

Informed Consent – C19 Vaccines

What would the average patient need to know to be an informed participant in the decision?

- 1) Risks of the treatment
- 2) Benefits of the treatment
- 3) Alternatives to the treatment

First, is Informed Consent Even Possible?

- Numerous examples of false propaganda with censorship of “inconvenient” data throughout the pandemic (i.e. suppression and distortion of repurposed drug efficacy with false promotion of vaccine efficacy and safety)
- Propaganda:
 - HHS paid \$1 Billion to U.S Media Agencies to Support the Vaccination Campaign
 - Bill Gates is the main representative of the Vaccination Industry’s Intellectual and Financial Interests
 - BMGF is a major influential donor to almost every single significant entity responsible for the global COVID response – WHO, CDC, GAVI, NIH, Hopkins University, BBC, Oxford, Imperial College of London
 - BMGF has donated over \$300 Million to Major Media Outlets Across the World
 - BMGF donates heavily to almost all high-impact medical journals
 - Major media outlets have, with very rare exceptions, avoided publishing any reports unfavorable to maintain the “safe and effective” narrative

First, is Informed Consent Even Possible?

- Censorship:
- An [article exposing Pfizer's fraudulent research practices](#) was published in the BMJ and labeled as misinformation and censored by factcheckers, prompting the editors to publicly denounce such actions.
- The CDC has [not shared the data needed by State Health Departments](#) and U.S Citizens
- Several papers presenting summary data finding that people are more likely to be harmed than helped by the COVID mRNA vaccines.. [were retracted](#) (like ivermectin papers, no substantive critique of the analytical methods employed were presented by the editors)
- NIH and CDC employees are [now resigning in numbers](#) due to “bad science” and “political influences” (likely to preserve their career reputations)

Risks of the Treatment: Doomed From the Start?

Clinical Concerns

- mRNA or adenoviral DNA induce production of the Spike protein
 - Cell, tissue, organ endothelial damage
 - Spike protein in body fluids, donated blood
- No genotoxicity, teratogenicity, or oncogenicity studies
- Concerning ovarian biodistribution study (Pfizer, Japan)
- Concerning reduced fertility study (Moderna, EMA)
- No EAC, DSMB, Human Ethics Committee
- No restriction of properly excluded groups from RCTs
 - Pregnant women, women of childbearing potential
 - COVID survivors, previously immune
- No risk stratification for hospitalization and death
- No data transparency
- No mitigation of risks for public
- No assurances on long-term safety

Risks of the treatment

Risks associated with receiving the COVID mRNA vaccine..

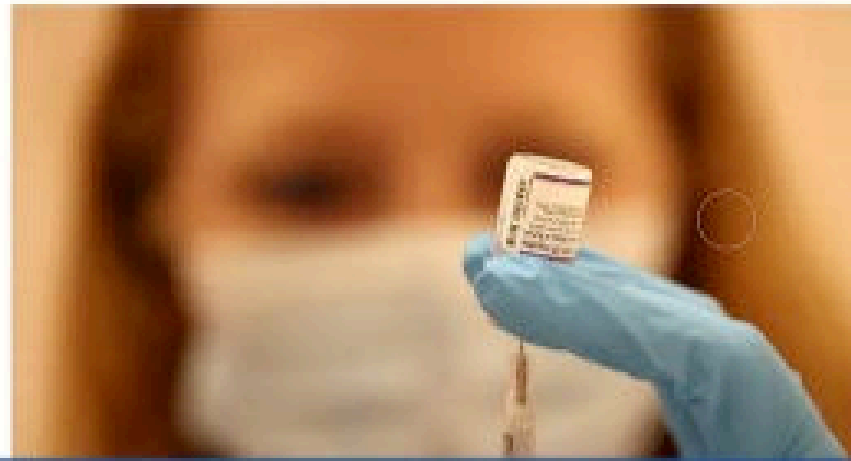
From the Pfizer report alone:

- Local and systemic adverse events were far higher in the vaccine groups
- In post-marketing 20,761 out of 42,086 adverse events were not followed (unknown or “not recovered” at the time of their report to the FDA
 - Myocarditis/pericarditis mis-categorized as non-cardiovascular
- **3.7% of all trial participants died within 9 weeks of completion of the trial** (does not include the thousands “not recovered at time of report”)

Risks of the treatment

Risks associated with receiving the COVID mRNA vaccine..

