

**International Covid Summit - Presentation to the Parliament of Romania
November 18, 2023**



Mark Trozzi MD is a veteran Canadian emergency physician, and a critical resuscitation and trauma medicine instructor. He has held teaching positions in three Canadian medical schools. On duty in multiple emergency departments at the launch of Covid including one designated specifically for Covid; Dr Trozzi identified the global Covid agenda as unethical and unscientific.

At the end of 2020, he walked away from all his positions and income; and committed himself completely to alerting the public, helping advance genuine medical science, and supporting the drive for justice, as well as the return of human rights and the rule of law.

Dr Trozzi is a member of the Steering Committee for the World Council for Health; has served on the WCH Law and Activism Committee, is an active member and former chair of the WCH Health & Science Committee. He is one of the medical directors of The Wellness Company, and serves as a Consultant and Medical Advisor to various health and human rights organizations including Take Action Canada (www.takeactioncanada.ca), Justice for the Vaccinated (www.vaxjustice.org), Vaccine Choice Canada (www.vaccinechoicecanada.com), Police on Guard www.policeonguard.ca , and the South Africa Vaccine Adverse Events Reporting System (SAVAERS www.savaers.co.za). He is a member of the Canada Health Alliance www.canadahealthalliance.org and the Canadian Covid Care Alliance www.canadiancovidcarealliance.org; as well as one of the coauthors of the Declaration of Canadian Physicians for Science and Truth www.canadianphysicians.org.

**Dr Mark Trozzi MD
"True Efficacy of Covid-19 "Vaccines"**

**True Efficacy of
Covid-19 "Vaccines"**

The title slide features a light blue background with a white geometric pattern of overlapping triangles. The title is centered in a large, bold, black serif font.

Dr Mark Trozzi



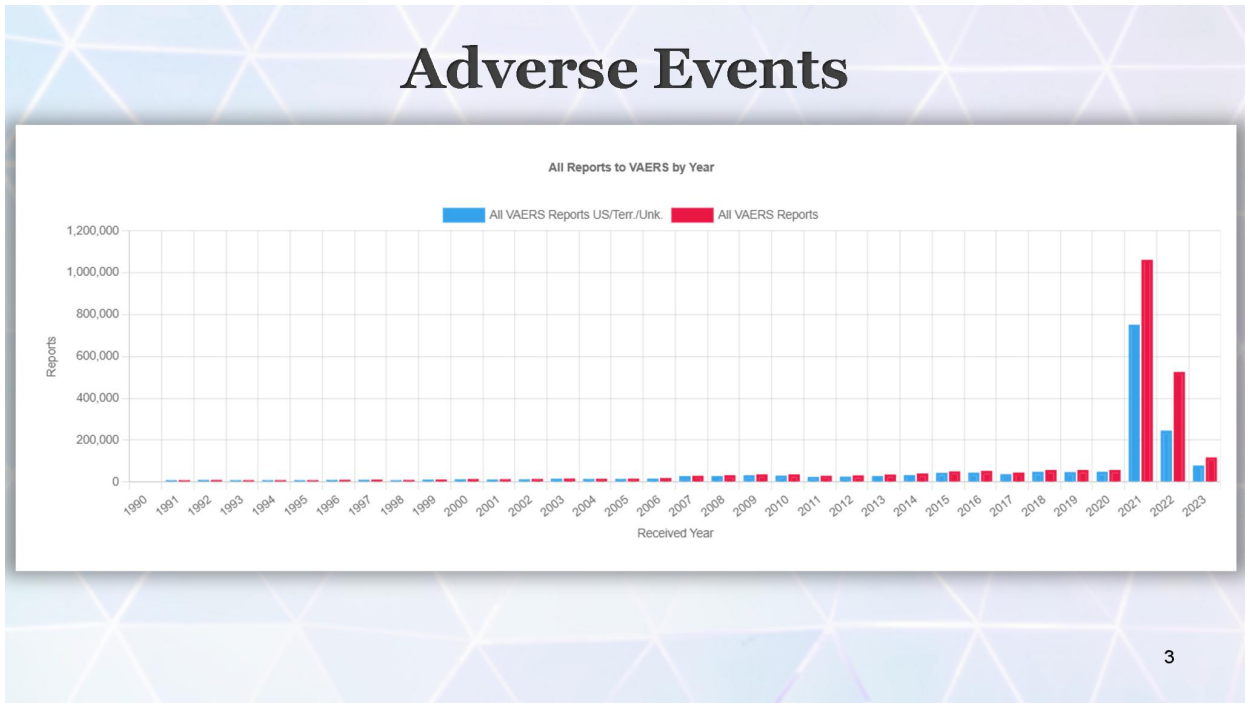
Introduction:

Covid-19 experimental genetic injections have been referred to as "safe and effective vaccines" though they do not satisfy that definition or those claims. They are physically not like any vaccine ever administered before.



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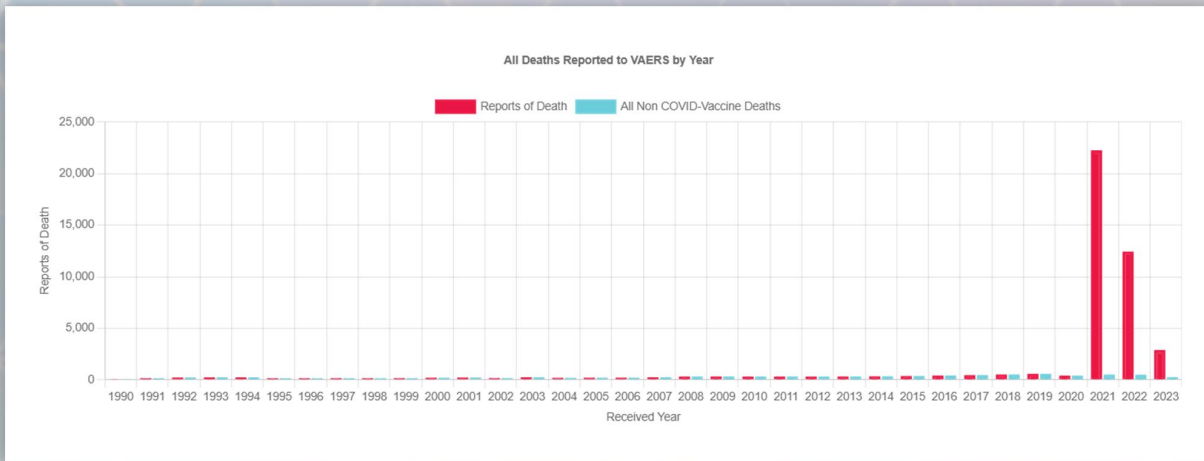
They do not block infection. They do not block transmission. They were predictably a failure and should not have been administered at all. The manufacturers' clinical trials were inadequate, flawed, and in my opinion fraudulent. Efficacy claims to the public were deceptive.



