Mechanistic Evidence of Vaccine-Induced Mortality

The Chloroquine Wars Part LXXV

Mathew Crawford
Oct 4 ♡ 60 50

"*A hallucination is a fact, not an error; what is erroneous is a judgment based upon it.*" -Bertrand Russell

Debates over causality in biomedical data are poorly framed. The fact of the matter is, causality cannot ever rise above the level of opinion (until such time at which all the mysteries of the universe are unraveled, which seems exceedingly unlikely in the age of "Trust the Science"). Criteria such as Bradford-Hill are not what guides most doctors and scientists who often form opinions based on some subset of those or other criteria because any evidence is better than no evidence. But weaker opinions turn to stronger ones when the evidence suggests a mechanistic picture, however we check the criteria boxes.

The Evidence Comes Together

We already have plenty of evidence painting a picture of a great deal of COVID-19 and vaccine-associated injury caused by the spike protein (here and here). Recent research (Patterson et al, 2021) suggests long haulers have a hard time exercising until spike protein filters from the body, which dovetails into evidence we discuss below. In this article, we discuss the addition of both dose dependence and delivery dependence of damage associated with mRNA inoculations (Pfizer and Moderna) to the evidence pool. As we continue, ask yourself what evidence would move your needle [of judgment] toward a likelihood of substantial vaccine-induced mortality if all of this does not.

In a paper published on August 18 (Li et al, 2021), researchers examined the effects of mRNA vaccine delivery in an animal model. The results are profound, sometimes demonstrative, and sometimes subtle. My list of concerns may span several articles. This study alone condemns continued human experimentation. It contributed to a body of evidence that will hopefully be instructive for generations as to why never again to jump

past basic safety experiments in the balance between the desire for a solution and reasonable costs paid in achieving it [to a problem barely felt on the level of the global population].

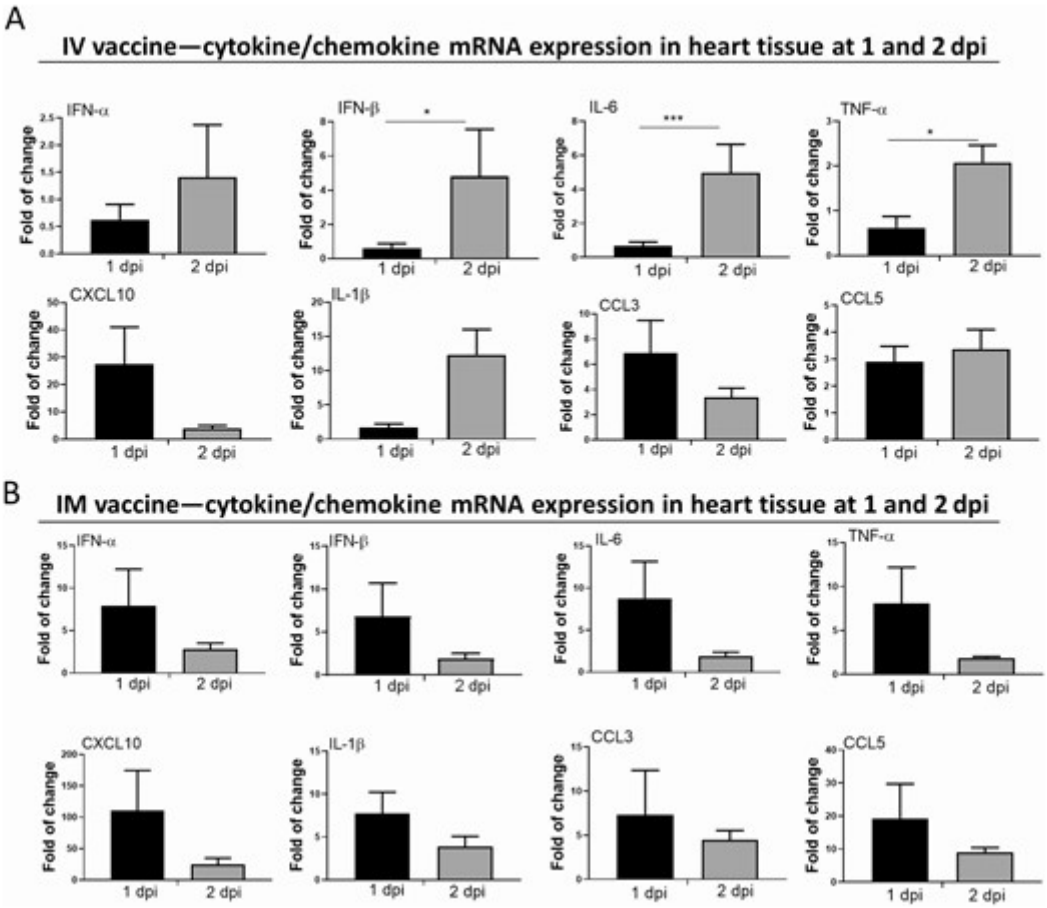
What seems particularly sad about all this is that there are so many other solutions from early treatment medicine, to intentionally inoculation with less harmful coronaviruses, to nasal sprays, to less risky vaccines.

