JUSTICE FOR THE VACCINATED

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Background and Context

Virtually all of the world's nations have participated in an unprecedented vaccine trial over the past eighteen months or so. Since late in 2020, billions of people have been encouraged, enticed, cajoled and even coerced into taking COVID-19 vaccines. In Canada, many public servants and private citizens have taken the jabs under threat of losing their jobs. The Public Health Agency of Canada has reported that from December 14, 2020 to April 10, 2022, 84,79% of the population of Canada had "received at least one dose of a COVID-19 vaccine".

Vaccine Approval Process and Deviations

On paper, COVID-19 vaccines have been treated in the same fashion as all previous vaccines approved in Canada, just in a drastically accelerated manner. Specifically, Health Canada regulates and authorizes all vaccines for use in Canada through the Food and Drugs Act. Usually, vaccines must be put through Phases I, II and III of clinical trials, with each phases including larger groups of people and testing more intensively for safety and clinical efficacy of the vaccine. Phase III trials typically include many thousands of people and must be completed have their data reviewed before a vaccine is officially approved. Phase IV is "after-market", i.e., there is continued data collection on the safety and effectiveness of a vaccine after it has been authorized for use by the general public.

The Minister of Health, Patricia "Patty" Hajdu, believed[i] that COVID-19 presented a sufficient emergency to warrant deviation from the normal vaccine approval process. A series of Interim Orders (IO) from Health Canada effectively created[ii] an alternative pathway for the approval of COVID-19-related medical devices and drugs. The Pfizer-BioNTech vaccine was the first to be approved[iii] under IO on December 9, 2020.

Importantly, all of the vaccines that were granted effective temporary authorization under these IOs were expected to "transition to a new drug submission"[iv], i.e., to apply for full authorization. Health Canada granted full authorization to the Pfizer-BioNTech and Moderna vaccines on September 16, 2021, and to the Astra Zeneca and Johnson & Johnson vaccines on November 19 and November 23, 2021, respectively. This means that by these dates Health Canada had reviewed all of the available Phase III trial data and come to the definite conclusion that these vaccines were safe and effective for use by Canadians.

At the time of the IO authorizations, the data that Health Canada was relying on to approve the vaccines for public use were not available to the public. The data are now available. There are at least three major issues that arise, from the data and from reports relating to the data.

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First, the misrepresentation of data. Perhaps the most egregious example of this is Pfizer's deliberate confusion between Absolute Risk Reduction (ARR) and Relative Risk Reduction (RRR). The former, ARR, is actually the most relevant, and is routinely used in assessing the effectiveness of treatments. At the 2-month point, very small numbers of participants had contracted COVID-19 during the trial period: 8 out of 18,198 *experimental [or treatment] group* (=vaccinated) participants (i.e., 0.04%) and 162 out of 18,325 *placebo [or control] group* (=unvaccinated) participants (i.e., 0.88%). The Absolute Risk Reduction, ARR, is the difference between 0.88% and 0.04%, i.e. the vaccine's ARR is 0.84%. This is a disappointingly low number (from Pfizer's perspective), but that is primarily because COVID-19's infection rate in both the placebo and the experimental groups is so low. Of course, this is a good thing for the public, strongly implying (1) that COVID-19's infectivity rate is relatively low and consequently (2) that the benefit that the drug provides is for a very small proportion of the population.

But for the drug manufacturer, this is not a good thing: their solution to this disappointing news was to use the Relative Risk Reduction, RRR, and not the industry-standard ARR. This way they calculated that the reduction was 95% (i.e., 0.84% / 0.88%). To the uninformed, 95% Relative Risk Reduction is a much more impressive efficacy number than 0.84% Absolute Risk Reduction. Unfortunately, all of the media, including so-called health journalists, behaved as if they were uninformed, bought this sleight-of-hand and unquestioningly reported 95% efficacy.

Second, what the data actually tell us – the adverse events including deaths that have been minimized and/or ignored. Simply put, the results in Pfizer's own documentation should have brought an immediate end to the trials and any public inoculation drive. While the trial showed that there was still a RRR of 91% at the 6-month point, at that time point there were *300% more* related adverse events (1,311 in placebo group vs. 5,241 in experimental group), *75% more* serious adverse events (150 placebo vs. 262 experimental) and even *10% more* serious adverse events requiring an ER visit or hospitalization (116 placebo vs. 127 experimental). Crucially, deaths were about even in the two groups, with one more death in the experimental group (15) than in the placebo group (14). As stated earlier, the purpose of these trials is to establish safety and efficacy. By this point in time *(trial ended March 2021, data published September 2021)*, Pfizer and anyone who read the documents that Pfizer produced, including Health Canada officials, **knew that their experimental treatment was neither safe nor effective.** Additionally, even in an underpowered trial for adolescent children (i.e., there were only 1,005 participants, and a Phase III trial typically contains many thousands of participants), there was at least one case indicating significant safety issues[v].

