Alliance by Dr Lawrence Tabak.

In May 2024, Dr Tabak, former Acting NIH Director and current Principal Deputy Director, testified that the NIH was funding gain-of-function research in Wuhan, through a grant to EcoHealth, thereby implicitly accusing Fauci of **perjury**[307].

Moreover, concerning the the virus' origins, the subcommittee has examined thousands of email correspondences between Dr Morens, senior adviser from 1998 to 2022 to internal staff. Dr Morens confessed to having used his personal email instead of his governemental address to communicate with other federal employees to prevent his correspondence from being revealed by FOIA. Remember that all governement records can potentially be sent on request via the Freedom of Information Act (FOIA).

He also confessed to having destroyed emails about the COVID-19 pandemic and the virus origin.

Indeed, from the very beginning of the pandemic, the official narrative emphasized bat and pangolin origins, while any potential leak from the Wuhan Institute of Virology was quickly silenced.

[306] https://www.youtube.com/watch?v=Gj9M5CJGykk
[307] https://oversight.house.gov/release/hearing-wrap-up-nih-repeatedly-refutes-ecohealth-alliance-president-dr-peter-daszaks-testimony-tabak-testimony-reveals-federal-grant-procedures-in-need-of-serious-reform/

My readers friends, SARS-CoV-2 likely did not come from a bat that pooped in a pangolin's food, but it is a man-made virus leaked from the Wuhan lab. Its dangers are not of natural origin but are the result of gain-of-function research funded by the US NIH!

Andrew Huff, who worked for Eco Health Alliance from 2014 to 2016, former vice president of the non-profit organization, argues for this theory in his book, "*The Truth About Wuhan*".

According to this well-informed guy, "*Foreign laboratories did not have the adequate control measures in place for ensuring proper biosafety, biosecurity, and risk management, ultimately resulting in the lab leak at the Wuhan Institute of Virology".*

In June 2024, the subcommittee questioned Dr. Fauci about his role in downplaying the lab leak theory, destroying and concealing official documents to avoid FOIA requests and public disclosure to the American people[308].

In its key Hearing Takeaways, the Members mentioned: "*Dr. Fauci showed no remorse for the millions of lives affected by his divisive rhetoric and his unscientific policies. He did not apologize to the thousands of Americans who lost their jobs because they refused the novel vaccine, nor did he apologize to children experiencing severe learning loss as a result of actions he promoted*".

Rep. Rich McCormick, M.D., held Dr. Fauci accountable for promoting **unscientific vaccine mandates from his position of power at the White House**. Contrary to what was promised, the COVID-19 vaccine did not stop the spread or transmission of the virus.

There is no doubt that all these so-called experts will have some explaining to do.

Worse, if anything, by allowing the blitzkrieg and limp development of vaccines against COVID-19, the world"s health agencies, led by the FDA, have opened Pandora's Box.

[308] https://oversight.house.gov/release/hearing-wrap-up-dr-fauci-held-publicly-accountable-by-select-subcommittee/

PANDORA'S BOX

Despite the lack of hindsight on the long-term effects of this modified mRNA innovative biotechnology, whose victims are counted in the millions, pharmaceutical companies have rushed to develop new vaccines and therapies of all kinds.

THE VACCINATED HUMANITY

The number of products in development on the Moderna site, a laboratory that never put a single drug on the market before the COVID crisis, is simply staggering, even worrying[309].

Flu vaccine. Vaccine against **RSV, the respiratory syncytial virus**, a common respiratory virus that usually causes mild, cold-like symptoms[310]. Vaccine against EBV (**Epstein-Barr virus**), which causes infectious mononucleosis and is one of the most common human viruses in the world[311]. Vaccine against **cytomegalovirus** (CMV), another very common virus that infects people of all ages. More than half of all adults were infected with CMV before the age of 40 and most of infected with CMV have no signs or symptoms[312].

Vaccine against **HIV** (Human Immunodeficiency Virus) that everyone knows because it attacks the body's immune system and can lead to AIDS (Acquired Immune Deficiency Syndrome)[313].

Vaccine against **hepatitis** whose virus leads to liver inflammation[314].

