THE PFIZER INOCULATIONS FOR COVID-19

MORE HARM THAN GOOD
WHO WE ARE

Our alliance of over 500 independent Canadian doctors, scientists, and health care practitioners is committed to providing quality, balanced, evidence-based information to the Canadian public about COVID-19 so that hospitalizations can be reduced, lives saved, and our country safely restored to normal as quickly as possible.
WE SUPPORT

The doctor/patient relationship and personalized care

Informed consent and treatment options

Free and open scientific discourse

Safe & effective vaccines
The federal, provincial and municipal governments in Canada have a responsibility to protect the health of Canadians as well as our Charter Rights and Freedoms. Any medical interventions approved by Health Canada must first be PROVEN SAFE.

Due diligence in research, as well as adherence to established protocols of the doctor/patient relationship, informed consent and scientific inquiry are essential to carrying out that responsibility.

Deviating from those practices, causing harm and failing to disclose risks of harm is negligent at best.
OVERVIEW

Hierarchy of evidence

Pfizer’s 2 month data report, Dec 31 2020
- ARR vs RRR explained - VIDEO
- Early unblinding of Pfizer’s randomized control trial

Pfizer’s 6 month data report, Sep 15 2021
- Increased risk of illness
- Increased risk of death

The Pfizer Trials - What went wrong
- Pfizer did not follow established protocols
- Misleading demographics - Wrong age
- Misleading demographics - Tested on healthy, given to sick
- Inadequate control groups
- Did not track biomarkers
- Wrong clinical endpoints
- Not tested for spread reduction
- Subjective testing
- Missing data - Lost to follow up and suspected, but unconfirmed

- Failure to test - Why it matters
- 12 - 15 trial - All risk, no benefit
- 12 - 15 trial - Failure to report serious adverse events
- 5 - 11 year olds - Risking their health
- Myocarditis is serious
- The FDA abandons “First, do no harm”
- 5 - 11 year olds - No informed consent
- The BMJ Pfizer trial whistleblower article

A critical eye on the Sep 15 2020 report
- 6 month data manipulation - Mixed cohorts
- The Pfizer trials did not prove safety - they proved harm

How this is playing out in the real world
- Roll out surveillance - You don’t find what you don’t look for
- Rising incidents of heart issues in young people (Ontario Public Health Report)
- This is not normal - High incidences of deaths in athletes (German, Israeli news articles)
- This is supposed to be rare - VIDEO of athletes collapsing
- Pfizer’s post marketing pharmacovigilance report

Considerable evidence of conflict of interest
- Pfizer is making billions
- The public record of Pfizer’s corporate culture
- Links to articles on Pfizer’s past behaviour
- Conflicts of interest among Pfizer report authors
- The CDC has redefined “vaccine”
- The media has been captured - VIDEO

This is no way to manage a supplier
The inoculations should be withdrawn immediately

Recommended reading & viewing
THE HIERARCHY OF EVIDENCE

- **A randomized control trial is LEVEL 1 Evidence**, the highest form of evidence there is. It is considered the Gold Standard and is the only way to prove something is true.

- **Models are LEVEL 5 or lower** as they are expert opinion/speculation.

- **Policy should be determined by the highest level of evidence available, LEVEL 1.**
PFIZER’S ORIGINAL TRIAL REPORT
DECEMBER 31 2020

• Published in New England Journal of Medicine

• Showed 2 months worth of safety & efficacy data

• Described starting with 43,548 people divided into:
  1. Treatment group (received inoculation)
  2. Control group (received saline)
  for 2 months to see who developed COVID-19

• The claim was that the inoculations were safe and showed 95% efficacy 7 days after the 2nd dose. But that 95% was actually Relative Risk Reduction. Absolute Risk Reduction was only 0.84%. Click here to watch a 1 minute video explaining RRR vs ARR.
ABSOLUTE RISK REDUCTION
VS RELATIVE RISK REDUCTION

PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

EARLY UNBLINDING OF RANDOMIZED CONTROL TRIAL = NO LONG TERM SAFETY DATA

WHAT WAS SUPPOSED TO HAPPEN

<table>
<thead>
<tr>
<th>YEAR</th>
<th>INOCULATED GROUP</th>
<th>PLACEBO GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>●●●●●●●●●</td>
<td>●●●●●●●●●</td>
</tr>
<tr>
<td>2021</td>
<td>↓</td>
<td>↓</td>
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<td>2022</td>
<td>↓</td>
<td>↓</td>
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<tr>
<td>2023</td>
<td>↓</td>
<td>↓</td>
</tr>
</tbody>
</table>

July 27 2020
Phase III Begins
The participants are evenly divided into Inoculated and Placebo groups of about 21,000 each. The study is blind, so participants don’t know which group they are in.

WHAT ACTUALLY HAPPENED

<table>
<thead>
<tr>
<th>YEAR</th>
<th>INOCULATED GROUP</th>
<th>PLACEBO GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>●●●●●●●●●</td>
<td>●●●●●●●●●</td>
</tr>
<tr>
<td>2021</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
<tr>
<td>2022</td>
<td>NO DATA</td>
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<tr>
<td>2023</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

July 27 2020
Phase III Begins
The participants are evenly divided into Inoculated and Placebo groups of about 21,000 each. The study is blind.

