

Government Scrubs Stats on Vaccine-Related Deaths

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

STORY AT-A-GLANCE

- › According to Dr. Peter McCullough, early treatment could have prevented up to 85% of COVID-19 deaths. Early at-home treatment also minimizes the spread, as the amount of time you're infectious can be reduced from two weeks to about four days
- › Despite being inexpensive and readily available, early treatments have all been censored and suppressed in order to secure a global mass vaccination campaign
- › More than 80 colleges and any number of employers are now implementing mandatory COVID vaccination. The only way for them to understand what the implications of that decision might be is to review the VAERS data. They're not going to get any clues elsewhere, thanks to the universal suppression of information
- › An estimated 124 million Americans are now fully vaccinated against COVID-19. As of April 30, 2021, 3,837 died shortly after their COVID shots. That's more than have died from all available vaccines combined from mid-1997 until the end of 2013 – a period of 15.5 years
- › In 1976, the U.S. government vaccinated 45 million people against pandemic swine flu. The entire program was canceled after reports of just 53 deaths

According to Dr. Peter McCullough, vice chief of internal medicine at Baylor University Medical Center and known for being one of the top five most-published medical researchers in the United States, COVID-19 vaccines are killing “huge numbers” of people and the government is simply ignoring it.

In a video interview with investigative journalist and founder of Liberty Sentinel, Alex Newman, McCullough says the U.S. government, the Bill & Melinda Gates Foundation and health agencies around the world have all committed to vaccinating the global population while sitting on data showing the COVID-19 “vaccines” are turning out to be the most lethal vaccines ever created.

Safe Treatments Suppressed in Favor of Dangerous ‘Vaccines’

McCullough, who also has a master’s degree in public health, has provided testimony in three different Senate hearings, sharing the treatments he used to help patients recover from COVID-19 and avoid hospitalization. He summarizes his protocol in the interview.

These strategies are also detailed in “Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 Infection,” published in the January 2021 issue of the American Journal of Medicine.¹ He was also a consulting editor of “A Guide to Home-Based COVID Treatment.”²

During a recent Texas state Senate Health and Human Services Committee hearing, McCullough noted that, according to available data, early treatment could have prevented up to 85% of COVID-19 deaths.³ Early at-home treatment also minimizes the spread, as the amount of time you’re infectious can be reduced from two weeks to about four days.

Yet, despite being inexpensive and readily available, early treatments have all been censored and suppressed, apparently in order to secure this global mass vaccination campaign. In fact, as McCullough notes, there’s been no clarified guidance on COVID treatment at all, not even hospital protocols.

The entire focus of our health agencies has been on masking, **lockdowns** and waiting for a gene therapy “vaccine.” The results have been devastating. Five months into the **mass vaccination campaign**, more than 10,000 in the U.S. and European Union have already died after getting the shots. Any other vaccine would have been pulled from the market by now.

Shocking Stats Show Just How Dangerous COVID ‘Vaccines’ Are

For example, in 1976, the U.S. government vaccinated 45 million people against pandemic swine flu. The entire program was canceled after reports of just 53 deaths, according to Fox News.⁴ Note: The number of deaths reported after the 1976 inoculation program varies from three to 53, depending on the source.^{5,6,7}

Now, health authorities are shrugging off more than 3,800 deaths⁸ after COVID-19 vaccination as either coincidental or inconsequential. Think about that. Five months into the COVID-19 vaccination campaign, we’re looking at a death toll that is 7,000% greater than during the [swine flu vaccination campaign](#), which was canceled after the vaccine was deemed too risky.

The COVID-19 “vaccine” is also on a level of magnitude more dangerous than the seasonal flu vaccine. As reported by McCullough, on average, there are 20 to 30 deaths reported following the seasonal flu vaccine, which is given to about 195 million Americans each year.⁹

Compare that to these novel COVID-19 gene therapies. So far, an estimated 124 million Americans are fully vaccinated against COVID-19 and the death count is already at 3,837, as of April 30, 2021.¹⁰

Worse, it appears the vaccine adverse event reporting system (VAERS) is backlogged by about three months,¹¹ so this is likely to be a serious undercount. Even if VAERS was fully caught up, it would be an undercount, as only 1%^{12,13} to 10%¹⁴ of adverse events after vaccination are ever reported. So, in reality, we might be looking at anywhere from 38,370 to 383,700 COVID vaccine-related deaths.