- Historically unprecedented explosion in event reports and deaths to VAERS, beginning in January 2021.
 - The only limitation of VAERS is.. Under-reporting
- CDC has admitted to not monitoring the VAERS database
- Fixed Media narrative dismissing all concerns re: VAERS as “not causative”

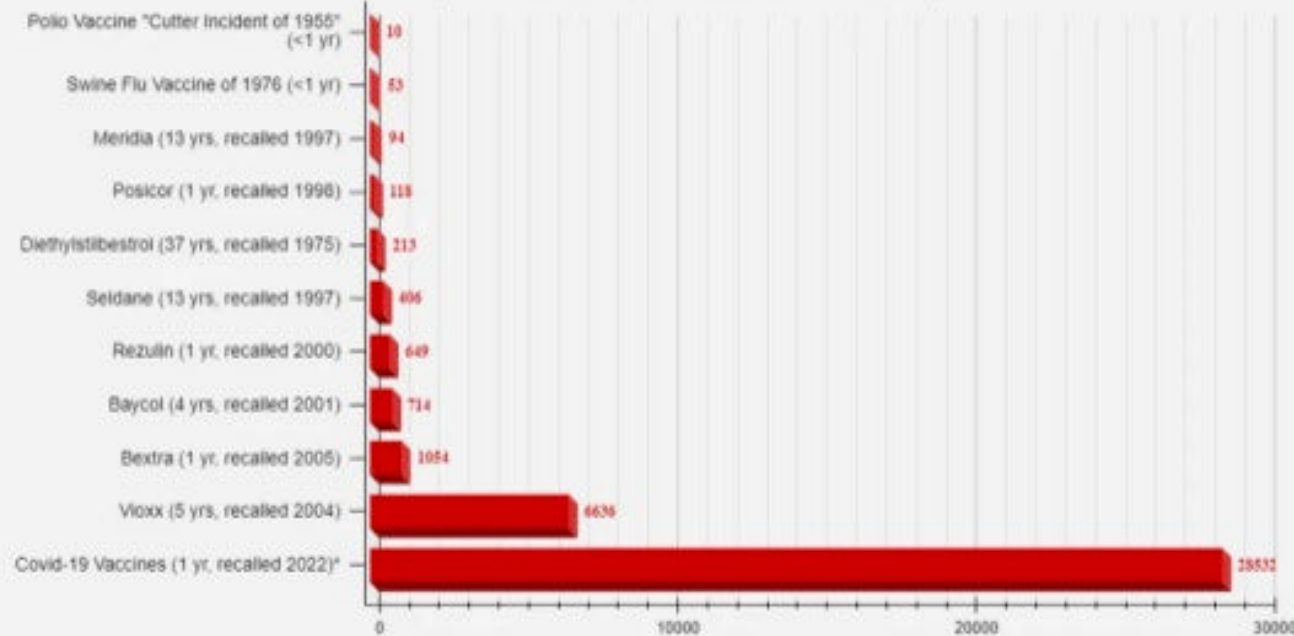


- <90 days on market Pfizer notified of 1223 deaths and 1291 adverse events of interest
- FDA attempted in court to block public release for 55 yrs

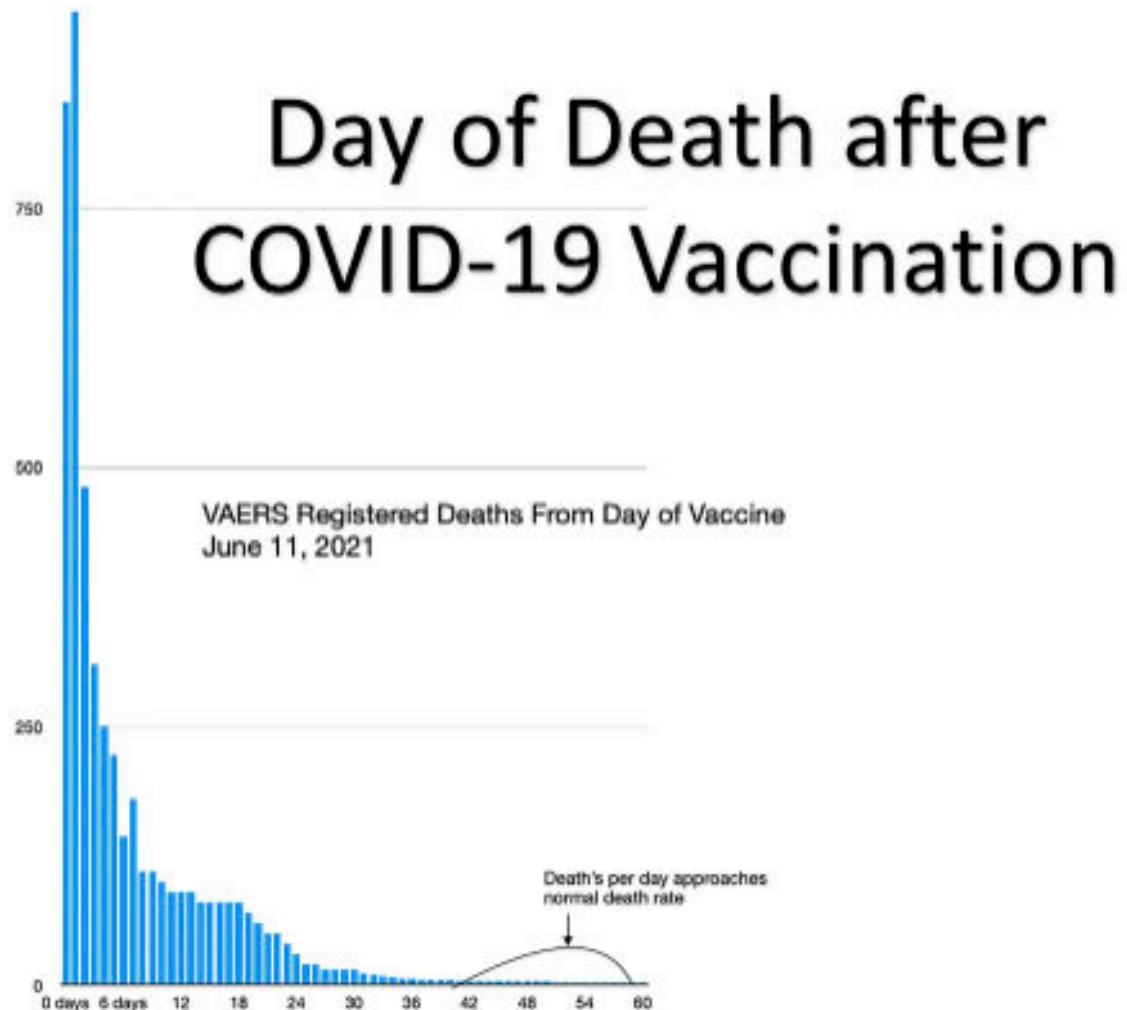
Covid-19 Vaccine Pharmacovigilance Report