Dec 31 2020
Release 2 month data report. The trial is unblinded early.

Crossover Occurs
The participants from the Placebo Group are given the opportunity to take the inoculation and by early 2021, the majority of them have crossed over to the inoculated group. It’s no longer a randomized control trial, as control group is gone.

May 2 2023
End of Phase III Clinical Trial
This is the point where the trial can be unblinded and the Placebo group offered the intervention if it’s indicated and they consent.

May 2 2023
End of Phase III Clinical Trial
The long term safety data that was supposed to be assessed at this point is no longer possible to ascertain as the placebo group crossed over two years previously.
PFIZER’S 6 MONTH REPORT DATA
LEVEL 1 EVIDENCE OF HARM

• Pfizer’s most recent report indicates an Efficacy of 91.3%.
  (Which means a reduction in positive cases compared to placebo group.)

• But it also showed, compared to the placebo group, an increase in illness and deaths.

• There is no benefit to a reduction in cases if it comes at the cost of increased sickness and death.


BACKGROUND
BNT162b2 is a lipid nanoparticle–formulated, nucleoside-modified RNA vaccine encoding a prefusion-stabilized, membrane-anchored severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) full-length spike protein. BNT162b2 is highly efficacious against community-acquired disease 2019 (Covid-19) and is currently approved, conditionally approved, or authorized for emergency use worldwide. In the time of initial authorization, data beyond 2 months after vaccination were unavailable.

METHODS
In an ongoing, placebo-controlled, observer-blinded, multinational, pivotal efficacy trial, we randomly assigned 44,165 participants 16 years of age or older and 2264 participants 12 to 15 years of age to receive two 30-µg doses, at 21 days apart, of BNT162b2 or placebo. The trial and points were vaccine efficacy against laboratory-confirmed Covid-19 and safety, which were both evaluated through 6 months after vaccination.

RESULTS
BNT162b2 continued to be safe and have an acceptable adverse-event profile. Few participants had adverse events leading to withdrawal from the trial. Vaccine efficacy against Covid-19 was 91.3% (95% confidence interval [CI], 89.0 to 93.2) through 6 months of follow-up among the participants without evidence of previous SARS-CoV-2 infection who could be evaluated. There was a gradual decline in vaccine efficacy. Vaccine efficacy of 86 to 100% was seen across countries and in populations with diverse ages, sexes, race or ethnic groups, and risk factors for Covid-19 among participants without evidence of previous infection with SARS-CoV-2. Vaccine efficacy against severe disease was 96.7% (95% CI, 80.3 to 99.9). In South Africa, where the SARS-CoV-2 variant of concern B.1.351 (or beta) was predominant, a vaccine efficacy of 100% (95% CI, 53.5 to 100) was observed.

CONCLUSIONS
Through 6 months of follow-up and despite a gradual decline in vaccine efficacy, BNT162b2 had a favorable safety profile and was highly efficacious in preventing Covid-19. (Funded by BioNTech and Pfizer; ClinicalTrials.gov number, NCT04368728.)
A significant increase in illness, which the Pfizer inoculations were supposed to reduce.

**Table S2** Participants Reporting at Least 1 Adverse Event from Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period. The population included all ≥16-year-old participants who received ≥1 dose of vaccine irrespective of follow-up time. a. Number of participants in the specified group. This value is the denominator for the percentage calculations. b. Number of participants reporting ≥1 occurrence of the specified event category. For “any event,” “number of participants reporting ≥1 occurrence of any event.” c. Assessed by the investigator as related to the investigational product. d. Shoulder injury related to vaccine administration, right valvular (nephrotic syndrome; and pericarditis; ventricular arrhythmia (as previously reported), Adverse events for 12-15-year-old participants were not reported previously.24

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months - Supplementary Appendix
INCREASED RISK OF DEATH

Screen capture from Pfizer 6 Month Supplementary Appendix

<table>
<thead>
<tr>
<th>Reported Cause of Death</th>
<th>BNT162b2 (n=21,926)</th>
<th>Placebo (n=21,851)</th>
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</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Aortic aneurysm</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Bladder cancer metastasis</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>COVID-19</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>COVID-19 pneumonia</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cystic tumor</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cardiac failure</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
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<td>0</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes</td>
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<tr>
<td>Hepatic cirrhosis</td>
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<td>1</td>
</tr>
<tr>
<td>Hepatitis viral</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Hypertensive heart disease</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lung cancer metastasis</td>
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<td>0</td>
</tr>
<tr>
<td>Metastases</td>
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<tr>
<td>Meningitis</td>
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<tr>
<td>Multiple organ dysfunction syndrome</td>
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<td>2</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Overdose</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>0</td>
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</tr>
<tr>
<td>Pneumonia</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Septic shock</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Staphylococcus</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sepsis</td>
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<td>0</td>
</tr>
<tr>
<td>Unrelated event</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total COVID-19 related deaths</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Deaths before unblinding
- BNT162b2: 15
- Placebo: 14

Deaths after unblinding
- BNT162b2: 5
- Placebo: Not in table, but mentioned in text of 6 month report. See quote below.