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Real world data clearly demonstrates that in addition to causing unprecedented adverse events ...

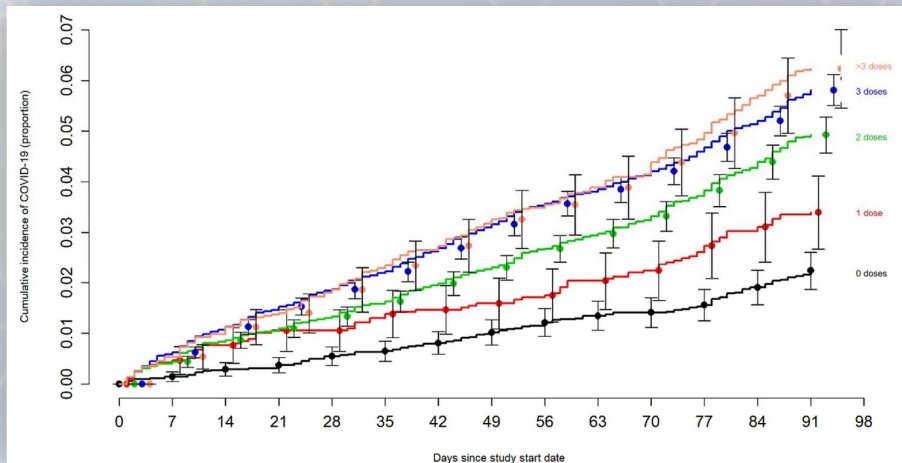
Death



4

And death by multiple mechanisms...

Covid



5

These injections ultimately increase ones risk of covid-19 disease; with more injections rendering progressively higher risk of disease.

Part 1: Predictable Efficacy

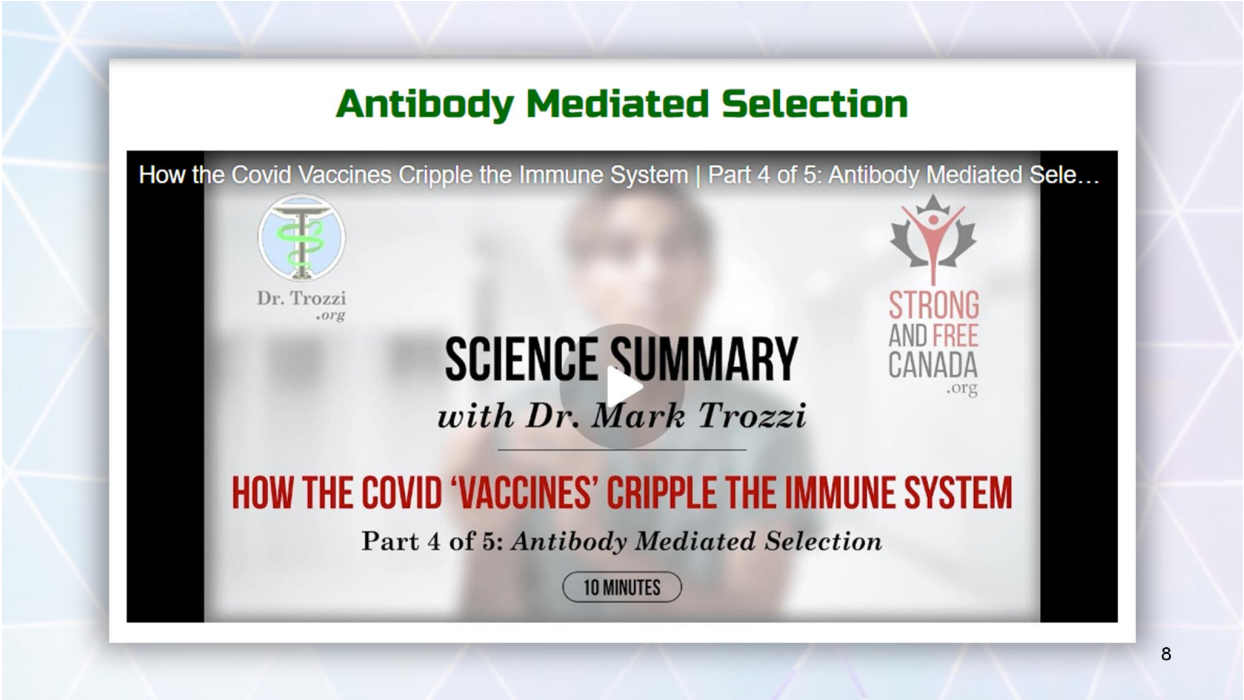


Why, as early as 2020, before the covid injection campaigns started, did many doctors and scientists around the world, including myself, endure great professional and financial persecution, in the process of warning you against these injections? It's because they were predictably harmful! Prior to the global experiment, the predicted efficacy of these injections was very poor.


There are many mechanisms of injury and death from the injections which my colleagues will describe to you, and I will gladly discuss during our interactions. These include general immune system dysfunctions that worsen all infectious diseases and cancers.


However, the subject of this article is specifically these injections' impact on frequency or severity of covid-19 infections. Though as we note they fail to meet the definition of vaccines, we will describe their efficacy in terms of how effective are they at reducing coronavirus infections.

There efficacy was predictably bad. Here are a few of the reasons:




First, prior coronavirus vaccine research had revealed that antibodies induced through experiments can actually worsen outcomes rather than helping. When exposed to the actual disease, vaccinated laboratory animals often suffered worse illness and higher death rates than the unvaccinated control animals.





Multidisciplinary
Scientific Journal



Review

The Novelty of mRNA Viral Vaccines and Potential Harms: A Scoping Review


Matthew T.J. Halma ^{1,*}, Jessica Rose ² and Theresa Lawrie ¹

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² Independent Researcher
 * Correspondence: matt.halma@gmail.com

Abstract: Pharmacovigilance databases are showing evidence of injury in the context of the modified COVID-19 mRNA products. According to recent publications, adverse event reports linked to the mRNA COVID-19 injections largely point to the spike protein as an aetiological agent of adverse events, but we propose that the platform itself may be culpable. To assess the safety of current and future mRNA vaccines, further analysis is needed on the risks due to the platform itself, and not

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Second, these injections though labeled as "vaccines" were indeed genetic injections. Pfizer and Moderna covid-19 "vaccines" used messenger RNA technology. There have only ever been 385 human subjects in mRNA technology experiments prior to covid-19. These experiments demonstrated poor performance and high levels of adverse events with this technology.