Third, in its documentation Pfizer itself admits that they had to hire more people to capture adverse event data, apparently to their surprise. In order to "alleviate the large increase of adverse event reports"[vi], Pfizer conceded that at the time of the report (end April 2021) it

had already hired an additional 600 full-time staff and expected that number to increase to 1,800 by the end of June 2021.

In addition, reports from a whistleblower[vii] employed briefly in 2020 by clinical trial contractor Ventavia Research Group suggest that procedures and protocols relating to Pfizer's trials were poorly managed or entirely omitted in some instances. Based on internal documents[viii] obtained via the whistleblower, problems related to a range of issues, such as incomplete adverse event reporting, breaches of patient confidentiality (and risk of trial un-blinding) and informed consent errors.

Any *one* of the points raised above, *on its own*, should be sufficient to cause a responsible, diligent, conscientious and independent public health regulator to refuse – or withdraw – a drug approval. Together, they should result in an immediate and absolute refusal to expose the public to such a product. For comparison: in the 1970s, the first mass inoculation of Americans with a rushed coronavirus vaccine (against swine flu) resulted in a measured increased risk[ix] of contracting Guillain-Barré Syndrome of approx. 1 in 100,000. This risk, i.e. about 400 people with GBS among the 40 million inoculated, with an associated number of deaths apparently so small that it has not been recorded, was deemed too high[x] to continue the national influenza immunization program. Today we have *far* higher risk levels for *multiple* conditions, *including* ***thousands of deaths***, associated with these COVID-19 inoculations, and our regulatory authorities have not so much as shrugged their shoulders as they approve these products.

Vaccine Adverse Events

The US-based Vaccine Adverse Events Reporting System has many issues, including its lack of standardization in reporting criteria and procedures and the fact that anyone can submit a report. For some reason, these resolvable issues do not seem to have been addressed.

Whatever one might say about the quality or reliability of the data in the VAERS, what is most remarkable is the medical and pharmaceutical community's almost complete lack of curiosity about the sharp increase in reports submitted to VAERS since early 2021, when many developed nations started their national rollout of COVID-19 inoculations. One of the main critiques of the use of the absolute increase in VAERS reports of adverse events (incl. deaths) is that unlike many other vaccines, these inoculations have been given to a majority of the the entire population of Americans over the age of 12. This means that just by sheer weight of numbers we should expect a sharp increase in severe adverse events (also given that already-vulnerable populations were prioritized for the COVID-19 jabs).

This said, when one "zooms in" a little on the details, the increases in heart attacks, strokes, and deaths among unlikely populations (e.g., young people, professional athletes, etc.) and sharp increases in population-level morbidity should be alarming. Note that these increases

are easily correlated to COVID-19 *vaccine rollouts*, and ***not*** to COVID-19 transmission or waves through a population.

There are too many categories of examples to pursue. Due to time and space constraints, we will focus on just two categories.

First, significant increases in death rates amongst working-age people (18-64) have been reported by insurance companies, or inferred from the data they released. The OneAmerica CEO, J. Scott Davison, set the ball rolling[xi] by making the explosive claim that they saw death rates up by 40%[xii] from the previous year during the first half of 2021. In other words, deaths in the second half of the year 2021 in which most Americans had their first access to COVID-19 jabs, *went up*, compared to the year 2020 in which most Americans had their first exposure to COVID-19, without jabs. While Davison appears to have back-tracked on the claims, others have investigated further. Edward Dowd, a former Blackrock portfolio manager, collated data from major insurers[xiii], finding 2021 4th-quarter increases above 2019 rates of 21% or higher for at least five other insurers[xiv] beyond OneAmerica. Working with an insurance industry expert, Dowd claimed that these rate increases work out to approximately 61,000 excess millennial deaths in 2021 in the US[xv].

Second, there has been a sudden, unprecedented and well-catalogued increase in "on-the-field" collapses of top-level athletes around the world, particularly soccer players. The blogger(s) Jon Boka and/or J Wilderness have painstakingly gathered the anecdotal media articles from around the world since late 2021[xvi]. (In the first[xvii] of the video series, they claim that Wikipedia stopped collating incidents of player collapses in July 2021.) The Exposé reports that the December 2021 death toll (7) almost matched the average annual death toll of 7.8 for 2009 – 2020[xviii]. (For its part, Wikipedia has acknowledged 21 playing-related soccer deaths in 2021, and 3 deaths in 2022 (as at May 25th 2022)[xix].

Another catalogue reports that sporting-related cardiovascular incidents and deaths rose sharply from mid-2021, with an average of 74.5 deaths *per month* in the six months to April 2022[xx]. For comparison, the IOC reported an average of 29 sudden deaths of athletes *per year* between 1966 and 2004[xxi].