Reported Deaths for Major Drug/Vaccine Recalls

(Data Obtained from VAERS and FAERS)



Correlation or Causation?



Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database

ResearchGate

86% of deaths had no other explanation other than the vaccine

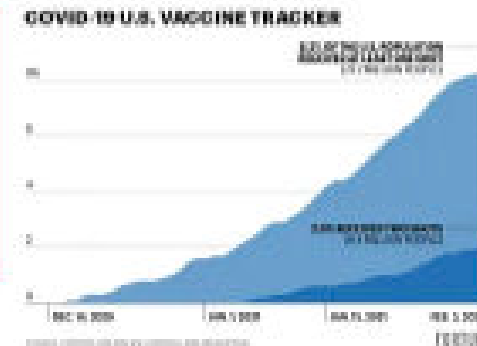
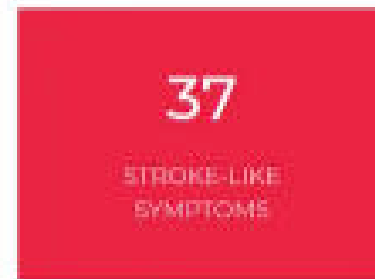
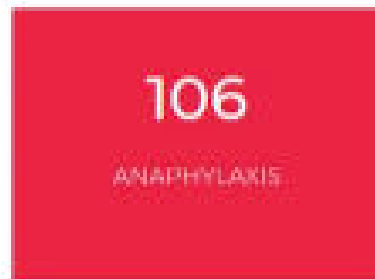
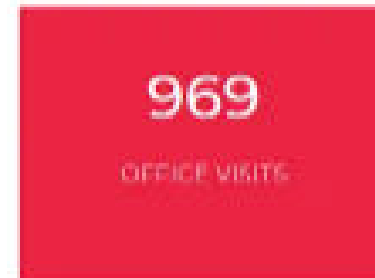
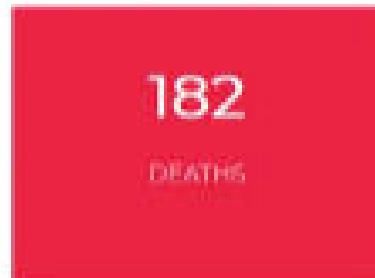
McLachlan, Scott & Osman, Magda & Dube, Kudakwashe & Chiketero, Patience & Choi, Yvonne & Fenton, Norman. (2021). Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim Results and Analysis. 10.13140/RG.2.2.26987.26402.

Emerging COVID-19 Vaccine Mortality Signal by Jan 22, 2021 (~27.1 M)