Dr Geert VandenBossche
PhD Vaccinologist

Dr Luc Montagnier Nobel
Laureate Virologist

Antibody Mediated Selection

How the Covid Vaccines Cripple the Immune System | Part 4 of 5: Antibody Mediated Sele...

SCIENCE SUMMARY
with Dr. Mark Trozzi

HOW THE COVID 'VACCINES' CRIPPLE THE IMMUNE SYSTEM
Part 4 of 5: *Antibody Mediated Selection*

10 MINUTES

10

Third, vaccinating a population during a pandemic violates a fundamental principle of vaccinology, which is that one should never try to vaccinate the way out of a pandemic. The reason for this is that doing so places evolutionary pressure on the virus, and drives the evolution of one variant after another. This obstructs the natural path to herd immunity which normally would have ended the

pandemic in a matter of a few months.

Innate Immunity and The Original Antigenic Sin



Dr Paul Alexander PhD and Dr Mark Trozzi MD October 7, 2021 11

A fourth reason we predicted negative impact from these injections is the importance of the innate immune system and its development, especially for children. This is threatened by these injections. So those are some of the reasons that many of us strongly predicted that these injections would have negative "efficacy", that is, that they would make matters worse.

It is beyond naive to think that with big Pharma's multi-billion dollar budget, their scientists who created these injections, could not foresee these same problems.

PART 2: Evidence From The Manufacturers



What evidence do we have of efficacy from the "vaccine" manufacturers' own documents?



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What evidence do we have of efficacy from the "vaccine" manufacturers' own documents?

Pfizer's initial two months of clinical trial data, which they used to apply to medical regulators for emergency use authorization; and the partial continuation of that clinical trial, to create their six month clinical trial report, had many flaws.

For instance: Two months for Emergency Use Authorization, and 6 months for the published trial, was far too little time to legitimately assess safety or efficacy. 10 years would be a usual minimum for a normal vaccine, never mind these genetic experimental "vaccines".

The trial was not designed to assess transmission, or clinically relevant endpoints like hospitalization or transmission.

Large numbers of "vaccinated" subjects were just eliminated from the study, so their results were absent, with no explanation.

There was a failure to actively track and record the health status and adverse events of all trial participants.

The study was prematurely unblinded and many of the "unvaccinated" control groups were injected with the "vaccine".

Unreliable and manipulatable PCR tests were used to diagnose "covid cases" without even reporting the cycle threshold used. This meant that "unvaccinated" subjects were diagnosed as having covid infections on very sketchy grounds; and "vaccinated" subjects similarly were diagnosed as not having covid, though they clearly had worse outcomes and more death. Considering the unreliability of the PCR as an endpoint measurement, they should have turned to all cause outcomes.

Vaccinated" suffer most, but positive efficacy is claimed

THE PFIZER mRNA PRODUCTS/ MORE HARM THAN GOOD

MORE HARM THAN GOOD

Screen capture from Pfizer 6 Month Supplementary Appendix

A negligible absolute risk change

	BNT162b2 20,998*	Placebo 21,096*	Relative Risk Change	Absolute Risk Change
Symptomatic Cases (Ongoing)	77	850	-91 %	-4 %
Severe Cases (Ongoing)	1	23	-96 %	-0.1 %
Treatment Related Adverse Effects (1 month post second dose)	5,241	1,311	+300%	+18%
Any Severe Adverse Effects (1 month post second dose)	262	150	+75%	+0.5%
Any Serious Adverse Effects (6 months post second dose)	127	116	+10%	+0.05%

* Efficacy population

Severe adverse events interferes with daily activity, require medical care, ER visit or hospitalization
Serious adverse event requires in-patient hospitalization, is life-threatening, results in death or persistent disability

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine Through 6 Months

73 MAY 3, 2022

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The “vaccinated” had much higher unsolicited adverse events (more sickness and disability), but the “vaccines” were still assigned as reducing symptomatic and severe cases of covid, while ignoring the reality that the “vaccinated” group suffered much worse disease and disability than the control group.

Pfizer trial: more death in the “vaccinated”

THE PFIZER mRNA PRODUCTS/ MORE HARM THAN GOOD

DOES NOT IMPROVE SURVIVAL

Screen capture from Pfizer 6 Month Supplementary Appendix

	BNT162b2 (n=21,096)	Placebo (n=20,998)
Reported Cause of Death		
All-cause mortality	15	14
COVID-19 related	1	2
Cardiovascular	9	5
Other	5	7
Total Deaths	20	14

Deaths before unblinding (n=14, but mentioned in the text of the 6 month report. See table below)

Deaths after unblinding (n=6, but mentioned in the text of the 6 month report. See table below)

Total Deaths

Concerning Causes of Death

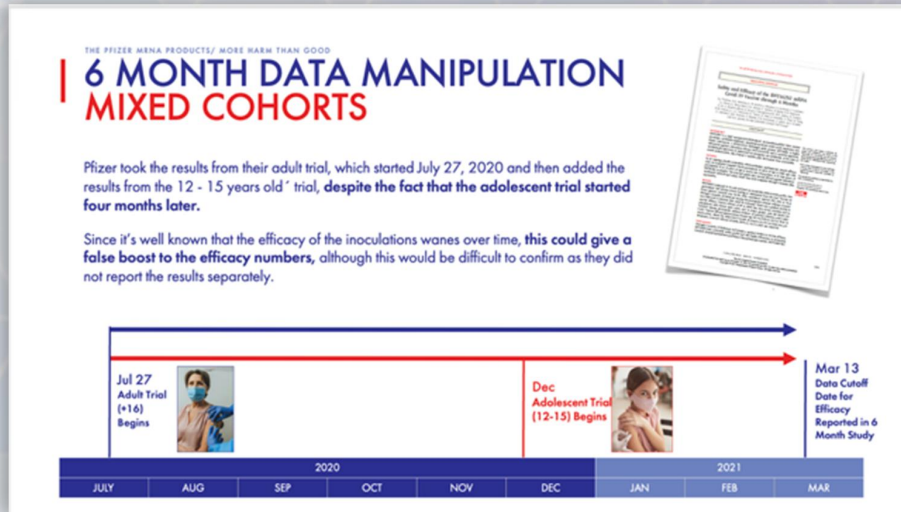
	BNT162b2	Placebo
Total COVID-19 Related Deaths	1	2
Deaths Related to Cardiovascular Events	9	5

75 MAY 3, 2022

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The Pfizer trial also had more death among the “vaccinated”.