A third comparison can be made against vaccines as a whole. As reported by Tucker Carlson,¹⁵ May 6, 2021, the COVID-19 shots have already resulted in more deaths than all available vaccines combined from mid-1997 until the end of 2013 — a period of 15.5 years.

No Other Vaccine Has Harmed This Many

In a recent report, the Israeli People Committee (IPC), a civilian body of health experts, similarly concluded that “there has never been a vaccine that has harmed as many people.” The Committee received 288 reports of death following COVID-19 vaccination, 90% of which occurred within 10 days. According to this report (translated from Hebrew):¹⁶

“According to Central Bureau of Statistics data during January-February 2021, at the peak of the Israeli mass vaccination campaign, there was a 22% increase in overall mortality in Israel compared with the previous year.

In fact, January-February 2021 have been the deadliest months in the last decade, with the highest overall mortality rates compared to corresponding months in the last 10 years.

Amongst the 20-29 age group the increase in overall mortality has been most dramatic. In this age group, we detect an increase of 32% in overall mortality in comparison with previous year.

Statistical analysis of information from the Central Bureau of Statistics, combined with information from the Ministry of Health, leads to the conclusion that the mortality rate amongst the vaccinated is estimated at about 1: 5000 (1: 13000 at ages 20-49, 1: 6000 at ages 50-69, 1: 1600 at ages 70+).

According to this estimate, it is possible to estimate the number of deaths in Israel in proximity of the vaccine, as of today, at about 1000-1100 people.”

CDC Denies Lethal Risks

The contrast in the government’s response to COVID-19 vaccine deaths compared to the 1976 swine flu pandemic vaccination campaign is “alarming,” McCullough says.

February 19, 2021, the U.S. Centers for Disease Control and Prevention issued a statement saying there were “no safety problems” with Pfizer’s and Moderna’s mRNA

injections.¹⁷ Of the 113 deaths reported at that time, none was deemed to be related to the vaccines.

Then, in May 2021, after reviewing 1,600 deaths reported to VAERS with an unnamed group of U.S. Food and Drug Administration doctors, the CDC declared that none of the deaths was related to the vaccine – this despite 24% of deaths have occurred within 48 hours of injection, and 16% within 24 hours. The problem is that it would take several months to investigate that many deaths, so the likelihood that this was a thorough investigation is slim to none.

“It is impossible for unnamed regulatory doctors without any experience with COVID-19 to opine that none of the deaths were related to the vaccine,” McCullough tells Newman.

“So, I think this was effectively a scrubbing, like we’ve seen elsewhere ... We’re sitting on, right now, the biggest number of vaccine deaths [and] there’s been tens of thousands of hospitalizations, all attributable to the vaccine, and [we’re still] going strong.”

The reason you’re not hearing any negative news about these “vaccines” is because major media networks and stakeholders in COVID-19 vaccines have formed a “trusted news credibility coalition” that seeks to prevent any negative information about COVID vaccines to get into the popular media “because they’re concerned about vaccine hesitancy,” McCullough says.

Suppression of Concerning VAERS Data Underway

As of April 30, 2021, 3,837 people have died, and 16,014 people have reported serious injuries and disabilities following COVID-19 injections.¹⁸ Among these deaths were two 15-year-olds and one 16-year-old. There were also 235 reports of miscarriage or premature birth as of April 30, 2021.¹⁹

You can check the latest statistics yourself using openvaers.com.²⁰ So-called fact checkers are of course working overtime to quell rumors about the trends showing in

the VAERS data.

A recent fact-check article²¹ by The Post and Courier quotes unnamed, obscure experts stating that dying from the COVID-19 vaccine “isn’t an outcome people should worry about,” and that “despite misinformation shared on social media that sources a federal vaccines safety database” — meaning the VAERS database — “there is no proof of any patients having died as a result of taking a COVID-19 vaccine in the United States.”

“ More than 80 colleges and any number of employers are now implementing mandatory COVID vaccination, and the only way for them to understand what the implications of that decision might be is to review the VAERS data. They’re not going to get any clues elsewhere, thanks to the universal suppression of information.”

PolitiFact also recently blew off VAERS as a “breeding ground for misinformation.”²² It warned social media posts reporting VAERS data are not to be trusted, as VAERS “reports are not verified” and “are not enough to determine whether a vaccine causes a particular adverse event.”