Total Deaths
- BNT162b2: 20
- Placebo: 14

"After unblinding" means when the Placebo participants were given the opportunity to “cross over” and take the BNT162b2 inoculation.*

"...3 participants in the BNT162b2 group and 2 in the original placebo group who received BNT162b2 after unblinding died.”

Concerning Causes of Death

<table>
<thead>
<tr>
<th>Total COVID-19 Related Deaths</th>
<th>BNT162b2</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths Related to Cardiovascular Events</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

* A total of 19,525 subjects originally randomized to placebo received at least one dose of BNT162b2 after unblinding (Dose 3 and Dose 4) and before the March 13, 2021 data cutoff.
THE PFIZER TRIALS

WHAT WENT WRONG
PFIZER DID NOT FOLLOW ESTABLISHED PROTOCOLS

NORMALLY, VACCINE DEVELOPMENT LOOKS LIKE THIS, WITH A TIMELINE OF 5 TO 10 YEARS.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Vitro &amp; Animal Models</strong></td>
<td><strong>Human Trials PHASE I</strong>&lt;br&gt;Safety, dosing, immune responses</td>
<td><strong>Human Trials PHASE II</strong>&lt;br&gt;Safety &amp; immune responses</td>
<td><strong>Human Trials PHASE III</strong>&lt;br&gt;Safety &amp; efficacy</td>
<td></td>
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</table>

RARELY, IT CAN BE DONE IN AS LITTLE AS 5 YEARS.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
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<tbody>
<tr>
<td><strong>In Vitro &amp; Animal Models</strong></td>
<td><strong>Human Trials PHASE I</strong>&lt;br&gt;</td>
<td><strong>Human Trials PHASE II</strong>&lt;br&gt;</td>
<td><strong>Human Trials PHASE III</strong>&lt;br&gt;</td>
<td></td>
</tr>
</tbody>
</table>

FOR THE COVID-19 INOCULATIONS, IT WAS DONE IN 1 YEAR.

<table>
<thead>
<tr>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE III continues, but unblinded</td>
<td>PHASE III continues, but unblinded</td>
</tr>
</tbody>
</table>

- Animal testing was skipped
- Phases II/III were combined
- After 2 months of Phase II/III, Emergency Use Authorized
- The trials were unblinded
- Phase III trials are ongoing until 2023

Regarding the persistent claim that the COVID-19 inoculation products do not need to be tested, because mRNA technology has already undergone testing: mRNA technology is the delivery mechanism, not the inoculation. That’s like saying that since we’ve used syringes safely before, anything injected via syringe is safe. (And in fact, there are still a lot of unknowns about the effects of the mRNA delivery mechanism.)
MISLEADING DEMOGRAPHICS
WRONG AGE FOR TARGET POPULATION

When designing a trial for the efficacy and safety of a potential treatment, the focus should be on the target population who could most benefit from that treatment. Instead Pfizer chose participants from younger demographic that would be a) less likely to need a vaccine, b) less likely to suffer an adverse event during a trial, c) more likely to respond well to a vaccine, as the elderly have comparatively poor immune responses.
PFIZER’S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

MISLEADING DEMOGRAPHICS TESTED ON HEALTHY, GIVEN TO SICK

REAL WORLD CO-MORBIDITIES

95% of people who have died with COVID-19 have had at least 1 co-morbidity listed as cause of death. The average is 4 co-morbidities.

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFVO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q

PFIZER TRIAL CO-CONDITIONS

Only 21% had a co-existing condition.


IMPLICATIONS FOR ROLL OUT

We are told the inoculations are “safe.” Yet many health conditions - in fact a list several pages long - were excluded from the trials, including pregnant or breastfeeding women, people with allergies, with psychiatric conditions, immunocompromised people, people with bleeding disorders, people who had previously tested positive for COVID-19, people who had been prescribed steroids, etc., so there has never been any data to make safety claims about those people. Yet they are also not excluded from mandates and vaccine passports.

The vaccines were tested on the healthy, and then immediately given to the frailest members of the society - the elderly with multiple health conditions. This is unscientific and unethical.
INADEQUATE CONTROL GROUPS

Pfizer only observed 2 groups:
• **UNEXPOSED & INOCULATED**
• **UNEXPOSED & NOT INOCULATED**

They should have included two more groups:
• **EXPOSED & INOCULATED**, people who had recovered, then got the inoculation, to see if the inoculation was safe for them
• **EXPOSED & NOT INOCULATED**, people who were recovered and not inoculated to see how the inoculations stacked up against natural immunity
LOW QUALITY SAFETY SCIENCE DIDN’T TRACK BIOMARKERS

As Kostoff et al. highlighted in a recent paper, "Why are we vaccinating children against COVID-19?" (highly recommended), that while the Pfizer trials tested for antibodies and tracked adverse events in terms of symptoms, they didn’t test for adverse events at the subclinical (pre-symptom) level.