Vaccine against **ZIKA**, which is spread primarily by mosquito bites [315]. VZV vaccine causing chickenpox and shingles (VZV)[316]. Vaccine against certain cancers, therapies against autoimmune hepatitis. Not to mention the **COVID + flu + RSV** combinations!

And not only for adults but also for children!

[309] https://www.modernatx.com/research/product-pipeline
[310] https://www.cdc.gov/rsv/index.html
[311] https://www.cdc.gov/epstein-barr/index.html
[312] https://www.cdc.gov/cmv/index.html
[313] https://www.cdc.gov/hiv/basics/whatishiv.html
[314] https://www.cdc.gov/hepatitis/abc/index.htm
[315] https://www.cdc.gov/zika/about/index.html
[316] https://www.cdc.gov/vaccines/vpd/varicella/index.html

Sleep well people, Moderna takes care of your health!

Children are obviously a juicy market for laboratories because the world of tomorrow will require them to be injected regularly to immunize them against a multitude of diseases.

Will all the classical vaccines be gradually replaced by messenger RNA vaccines?

Some of Moderna's products are already in Phase 3 and should be getting marketing approval soon. I see no reason why the health agencies that paved the way for the **quick and dirty trials should** now stand in their way.

In June 2024, the U.S. government granted Moderna $176 million to Moderna to help in its search for a vaccine against the avian flu virus (H5N1)[317].

Remember Tedros, the WHO Director-General's speech at the World Governments Summit – 12 February 2024[318]

"*But if we fail to learn those lessons, we will pay dearly next time.*
And there will be a next time. ***History teaches us that the next pandemic is a matter of when, not if.***
It may be caused by an influenza virus, or a new coronavirus, or it may be caused by a new pathogen we don't even know about yet – what we call ***Disease X****. There's been a lot of attention on Disease X recently, but in fact, It's not a new thing*."

At the same time as pandemics are being announced, the European Commission is funding the feasibility of a European vaccination card. A total of 18.4 million euros has been allocated to EUVACEBO between December 2022 and March 2023. The first stage involves an exploratory study by 14 EUVABECO partners to identify innovative vaccination practices across Europe.

Twelve pilot projects in Belgium, Germany, Greece, Latvia, Luxembourg, Poland, and Portugal will run from September 2024 to August 2025, serving as key platforms for testing and refining implementation strategies.

At the end of the pilot phase, these practices will be validated to assess their relevance, transferability, and sustainability in member states. Finally, the validated plans will be shared with member states to encourage widespread adoption[319].

My dear European readers, it seems that in the years to come, you will not be able to leave your country without this card!

[317] https://www.reuters.com/business/healthcare-pharmaceuticals/us-awards-moderna-176-million-produce-bird-flu-vaccine-2024-07-02/
[318] https://www.who.int/director-general/speeches/detail/who-director-general-s-speech-at-the-world-governments-summit---12-february-2024
[319] https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/eu4h-2022-pj-16

In July 2024, the Secretary of Health and Human Services (HHS) stated that **influenza A viruses have pandemic potential and pose a significant threat to national security** and the health of U.S. citizens, both at home and abroad. In this context, the Secretary of HHS may declare that circumstances justify an Emergency Use Authorization (EUA), **allowing the FDA to authorize the emergency use of an unlicensed product** or an unapproved use of an approved product, if the criteria under section 564 of the FD&C Act are met. In other words, the FDA can approve a new vaccine after just a few months of clinical development[320].

Doesn't that sound familiar?

I had alerted all my institutional interlocutors on the absolute necessity not to let the methods used during the development of anti-COVID vaccines pass, methods leading to erroneous results and to the marketing of products that are not only ineffective but above all toxic, under penalty of signing the death of a safe and effective Clinical Research.

They do not seem to have taken the measure of the cataclysm that is coming.

If the authorities are no longer fulfilling their role as "***guardians of the public***", as Dr. Malhotra puts it, it is up to each individual to inform themselves so that they can give their informed consent and take responsibility.

The bird flu summit will be held on October 2-3, 2024 in Washington. The program includes sessions and workshops on mass fatality management planning, strategies for operating with 50% absenteeism or more, ensuring safe travel policies, managing surge in crime during pandemic, conducting mass vaccination efforts, enforcing quarantine measures…

Great program, isn't it?