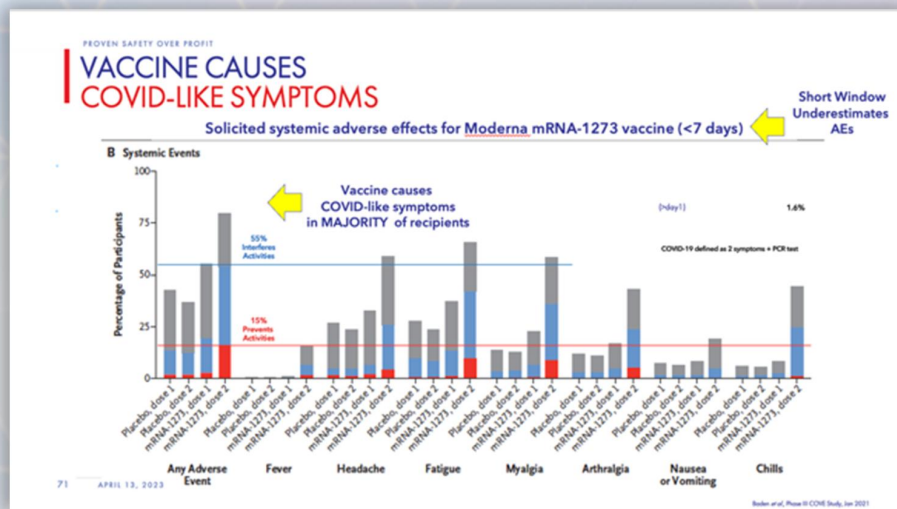
Pfizer Obscures Waning Efficacy by Mixing Adolescent and Adult Cohorts



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Pfizer may have covered up waning efficacy of the “vaccines” by combining the adolescent cohort group in with the adult group, even though the adolescent group started months later

Pfizer wasn't alone in performing unacceptable research...



Moderna: More covid symptoms among the "vaccinated", but they still claim positive efficacy.

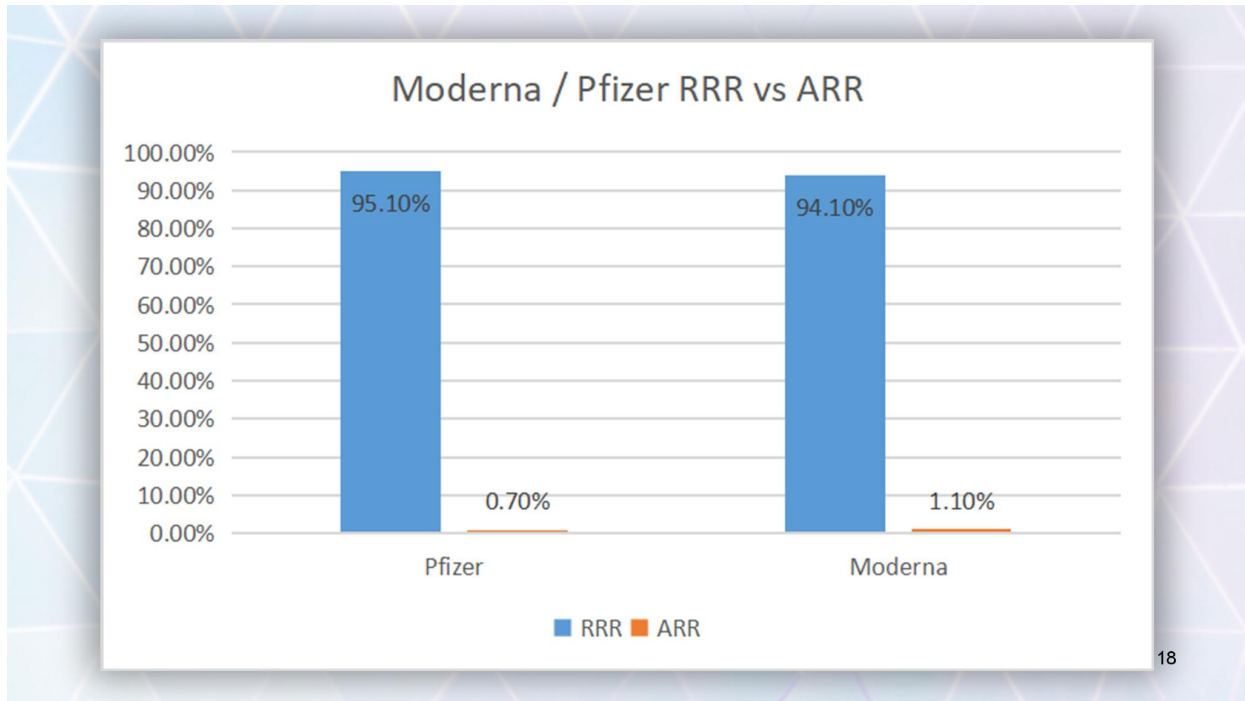
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Moderna's study showed increased "covid like symptoms" in the "vaccinated" group, but combined with a negative PCR (which is totally manipulatable, and the cycle threshold was not reported) they shuttled these patients to be counted as "not covid", but instead something they labeled as "reactogenicity". So despite the injected people having more and worse covid symptoms in the week

after the injections, they were counted as not having covid, and like Pfizer, Moderna ultimately reported that the “vaccines” reduced covid infections.

With all these tricks in play, the manufacturers created a relative risk reduction claim of 95%, when the reality was likely much lower or even negative.

Notice here we are discussing "relative risk reduction". This is not normal.



Reporting relative risk reduction is deceptive and unethical.

To make sound decisions about our health, we must be quoted absolute risk reduction. When Pfizer claimed their injections reduced the risk of covid disease by 95.1%, this actually meant it reduced the risk of covid disease by 0.7%.

The risk of covid disease was already very low without the "vaccine", so a 95% RRR is a very small actual reduction in risk, or ARR. Moderna similarly claimed to reduce the risk of covid infection by 94.1% in their studies, but that was really just an absolute risk reduction of 1.1%.

Considering the many flaws, omissions, and deceptive practices in the studies, like the ones we just discussed, the true absolute risk reduction for covid disease was possibly even less than the reported 0.7% and 1.1% ARR.

It may have been negative. We will find out more with the real world data to follow.

These trials were not designed to assess transmission, or clinically relevant endpoints like hospitalization or death. The absolute harms clearly outweighed the absolute benefits for Pfizer's 6 month data. People were coerced into experimental and dangerous injections that at most offered a sliver of benefit for reducing covid-19 disease, while increasing their total risk of harm.