This was extremely unsafe, because symptoms/diseases are typically endpoints of processes that can take months, years, or decades to surface. By the time you get to symptoms, things can have gone pretty wrong. (Think diabetes or high blood pressure, where the disease can be quite advanced before any symptoms occur.) Pfizer should have been tracking biomarkers that would have been early warning indicators for disease caused by the inoculations.

High quality safety science would have meant they should have tested before & after inoculation for:

- d-dimers for evidence of enhanced coagulation/clotting (several of our doctors have noticed increased levels of d-dimers in inoculated patients presenting with stroke like symptoms - video available here)
- C-reactive protein for evidence of enhanced inflammation
- Troponins for evidence of cardiac damage
- Occludin and claudin for evidence of enhanced barrier permeability
- Blood oxygen levels for evidence of enhanced hypoxia
- Amyloid-beta and phosphorylated tau for evidence of increased predisposition to Alzheimer’s disease
- Serum HMGB1, CXCL13, Dickkopf-1 for evidence of an increased disposition to autoimmune disease, etc.

Micro-clots resulting from the inoculation that were insufficient to cause observable symptoms could raise the baseline for thrombotic disease.
The fear with COVID-19 was that it was going to a) kill people, b) make them sick.

So any COVID-19 vaccine clinical trial should set out to ask the question “Do people who take the vaccines have less illness and death than those who don’t?”

Illness + Death should be the CLINICAL ENDPOINTS. And not just illness + death with COVID-19, but any and all illness and death, in order to make sure that the vaccines are not causing harm.

This is well known. It was learned decades ago with cancer drug trials. At first, they used a clinical endpoint of “Did the drug shrink the cancer?” If it did, they called it effective. But it turned out the drugs were not only killing cancer, they were killing patients. They were forced to change the design of their trials and switch to “all cause mortality” as the primary endpoint instead and show that people receiving the drug actually live longer than those who don’t. (J.Bart Classen has written an excellent research article on the subject. Read here.)
NOT TESTED FOR SPREAD REDUCTION
VACCINE PASSPORTS UNJUSTIFIED

Although vaccine passports are now being used to ostensibly prevent or reduce transmission of COVID-19, this outcome was never studied in the trial and it is inappropriate to assign that capability to these inoculations. There is no evidence at all that they reduce the spread of disease and transmission was never one of the study’s endpoints.

LIMITATIONS AND REMAINING QUESTIONS

Further study is required to understand the following:

- Safety and efficacy beyond 2 months and in groups not included in this trial (e.g., children, pregnant women, and immunocompromised persons).
- Whether the vaccine protects against asymptomatic infection and transmission to unvaccinated persons.
- How to deal with those who miss the second vaccine dose.

Verify Ontario:

Ontario’s official app for verifying COVID-19 vaccine certificates.

When a business or organization scans a visitor’s digital or paper QR code, this app will:

- protect user privacy by only reading certificates that are trusted and secure
- check if a certificate is valid and the visitor can enter
- show a visitor’s name and date of birth so their identity can be verified
- work offline (without an internet connection)

Download the Verify Ontario app at: ontario.ca/verify
TESTING FAILURES
SUBJECTIVE TESTING

The Pfizer trials DID NOT test all participants for COVID-19. Instead, they instructed their investigators to test only those with a COVID-19 symptom and left it up to their discretion to decide what those were.

This means that:

♦ Asymptomatic infection would be missed entirely

♦ A high level of subjectivity was introduced to the study - an investigator had the ability to sway the results

♦ The lack of objective systematic testing makes results unreliable
PFIZER’S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

MISSING DATA
♦ LOST TO FOLLOW UP
♦ SUSPECTED, BUT UNCONFIRMED

The basis for the Emergency Use Authorization was the Confirmed COVID cases of 8 vs 162, which meant a Relative Risk Reduction of 95%. But when dealing with such a small number of cases, any change can impact the results significantly.

Lost to follow up means they lost touch with those subjects and can’t confirm whether they got sick or not. They don’t know.

Suspected, but unconfirmed means these people were symptomatic for COVID-19, but were never tested. (Discretion for testing was left up to the investigator.)

The fact that the Lost to Follow Up and Suspected but Unconfirmed numbers are higher - and here they are even significantly higher - than the End Point numbers means that this data is unreliable. The study should not have been accepted in this state. In normal scientific practice they should have returned to investigate further.

In normal scientific practice they should have returned to investigate further.
PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

FAILURE TO TEST
WHY IT MATTERS

The very high proportion of 
**Suspected, but Unconfirmed** participants. 
They had symptoms, but were never tested.

If you add the Suspected to the Confirmed Cases, the Relative Risk Reduction changes to 19%. Less than 50% is ineligible for EUA.