Avian flu is not the only threat to humanity—monkeypox made a dramatic comeback in August 2024.

On August 9, 2024, a WHO press release urged mpox vaccine manufacturers to submit dossiers for emergency evaluation: "***there is a serious and growing outbreak in the Democratic Republic of the Congo*** *(DRC) that has now expanded outside the country. A new viral strain, which first emerged in September 2023, has for the first time been detected outside DRC.*

WHO is requesting manufacturers to submit data to ensure that the vaccines are safe, effective, *of assured quality and suitable for the target populations*."

Safe and effective—LOL, haven't we heard that tune a bit too often by now?

[320] https://public-inspection.federalregister.gov/2024-16247.pdf

On August 14, 2024, following an emergency committee meeting, the WHO classified monkeypox as a Public Health Emergency of International Concern.

The next pandemic is on its way. Whether it is bird flu, monkeypox, or something else entirely, the tools are ready, and vaccines will be your future.

Whether it is vaccines or other technologies, the world of healthcare is undergoing a revolution.

Dear readers, have you ever heard of IoBNT?

Read this if you want to know the future of humanity.

THE CONNECTED HUMANITY

Everything started with the Internet of Things (IoT).

All IoT devices incorporate sensors that collect data about their environment or usage. They process this data and transfer it to applications on centralized servers for analysis, often using AI algorithms, with the goal of providing useful information and aiding decision-making. Like modern computers, they require hardware, software tools, and an internet connection to function properly.

Everyone is familiar with smart homes, where objects can be controlled remotely via a smartphone or voice command. You can manage your home's temperature, monitor your sofa with security cameras while on vacation, and close the blinds just by using apps. A smart electric meter collects real-time data on the electricity usage of a building, business, or household.

Many of you may be regular users of smartwatches, fitness trackers, and other similar devices that monitor parameters like heart rate, physical activity levels, and sleep cycles.

You probably know that our urban infrastructure is full of such connected objects to manage traffic lights, water distribution systems, and more.

In the near future, self-driving cars will be present in our cities and on our highways. Google, Tesla, General Motors, and Apple are developing these smart cars, which are a key element of "smart cities".

In 2015, the U.S. Department of Transportation launched the Smart City Challenge, "*asking mid-sized cities across America to develop ideas for an integrated, first-of-its-kind smart transportation system that would use data, applications, and technology to help people and goods move more quickly, cheaply, and efficiently*"[321].

[321] https://www.transportation.gov/smartcity

For the European Commission, smart cities "*play an important role in accelerating the just and green transition of European cities. They improve citizens' quality of life, enhance the competitiveness of cities and industry, and help achieve European energy and climate targets across urban sectors like transport, mobility, logistics, built environment, energy infrastructures, urban data, digital assets, environment, citizen engagement and urban governance*"[322].

You should also know that RFID transponders or chips can be implanted under the skin for identification purposes, whether for security or health reasons.

In 2006, VeriChip, an implantable RFID chip the size of a grain of rice, was approved to ensure healthcare personnel had access to medical records for patients with chronic illnesses[323].

You've likely heard about technological devices directly integrated into the human body, often to monitor, analyze, and even influence bodily functions. Pacemakers are life-saving devices, and severe diabetics often use continuous glucose monitoring systems.

These specific devices directly related to human health are classified as **medical devices**, a field I'm well-acquainted with since clinical trials are required to obtain what is known as CE marking in Europe. They are also part of the Internet of the Body (IoB).

In 2017, the U.S. FDA approved Abilify MyCite, the first digital ingestion tracking system embedded in a pill[324].

Aripiprazole tablet with sensor is approved for the treatment of schizophrenia, acute treatment of manic and mixed episodes associated with bipolar I disorder and for use as an add-on treatment for depression in adults. The device is intended to improve patient adherence to their treatment regimen.

The FDA press release states: "*the system works by sending a message from the pill's sensor to a wearable patch. The patch transmits the information to a mobile application so that patients can track the ingestion of the medication on their smart phone. Patients can also permit their caregivers and physician to access the information through a web-based portal.*"

Nothing exceptional so far.