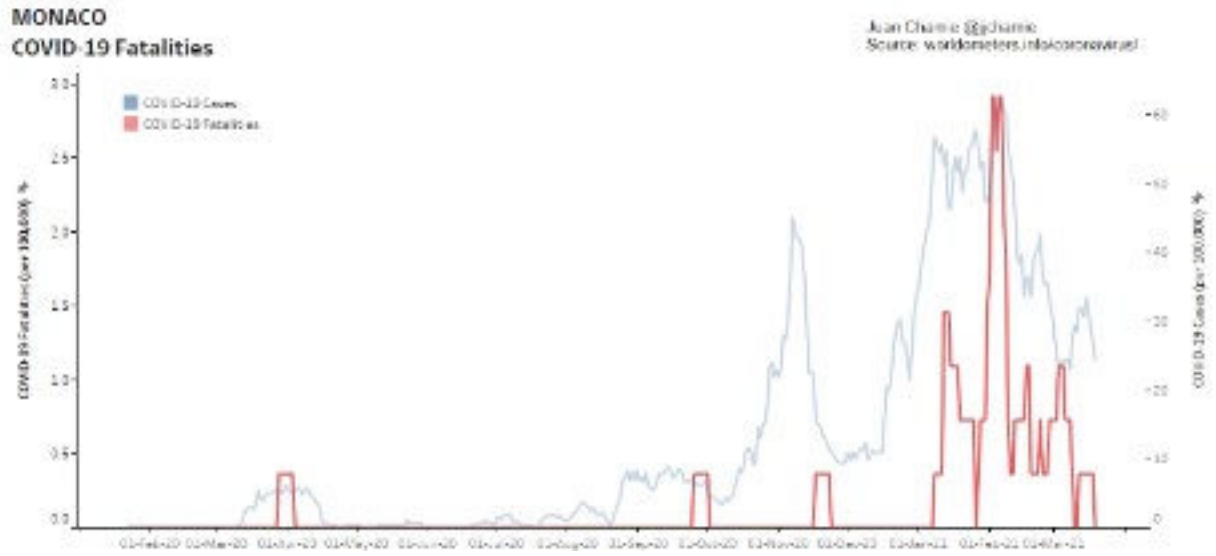
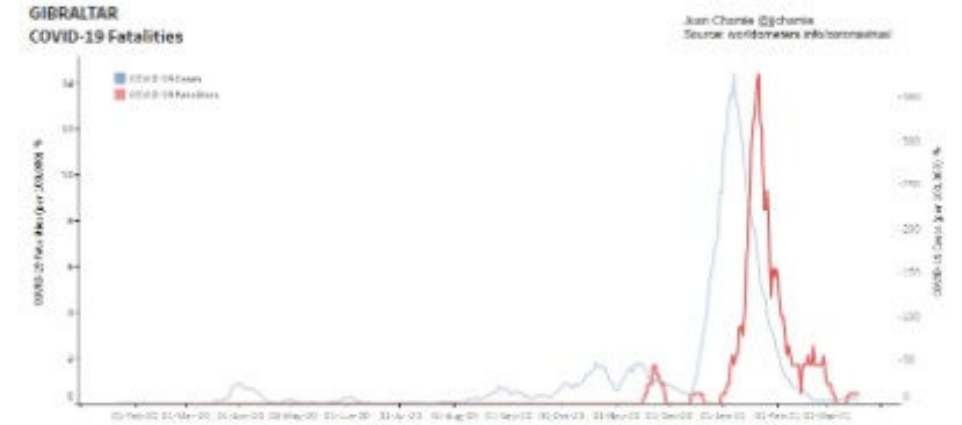
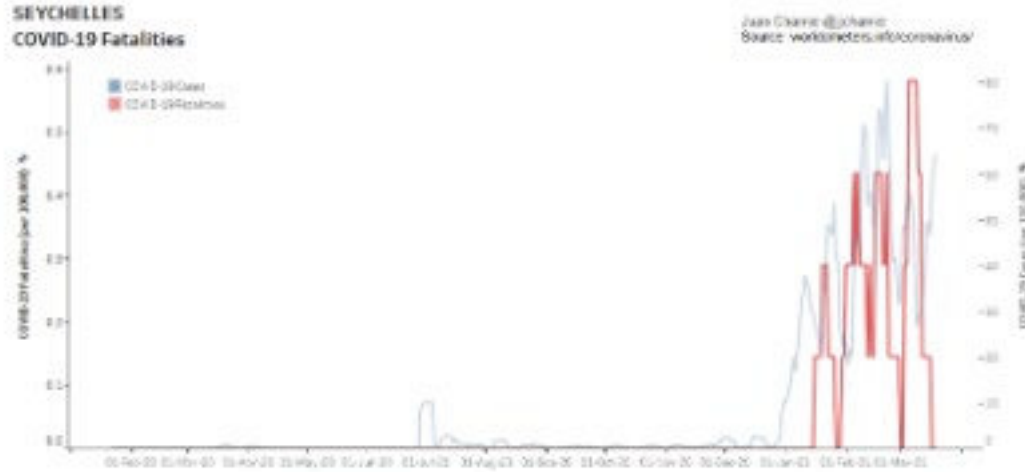
VAERS COVID REPORTS