It is worth telling some vignettes:

Mayhem in Miami: during the recently concluded Miami Open (March 23rd – April 3rd, 2022), a total of *fifteen* players across the event retired or withdrew from their competitions[xxii]. Of course, most reports did not even attempt[xxiii] to explain why this might be happening (Jannik Sinner somewhat unconvincingly blamed his retirement after just five games on blisters)[xxiv]. Based on U.S. Government travel regulations, fourteen of the fifteen players would have required COVID vaccinations [to travel] to play in the U.S[xxv]. The fifteenth player is a U.S. citizen, but since he played at the Australian Open in January, it can be concluded with 100% certainty that he too got a COVID vaccination.

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"All he wanted to do was play hockey": Sean Hartman was a young Ontario teenager who struggled with the disruptions caused by lockdowns in Ontario. After a year without hockey, which he loved, he wanted to return. Getting a COVID-19 jab was a requirement for his hockey league. He received the first Pfizer dose on August 25, 2021, and was in hospital four days later due to a bad reaction. He was sent home with only an Advil prescription. A month later, on September 27, 2021, his mother found him dead in his bedroom. His heart was found to be "slightly enlarged" in the autopsy, but the cause of his death was controversially judged to be "unascertained". Sean Hartman was 17 years old[xxvi].

A case of "mild myocarditis": In January 2022, Bayern Munich and Canada soccer star Alphonso Davies was reportedly diagnosed with myocarditis after infection with COVID-19, and he was subsequently out of action for several months[xxvii]. None of the mainstream media reports even mentioned whether or not he had received the COVID-19 jabs (they almost never do in collapse or injury stories), which a disinterested observer would think relevant, given that they are supposed to prevent infection and consequently complications like myocarditis. It is clear from other reports about the controversial nature of COVID vaccinations in the Bayern Munich camp that Davies was ***not*** one of the handful of named players who refused the jab, holding out at least during November 2021. Putting two and two together, it is very reasonable to conclude four: that Davies' myocarditis was a COVID-19 vaccine injury.

Legal and Ethical Issues

It is scarcely believable that western nations have all coerced their own citizens not merely to take a medical treatment (which would be bad enough), but to take an experimental medication with a novel mechanism of action. The newness of the COVID jabs makes them experimental ***by definition***. This is in flat contradiction of the Nuremberg Code, developed in the aftermath of World War II, and adopted as a principle of medical ethics by virtually all western nations and many others. The Code's purpose is specifically to prevent medical practitioners from violating their patients, by elevating voluntary informed consent (and therefore bodily autonomy) above any competing benefits that might arise from experimentation on the patient.

In Canada and many people, the story is worse than this. Not only have citizens been forced to inject an untested substance into their bodies, those who have refused have been vilified, demonized, scapegoated and threatened. Many of them lost their jobs, incomes, scholarships and suffered abuse because they insisted on retaining autonomy over their own bodies. It is now also clear, from initial analyses[xxviii] of the clinical trial data that Pfizer has been forced to release, as well as from other sources, that these people have been vindicated.

So, turning again to those who received the COVID injections, whether they did so out of concern about their own vulnerability, or trusting public health officials in good faith, or as a result of coercion by their employer or some other entity acting as an agent of the state (e.g., an airline following the vaccination mandate, which has been in place since November 30, 2021). The Canadian federal government (along with most provincial governments) has grossly violated their Charter rights[xxix]. Perhaps more astonishingly than this, Canadian doctors have tamely allowed the desecration of the trusted doctor-patient relationship by not protecting their patients' right of voluntary informed consent. There are likely several factors at play here, including the insular, cliquey nature of the medical profession, the overly cosy relationship of licensing organizations (and individual doctors) with pharmaceutical companies, and the fear and subsequent self-preservation instinct that were in overdrive in early 2020.

As alluded to in the story of Sean Hartman, it has been extraordinarily difficult for those with COVID vaccine injuries to be heard and attended to, let alone compensated. As if that were not enough, public health messaging continues to push indiscriminately for boosters (i.e., third and fourth jabs). For various reasons, including the simple reality that most Canadians are (reluctantly or otherwise) recognizing that both COVID and the vaccines were oversold, coercion efforts have been tamped down. Nevertheless, the damage has been done: Canadians have been lied to, manipulated and coerced, and too many Canadians, like young Sean Hartman, have paid with their lives.

Conclusion

The trusting nature of kind, genial Canadians has been abused and weaponised against them by public health bureaucrats and politicians. Whether the motivations of these officials have been noble or not, their collective actions have resulted in an unprecedented restriction of freedoms and the extraordinary infliction of significant harm on people forced to participate in a medical experiment. These officials have not stopped or even acknowledged the harms they have caused. It appears that they will not stop unless they are stopped, regardless of the mounting evidence against them and the negative consequences. It is time to bring an end to their assault on Canadians by refusing to comply, refusing to go along with their lies, calling them out for their misdeeds, and sharing this information far and wide.