[322] https://smart-cities-marketplace.ec.europa.eu/
[323] https://www.rfidjournal.com/news/insurer-running-verichip-trial/79326/

[324] https://www.fda.gov/news-events/press-announcements/fda-approves-pill-sensor-digitally-tracks-if-patients-have-ingested-their-medication

After connecting everyday objects through the internet, researchers, thanks to the exponential advancements in communication technologies, began exploring new concepts for **connecting people**.

Bordering on IoB, multi-billionaire Elon Musk's Neuralink Company is working on Brain-Computer Interfaces (BCI).

The website clearly states the objectives: "*our brain-computer interface is fully implantable, cosmetically invisible, and designed to let you control a computer or mobile device anywhere you go*"[325].

The project also aims to offer solutions to quadriplegic patients, with a clinical trial currently underway.

After the first patient, who was paralyzed from the neck down following a diving accident, a second patient with a spinal cord injury was enrolled in August 2024. Few details are known about the surgical procedure connecting the 1,024 electrodes to the recipient's brain, which are intended to transmit signals to a computer.

An article published in Nature[326] explains that Telepathy, the third commercial BCI implant undergoing long-term human trials, "*has a roughly coin-sized electronics hub that is placed in a hole that is made in the recipient's skull. From this hub, 64 flexible threads run through the fluids and membranes surrounding the brain and into the recipient's cortex.*"

The Matrix movie is on the horizon.

Get ready to dive into the realm of science fiction and explore the fascinating domain of the Internet of Bio-Nano Things (IoBNT).

The Internet of Bio-Nano Things is a cutting-edge concept at the intersection of nanotechnology, biotechnology, and the Internet of Things.

It involves networks of nano-scale devices that can communicate with each other and with larger systems, enabling unprecedented control and interaction with biological systems at the cellular or molecular level.

Sounds complex, doesn't it?

As early as 2019, the World Economic Forum discussed related technologies such as **bioconvergence** and precision medicine, which align with the principles of IoBNT[327].

[325] https://neuralink.com/
[326] https://www.nature.com/articles/d41586-024-02368-8
[327] https://www.weforum.org/agenda/2019/05/healthcare-technology-precision-medicine-breakthroughs/

These advancements are considered **crucial for transforming healthcare, but they also require careful consideration of the ethical implications** associated with such deep integration of technology and biology.

The principles of IoBNT are based on a few main concepts: nano-machines, nano-sensors, nano-nodes, nano-antennas nano-networks, nano-communication …

Nano-sensors are tiny devices, often at the scale of nanometers, or one-billionth of a meter. Inside the body, they can patrol, measuring various parameters to detect specific biological markers in the blood or liver... They can identify diseases like arteriosclerosis, detect the presence of cancer cells, or even spot a virus. Additionally, they can deliver drugs in a targeted manner, such as in cancer treatment, to destroy only the diseased cells[328].

The stated ultimate goal of IoBNT is, of course, to improve human health and quality of life, and to revolutionize medicine by diagnosing diseases better than doctors.

The implanted material need to be biocompatible, energy-efficient.

To accomplish the task for which they have been designed, these nano-things need also to communicate with each other.

Studying body cells able to provide robust communication in challenging environments, researchers have explored nature-inspired solutions to use them in artificial networks. They set up bio-inspired networks.

This way, the nano-things can be distributed within a biological system to form a network.

A critical aspect of IoBNT is how to develop **wireless communication protocols that enable to exchange the intra-body collected information** with outside body plateforms in order to read and process information.

The Institute of Electrical and Electronics Engineers (IEEE), a professional association with over 400,000 members including electrical engineers, computer scientists, telecommunications professionals and others… is in charge of setting up these protocols[329].

Those interested in IoBNT will find hundreds of publications on the IEEE website concerning these famous communications enabling BNT to send information on dedicated platforms via the Internet. After the WAN (Wide Area Networks) protocol, daily used for our long-distance transmissions, current developments in sensors and wireless communication technologies have led to the development of WBANs.

[328] https://www.ccs-labs.org/bib/dressler2015connecting/dressler2015connecting.pdf
[329] https://www.ieee.org/

According to dozens of scientific publications, WBANs or Wireless Body Area Networks are, as indicated in its name, body network that enables communication between people and things by connecting nodes with sensors in, on or around humans.