While both of those statements are true, PolitiFact fails to address the glaring problem that both the CDC and the FDA, which run VAERS jointly, are ignoring clearly emerging trends of harm. The Defender contacted the CDC March 8, 2021, with a list of questions about the vaccine injury reports, and as of May 11 — 64 days later — had received no reply.²³

“[VAERS] is the only place where America, policy makers and others, are going to get a fair shake in understanding safety,” McCullough says. He points out that more than 80 colleges and any number of employers are now implementing **mandatory COVID vaccination**, and the only way for them to understand what the implications of that

decision might be is to review the VAERS data. They're not going to get any clues elsewhere, thanks to the universal suppression of information.

Overall, it appears the entire mission of VAERS and other such databases is being tossed aside. The system's primary goal is to "detect new, unusual or rare vaccine adverse events" as a way to monitor the safety of vaccines.

As noted by McCullough, after five reported deaths where a medical product is suspected of being involved, the FDA will issue a black box warning – a notice to consumers warning them that the drug might cause death. At around 50 suspicious deaths, the product is pulled off the market.

The system is clearly failing if every single report of serious injury or death, including all the ones occurring within hours and in people with no underlying health problems, are simply written off as coincidence. It's simply not believable.

EU Reports More Than 7,700 Deaths

Signs of lethal risks are also evident in data from the European Union, where the EudraVigilance system had received 7,766 reports of death after COVID vaccination as of April 17, 2021.²⁴

Of these, Pfizer's mRNA injection accounted for the largest number of deaths at 4,293, followed by Moderna with 2,094 deaths, AstraZeneca with 1,360 deaths and Johnson & Johnson with 19 deaths. As noted by McCullough:

"In my professional opinion, the safest vaccine on the market was the J&J vaccine, and that was pulled for very rare blood-clotting events. We had 7 million people vaccinated but the estimates are for the other two vaccines available [Pfizer and Moderna], the blood-clotting rates are probably 30 times that of J&J, and these others are going strong."

Active Vaccine Surveillance Is Months Away

The FDA has also admitted that its analysis of vaccine safety data will be delayed for weeks, if not months. Right as the pandemic hit, they were in the process of transitioning from its Post-Licensure Rapid Immunization Safety Monitoring (PRISM) network, which was used to track [side effects](#) from the pandemic H1N1 vaccine, into a new system called the Biologics Effectiveness and Safety System (BEST).

In the meantime, they're relying on a patchwork of passive reporting systems, including VAERS, the Vaccine Safety Datalink and a phone-based self-reporting system called v-safe.

Since all of these are based on voluntary self-reporting, they can miss potentially lethal and unanticipated reactions. By the end of March 2021, only 6.4% of all vaccinated individuals had enrolled in v-safe, for example,²⁵ which means a vast majority aren't being surveilled for side effects.

While BEST will be an active surveillance system capable of examining data from 100 million people and actually compare rates of adverse events between vaccinated and unvaccinated individuals to detect trends, we are months away from this kind of analysis.

In the meantime, people continue to die, and for no good reason, considering the lethality of COVID-19 is on par with seasonal influenza for most age groups.^{26,27,28,29,30}

Signs of Malfeasance Abound

At this point, the list of evidences of malfeasance is exceedingly long. For a rundown of several key issues, see the peer-reviewed paper "COVID-19: Restoring Public Trust During a Global Health Crisis — An Evidence-Based Position Paper to Ensure Ethical Conduct."³¹

In it, the author substantiates McCullough's allegations of rampant, wanton misconduct among public health officials, the active suppression of safe and effective treatments, and pandemic measures being implemented based on incorrect assumptions and outright lies.

As noted by McCullough in the featured interview, advertisements for COVID-19 vaccines were launched in violation of law before FDA licensing was complete. The initial studies had not even been completed. To this day, none of the COVID-19 “vaccines” has been licensed.

They only have emergency use authorization (EUA), and there’s no possible way for anyone to assure their safety. All of these facts are why they’re completely optional, and legally cannot yet be made mandatory, even though many schools and businesses are attempting to do that.

McCullough also stresses that in the COVID-19 vaccine trials, both the vaccinated groups and control groups had a less than 1% infection rate, which is about as low as it gets, in terms of risk. What this means is the overall public health impact of COVID-19 vaccination is also bound to be less than 1% – in other words, meaningless.