[i] https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/interim-order-import-sale-advertising-drugs.html
[ii] https://www.publichealthontario.ca/-/media/documents/ncov/vaccines/2020/12/at-a-glance-vaccine-regulatory-approval-process.pdf?la=en
[iii] https://www.canada.ca/en/health-canada/news/2020/12/health-canada-authorizes-first-covid-19-vaccine0.html

[iv] https://www.publichealthontario.ca/-/media/documents/ncov/vaccines/2020/12/at-a-glance-vaccine-regulatory-approval-process.pdf?la=en, page 4

[v] https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf. At the time, Maddie De Garay was a 12-year-old participant who suffered severe adverse events after the second Pfizer inoculation, and for at least ten months after was wheelchair-bound and fed via a tube.

[vi] https://phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf, page 6

[vii] https://www.bmj.com/content/375/bmj.n2635

[viii] https://www.documentcloud.org/documents/21206816-marnie-fisher-email

[ix] https://www.cnn.com/2020/09/01/health/eua-coronavirus-vaccine-history/index.html

[x] https://wwwnc.cdc.gov/eid/article/12/1/05-1007_article. It must be acknowledged that the measured transmission of swine flu at that point in time was negligible, and that definitely played a role in the decision; nevertheless, it is clear that at least these two factors were properly weighed and considered as inputs to the final decision. There is little evidence that the multiple factors relevant to COVID-19 – vaccine safety, community transmission, age-specific risk, personal circumstance and choice, etc. – have been properly weighed and considered by drug regulators and public health authorities.

[xi] https://www.youtube.com/watch?v=5AOHrZHG5L0

[xii] https://thehill.com/changing-america/well-being/longevity/588738-huge-huge-numbers-death-rates-up-40-percent-over-pre/

[xiii] https://teapartypac.org/exposed-top-insurance-companies-report-spike-in-excess-deaths-its-the-jab/

[xiv] *Ibid.*: increases were 57% for Lincoln National, 41% for Prudential, 32% for Hartford, 24% for MetLife and 21% for RGA.

[xv] https://hillmd.substack.com/p/excess-mortality-up-84-in-millennials?s=r

[xvi] Video 1 (to Oct 2021): https://3speak.tv/watch?v=jonboka/myjdutut; Video 2 (mainly Nov 2021): https://rumble.com/vpxldv-whats-going-on-vol.-2-athletes-still-collapsing.html; Video 3 (1 – 31 Dec, 2021): https://rumble.com/vsalxb-whats-going-on-vol.-3-.html; Video 4 (1 – 31 Jan, 2022): https://rumble.com/vuuqp0-whats-going-on-vol.-4-.html; Video 5 (1 – 31 Mar, 2022): https://rumble.com/v11c0gn-whats-going-on-vol.-5-.html

[xvii] https://3speak.tv/watch?v=jonboka/myjdutut

[xviii] https://expose-news.com/2022/01/23/deaths-footballers-dec-21-equal-to-annual-12-year-average/

[xix] https://en.wikipedia.org/wiki/List_of_association_footballers_who_died_while_playing

[xx] https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/

[xxi] https://pubmed.ncbi.nlm.nih.gov/17143117/; NB while these are not exact like-for-like comparisons (elite athletes 1966-2004 vs. sportspeople more generally 2021-2022, that difference cannot adequately explain the stark difference (a steady 2.5 per month over four decades vs. >50 per month for almost a full year now; indeed, the expectation is that people who are *not* elite athletes have a *lower* incidence of cardiovascular events)

[xxii] https://au.sports.yahoo.com/tennis-2022-viewers-shocked-bizarre-miami-open-carnage-004007552.html

[xxiii] https://tennishead.net/miami-open-maladies-event-sees-back-to-back-retirements-on-stadium-court/

[xxiv] https://www.tennisworldusa.org/tennis/news/ATP_Tennis/111717/jannik-sinner-provides-injury-update-after-miami-retirement-/

[xxv] https://travel.state.gov/content/travel/en/international-travel/emergencies/covid-19-faqs-for-travel-to-the-us-information.html

[xxvi] https://www.worldtribune.com/all-he-wanted-to-do-was-play-hockey-father-of-17-year-old-says-its-happening-people-are-dying-from-this/

[xxvii] https://www.msn.com/en-us/health/wellness/bayern-defender-alphonso-davies-has-mild-myocarditis-after-covid-19/ar-AASMQTc

[xxviii] https://stevekirsch.substack.com/p/10-things-you-should-know-about-the?s=r

[xxix] https://theinterim.com/politics/canadian-judges-are-neglecting-their-charter-duties/