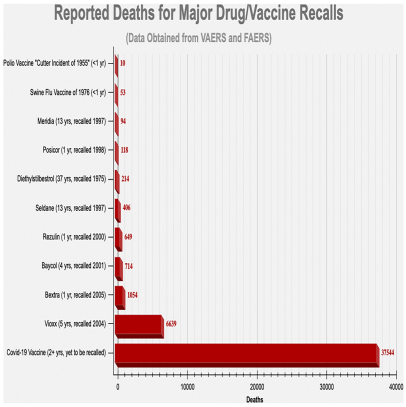

People With Covid-19 â??Vaccinationâ?? Are Sicker

Description

Our new representative survey has been published, and other data prove this.

Our new representative survey in Germany has recently been published [1]. It shows that people who have had at least one Covid-19 â??vaccinationâ?? are sicker, have Covid-19 infections and muscle and joint problems more often than people who have not had a â??vaccinationâ??. The news is piling up and showing that these interventions are dangerous. The high water mark, above which a safety signal should have been triggered, was crossed long ago. Compared to other vaccinations or interventions that have been withdrawn from the market, this â??vaccinationâ?? is associated with at least five times as many deaths [2].

Our new representative survey on adverse reactions to vaccination

Our survey was recently published by â??Medical Research Archivesâ??, the official organ of the European Society of Medicine, of which I am a member. You can download the PDF directly here. As we have done before [3], we used a professional panel provided by the company Debaro GmbH. Approximately 20,000 people participate in such a panel, and whenever a new survey is conducted, they are contacted and the company then collects as many responses as needed to reach a number that can be assumed to be representative based on sampling characteristics such as age, gender and socio-economic status.

In our case, that was 1051 survey participants. Of these, 82% had a Covid-19 â??vaccinationâ??. This shows that the survey was only approximately representative; because according to official figures, by the end of the campaign in April 2023, about 76% of the population in Germany had received at least one dose of vaccine against Covid-19. But otherwise, this is likely to be the first reasonably representative survey on this topic in Germany. (By the way: this survey was not financed by some anti-vaccination lobby, but by me personally, because I am interested in the topic).

The â??vaccinatedâ?? and the â??unvaccinatedâ?? report important illnesses with different frequencies. We asked the participants about illnesses that had newly occurred in the last 2 years. Namely, those that are often associated with Covid-19 â??vaccinationsâ??: illnesses that required a doctorâ??s visit, hospitalisation or rehabilitation, such as exhaustion, recurrent infections, Covid-19, cardiological, neurological, musculoskeletal problems, thrombotic

events, cancer, shingles and autoimmune diseases. We also included a few world-view questions, as well as the nine items of my new transhumanism scale; I will report on these separately.

To avoid any distorted reactions, we asked about the Covid-19 â??vaccinationsâ?? at the very end, when all the questions had been answered.

The most important findings are, firstly, that all illnesses, except for â??pain in the heart areaâ??, are reported more frequently by â??vaccinated peopleâ??. Vaccinated people visit the doctor, suffer from Covid-19 infections, and have problems with muscles and joints significantly more often. In addition, the â??vaccinatedâ?? have significantly more of all illnesses in total. It was clear that a clearly significant result could not be expected in every single category, because many of these diseases, cancer for example, or autoimmune diseases, are not very common overall and therefore the statistical power to detect such an effect in a sample of 1051 respondents was too small.

But one must now consider the following: If this â??vaccinationâ?? had positive effects overall, for example, if it had made people more robust and resistant to Covid-19 and other infections and had produced few or no side effects, then one would have expected the opposite pattern. Then the â??unvaccinatedâ?? would have to show more symptoms. But that is not the case across the board, with the exception mentioned above. Above all, the fact that all diseases per person are significantly more common among the â??vaccinatedâ?? and that Covid-19 infections are also more common among the â??vaccinatedâ?? shows that this intervention was rather harmful.