All vaccines before 2020
~158 total deaths/yr

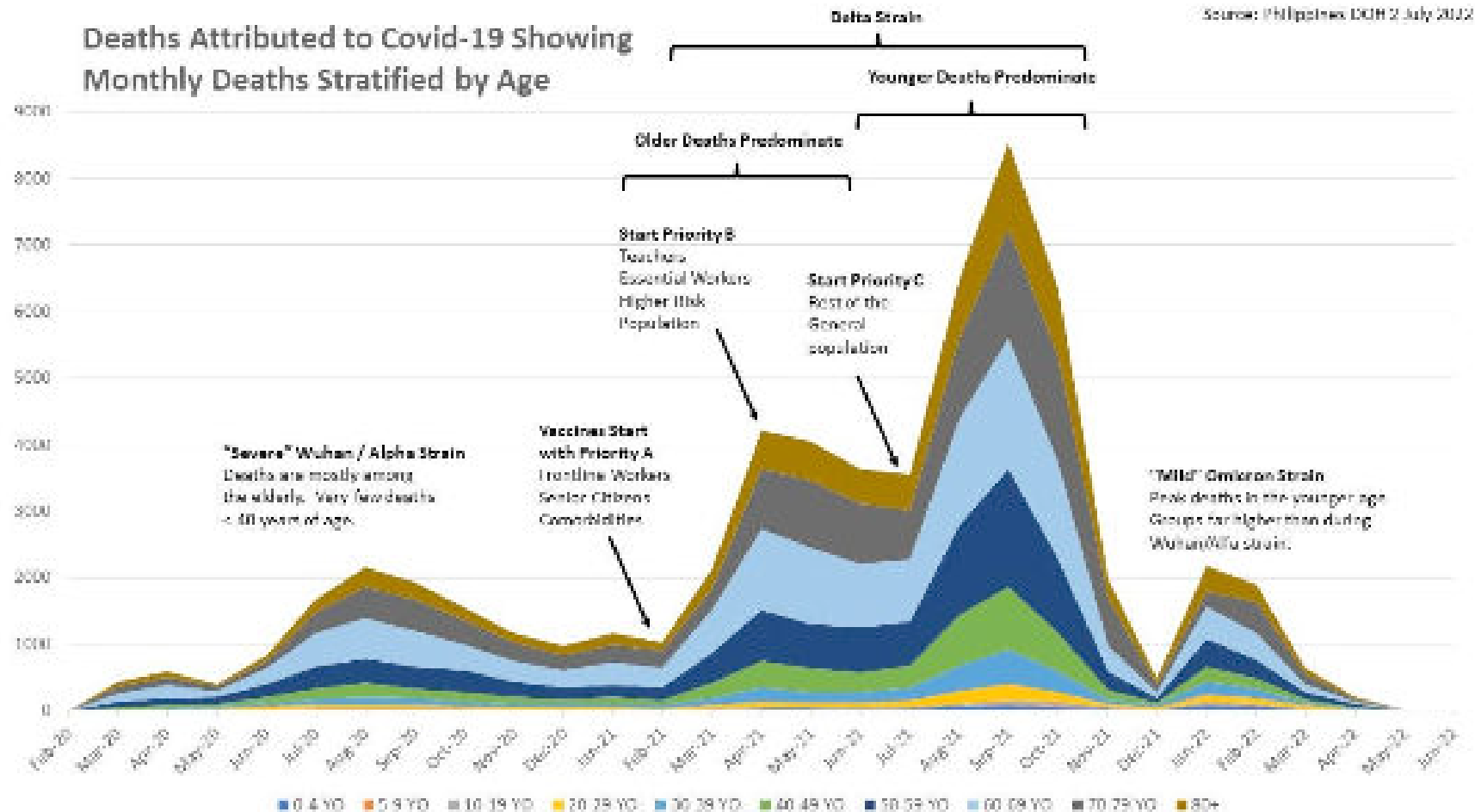
Through January 22, 2021



Trouble Seen From the First Roll-Outs



PHILLIPINES



Benefits of the treatment

Vaccines should stimulate antibodies and provide immunity against disease

- The Wuhan strain is extinct, yet even when it was prevalent:
- In the Pfizer report to the FDA, “vaccine failure” (COVID 7+ days after 2nd dose)” and “vaccine ineffective” prior to then were listed as adverse events, yet showed a strong signal of lack of efficacy
- Numerous health officials and Government leaders have publicly admitted the vaccines do not stop transmission: Walensky, Fauci, Boris Johnson, Bill Gates, Tedros etc.

The More you Vaccinate.. The More you Get Sick.