Dose Dependence

There are few better gauges of mechanistic causality than dose dependence. Certainly, every variable or metric can fool us at times, but dose dependence is one of those signals that fools us rarely.

The Li paper shows dramatically elevated and dose dependent markers for auto-immune reactions, inflammation, and cardiac damage. Such effects are a large subset of the problems central to the debate over the vaccines. This evidence further points toward my suggestion that we should be opening wider the etiology of COVID-19 to include vaccines that contain or produce the spike protein. Simply understanding the definition of disease helps us better analyse the problem.

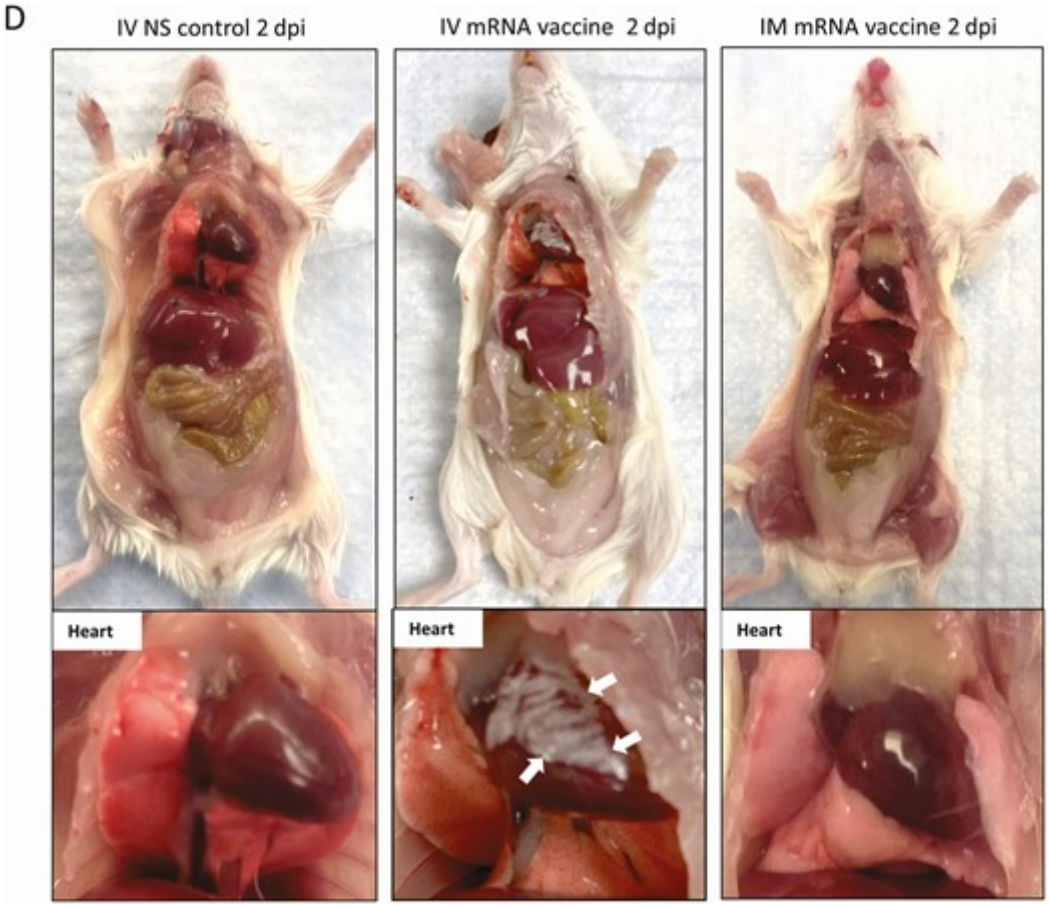
Figure 6.



