The link between Covid-19 â??vaccinationâ?? and fatalities

Description

â?? a systematic review and some thoughts on the accompanying Twitter storm

I have pointed to data and publications on Covid-19 â??vaccinationsâ?? and rising death rates in several blog posts (most recently here and here). At the same time, I observe how the official narrative propagated by medical associations, the press, and the government simply ignores this fact. The medical association â??Hippocratic Oath â??, of which I am a member of the board of directors, points out in various publications the holes in this official narrative. Physicians who also carry concerns can join together here.

Now a preprint has made an impact. (A preprint is a paper that is available on servers in a version to be submitted, but has not yet officially gone through the peer-review system and therefore has not yet been published in a scientific journal). It is a systematic review, that is, an overview paper, of all studies in the scientific literature that have investigated by autopsy the causal relationship of Covid-19 â??vaccinationâ?? and deaths [1].

Before I say a few things about the reception and furor, hereâ??s a synopsis:

The paper by Hulscher et al â?? Systematic Review on Autopsy Studies

The work, the responsibility of a group of American university-based physicians, examined all scientific publications that attempted to determine whether or not the death was causally related to the â??vaccinationâ?? based on autopsy findings of deaths following Covid-19 â??vaccinations.â?? There was one such review relatively early, toward the end of 2021 [2]. At that time, there were 17 studies. Now, the authors Hulscher and others included 44 studies. The criterion was: all autopsy or necropsy studies (autopsy: deaths and whole corpses; necropsy: tissues from dead bodies) of deaths that occurred after Covid-19 â??vaccinationâ?? and were autopsied.

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These studies are mostly single-case descriptions. Some studies also represent case series and combine multiple cases in one publication. The unit of count was not number of studies but number of cases. In total, these 44 publications resulted in 325 autopsy cases that had been investigated by the authors of the original publication to determine whether their deaths could have been causally related to Covid-19 â??vaccination.â?? The authors of the systematic review did not simply adopt this original published opinion of the authors of the originating publications, but three of the authors, Roger Hodkinson, William Makis, and Peter A. McCullough examined the cases independently. If at least two of the three agreed and came to the conclusion that the case was causally due to â??vaccination,â?? then the case was judged to be causally due to â??vaccination.â?? In this way, 240 of the total 325 cases were judged to be causally caused by â??vaccination,â?? or nearly three-quarters (73.9%).

It is interesting to look at the â??Supplementary Table 1â??, which lists the individual studies, the original data and correlations, and the judgments of the three doctors. In most cases, they agree well; one would have liked to see agreement statistics on this, as we have done on another occasion [3]. It can also be seen that the relatively sharp criterion of reassessment drops out just a quarter of the cases that the authors of the original papers judged to be caused by â??vaccinationâ??. I consider this to be a quality feature of the study.

So the bare facts documented by the study are: In nearly three-quarters of all cases described in the literature as deaths following Covid-19 â??vaccination,â?? the â??vaccinationâ?? was in fact the cause of the deaths. The authors discuss a number of mechanisms, including the fact that the lipid nanoparticles circulate systemically and cause inflammation, but most importantly that the spike proteins encoded by different vaccines lead to immunologically mediated antibody responses in the body. This allows us to understand why cardiac and vascular pathologies, such as myocarditis, thrombosis, strokes, but also immunological processes, occur in particular. In the vast majority of cases, only one organ system is affected, but sometimes several. The median number of affected individuals had received one dose of the vaccine, but the range of variation was from 1 to 3 doses. Death had occurred immediately after vaccination in most cases, the vast majority within 14 days. However, deaths were also reported up to 298 days after vaccination. This is very interesting, by the way, since the very first pivotal studies by both Pfizer and AstraZeneca excluded all cases that occurred within the first 14 days with side effects, etc., from the evaluation and did not report them at all. In doing so, they disregarded the very critical period when side effects are most likely to occur.

Importance

Now, the authors rightly point out that based on these data, little can be said about the general frequency of such deaths and their causality. What can be said, however, is that when such cases do occur, are reported, and are investigated, that a causal relationship is then very likely in nearly three-quarters of the cases. Sessa and colleagues [2] had already pointed out the importance of systematically collecting data, entering all cases into an international database, and establishing standardized causality rules (which do exist, but apparently are rarely applied). But no one has heeded this advice. Just as no one has heeded our call to conduct a prospective, systematic, observational study after â??vaccinationâ?? so that the data would be representative and generalizable to all vaccinated persons [4, 5].

Thus, the question arises: how common are such deaths now? The simple answer is: we do not know, because no one has studied it systematically, i.e. prospectively, on a large cohort of â??vaccinatedâ?? persons, who should have been repeatedly questioned about their state of health for at least half a year, ideally for a year, after the intervention. Then all assumptions why there is â??Long Covidâ?? â?? because of the vaccination or despite the vaccination? â?? why there are still Corona cases, when everything should be fine now because of the vaccination â?? despite or because of the vaccination? â?? why there is such a great excess mortality â?? because of or in spite of the vaccination? â?? moot, because we would know.

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So one may confidently ask: Why have the authorizing bodies â?? EMA, FDA, in Germany PEI â?? jettisoned this basic toolkit of any regulatory approval of new interventions and not proactively demanded it? What is self-evident for every new booger medication against headache, for almost every new homeopathic complex drug against something, namely a systematic prospective observational study, exactly here, where it would have been most necessary, it was not demanded. Why?

European governments could have and should have independently funded this prospective observation with much less effort than they are now putting into researching â??Long Covidâ?? etc. In my opinion, there is a justiciable system failure here, but thatâ??s just a side note.