<table>
<thead>
<tr>
<th>Proportion of Participants</th>
<th>Inoculation</th>
<th>Placebo</th>
<th>Inoculation</th>
<th>Placebo</th>
<th>Inoculation</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Confirmed Cases</td>
<td>1,594</td>
<td>1,816</td>
<td>1,602</td>
<td>1,978</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected, but Unconfirmed</td>
<td>8</td>
<td>162</td>
<td></td>
<td></td>
<td>1,978</td>
<td></td>
</tr>
<tr>
<td>Confirmed + Suspected</td>
<td></td>
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</table>

CONFIRMED CASES  
Symptoms + PCR test

SUSPECTED, NOT CONFIRMED  
Symptoms, but no PCR test

CONFIRMED + SUSPECTED  
Symptoms, w and w/o PCR test

RRR 95%

RRR 19%
**12-15 ADOLESCENT TRIAL**

**ALL RISK, NO BENEFIT**

- This study was severely underpowered, as a study this small will not show up risk.
  - Inoculated group - **1,005** (0 tested positive for COVID-19)
  - Placebo group - **978** (18 tested positive for COVID-19)

- Pfizer claimed these were great results, but since adolescents are at statistically 0% risk of death from COVID-19, and very low risk of severe illness, the inoculation is of little benefit to them. Instead, it presents a very real risk of adverse events.

- But the adolescent Pfizer study wasn’t actually designed to find those. A serious adverse event, including death, that occurred at a 1/800 rate might not even show up in a sample of 1,005 people.

- But in this case, it did. Among the 1,005 adolescents, there WAS at least one serious adverse event - Maddie de Garay.

> “For children without a serious medical condition, the danger of severe Covid is so low as to be difficult to quantify.”
Maddie de Garay is a 12 year old trial participant who developed a serious reaction after her second dose and was hospitalized within 24 hours.

Maddie developed gastroparesis, nausea and vomiting, erratic blood pressure, memory loss, brain fog, headaches, dizziness, fainting, seizures, verbal and motor tics, menstrual cycle issues, lost feeling from the waist down, lost bowel and bladder control and had an nasogastric tube placed because she lost her ability to eat. She has been hospitalized many times, and for the past 10 months she has been wheelchair bound and fed via tube.

In their report to the FDA, Pfizer described her injuries as “functional abdominal pain.”

- One participant experienced an SAE reported as generalized myalgia, and also reported 3 concurrent non-serious AEs (abdominal pain, abscess, gastritis) and 1 concurrent SAE (constipation) within the same week. The participant was eventually diagnosed with functional abdominal pain. The event was reported as ongoing at the time of the cutoff date.
PFIZER’S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

5 - 11 YEAR OLDS RISKING THEIR HEALTH

Re: the 5 to 11 year old cohort

In this table, Pfizer, using predictive modelling acknowledges that their inoculations WILL cause myocarditis, but optimistically claims there will be zero deaths from myocarditis in any of their modelled (speculation, level 5 evidence) scenarios.

But even if it were true, there is no justification for causing harm to children this way. FIRST, DO NO HARM.

There is now such a high expectation of heart problems from the inoculations among children that Sick Kids is putting out brochures on how to deal with them.
MYOCARDITIS IS SERIOUS

“Myocarditis is an inflammatory process of the myocardium. (Heart muscle.) **Severe myocarditis weakens your heart** so that the rest of your body doesn’t get enough blood. Clots can form in your heart, **leading to a stroke or heart attack.**”

*The US National Centre for Biotechnology Information*

“The mortality rate is up to 20% at 6.5 years.”

Medical interventions are supposed to be **PROVEN SAFE BEFORE** the are rolled out in the population.

Yet Dr. Eric Rubin, one of the 18 members of the **FDA advisory panel** who voted, to approve the inoculations for children 5 - 11, actually said the opposite, and suggested that a **population level roll out** was an appropriate way to test for adverse events.

It’s worth noting that Dr. Eric Rubin is the **editor-in-chief of the New England Journal of Medicine**, which publishes the Pfizer trial reports.

**“We’re never going to learn about how safe this vaccine is unless we start giving it. That’s just the way it goes. That’s how we found out about rare complications of other vaccines like the rotavirus vaccine. And I do think we should vote to approve it.”**

---

**Dr. Eric Rubin, FDA advisory panel member, Harvard professor & editor-in-chief of the New England Journal of Medicine**

**Vaccines and Related Biological Products Advisory Committee – 10/26/2021**
PFIZER’S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

5 - 11 YEAR OLDS
NO INFORMED CONSENT

• Direct-to-consumer advertising of prescription drugs is illegal in Canada, yet politicians from all levels of government are marketing inoculations to children, using cartoons and mascots.

• They are proclaiming the inoculations to be safe, yet the data is not there to back that up. In addition to admitting that their inoculations can cause myocarditis, Pfizer also admits, right in their report, that their long term immune response, efficacy & safety data is limited and that their studies weren’t powered to find “rare” side effects as only 1,517 kids got the inoculation.

• How many parents would take their kids to get this shot if they were informed of this? The law of informed consent says they should be, but it’s not happening.
On November 2nd, the British Medical Journal released an article about their investigation into Ventavia, one of the research companies Pfizer hired to conduct the trials.

It’s quite damning. The whistleblower is a Regional Director who actually reported her company to the FDA for:

• Falsifying data
• Unblinding participants
• Not following up and testing participants who reported symptoms
• Mislabelling specimens

Several other employees backed up her account. Despite all this, neither Pfizer, nor the FDA ever audited or investigated the research company, Pfizer never disclosed the problems in its EUA application, and in fact, Pfizer has now hired that same Researcher, Ventavia, to run four more COVID-19 clinical trials.