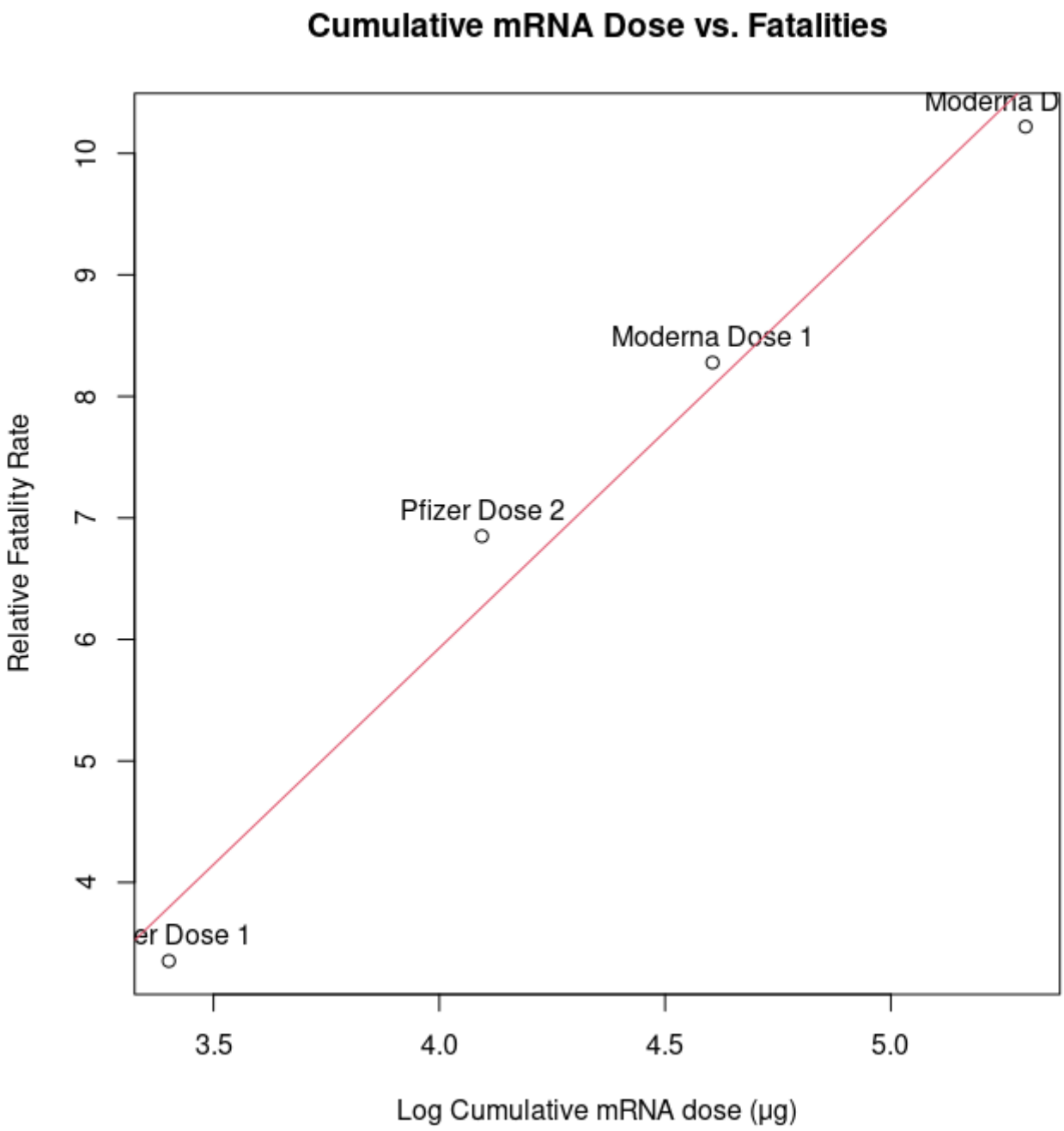
Delivery Dependence

In addition to dose dependence, the Li paper reports on experiments that vary the delivery mechanism of mRNA vaccines. The cohorts include a control group of rats, a group where mRNA inoculation was delivered to the muscle, and a group in which mRNA inoculation was delivered intravenously to the bloodstream.

It is now well established that COVID-19 vaccines cause myocarditis and an array of related cardiac problems. In the six month Pfizer report, cardiac mortality skewed substantially toward the vaccine arm. In the Li paper, we see profound impacts to the hearts of rats that had either dose of mRNA vaccine injected into the bloodstream. Occam's razor pushes us toward a presumption that mRNA vaccine in the blood results in cardiac damage (and perhaps other issues such as clotting).



Just today, quant Kamal Mokeddem posted a compelling correlation analysis between lognormalized mRNA dosage and VAERS fatalities. The fit is stunningly perfect ($R^2 = 0.97$, $p = 0.0137$). Such a strong fit also strongly suggests that *the proportion of the VAERS deaths (for COVID-19 vaccines) associated with background mortality is very likely quite low*. This flies in the face of arguments made by vaccine partisans who, without pointing to any study of the bodies, suggest that most or nearly all of the VAERS deaths are coincidental and unassociated with vaccination. That quants outside the biomedical field are engaging an issue such as this one more than nine months into an experimental mass vaccination campaign strongly indicts vaccine manufacturers, academics who should be playing watchdog, and the entire American public health system.



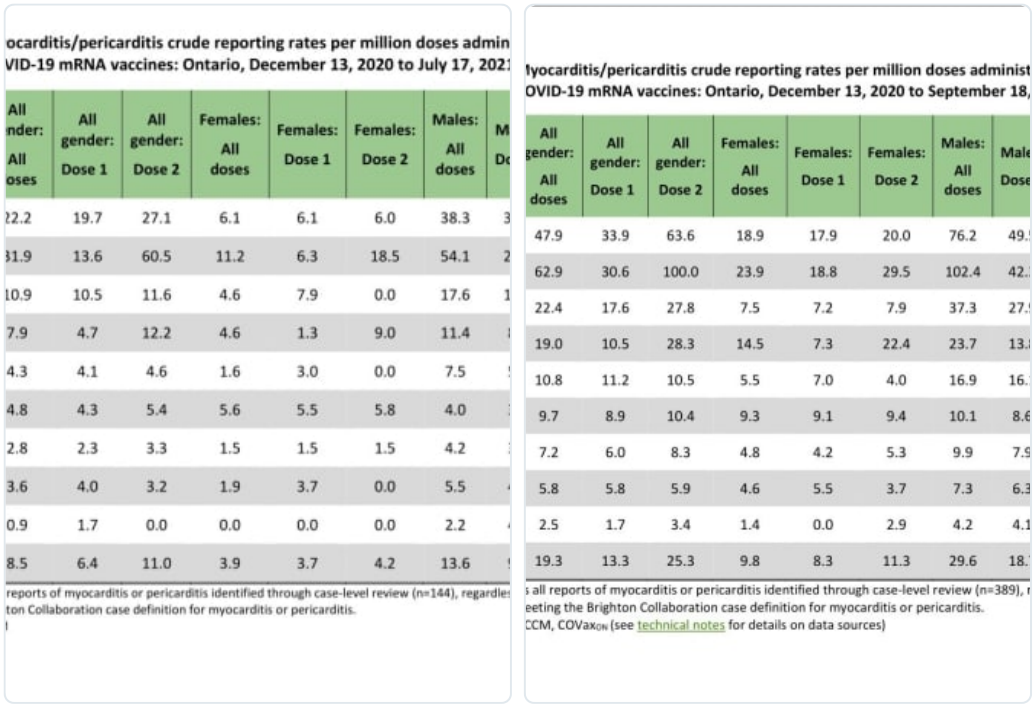
It is noteworthy that the greatest incidence of myocarditis and similar ailments is among men under the age of 30 and teenage boys. This is *exactly* the population you would expect to be building more muscle mass, requiring greater blood circulation to muscle tissue. Reporting of these cases is still growing.