There is one problem that we can hardly get a grip on with such a survey: people who agree to such an intervention may already have more illnesses and be weaker overall. We tried to correct for this by only asking about *new* illnesses that had occurred in the last two years. But the reliability of such retrospective data is difficult to assess. We tried to find a subsample of people who were well comparable. We were not very successful in this. This is probably due to the fact that the groups as a whole were too small and the subsamples as a whole were too different.

How do the vaccinated differ from the unvaccinated?

We tried to find out what distinguishes the â??vaccinatedâ?? from the â??unvaccinatedâ?? using a so-called â??logistic regressionâ??. Such a regression uses a dichotomous target criterion â?? â??vaccinatedâ?? and â??unvaccinatedâ?? â?? and then calculates how much other variables contribute to this distinction. Since we had many variables, we used a so-called LASSO regression. LASSO stands for â??least absolute shrinkage and selection operatorâ?? [4]. This means that in an iterative procedure, only one variable is used at a time and all others are set to zero until it is clear which variables are associated with the target criterion and to what extent. This prevents individual values from being artificially inflated.

The result is interesting and shown in Table 3 of our publication. We calculated a total of four models. The first model included only the sociodemographic variables. The second model also included questions about the world view from a previously published scale that we translated for this study [5]. The third model included the items of the new transhumanism scale instead. And the fourth model included all items. The so-called Akaike Information Criterion (AIC) shows that the fourth model fits best. The AIC is a criterion that describes the model quality. The model with the lowest absolute value is usually the best. This is because the AIC penalises models that include too many variables that do not contribute to the explanation. The model is highly significant and explains about 25% of the variance, i.e. the fluctuations that are observed. In my experience, this is quite good for such regression models.

The â??vaccinatedâ?? differ from the â??unvaccinatedâ?? in that they are slightly older, but not by much (by 2%). They are twice as likely to be of German nationality, belong to the higher income group (more than â?¬3,600 net per month), are more likely to live alone, take more medication, have a more materialistic world view and do not believe in a non-physical reality; they believe in the usefulness of genetic engineering interventions, are twice as likely to say that they have known someone who has died of Covid-19 and are much less likely to know someone who died from the â??vaccinationâ??.

This analysis also shows that social factors play an important role, as well as a personâ??s world view. Those who are more materialistically oriented are also more likely to believe that genetic engineering interventions are important.

We finally need hard data

In my view, the study is just a very first step. It shows that we actually have a problem, which is still denied by many. Now it is the turn of those who have the hard data: insurance companies and associations of statutory health insurance physicians. They could very easily calculate whether and to what extent our data is correct or not on the basis of the diagnosis numbers. They could thus dispel the rampant uncertainty. The fact that they donâ??t, that early warning voices like the CEO of one insurance (BKK), Andreas SchÃ¶fbeck, were even removed from his position is, in my view, very concerning. I think all health insurance members who share my concern should appeal to their health insurance company to conduct such analyses.

A new overview shows: the withdrawal of these â??vaccinesâ?? is long overdue

This is particularly important in light of new data. A recent publication in the journal â??Science, Public Health Policy, and the Lawâ?? compiles data that unequivocally indicates that â??Covid-19 vaccinationsâ?? all previous safety thresholds have been exceeded [2]. The Journal had re-published our risk-benefit analysis of the Covid-19 â??vaccinesâ?? after it had been withdrawn [6].