Nanonodes that collect physiological parameters such as electrocardiogram, electroencephalogram, blood oxygen saturation, blood pressure, heart rate beats… could transmit data to remote system servers for real-time processing. It could also provide certain services, such as medical consultations, which is useful for managing chronic illnesses, especially for an ageing population.

Research into nano-things has naturally driven research into nanomaterials, with the aim of reducing their size and energy consumption. The electromagnetic properties of these nanomaterials will determine the communication capabilities of nanodevices, such as the operating frequency band or the magnitude of power emitted for a given input energy. Among these new nanomaterials that can contribute to the development of miniaturized transceivers, **graphene** and its derivatives present several unique electrical and optical properties that make them one of the leading candidates to become the silicon of the 21st century.

It is not surprising that the European Commission has been allocating billions to Iot, IoB and IoBNT projects and graphene research for years. All fundings are available on the https://cordis.europa.eu/ website.

According to the commission, "*Graphene is an extraordinary combination of physical and chemical properties: it is the thinnest material, it conducts electricity much better than copper, it is 100-300 times stronger than steel and it has unique optical properties. The use of graphene was made possible by European scientists in 2004, and the substance is set to become the wonder material of the 21st century, as plastics were to the 20th century, including by replacing silicon in ICT products.*"

On the website, you will find the projects such as "**Graphene and Human Brain Project**"[330], "**The Graphene Flagship**"…

I quote, "*The Graphene Flagship is a 10-year research and innovation endeavour with a total project cost of 1,000,000,000 euros, funded jointly by the European Commission and member states and associated countries.*

The mission of the Graphene Flagship is to take graphene and related layered materials from a state of raw potential to a point where they can revolutionise multiple industries. This will bring a new dimension to future technology – a faster, thinner, stronger, flexible, and broadband revolution. Our program will put Europe firmly at the heart of the process, with a manifold return on the EU investment, both in terms of technological innovation and economic growth.

[330] https://ec.europa.eu/commission/presscorner/api/files/document/print/en/ip_13_54/IP_13_54_FR.pdf

To realise this vision, we have brought together a larger European consortium with about 150 partners in 23 countries."

89 million were allocated from April 2016 to March 2018, 88 million from April 2018 to March 2020 and 149 million from April 2020 to September 2023.[331]

The link between graphene and IoBNT is exposed in many papers[332], I let you do your own researchs.

Reading the International Electrotechnical Commission, "*experts from several international organizations, disciplines and sectors are working together in the Standardization Evaluation Group (SEG) 12 to identify critical challenges and contribute to a roadmap for future standardization in the area.*" The paper on the **bioconvergence** can give you an idea of what lies ahead for human beings: artificial organs, augmented human, bio-bots, cyborgs, embodied computing, bioelectronics but also cellular agriculture, molecular farming, all linked to plateformed to be monitored by a **few chosen ones**[333].

My dear readers, for those of you who prefer not to become the next "Six Million Dollar Man" and would rather stay the way nature—or God, if you're a believer—intended, well, it's not going to be easy!

You might think it will take another 20 years for these technologies to be used. Think again.

If what we have just discussed seems revolutionary to you, the research dates back more than 20 years.

In 2010, papers were already devoted to nanodevice architecture, nanocommunications and graphene-based nano-antennas.

As early as 2003, a symposium sponsored by US Air Force Research Laboratory (AFSOR), the primary scientific research and development center for the Department of the Air Force was on **Bio-Inspired Nanoscale Hybrid Systems.**

[331] https://cordis.europa.eu/project/id/696656
https://cordis.europa.eu/project/id/785219
https://cordis.europa.eu/project/id/881603/fr
[332] https://www.growkudos.com/publications/10.1063%252F5.0153423/reader
[333] https://www.iec.ch/blog/standard-journey-biodigital-convergence

The authors of the free online paper, Guenter Schmid, University of Essen (Germany), Ulrich Simon, TWTH, Aachen, (Germany), Stephan J. Stranick, NIST and Steven M. Arrivo, Pfizer Global R&D provided "*an extensive overview of the new and advanced approach to* ***synthesize functional materials and to fabricate nanoscale devices*** *utilizing biomolecules as a key building block. Nature utilizes molecular recognition between complex biomacromolecules to form sophisticated meso- and macroscopic architectures with tremendous control over the placement and orientation of nanoscopic building blocks. On the other hand, the advances of nanotechnology provide us new nanoscale structures including nanoparticles, nanowires, nanofabricated circuits etc.* ***The marriage between biomolecules and these new nanostructructures allows us to envision many scientific breakthroughs and commercial applications***".[334]

Think that the army's research is undoubtedly much more advanced on the subject than we are told, and that it is not accessible because it is classified as a defence secret.