golden pup
@Golden_Pup

Note that the reporting rate for Myocarditis in 12-17 year olds has p much doubled since July.

How long til they say "whoops" and pull the plug for that age too?

As a side note: from the publicly available data, I don't gather there's much difference in risk b/w Pfizer/Moderna.



ocarditis/pericarditis crude reporting rates per million doses admin
VID-19 mRNA vaccines: Ontario, December 13, 2020 to July 17, 202

All nder: All oses	All gender: Dose 1	All gender: Dose 2	Females: All doses	Females: Dose 1	Females: Dose 2	Males: All doses	M Do
22.2	19.7	27.1	6.1	6.1	6.0	38.3	3
31.9	13.6	60.5	11.2	6.3	18.5	54.1	2
10.9	10.5	11.6	4.6	7.9	0.0	17.6	1
7.9	4.7	12.2	4.6	1.3	9.0	11.4	
4.3	4.1	4.6	1.6	3.0	0.0	7.5	
4.8	4.3	5.4	5.6	5.5	5.8	4.0	
2.8	2.3	3.3	1.5	1.5	1.5	4.2	
3.6	4.0	3.2	1.9	3.7	0.0	5.5	
0.9	1.7	0.0	0.0	0.0	0.0	2.2	
8.5	6.4	11.0	3.9	3.7	4.2	13.6	

reports of myocarditis or pericarditis identified through case-level review (n=144), regardle
ton Collaboration case definition for myocarditis or pericarditis.

yocarditis/pericarditis crude reporting rates per million doses administ
OVID-19 mRNA vaccines: Ontario, December 13, 2020 to September 18,

All gender: All doses	All gender: Dose 1	All gender: Dose 2	Females: All doses	Females: Dose 1	Females: Dose 2	Males: All doses	Mal Dose
47.9	33.9	63.6	18.9	17.9	20.0	76.2	49.
62.9	30.6	100.0	23.9	18.8	29.5	102.4	42.
22.4	17.6	27.8	7.5	7.2	7.9	37.3	27.
19.0	10.5	28.3	14.5	7.3	22.4	23.7	13.
10.8	11.2	10.5	5.5	7.0	4.0	16.9	16.
9.7	8.9	10.4	9.3	9.1	9.4	10.1	8.6
7.2	6.0	8.3	4.8	4.2	5.3	9.9	7.9
5.8	5.8	5.9	4.6	5.5	3.7	7.3	6.3
2.5	1.7	3.4	1.4	0.0	2.9	4.2	4.1
19.3	13.3	25.3	9.8	8.3	11.3	29.6	18.

s all reports of myocarditis or pericarditis identified through case-level review (n=389),
eeting the Brighton Collaboration case definition for myocarditis or pericarditis.
CCM, COVaxON (see technical notes for details on data sources)

October 1st 2021

303 Retweets **608** Likes

I have to wonder if those people approaching their physical peak have greater blood circulation through their muscle tissue, resulting in greater likelihood of carrying spike protein throughout the circulatory system. The Li animal model study and others such as Payvandi et al (2021, N = 30) do not include enough individuals to observe whether 1% or 0.1% or 0.01% of the vaccinated population (intramuscular injection) are likely to see mRNA create spike protein that leaks into the blood. And the lack of any all-cause mortality benefit in the six month Pfizer study is direct evidence that however strong this effect of spike protein toxicity might be, it seems to be enough to *entirely reverse all mortality benefits for the vaccines*---and that's long before we include mortality estimates, or see all the other serious adverse events play out over the next few years.