In autumn 2020 Pfizer’s chairman and chief executive, Albert Bourla, released an open letter to the billions of people around the world who were investing their hopes in a safe and effective COVID-19 vaccine to end the pandemic. “As I’ve said before, we are operating at the speed of science.” Bourla wrote, explaining to the public when they could expect a Pfizer vaccine to be authorized in the United States. 

But for researchers who were testing Pfizer’s vaccine at several sites in Texas during that autumn, speed was a trained clinical trial auditor who previously had experience in regulatory oversight. According to the trial protocol, subjects who conducted quality control checks were overwhelmed by the volume of problems they were finding. After repeatedly notifying Ventavia of these problems, the regional director, Brock Jackson, emailed a complaint to the US Food and Drug Administration (FDA). Ventavia fired her later that same day. Jackson has provided The BMJ with dozens of internal company documents, photos, audio recordings, and emails.

Documents show that problems had been going on at several sites in Texas during that autumn.

Several of the forms used by ICON to report serious adverse events were not being filled out correctly. For weeks, ICON was sending emails to Ventavia reminding them of these problems.

In a recording of a meeting with Jackson in late September 2020, two months into trial recruitment and with around 4,000 participants already enrolled, ICON reminded Ventavia that, according to the trial protocol, all queries had to be addressed within three days. “We expect the clinical sites to contact the principal investigator. However, at Ventavia, Jackson told an ICON executive that drug assignment confirmation printed charts were being left with participants’ charts, accessible to blinded personnel. As a consequence, action taken in September two months into trial recruitment and with around 4,000 participants already enrolled, quality assurance checklists were updated with instructions for staff to remove drug assignments from charts.

In a recording of a meeting in late September 2020 between Brock Jackson and Ventavia executives, the regional director said: “I’ve sent you a complaint to FDA.” Another executive said: “I’m not sure what the FDA will do.”

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BACKGROUND

BNT162b2 is a lipid nanoparticle–formulated, nucleoside-modified RNA vaccine encoding a prefusion-stabilized, membrane-anchored severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) full-length spike protein. BNT162b2 is highly efficacious against coronavirus disease 2019 (Covid-19) and is currently approved, conditionally approved, or authorized for emergency use worldwide. At the time of initial authorization, data beyond 2 months after vaccination were unavailable.

METHODS

In an ongoing, placebo-controlled, observer-blinded, multinational, pivotal efficacy trial, we randomly assigned 44,165 participants 16 years of age or older and 2264 participants 12 to 15 years of age to receive two 30-µg doses, at 21 days apart, of BNT162b2 or placebo. The trial end points were vaccine efficacy against laboratory-confirmed Covid-19 and safety, which were both evaluated through 6 months after vaccination.

RESULTS

BNT162b2 continued to be safe and have an acceptable adverse-event profile. Few participants had adverse events leading to withdrawal from the trial. Vaccine efficacy against Covid-19 was 91.3% (95% confidence interval [CI], 89.0 to 93.2) through 6 months of follow-up among the participants without evidence of previous SARS-CoV-2 infection who could be evaluated. There was a gradual decline in vaccine efficacy. Vaccine efficacy of 86 to 100% was seen across countries and in populations with diverse ages, sexes, race or ethnic groups, and risk factors for Covid-19 among participants without evidence of previous infection with SARS-CoV-2. Vaccine efficacy against severe disease was 96.7% (95% CI, 80.3 to 99.9). In South Africa, where the SARS-CoV-2 variant of concern B.1.351 (or beta) was predominant, a vaccine efficacy of 100% (95% CI, 53.5 to 100) was observed.

CONCLUSIONS

Through 6 months of follow-up and despite a gradual decline in vaccine efficacy, BNT162b2 had a favorable safety profile and was highly efficacious in preventing Covid-19. (Funded by BioNTech and Pfizer; ClinicalTrials.gov number, NCT04368728.)
Pfizer took the results from their adult trial, which started July 27, 2020, and then added the results from the 12 - 15 year olds’ trial, despite the fact that the adolescent trial started four months later.

Since it’s well known that the efficacy of the inoculations wanes over time, this gives a false boost to the efficacy numbers. The efficacy for these two cohorts should have been reported separately, not presented as one combined result. Without this boost, their efficacy number would likely have fallen.
PFIZER TRIALS DID NOT PROVE SAFETY
THEY PROVED HARM

<table>
<thead>
<tr>
<th></th>
<th>BNT162b2</th>
<th>Placebo</th>
<th>Risk Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Efficacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Meaning number of people diagnosed with COVID-19.)</td>
<td>77</td>
<td>850</td>
<td>-91%</td>
</tr>
<tr>
<td><strong>Related Adverse Event</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Meaning an investigator has assessed it as related to the BNT162b2 injection.)</td>
<td>5,241</td>
<td>1,311</td>
<td>+300%</td>
</tr>
<tr>
<td><strong>Any Severe Adverse Event</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Interferes significantly with normal function.)</td>
<td>262</td>
<td>150</td>
<td>+75%</td>
</tr>
<tr>
<td><strong>Any Serious Adverse Event</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Involves visit to ER or hospitalization.)</td>
<td>127</td>
<td>116</td>
<td>+10%</td>
</tr>
</tbody>
</table>

These are the results of Pfizer’s own randomized control trial.

