

“The COVID-19 Vaccine is Safe and Effective” (12-22-21)

This oft-repeated statement seems simple enough, but since this is a scientific matter we need to unpack this assertion. (FYI, I’m not a healthcare provider, but rather a professional scientist.)

Before we analyze that statement, we need to understand that scientific conclusions about **safety** and **efficacy** ultimately come down to data analysis. The problem here is that some key COVID-19 data used by the Medical Establishment has been proven to be unreliable.

For example, the Medical Establishment (WHO, FDA, CDC, AMA, etc.) has failed to distinguish fatality data between those dying *from* COVID-19 vs those dying *with* COVID-19.

For example, the often-cited VAERS data is deficient, as submissions are not only voluntary, but subject to bias. Regarding the former, a [Harvard Study](#) concluded that (typically) only **1% of adverse outcomes** are reported to the VAERS data system!

1 - “The COVID-19 Vaccine”: There are actually four very different kinds of COVID-19 “vaccines.” Treating them all like they are just one, is inaccurate and misleading.

2 - “Vaccine”: The Medical Establishment has failed to make clear that the COVID-19 “vaccine” is *significantly* different from traditional vaccines (e.g., vaccines for shingles, smallpox, etc.). To be scientifically accurate, a more accurate description than “COVID-19 vaccine” would be “COVID-19 experimental bio-chemical injection.”

As just one (of several) differences, a traditional vaccine typically takes over ten years to conduct a sufficient amount of thorough studies to scientifically assure safety and efficacy. The COVID-19 experimental bio-chemical injection took about a year, and several important questions went unanswered.

3 - “Safe”: Clearly no long-term clinical studies were done in the expedited COVID-19 “vaccine” approval process, so long-term safety is literally **unknown**. Other traditional steps in vaccine development and clinical testing were reportedly skipped and/or abbreviated.

4 - “Effective”: What does this catchall word really mean here?

a) Does it mean that injection recipients will not get COVID-19? **NO**.

b) Does it mean that injection recipients will not get a COVID-19 variant? **NO**. To date there are some 4000 COVID-19 variants identified, and only a tiny portion have been tested.

c) Does it mean that if an injection recipients get COVID-19, that they will not pass it onto others? **NO**.

d) Does it mean that injection recipients who get COVID-19 will have less severe symptoms? **YES**. However, *proper early treatment would result in a similar outcome!*

e) Does hospitalizations of non-injection recipients prove that an injection is needed? **NO**. The main reason non-injection recipients are hospitalized is *because they are not given early science-based therapy*.

For more details (including numerous citations), see [here](#).