Part 3: Real World Data & Government Actions

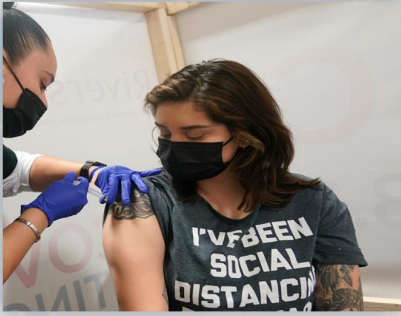


**How did these so-called
"vaccines" perform once
they were imposed on the
public?**

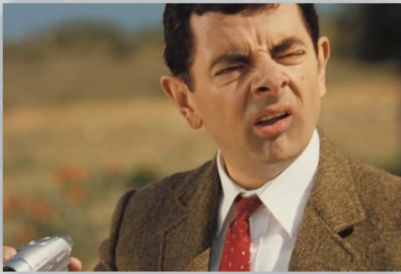
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How did these so-called "vaccines" perform once they were imposed on the public?

In short: poorly, and it was actively covered up by governments and medical regulators.



Miss-categorization of "vaccine status" and other cheap tricks.



Injected but not "vaccinated"

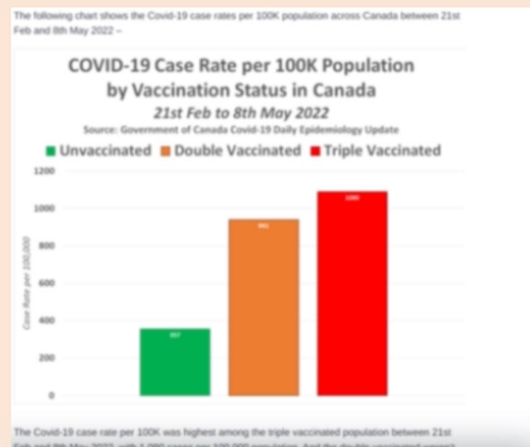
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Governments reported some evidence that supported "vaccine" effectiveness, but these claims were doubtful because of a range of serious inconsistencies and anomalies, including counting people as "unvaccinated" until two or three weeks after their injections, so for instance an infection up to two weeks after injection was counted as an infection in an unvaccinated person.

People were considered "injected but not vaccinated" which is farcical.

In Canada, reporting vaccination status with covid data ended when this showed:

When Canadian data showed much higher covid rates in the "vaccinated", rather than sounding the alarm, they stopped reporting "vaccine" status in covid statistics.

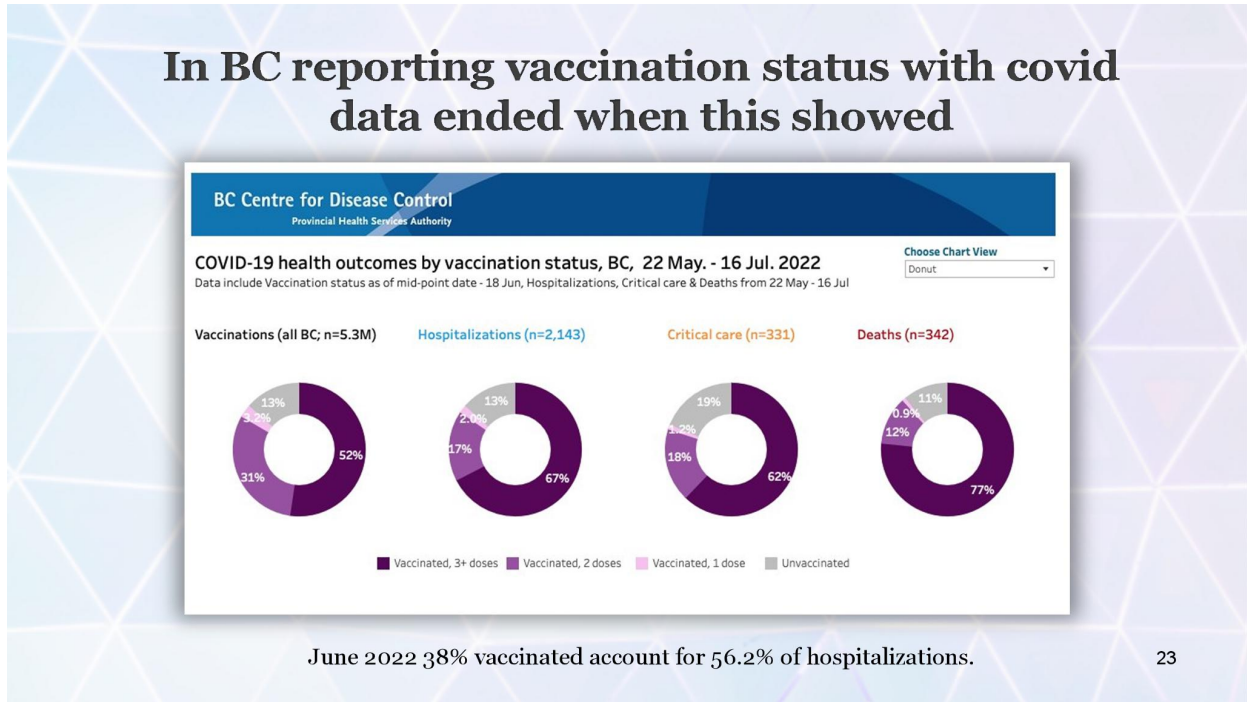


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When government covid data showed infection rates highest in the most "vaccinated", and lowest in the "unvaccinated"; rather than halt the injections and raise alarms, Canada's governments stopped

reporting “vaccination” status with the data. People were then blindfolded from seeing that it was predominantly “vaccinated” people suffering with covid-19 disease.

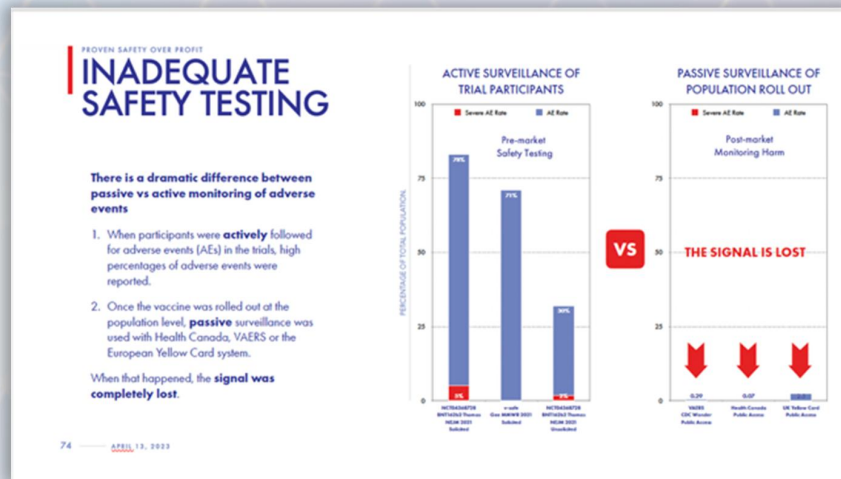
For example, by May 2022, Canadian data showed dramatically higher covid infection rates among the “vaccinated” than the unvaccinated, and even higher for triply injected person. Rather than responding in the best interest of the people, the government stopped reporting “vaccination” status with the covid statistics; then the public could no longer see what was happening.