**LEVEL 1 EVIDENCE OF HARM.**

<table>
<thead>
<tr>
<th></th>
<th>BNT162b2</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEATHS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>14</td>
</tr>
</tbody>
</table>
HOW THIS IS PLAYING OUT IN THE REAL WORLD
There is a dramatic difference between passive vs active monitoring of adverse events.

1. When participants were actively followed for adverse events (AEs) in the trials, high percentages of adverse events were reported.

2. Once the vaccine was rolled out at the population level, passive surveillance was used with Health Canada, VAERS or the European Yellow Card system. When that happened, the signal was completely lost.

ACTIVE SURVEILLANCE OF TRIAL PARTICIPANTS

PASSIVE SURVEILLANCE OF POPULATION ROLL OUT
PFIZER’S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

RISING INCIDENTS OF HEART ISSUES IN YOUNG PEOPLE

Ontario Public Health is well aware of this, as they published a report on it, but they seem inconsistent in their concerns.

- On Sep 29, 2021, Ontario Public Health recommended young men 18-24 not take the Moderna shot, because of a 1 in 5,000 risk of myocarditis. They suggested Pfizer shot instead, which has a 1 in 28,000 risk of myocarditis.
- But as recently as May 8, 2021, Ontario had stopped the AstraZeneca shot because of a 1 in 60,000 risk of clotting side effects, which was considered too high.
- Their priorities are inconsistent.

More than 100 Ontario youth sent to hospital for vaccine-related heart problems: Report

There were 54 persons aged 25-39 included in the tally and 44 persons aged 40 and over

Anthony Furey
Sep 3, 2021 • September 3, 2021 • 2 minute read • 314 Comments
A German news site put together a list of over 75 known cases of athletes collapsing - and even dying - in the last 5 months. [Link](https://report24.news/ab-13-jahren-lange-liste-plastisch-verstorbener-oder-schwerkranker-sportler/)

An Israeli news site analyzed the number of sudden deaths “on the pitch” of members of the International Football Association (FIFA) over the past 20 years.

The average number of FIFA sudden deaths between 2000 - 2020 was 4.2. In 2021, it was 21.

[Graph](https://www.rtnews.co.il/?view=article&id=49&catid=22)
PFIZER’S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

THIS IS SUPPOSED TO BE RARE

https://rumble.com/vpnxkr-are-these-side-effects-extremely-rare.html
PFIZER’S POST MARKETING PHARMACOVIGILANCE REPORT

• On Nov 17, 2021, the FDA released the first batch of what will ultimately be 329,000 pages they were ordered by a court to provide to satisfy a Freedom of Information request by a group called Public Health and Medical Professionals for Transparency who want access to the data used by the FDA to approve Pfizer’s COVID-19 inoculations. (The FDA asked in court to have over 50 years to release the documents.)

• One post marketing pharmacovigilance report submitted to the FDA, where Pfizer tracked real world adverse events occurring in the first 2.5 months after Emergency Use Authorization, was particularly disturbing.
  - Over 1,200 deaths
  - Over 25,000 nervous system adverse events
  - Under “Safety concerns” Pfizer listed Anaphylaxis and Vaccine-Associated Enhanced Disease

• This document should be incriminating for any agency who saw it and called these inoculations “safe.”

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Relevant cases (N=42886)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>2190</td>
</tr>
<tr>
<td>Age range (years):</td>
<td>2-17</td>
</tr>
<tr>
<td></td>
<td>175</td>
</tr>
<tr>
<td>Case outcome:</td>
<td>Reacted/Recovering</td>
</tr>
<tr>
<td></td>
<td>1982</td>
</tr>
</tbody>
</table>

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness

3.1.2. Summary of Safety Concerns in the US Pharmacovigilance Plan

Table 3. Safety concerns

<table>
<thead>
<tr>
<th>Importance identified risk</th>
<th>Anaphylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important potential risk</td>
<td>Vaccine-Associated Enhanced Disease (VAXED), including Vaccine-associated Enhanced Meningoencephalitis (VAAEM)</td>
</tr>
<tr>
<td>Missing Information</td>
<td>Us in Pregnancy and lactation</td>
</tr>
</tbody>
</table>
CONSIDERABLE EVIDENCE
OF CONFLICT OF INTEREST
PFIZER IS MAKING BILLIONS

$33.5B+ in 2021 alone.

When the incentive is such an astronomical sum of money, it only makes sense to ensure rigorous oversight of the process and to ensure as many safeguards as possible are in place.