These nanotechnologies are not without risk: cyber hacking by non-authorized entities, sales of your intracorporal parameters to insurance companies to adjust your rate or even stop insuring you …
It is time to watch the film *Gattaca* for those who haven't yet seen it

The final step will be to convince the population to get the nano sensors implanted, and nothing could be better than an injection of vaccines to ensure that vaccinated humanity and connected humanity become one.

Friends and Readers, we have lots of challenges ahead of us, and you need to stay informed so that you can always consent or not consent to what is proposed to you.

As far as I'm concerned, the choices have been made.

[334] https://apps.dtic.mil/sti/tr/pdf/ADA414905.pdf

FOUR YEARS OF INVESTIGATION

I've come a long way in a little over four years.

I discovered the hidden face of the pharmaceutical industry, for which I had always held the highest esteem, because I've always worked, and I will continue to do so for the rest of my life, only with competent and conscientious people.

I discovered the world of associations and collectives of vaccine victims, including those of the much-decried aluminum, those related to the hepatitis B or H1N1 vaccines, and those concerning the anti-COVID vaccines.

In my clinical trials, patients were numbers in a database. Today, they're names, faces, and voices. Over the months spent talking to them, giving them a voice, I got to know them, I learned to love them.

Almost all of them were mistreated and badly treated by doctors who were full of their status of "great knowers," pretentious and contemptuous, refusing to listen to them.

Some of them were interned in psychiatry for months, shot up with neuroleptics to dismiss their suddenly appearing pathologies as "in their heads." They obviously came out as sick as the day they went in. As someone who has been through the operating room, I know how efficient medicine can be, whether it be diagnostic tests or surgery, and fortunately, excellent doctors still exist.

Perhaps it is time to start treating patients again, and not just organs, and to be satisfied with making symptoms disappear by prescribing drugs. Statistics surely have their part of responsibility in this evolution towards a disease industry instead of a health system. By reducing patients to numbers, we have lost what all the victims of the anti-COVID vaccines complain about: consideration, listening, humanity.

To date, all the associations of injured people have collected thousands of testimonies. I'm not sure that they ever aroused the curiosity of the vast majority of journalists or self-proclaimed fact-checkers.

Denial was powerful. It still is today, with many doctors refusing to consider the slightest link with the vaccine. will not allow myself a psychological analysis since it is not my job, but these behaviors are unworthy of practitioners who have taken the Hippocratic oath[335]. Allow me to remind them of a few lines to refresh their memory:

[335] https://www.wma.net/wp-content/uploads/2018/07/Decl-of-Geneva-v2006-1.pdf

"AT THE TIME OF BEING ADMITTED AS A MEMBER OF THE MEDICAL PROFESSION:
I SOLEMNLY PLEDGE to consecrate my life to the service of humanity;
I WILL GIVE to my teachers the respect and gratitude that is their due;
I WILL PRACTISE my profession with conscience and dignity;
THE HEALTH OF MY PATIENT will be my first consideration;
I WILL RESPECT the secrets that are confided in me, even after the patient has died;
I WILL MAINTAIN by all the means in my power, the honour and the noble traditions of the medical profession;
MY COLLEAGUES will be my sisters and brothers;
I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
I WILL MAINTAIN the utmost respect for human life;
I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
I MAKE THESE PROMISES solemnly, freely and upon my honour."

Do they still remember? Considering the testimonies in this book, I doubt it. I wouldn't even entrust my dog to them.

I'm now in contact with hundreds of people in France, Corsica, Guadeloupe, Reunion Island, Belgium, Switzerland, Luxembourg, Great Britain, Sweden, Poland, Canada, the United States, Israel, Australia, New Zealand, Colombia, Argentina, etc.