Supportive Evidence

Research (Annie et al 2021) suggests three times the risk of COVID-19 death among those with myocarditis than those without, among those infected with SARS-CoV-2. And having myocarditis likely increases the chances of iatrogenic infection by a large degree (perhaps the FDA and CDC should be studying this?). While we may not yet have enough information for a complete comparison of spike protein-associated myocarditis with the

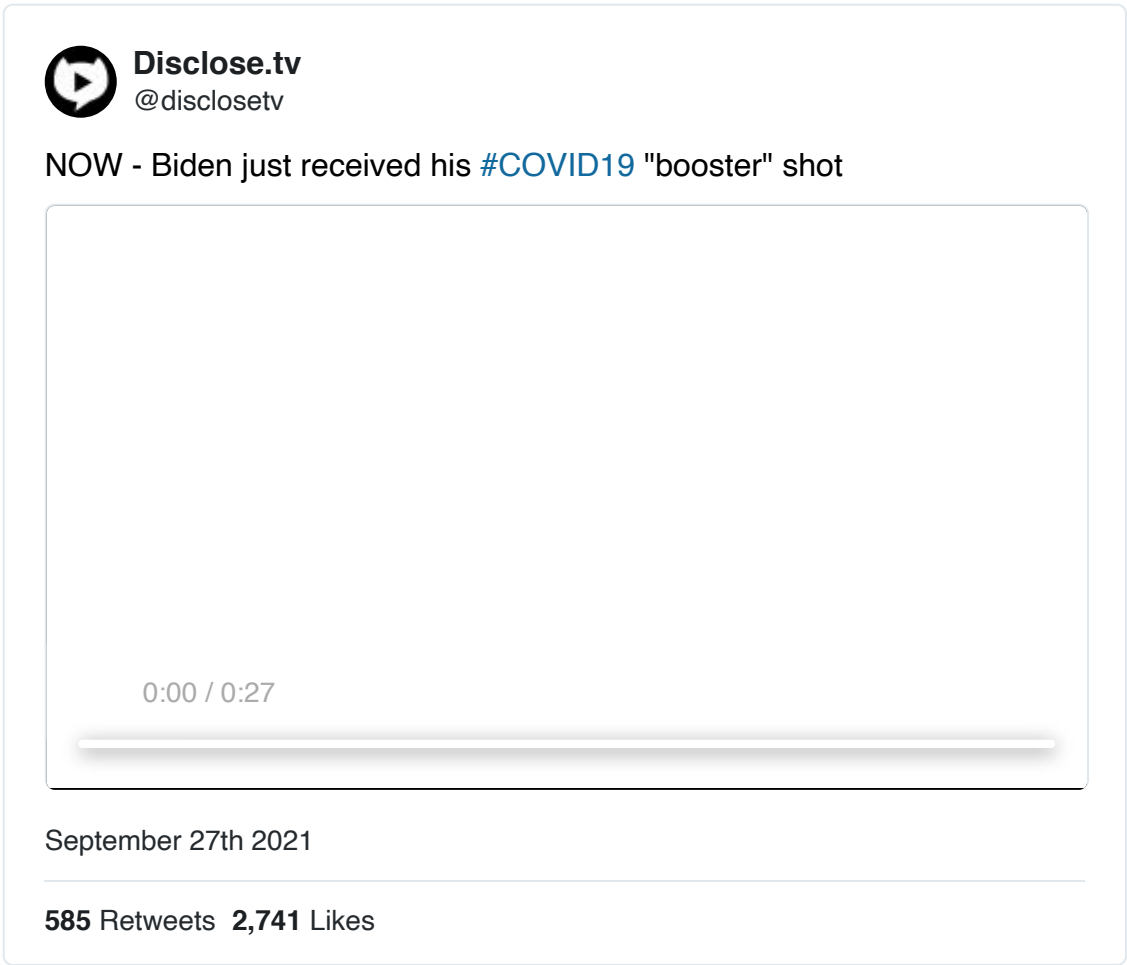
broader superset of myocarditis etiology, we should note the severity of the condition is high. In one study (Kuhl et al, 2012), those suffering from myocarditis had 75% and 44% survival rates at 3 to 10 year time frames. If this rate holds, even 40 cases of myocarditis per million doses roughly results in an additional 10,000 deaths among *mostly young people* over the next decade. This is itself many times more than the roughly 4,000 Americans under the age of 30 who have died with COVID-19, almost none of whom died primarily due to COVID-19.