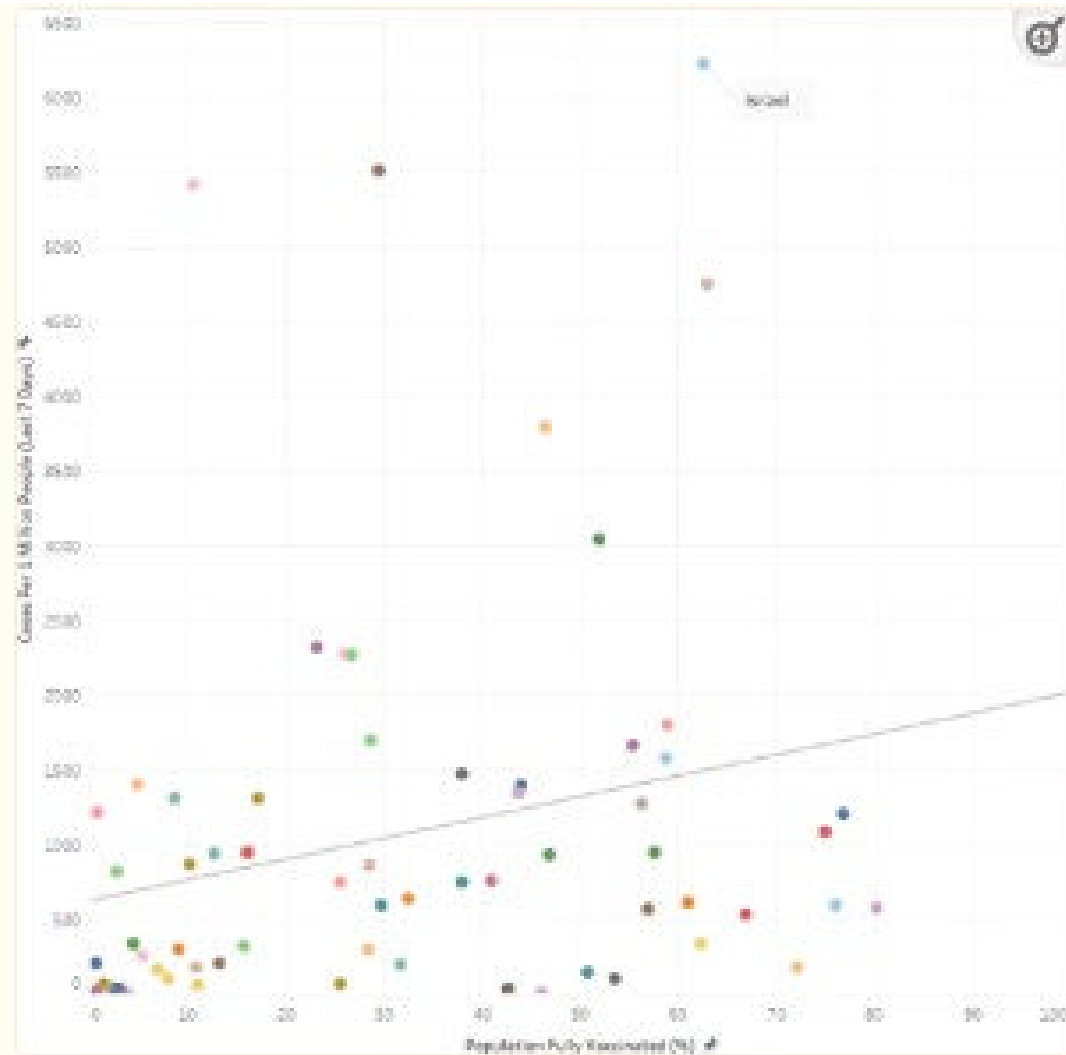


Fig. 1

Relationship between cases per 1 million people (last 7 days) and percentage of population fully vaccinated across 68 countries as of September 3, 2021 (See Table S1 for the underlying data)

Protect Against Severe Disease?

NSW Health Surveillance Data

Rates per 1M Population by Vax Status*

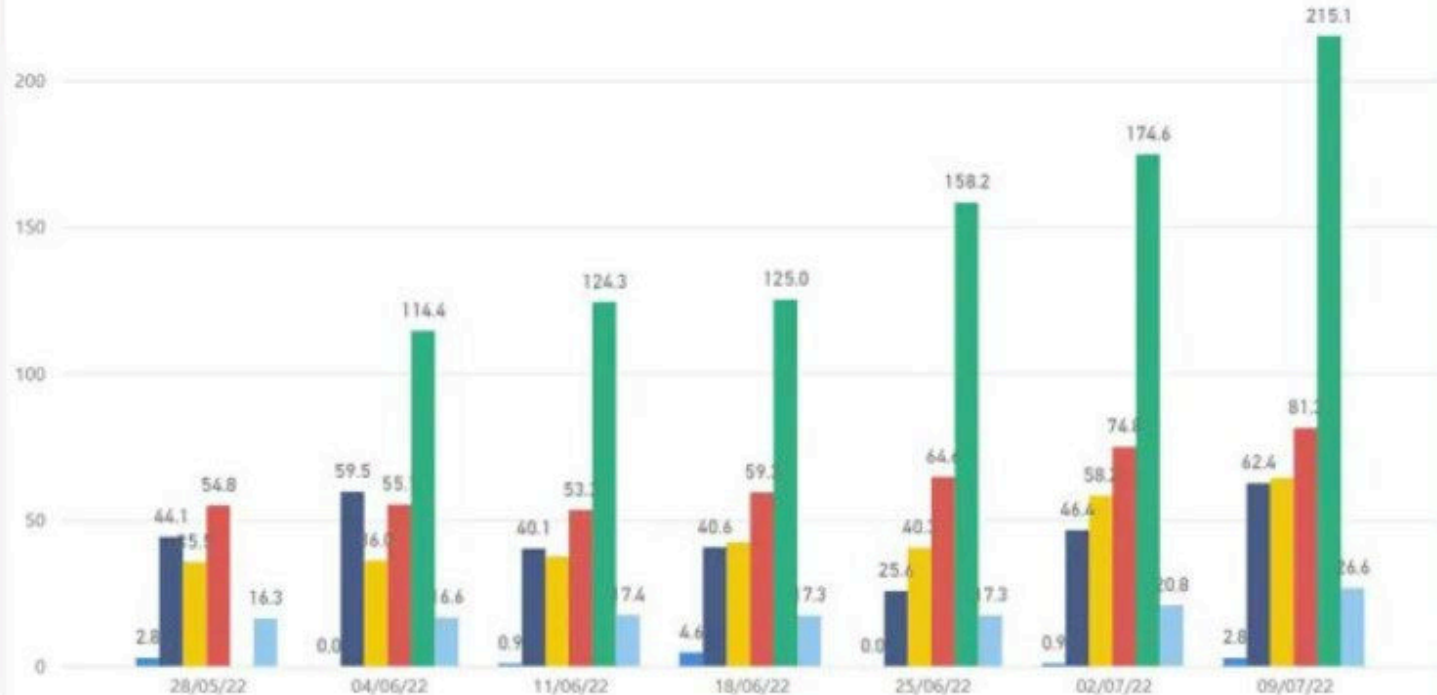
This interactive report is available at <https://bit.ly/3ujYTQG>