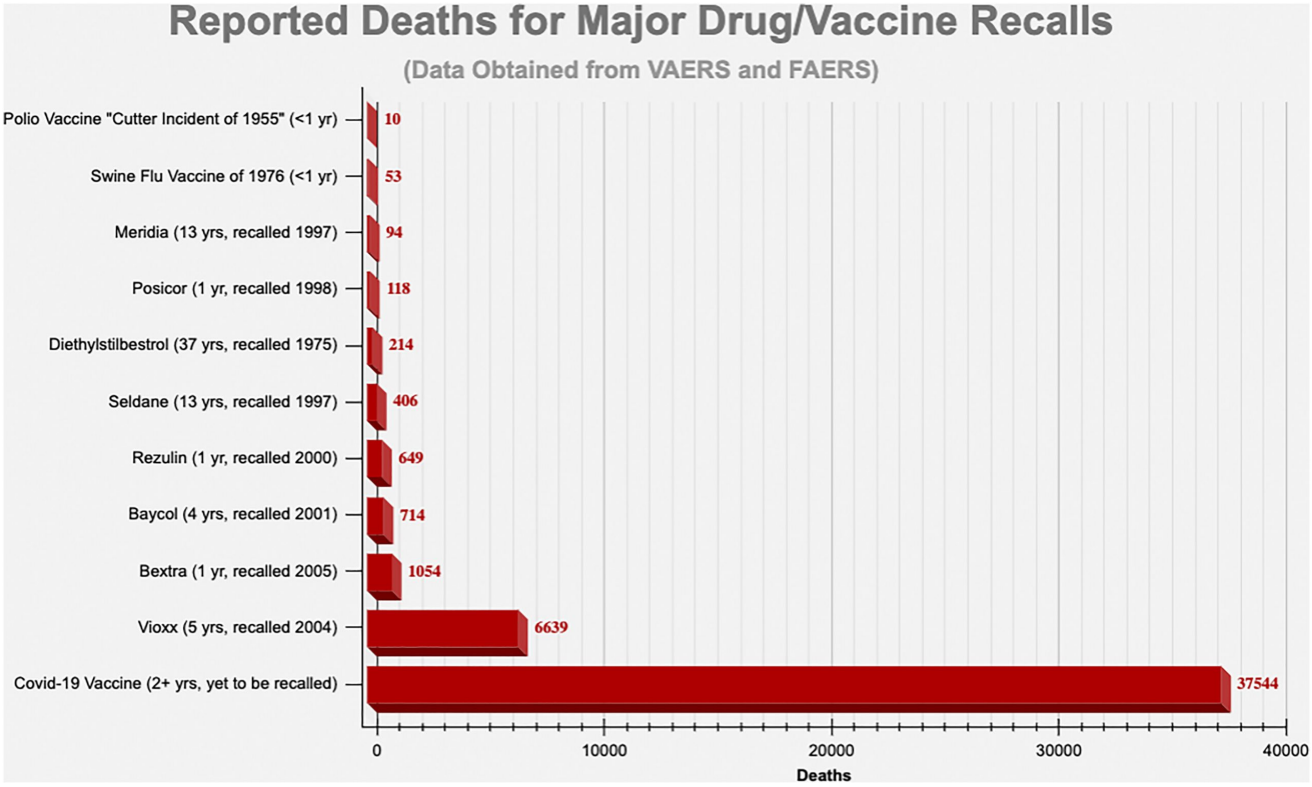

Figure from [2]: Number of deaths listed in the VAERS database for different substances. The VAERS Analysis graphic was published under the Open Access Creative Commons BY-NC 4.0 licence.

The new paper by Hulscher and colleagues examines various data sources that call for the withdrawal of these Covid-19 â??vaccinesâ??. They observe that the Centers for Disease Controlâ??s adverse reaction database VAERS (Vaccine Adverse Event Reporting System) has so far recorded more than 37,000 deaths for these substances (see figure). These data are entered by companies and doctors who believe that a death is related to a particular substance. The authors also point out that this figure probably needs to be multiplied by a factor of 30 because it is known from other studies that this database is notoriously underestimated.

For one of the early polio vaccines, 10 deaths led to the withdrawal of the product. For the swine flu vaccine, the figure was 53. For Vioxx, the Cox-2 inhibitor that made headlines for scandalous reasons, there were 6,649 deaths by the time it was withdrawn. For the Covid-19 â??vaccinesâ?? it is 37,544 deaths, more than five times as many deaths, and still our medical associations and doctorsâ?? associations are calling for â??vaccinationâ?• against Covid-19 and praying away the lying mantra of its safety and effectiveness. In my view, this is one of the biggest medical scandals of recent decades.

When will our authorities, politicians and, above all, the press finally wake up? When the whole country is so sick that not only trains are cancelled, but nothing works any more because there are too many sick people all the time?

Sources and further reading

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