Sharing the same fight has made us friends, brothers, and sisters in arms. The COVID crisis, along with the speeches skillfully maintained by the media and politicians, pitting pro-vax against anti-vax, has divided many families.

However, it has also brought about extraordinary things. **It has awakened the defenders of Life**, of which I realize that I've always been a part.

Some of these brothers turned out to be more like Cain than Abel. Devoured by ego, some of them have never ceased to occupy the field, even if it means using the work of others without even mentioning their names.

Some, however, multimillionaires, did not lift a finger to help the suspended caregivers strangled by their charges or the victims who spend fortunes to treat themselves. Another wanted to buy the property rights to my work, no doubt frustrated that he couldn't write it himself and criticizes me behind my back.

Crisis profiteers, controlled opposition meant to distract and overshadow the real whistleblowers—time will tell.

If there have been Abels and Cains, there have also been Eves.

Women, more than any other group, have played a significant role since the beginning of the COVID crisis. They have strived to preserve children in schools, acting as wolf moms, animating conferences, and not hesitating to create controversy on TV sets or social networks. Many of them have worked tirelessly, whether in the shadows or in the limelight, behind a computer screen, holding signs in their hands, or in the legislative chambers of the National Assembly, the Senate, or the European Parliament.

Yes, women have shouldered the burden, and I'm proud to have stood by their side. Beyond the realm of messenger RNA vaccines, we are faced with a choice of life and a choice for society. We must choose between living in fear of everything, being vaccinated every month against every virus or bacteria, living in fear of everyone, closed off from the world, or living with open hearts and a spirit of sharing.

In the face of threats against life, the Eves have risen.

The victims, some of whom are Eves themselves, have also stood up.

Despite being censored through various means, my work is now gaining recognition worldwide. In December 2022, I was deeply honored to receive an invitation from Senator Ron Johnson to participate in a roundtable discussion in Washington, D.C., alongside other truth seekers such as Dr. Peter McCullough, Medical Lieutenant Colonel Theresa Long, and lawyer Aaron Siri. Unfortunately, I had to decline the invitation because I'm unable to travel to the United States.

As you can imagine, I'm unvaccinated, and I've never considered injecting myself with products from clinical trials that are deficient and have produced erroneous results. Nor do I intend to take messenger RNA vaccines, which are being developed hastily, akin to the rapidly approaching HIV vaccines.

I've steadfastly resisted the alluring yet deceptive narratives propagated by individuals like my neighbors Jane and William often speak about.

On Twitter, I'm followed by tens of thousands of people, including anonymous individuals, journalists, popular hosts, figures from the entertainment industry, lawyers, researchers, doctors, nurses, midwives, and medical professors—all seeking the truth.

I've endured harassment, insults, slander, and unwarranted attacks that have tested my resolve and steel nerves, honed by my experience as a company manager and subcontractor in the pharmaceutical industry. However, the slobbering of ignorant cockroaches has never wavered my determination, optimism, or sense of humor. I've also been buoyed by the unwavering support and encouragement of thousands of individuals.

To all those who have listened to me since April 2021 and to those who continue to follow me on Twitter, I extend my heartfelt gratitude. Your trust, steadfast support, kind words, and sometimes declarations of affection have meant the world to me. I'm especially thankful to those who, despite their modest means, have generously contributed financially to help cover my legal expenses.

I extend my gratitude to you, my readers, who have perused my prose, which may not rival the works of Hemingway or Tolkien, but as a biostatistician, I'm not vying for the prize. I aimed for this book to reflect my essence—clean, clear, precise, and straightforward—while injecting a touch of humor amidst the unfolding dramas. The sole purpose of this "little story" was to shed scientific enlightenment after three years of silence and, at times, shameless deceit.

I express my heartfelt gratitude to my parents and the few friends who, despite not fully grasping my methodological demonstrations, have offered their unwavering support during these four years of my "unusual existence" as a recluse atop my hill. Now that I've shared everything with you, I can bid farewell to this solitary life and embrace new horizons.

Perhaps some individuals found resonance in the accounts of the victims who bravely shared their testimonies. It is possible that others have only just come to the realization that their afflictions, endured for months, occurred following their vaccination, prompting them to consider themselves as potential victims of the COVID-19 vaccines.