Here’s one example of provinces doing the same thing. This is from British Columbia. Negative efficacy became obvious by the summer of 2022. The BC government responded by ending the reasonable practice of reporting “vaccination” status with covid data.

Other provinces did the same.

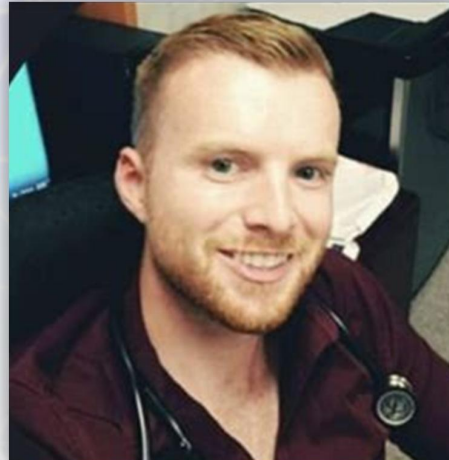
Following the roll-out Government Passive Surveillance



seems to make severe adverse events disappear.

24

There is a severe difference between active surveillance in clinical trials and passive government surveillance used following the roll out. Passive surveillance systems seemed to make adverse events disappear.



All Dr Patrick Phillips' adverse events reports were rejected, and he was wrongfully stripped of his license.

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In Canada, only physicians could report adverse events, patients could not.

The process was laborious, and doctors who tried to report adverse events, had their reports rejected, and they were investigated, disciplined, and often stripped of their licenses to practice medicine.

For example consider Dr Patrick Phillips of Ontario Canada, who maintained ethical and scientific integrity throughout the pandemic, and was unlawfully persecuted by the medical licensing body, the CPSO, and stripped of his career and income. Every adverse event he reported was rejected, and the CPSO responded to each of his attempted reports by launching another complaint against him, despite there being no patient complaints.

This is highly irregular.

UK March 2022 Week 11 Data: Covid Infection rates Higher in the Vaccinate

	[see]	
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}
Under 18	949.6	1,110.7
18 to 29	2,191.7	701.9
30 to 39	2,780.4	747.8
40 to 49	2,481.6	651.7
50 to 59	1,964.8	520.2
60 to 69	1,622.2	382.2
70 to 79	1,214.3	386.1
80 or over	1,223.9	556.3

UK March 2022 Week 11 Data: Covid death increases with number of injections especially for elderly

Death within 60 days of positive COVID-19 test by date of death between week 7 2022 (w/e 20 February 2022) and week 10 2022 (w/e 13 March 2022)	Total**	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]							
Under 18	2	0	1	0	1	0	0
18 to 29	17	0	6	0	2	7	2
30 to 39	34	0	14	0	2	10	8
40 to 49	88	2	16	1	6	29	34
50 to 59	232	1	41	0	9	72	109
60 to 69	431	1	59	0	17	105	249
70 to 79	1076	6	96	0	29	185	760
80 or over	3,217	3	168	1	55	465	2,525

In the UK, by week 11 of the injection campaign in March 2022, government data showed overall increased covid-19 infections and deaths among the "vaccinated" compared to the "unvaccinated." Scientists and doctors who showed negative effects of the "vaccines" were banned from publication and ousted from professional positions. Despite that, many studies contained data that did demonstrate negative efficacy.

UK June 2022 study:

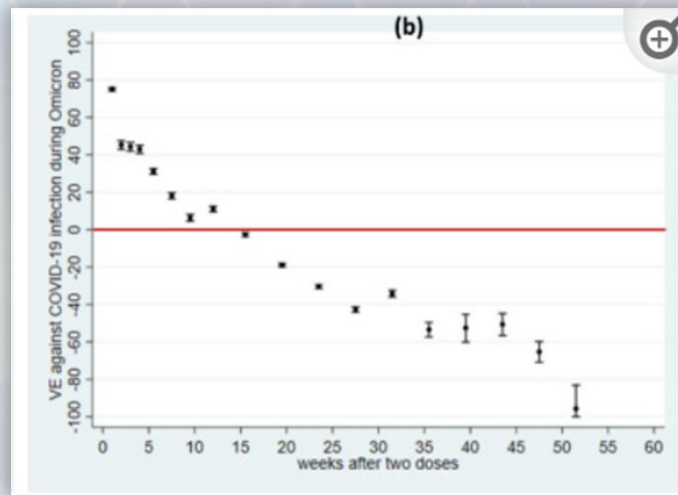
Associations of BMI with COVID-19 vaccine uptake, vaccine effectiveness, and risk of severe COVID-19 outcomes after vaccination in England: a population-based cohort study.

"Surprisingly, we observed a higher risk of test positivity after vaccination with one or two doses across all BMI groups, which is contrary to evidence reported by the UK ONS"

28

A UK study of covid "vaccine" and disease statistics in June 2022, involving more than 9 million participants and comparing data for differing Body Mass Indexes, found (I quote) "Surprisingly, we observed a higher risk of test positivity after vaccination with one or two doses across all BMI groups, which is contrary to evidence reported by the UK Office of National Statistics.

Sweden December 2022



“Vaccine” efficacy vs weeks following 2 doses

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Here are some results from Sweden, December 2022, from a study titled: Effectiveness of COVID-19 “Vaccines” over 13 Months Covering the Period of the Emergence of the Omicron Variant in the Swedish Population.

This involved data from 9,153,456 Swedes. The researchers reported conflict of interest and conclusion that differed from the data, but regarding “vaccine” efficacy, they found "limited protection against Omicron infection (dropped to 43% by week four and no protection by week 14)" and by week 50 post injection “vaccine” efficacy dropped to nearly negative 100%, meaning it doubled the persons’ risk of covid infection.

Our data showed negative “vaccine” efficacy against Omicron infection from week 14, indicating that “vaccinated” individuals experienced a higher risk of infection than those unvaccinated."

Sept 28 to Oct 2 2022 in Germany. Ophthalmology Conference Covid Outbreak



Research Letter | Public Health

Factors Associated With SARS-CoV-2 Infection at a German Medical Congress During the Omicron Wave

Alaa Din Abdin, MD, MRSCEd; Barbara C. Gärtner, PhD; Cristian Munteanu; Isabel Weinstein, MD; Birgit Mele; Philip Gass, MD; Berthold Seitz, PhD

Only "vaccinated" persons were infected; and natural immunity from prior infection was protective.