* (total measured events divided by the count of population with that vax status) times 1M

Rate of Cases No Dose Per 1M	1.72
Rate One Dose Per 1M	45.52
Rate Two Doses Per 1M	44.81
Rate Three Doses Per 1M	63.31
Rate Four+ Doses Per 1M	151.93
Rate of Cases in Vax'd Per 1M	63.96
Risk Multiplier Vax'd vs Unvax'd	37.14
Rate Unknown Per 1M	18.89

Rate of events per 1M population by vaccination status count at the start of the observation week.

Doses Summary ● No dose ● One dose ● Two doses ● Three doses ● Four+ doses ● Unknown



Saves Lives? Or Causes Death?

Maybe Not All **That** Clear...
... higher all-cause deaths

4	Cause of Death	Year	Month	Vaccination status	Count of deaths	Person-years	Age-standardised mortality rate / 100,000
455	deaths	2022	May	Unvaccinated	935	448434	795.3
456	Non-COVID-19 deaths	2022	May	First dose, less than 21 days ago	1	2291	x
457	Non-COVID-19 deaths	2022	May	First dose, at least 21 days ago	283	107764	1751.0
458	Non-COVID-19 deaths	2022	May	Second dose, less than 21 days ago	9	8424	x
459	Non-COVID-19 deaths	2022	May	Second dose, between 21 days and 6 months ago	127	159940	1745.8
460	Non-COVID-19 deaths	2022	May	Second dose, at least 6 months ago	1683	328732	1597.4
461	Non-COVID-19 deaths	2022	May	Third dose or booster, less than 21 days ago	96	13292	2056.0
462	Non-COVID-19 deaths	2022	May	Third dose or booster, at least 21 days ago	25987	2225731	763.9
463	Non-COVID-19 deaths	2022	May	Ever vaccinated	28186	2846174	787.1

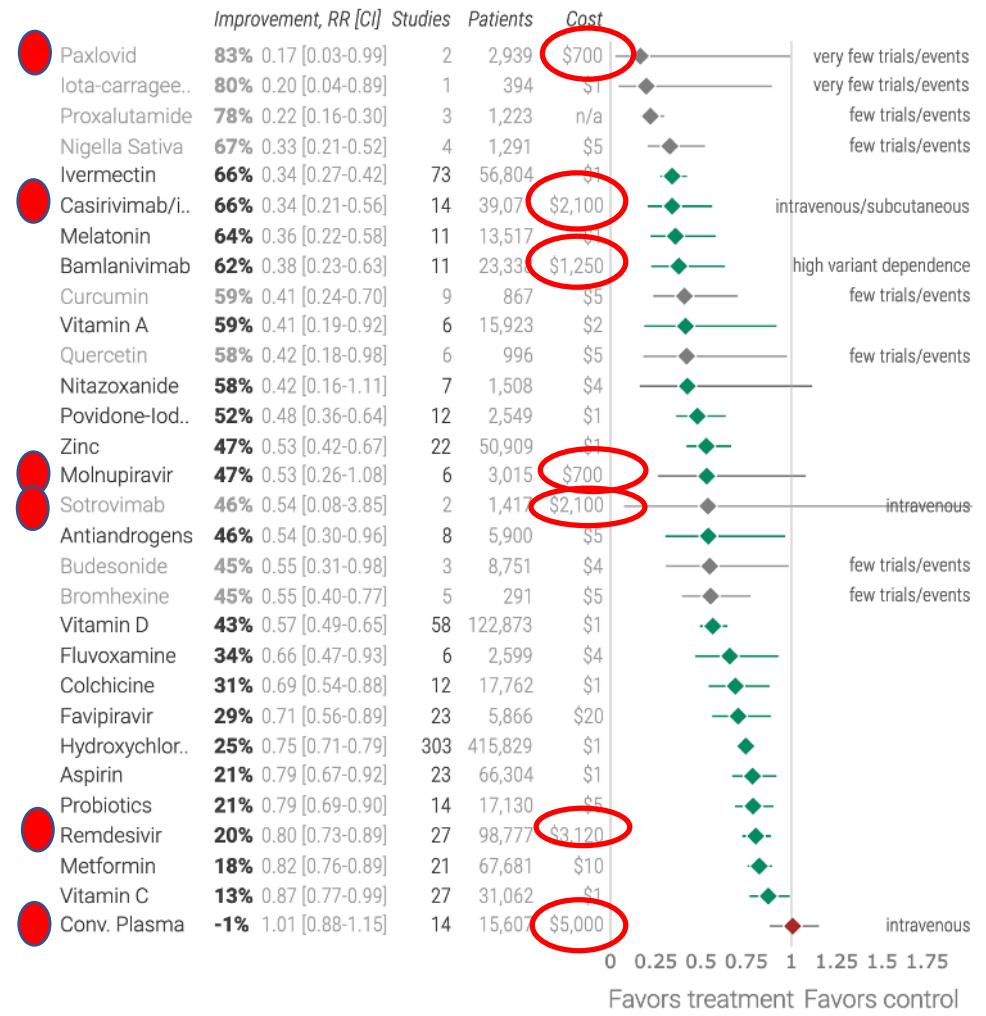
Alternatives to the treatment

Reliance on effective early, antiviral, and anti-inflammatory combination therapy