Maybe some of you still think that conspiracy theorists exist and that these revelations are on the highest echelon on the conspiracy spectrum.

All sources are readily available for download, and I encourage you to scrutinize them closely. Belief alone is insufficient; it is imperative to verify. Hypothesis, experiences, results, conclusions, that is the scientific approach.

My name is Christine Cotton. I'm an expert biostatistician for the pharmaceutical industry and a whistleblower. I don't know if this is my life's mission, but I will continue to work for the truth to be told about these products that have been called vaccines and for the recognition of their victims so that they can be taken care of and compensated. I'm also a business owner and singer-songwriter.

During my 54 years on this earth, I've learned that in a world where man wants to direct, control, and modify everything, nothing is as perfect as Life.

I learned that the human being is complex and that it is useless to try to summarize its multiple facets with a single word.

I learned that others only have the power we give them and only take the place we leave them.

I learned that IMPOSSIBLE DOESN'T EXIST.

PS1: I want to make it clear that I'm not suicidal and that it would be suspicious to find myself hanging with two bullets in my back.

PS2: I decline any responsibility in the words of my dear neighbors.

To my Grandmother, gone at 105 years old,

who embodied until her last breath

the strength and the Miracle of Life.

Grand Ma, I love you.

POSTFACE

As early as January 2022, I was able to file Christine Cotton's expert report with the Quebec Court of Appeal, a report essentially based on Pfizer's own documents, it was concrete; I knew this because I had accumulated a solid expertise in health law and in medical and hospital liability, medical or scientific expert reports were for me a very accessible reading. The case was of great importance for a child and for the precedent, it concerned the judgment of a trial judge who had ordered the injection of a child (my client, the father, was not represented in the trial, he had not been given enough time).

But on February 4, 2022, the Quebec Court of Appeal, presided over by Chief Justice Manon Savard, refused to hear the appeal, and this with a chilling lack of awareness.

It should be noted that the day after my brilliant and solid plea to the Quebec Court of Appeal, the Quebec Bar went full steam ahead on my person, abruptly ordering, without notice or hearing, an abusive psychiatric evaluation order.

Three hearings to which I was invited followed, and in spite of my solid legal evidence, the Bar remained ice cold. Their reproaches concerned two subjects:

(1) my comments on the experimental "vaccine" without free and informed consent and

(2) my written comments in my brief before the highest court in Canada, the Supreme Court of Canada, in a case against a Crown corporation of the Government of Quebec, where the Canadian judicial system had failed to render justice with an appalling bias. I was simply stating facts, shocking facts indeed, all supported, I repeat, by solid evidence.

I obviously refused to submit to this abusive order, and the Barreau then chose to continue to ignore this solid evidence and permanently struck me off the Quebec Bar.

I have appealed; as of February 2023, the appeal process is ongoing.

On March 27, 2024, I submitted a Application for authorization to bring a Class-Action Lawsuit against Justin Trudeau and 34 other “liars”, prime ministers and formers, ministers of Health and formers, of Canada and of the Canadian provinces and territories, relatively to their faulty and repeated lie "safe and effective vaccine" and the harm caused to human beings in Canada.

I want to emphasize the immense risks we have taken and are taking when we choose with all our courage to raise consciousness.

I will now add a very personal comment.

Christine Cotton has chosen to keep her heart wide open, and that is what makes her so exceptional.

Gloriane Blais

I recall a discussion with my English neighbors, Jane and William, 76 and 78 years old at the end of the year 2020 when Christmas was not far away.
"Hallelujah!" cried Jane, "they found a vaccine that works!" She was so happy, as if she had just broken the world record for windsurfing across the Atlantic.
William had "popped" the champagne early, not to celebrate the birth of Jesus but the resurrection of all, as promised by the new vaccines.

After more than three years of intense vaccination of old people, young, babies, why has the SARS-CoV2 continued to spread worldwide? And this, despite the fabulous efficacy announced?

* Answer A: the fault of the short duration of protection?
* Answer B: the fault of the variants?
* Answer C: the fault of bad luck?
* Answer D: the fault of the facilitating antibodies?
* Answer E: the fault of the clinical trial that was not designed to properly measure the efficacy criteria?
*Answer F: other reason that nobody could not even imagine?