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In Germany, in the fall of 2022, a covid outbreak occurred at an Ophthalmology conference. Every single person known to be infected was “vaccinated”.

The Cleveland Clinic

Established in 1821, the Cleveland Clinic is an international healthcare system with over 200 hospitals and clinics. Its network of practices provides routine healthcare, emergency healthcare and specialist treatment.

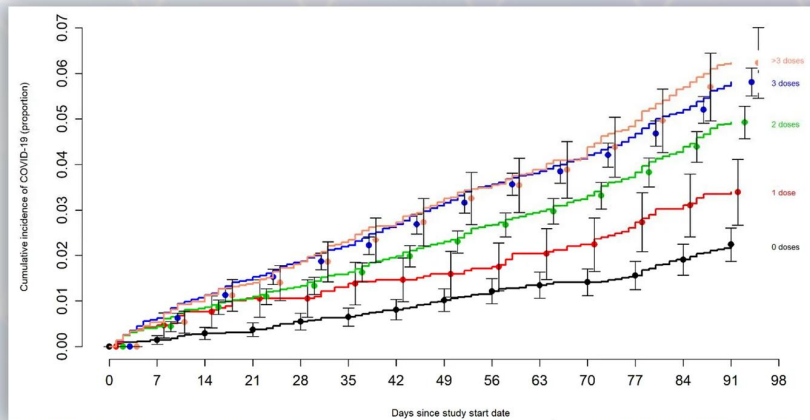
It consistently ranks as one of the top American and global healthcare providers, employing 65,000 healthcare professionals and treating nearly 6 million patients annually.

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The Cleveland Clinic in the USA employs more than fifty thousand persons.

First Cleveland Clinic Study April 2023.

51017 Participants. Risk of infection increases with every injection by ~17%.



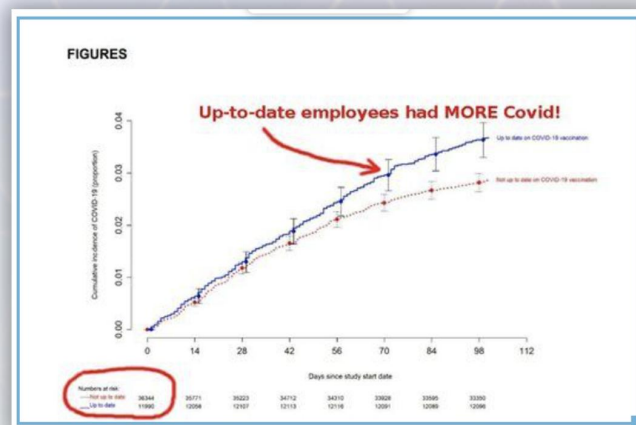
Uninjected are least infected. Most injected are most infected.

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This study published in April 2023, involved 51,017 employees and clearly demonstrated negative efficacy of the “vaccines”, with the lowest infection rate in the “unvaccinated” and highest rates in the most injected. You can literally see how each injection increased the risk of infection by about 17%.

Cleveland Clinic Study Reveals Vaccinated Individuals 33% More Likely to Contract Covid

- 48,344 Cleveland Clinic employees
- COVID vaccines make you more likely to be infected.



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A second Cleveland Clinic study published in June 2023, demonstrated lowest infection rates in person “not up-to-date” on the “vaccines”, and highest rates in person “up-to-date”.

Cleveland Study: Natural Immunity

- Ultimately, the authors found that the prior ‘infection’ (and robust immunity acquired from said infection), was deterministic of future COVID-19 status, ie: lower risk for COVID-19.
- **Infection is superior to injection with regard to COVID-19 repeat infections.**
- At the end the authors write: “It is now well-known that SARS-CoV-2 infection provides more robust protection than vaccination.”

Note: Over **160** Research Studies Affirm Naturally Acquired Immunity to Covid-19

<https://brownstone.org/articles/research-studies-affirm-naturally-acquired-immunity/>

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The researchers noted: "It is now well-known that SARS-CoV-2 infection provides more robust protection than “vaccination”. To say the least!

The FDA knew on September 17, 2021 that people who got the COVID vaccine were 2X more likely to be infected

FDA Briefing Document, Page 22:

Although not independently verified by FDA, the post hoc analysis appears to indicate that the incidence of SARS-CoV-2 during the analysis period among 18,727 study participants originally randomized to BNT162b2 (mean of 9.8 months post-Dose 2 at the beginning of the analysis period) was 70.3 cases per 1,000 person-years, compared with an incidence of 51.6 cases per 1,000 person-years among 17,748 study participants originally randomized to placebo and crossed over to BNT162b2 (mean of 4.7 months post-Dose 2 at the beginning of the analysis period). An additional analysis appears to indicate that incidence of COVID-19 generally increased in each group of study participants with increasing time post-Dose 2 at the start of the analysis period. Only 3 severe COVID-19 cases were reported during the analysis period, all of which occurred among study participants originally randomized to BNT162b2.