That estimate might be conservative. My friend, Jessica Rose, PhD, who presented at the recent Vaccines and Related Biological Products Advisory Committee, recently published a paper (Rose, 2021) that includes an estimate of over 20,800 cases of myocarditis. In a conversation we had, she agreed with my suggestion that her underreporting factor of 30x is likely a floor of the real number since it is derived from the 0.7% incidence of serious adverse events in the Pfizer and Moderna trials. These studies included mostly healthy individuals, and few elderly, whereas distributions of SAEs in VAERS lean heavily toward the elderly.

There may be good reason to believe the number will be higher. There are debates that suggest subclinical myocarditis rates could be an order of magnitude or more higher than current tallies. Might we see 20,000 young American lives cut short over the next decade due to these sparsely-tested gene therapy interventions? Could the number grow into the hundreds of thousands in 20 or 30 years? What about worldwide?

The following video made by Dr. John Campbell examines injection technique related to the potential for harm.

I don't mean to get partisan (I don't vote as a partisan), but I wonder how Dr. Campbell would rate this delivery on a safety level.



← Previous

Stoichastic Oct 4 Liked by Mathew Crawford

How do they get away with opening with:

Safe and effective whole-population vaccination against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the only long-term solution to the ongoing coronavirus disease 2019 (COVID-19) pandemic [1]

The only long-term solution?

This study does not show that, let alone prove it, yet it's in there as a fait a compli.

12 Reply

> **11 replies by Mathew Crawford and others**

Concerned Momma Bear Writes Concerned Momma Bear · 3 hr ago

Not sure where to put this Matthew, because I'm a new reader, but here's an idea for future reporting. As far as a timeline goes, check this out:

April 2018: https://www.cidrap.umn.edu/news-perspective/2018/04/new-sars-virus-bats-implicated-china-pig-die

Peter Dasak and Eco Health Alliance are all over this story and quoted. Could they have used the aerosolized version of the virus Dasak wanted to partner with DARPA on? Which DARPA turned down but Eco health alliance got funding for elsewhere?

Here are some interesting quotes from that April 2018 article above:

"To see if the virus had the capacity to jump to humans, the investigators conducted tests on the blood of 35 farm workers who had close contact with the sick pigs, and none were positive for SADS-CoV exposure."

"They also said that new technological tools, such as next-generation sequencing, (PCR tests using genomic sequence databases?) can be performed rapidly

👉before👈 the virus is isolated." [in this doc, the FDA admits that sars cov-2 virus wasn't (still hasn't been) technically isolated. https://www.fda.gov/media/134922/download]

Next in the timeline is this May 2019: https://asia.nikkei.com/Spotlight/Coronavirus/China-PCR-test-orders-soared-before-first-reported-COVID-case

Then June 2019: humanized mice funding stopped by Trump: https://www.lifesitenews.com/news/breaking-trump-hhs-ends-another-humanized-mice-contract-pledges-new-fetal-tissue-safeguards/

Expand full comment

Reply

48 more comments...

Type your email… Subscribe