Their agenda is their bottom line, not public health.
PFIZER’S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

LINKS TO THE PUBLIC RECORD
OF PFIZER’S CORPORATE CULTURE

- Pfizer Admits Paying $35 Million to Doctors Over Last 6 Months, Apr 1, 2010  https://www.news-medical.net/news/20100401/Pfizer-admits-paying-2435-million-to-doctors-over-last-6-months.aspx
### 6 MONTH REPORT AUTHORS

#### Employment + Stock
- N. Kitchin
- J. Absalon
- S. Lockhart
- R. Bailey
- K.A. Swanson
- S. Roychoudhury
- K. Kaury
- W.V. Kalina
- D. Cooper
- D.B. Tresnan
- S. Mather
- P.R. Dormitzer
- U. Şahin
- W.C. Gruber
- K.U. Jansen
- Ö. Türeci

#### Employment
- A. Gurtman
- J.L. Perez
- S. Bouguermouh
- P. Liberator
- X. Xu

#### Grant/Consultant/Clinical Trial
- R.W. Frenck, Jr.
- L.L. Hammitt
- S. Ünal
- S.J. Thomas
- G. Pérez Marc
- F.P. Polack

#### BioNTech founders whose stock value increased by $9 billion
- U. Şahin
- W.C. Gruber
- K.U. Jansen
- Ö. Türeci

#### No Conflict
- E.D. Moreira, Jr
- H. Nell
- A. Schaefer
- C. Zerbini
- Q. Yang

#### Conflicts
- **84%**

#### No Conflict
- **16%**
The CDC has redefined "vaccine" to suit political & pharmaceutical interests

<table>
<thead>
<tr>
<th>For many years</th>
<th>Jul 27, 2021</th>
<th>Aug 18, 2021</th>
<th>Starting Sep 2, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CDC Definition of VACCINE</strong></td>
<td>&quot;A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease.&quot;</td>
<td>Head of CDC Rochelle Walensky went on CNN and admitted the COVID-19 vaccines do not provide immunity - they don’t stop people from catching or transmitting COVID-19.</td>
<td>Joe Biden announced booster shots for all Americans.</td>
</tr>
</tbody>
</table>

This looks like fraud.
THE MEDIA HAS BEEN CAPTURED

https://rumble.com/voz64j-brought-to-you-by-pfizer.html
PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

THIS IS NO WAY TO MANAGE A SUPPLIER

Pfizer has been indemnified for damages in case their inoculations hurt and kill people, and Pfizer profits to the tune of billions if the trials are successful.

No reasonable, responsible person would have given Pfizer carte blanche in such a situation.

Instead, you would engage in rigorous oversight and hold them to the highest scientific standards. This was not done.
THE INOCULATIONS SHOULD BE WITHDRAWN IMMEDIATELY

• It’s clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning.

• We have presented Level 1 evidence of harm from Pfizer’s own trial data. Any government which has approved these inoculations, much less mandated them, knew or should have known from the available data that harm would be caused to its citizens.

• Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science.

• Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent.
PFIZER’S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

RECOMMENDED READING/VIEWING

PUBLISHED PAPERS REFUTING PFIZER INOCULATIONS

- Why Are We Vaccinating Children Against COVID-19? [Link]
- US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity” [Link]

PFIZER’S NEJM PUBLISHED RESULTS

- Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine [Link]
- FDA Briefing Document, Dec 10, 2020 [Link]
- Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months [Link]
- The 6 Month Supplementary Appendix [Link]

BRITISH MEDICAL JOURNAL

- Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial [Link]

ONTARIO PUBLIC HEALTH EPIDEMIOLOGICAL SUMMARY

- Myocarditis and Pericarditis Following Vaccination with COVID-19 mRNA Vaccines in Ontario: December 13, 2020 to September 4, 2021 [Link]

SHORT VIDEOS

- Informed Consent - It’s Your Right (3 minutes) [Link]
- Brought to You by Pfizer (1 minute) [Link]
- Why Do We Need Vaccine Passports? (2 minutes) [Link]
- COVID-19 Vaccines and D-Dimer levels (9 minutes) [Link]
- How Reliable Is the PCR Test? (2 minutes) [Link]
WE NEED YOU TO HOLD THEM ACCOUNTABLE

• This evidence is a tool you can use. It represents a real opportunity to hold our leaders accountable as it is not opinion, or modelling, or real world evidence that can be dismissed or manipulated, but LEVEL 1 EVIDENCE from a randomized control trial. As such, it has high evidentiary value.

• We’re asking that you call your MP and MPP and that you ask for a 1 hour meeting. Preferably in person, but Zoom will work too.

• During the meeting, play them the video and provide them with the PDF version. Ask them questions, like whether or not they were aware of all the issues with the Pfizer trial. Or what they plan to do now that they are. Get them to agree to a follow up meeting where they will provide you with answers.

• Share this video with friends and family. Have group viewing sessions on Zoom and discuss it.

• Share this video and the PDF on social media. When you do, please use the hashtags #CCCA and #MoreHarmThanGood

• Please join our mailing list at www.canadiancovidcarealliance.org and we will update you with additional evidence as we have it.

• Follow us on social media. This linktree has all our social accounts.

• This presentation is available in PDF and video format on our website at www.canadiancovidcarealliance.org
THE PFIZER INOCULATIONS FOR COVID-19

MORE HARM THAN GOOD