- **Natural immunity** – greater protection against re-infection as well as severe outcomes and death. No credible evidence vaccines improve protection in those naturally immune
- **Young and/or healthy** unvaccinated patients have almost perfect survival
- **A wide range of safe medicines**, nutraceuticals and therapies with proven efficacy are available. EARLY TREATMENT WORKS

Dozens of Available, Safe, Inexpensive Treatment Options

n studies combined (pooled effects, all stages) c19early.com Jan 6, 2022

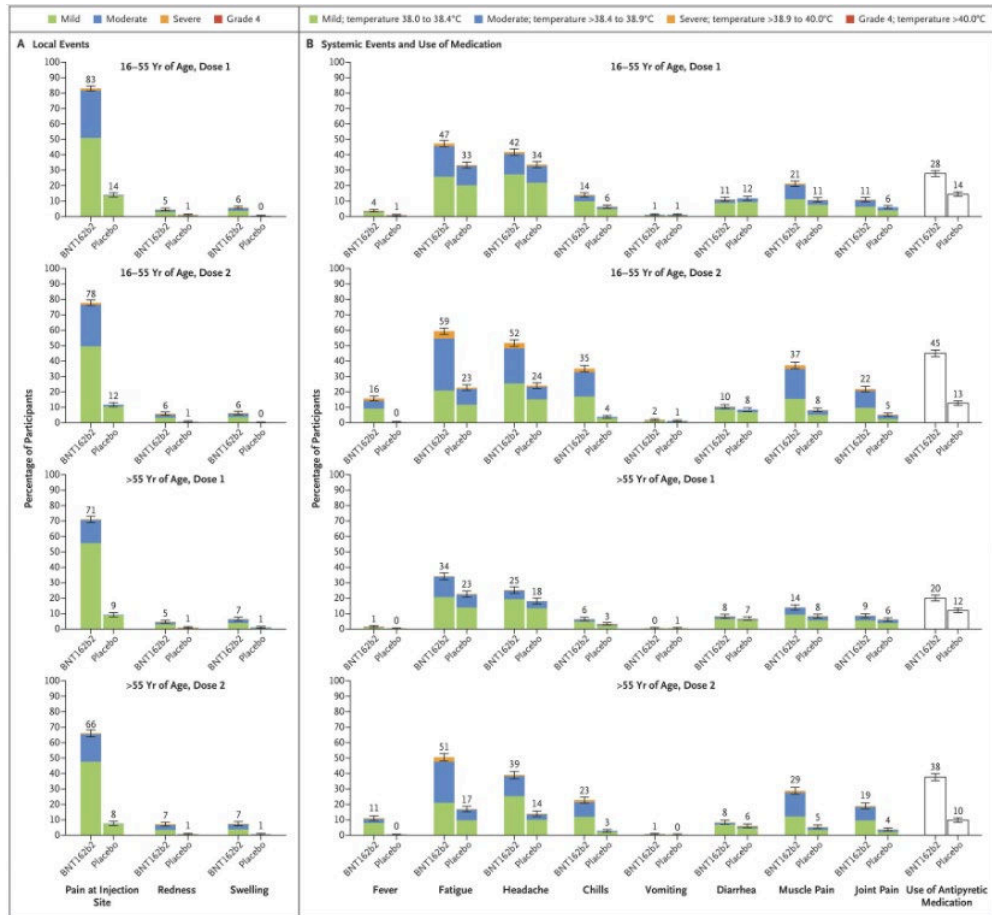


RECENT ITALIAN COURT DECISION

- Recent Court case brought by a psychologist against “the Order of Psychologists of Tuscany” who sought to expel him:
- The judge [ruled](#) that the psychologist doesn’t need to be vaccinated in order to do his job by establishing that:
- the vaccines do not prevent infection and transmission. Therefore, in front of the Italian law, there can not be an obligation.
- She also recognised that the vaccines provoke severe adverse events. Therefore, it was even less legitimate to force anybody to be injected.
- The judge put the dignity of the human being at the center and **referred twice to the period of Nazism and Fascism. Mandatory vaccination is possible if there is informed consent.** For Covid injections, she explained that an **informed consent is not possible as we don’t know the ingredients and the mechanisms of these substances because of industrial and alleged military secrecy.**

NOVAVAX ANYONE?

Original Pfizer Trial Adverse Event Data



Novavax Adverse Event Data