For this reason, of course, the authors make themselves vulnerable â?? causally linking excess mortality estimates from other authors to â??vaccinationâ?? based on these data â?? although I am sympathetic. If you look at the literature they cite on this in their paper, they are all either papers that have been floating around on preprint servers for some time or have even been retracted from there. That doesnâ??t mean they are wrong. But it does mean that they are difficult to use as scientific evidence.

There are a few systematic papers that allow an estimation. For example, the paper from Prof. Schirmacherâ??s group, which is also analyzed by the authors [6]. This publication found evidence of an association between death and â??vaccinationâ?? in 5 of 25, or 20%, which is formulated as possible or probable in the original publication. These five cases are also considered by Hulscher and colleagues to be causally related to vaccination. Again, because it is not known exactly how many of all deaths are represented here, it is not possible to make any estimates based on this study, but at least here it is significantly less than the 74% estimated by Hulscher and colleagues.

Rockenfeller and colleagues, as I have pointed out earlier, have calculated what is probably the cleanest excess mortality model for Germany, which will soon be published in the journal Royal Society Open Science [7]. This model shows clear under-mortality in the first corona year 2020 and over-mortality in the â??vaccination yearsâ?? starting in 2021. Based on this model and Schwabâ??s data [6], this group of authors arrives at an estimate of about 16,000 deaths caused by Covid-19 â??vaccinationâ?? in Germany [8]. However, this work is also only available on the preprint server â??Zenodo.â?? Even if these numbers are lower than those assumed by Hulscher and others for the USA, this is also an enormous number of deaths. It should actually have legal and, more importantly, regulatory consequences.

Reflections on the PR war over Covid-19 â??vaccinationâ??

This leads me to a few reflections. I noticed the work earlier this month due to a small PR campaign. But I didnâ??t get around to looking into it due to my move. Social media has been buzzing about the â??retractionâ?? of the study from the preprint server SSRN, the Lancet and Elsevier journalsâ?? preprint server. It is rather unusual for preprint servers to withdraw papers. This usually only happens with published work. The fact that even a paper in the submission stage causes such an uproar â?? when the paper does not even show up in the usual citation systems yet â?? suggests that either a leak occurred during submission and one of the editors or reviewers alerted his or her followers, or the operators of the server, or that there is a very busy watchdog community that closely screens such topics and papers even before they are submitted and reviewed. Usually, a paper on a preprint server that contains errors would be reposted there by the authors during or as a result of a review process in an improved version, or would be rejected and not be published. But the withdrawal of a paper from a preprint server? Because supposedly the methodology does not support the conclusions? Odd.

Because the conclusions are mainly two: that there is a high probability that â??vaccinationâ?? and death are causally linked in most cases. And: that this work also cannot offer definitive causal conclusions, so systematic

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further study is needed. I cannot see what about these conclusions is not covered by the methodology. As a reviewer, I would probably complain that the data, figures, and references used in the discussion on presumed deaths from Covid-19 â??vaccinationâ?? are not robust enough and thus should be deleted. But that has to do with the interpretation of the data and not with their correctness and certainly not with the conclusions. So what is going on here?

If you search for these events on the internet, very high up a Twitter discussion thread pops up, originating with a certain Jonathan Laxton; others are active as well. I just looked at this one out of curiosity. He says of himself on LinkedIn that he is at the University of Manitoba and with a Canadian health care institution. If you search the Pubmed medical database for scientific publications by this Twitter writer: you wonâ??t find any. On the website of the University of Manitoba, more precisely its clinic, you wonâ??t find him either. He writes articles in an Internet newspaper called Science Based Medicine. Thatâ??s it. And he spells out the wrong numbers in his tweet. He doesnâ??t note, for example, that Hulscher and colleagues took cases, not studies, as the unit of count. I did an extra recount of them in Supplementary Table 1: the numbers are correct.

What kind of world have we landed in when physicians without any scientific credentials of their own can accuse people like McCullough, a cardiologist with several hundred scientific papers to his credit, of bungling on social media just because they didnâ??t get the work right themselves?

Where do such self-appointed corona warriors get off fighting alleged misconceptions? If WHOâ??s Ministry of Truth becomes a reality, as the new treaties imply, then such and similar self-appointed truth defenders will be in charge. Then â?¦ have mercy on us, yes who actually? God hardly anymore. He or she can no longer do anything for us unless we do it ourselves, e.g., by participating in the medical associationâ??s â??Hippocratic Oathâ?? letter campaign to WHO.

By the organized opposition to any publication that even begins to doubt the usefulness of Covid-19 â??vaccinations,â?? one can see that there is purpose and political intent behind it. Conspiracy theory?

I donâ??t think so. Because if you look a little bit into the history before Corona, you can see: already at the World Health Summit 2018 (!!) in Berlin, Chancellor Merkel and her â??friendâ?? (quote Merkel) Bill Gates proclaim that mRNA technology is the future and that politics will pave the way for it. Itâ??s worth studying the original speech texts closely, which Iâ??ve linked above. How opportune that two years later the Covid-19 pandemic came rolling in. Merkel was able to keep her promise and push the mRNA technology, despite all the prophecies of doom, e.g. those of Prof. Stefan Hockertz, who as head of research had led a BMBF project on this technology and had written to the ministry that this technology was useless because its effects could not be controlled (personal information from Stefan Hockertz, but also documented in various videos). Whether this was the reason that Hockertz was mobbed and harassed? Whether the connection of the University of Manitoba with the Gates Foundation via a completely different research project led to the fact that here one rides with the coat of arms of the university in the shield against the spreaders of untruth? No, surely not, only conspiracy theories, right?

Sources and literature

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