He also points out that around the world, we’re now seeing about 60% of active COVID-19 cases being in fully vaccinated individuals. In McCullough’s own practice, the COVID-19 patients he saw in the two weeks before this interview, about 60% were fully vaccinated, and there’s no difference in disease presentation between vaccinated and unvaccinated individuals.

Death Tally May Spike During Fall and Winter

While the death toll from COVID-19 vaccines is already at a historical level, I fear it may shoot far higher as we move through fall and winter. The reason for this is because one of the greatest wild cards of these vaccines is antibody-dependent enhancement (ADE) or paradoxical immune enhancement (PIE).

I’ve detailed this issue in several articles, including [“How COVID-19 Vaccine Can Destroy Your Immune System”](#) and [“Will Vaccinated People Be More Vulnerable to Variants?”](#) In summary, ADE means that rather than enhance your immunity against the infection, the vaccine actually enhances the virus’ ability to enter and infect your cells, resulting in more severe disease than had you not been vaccinated.^{32,33}

Fall and winter are the seasons in which most coronavirus infections occur, be it SARS-CoV-2 or other coronaviruses responsible for the common cold. If ADE does turn out to be a common problem with these injections, then vaccinated individuals may in fact turn out to be at significantly higher risk of severe COVID-19 and a potentially lethal immune reaction due to pathogenic priming.

Another potential risk is that of Th2 immunopathology, a form of cell-based enhancement in which a faulty T cell response triggers allergic inflammation. This condition may in some cases overlap with ADE, and can, like ADE, be life-threatening.³⁴

In my view, there are still so many potential avenues of harm and so many uncertainties, I would encourage everyone to do your homework, keep reading and learning, weigh the potential pros and cons, ignore all pressure tactics and take your time when deciding whether to get any of these [COVID-19 gene therapies](#).

If you or someone you love has already received a COVID-19 vaccine and are experiencing side effects, be sure to report it, preferably to all three of these locations:³⁵

1. If you live in the U.S., [file a report on VAERS](#)
2. Report the injury on [VaxxTracker.com](#), which is a nongovernmental adverse event tracker (you can file anonymously if you like)
3. [Report the injury on the Children's Health Defense website](#)

Sources and References

- ¹ [American Journal of Medicine January 2021; 134\(1\): 16-22](#)
- ² [A Guide to Home-Based COVID Treatment \(PDF\)](#)
- ³ [Lifesitenews.com April 8, 2021](#)
- ^{4, 15} [Fox News May 6, 2021](#)
- ⁵ [Los Angeles Times April 27, 2009](#)
- ⁶ [CDC January 2006](#)
- ⁷ [Time August 25, 2020](#)
- ^{8, 10, 18, 19} [The Defender May 7, 2021](#)
- ⁹ [Leo Hohmann April 30, 2021](#)
- ¹¹ [Twitter Alex Berenson April 30, 2021](#)
- ¹² [AHRQ December 7, 2007](#)

- ¹³ [The Vaccine Reaction January 9, 2020](#)
- ¹⁴ [BMJ 2005;330:433](#)
- ¹⁶ [Aletho News April 21, 2021](#)
- ¹⁷ [NBC News February 19, 2021](#)
- ²⁰ [Openvaers.com](#)
- ²¹ [The Post and Courier April 12, 2021](#)
- ²² [Politifact May 3, 2021](#)
- ²³ [The Defender May 11, 2021](#)
- ²⁴ [The Defender April 29, 2021](#)
- ²⁵ [Yahoo News May 2, 2021](#)
- ²⁶ [The Mercury News May 20, 2020 \(Archived\)](#)
- ²⁷ [Annals of Internal Medicine September 2, 2020 DOI: 10.7326/M20-5352](#)
- ²⁸ [Breitbart May 7, 2020](#)
- ²⁹ [Scott Atlas US Senate Testimony May 6, 2020 \(PDF\)](#)
- ³⁰ [John Ioannidis US Senate Testimony May 6, 2020 \(PDF\)](#)
- ³¹ [COVID-19: Restoring Public Trust During a Global Health Crisis – An Evidence-Based Position Paper to Ensure Ethical Conduct \(PDF\)](#)
- ^{32, 34} [PNAS April 14, 2020 117 \(15\) 8218-8221](#)
- ³³ [Viral Immunology 2003;16\(1\):69-86](#)
- ³⁵ [The Defender January 25, 2021](#)