<https://www.fda.gov/media/152176/download>

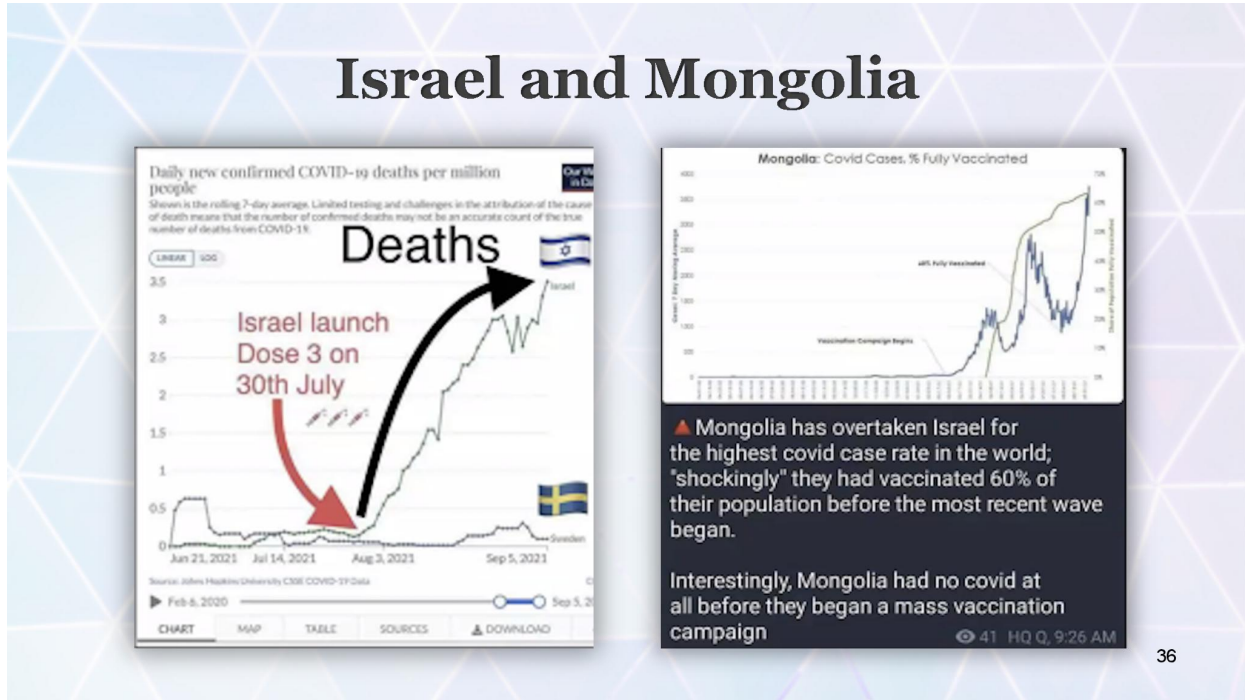
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The USA FDA knew on September 17, 2021 that people injected with the Pfizer covid “vaccine” had double the risk of covid infection than the “unvaccinated”. This is from the Vaccines and Related Biological Products Advisory Committee Meeting September 17, 2021 FDA Briefing Document.

This document reported a covid-19 infection rate in the “vaccine” group of 70.3 cases per 1000 people, but only 51.6 cases per 1000 people who were originally in the control group and later

"crossed over" and injected. It is safe to assume that they would have experienced an even lower infection rate had they not been injected at all.

It is scientifically deceptive and unethical to inject control subjects when they were clearly better off in terms of covid disease, adverse events, and death; but it did serve to reduce the magnitude of the negative efficacy that was demonstrated.



Israel launched their third dose on July 30, 2021 and deaths skyrocketed.

In Mongolia covid infections were approximately zero until they launched their injection campaign in February 2021. Then infection rates soared.

The Amish in America turned the other way.



No masks. No lockdowns. No social distancing. No experimental injections.

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The Amish:

Here's another real world indication of the negative effects of the coerced and misrepresented covid-19 genetic injection "vaccines", and the rest of the unscientific and unethical covid agenda.

The Amish did not participate in any of the covid agenda. They did not mask, social distance, close their schools, churches or businesses. They did not invite nor submit to the injection campaigns.

Senior Amish over 60 years old



**Covid infection mortality rate 23x
lower than the rest of America.**

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Amish people over 60 years old had a 23 times lower Infection Fatality Rate than the rest of the country.



There was a control group after all!

For all age groups combined, the Amish died from Covid at a rate 90 times lower the rest of the USA.

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For all age groups combined, their infection fatality rate from COVID was at least 90 times lower than the surrounding community.

The “unvaccinated” Amish were the control group.



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Conclusions



Covid-19 so-called "Vaccines" prolonged the pandemic, and increase individuals' risk of covid-19 disease.

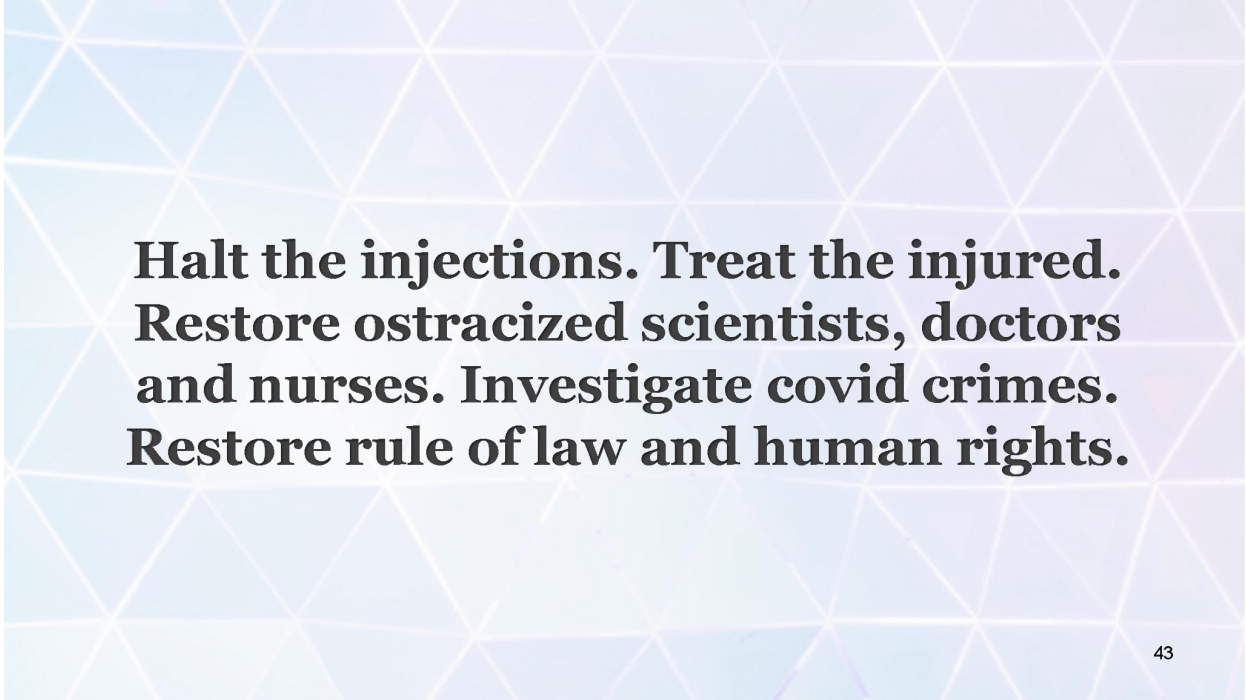
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The failure of the experimental genetic injections to perform as “vaccines” was predictable before they were launched. The manufacturers own studies were flawed, inadequate and riddled with efforts to obfuscate safety and dramatize benefit.

Relative risk reduction numbers presented to the public were deceptive. Real world evidence shows that in addition to the dramatic adverse events and deaths caused by these injections, they are complete failures with negative efficacy.

Covid-19 so-called "Vaccines" prolonged the pandemic, and increase individuals' risk of covid-19

disease.



**Halt the injections. Treat the injured.
Restore ostracized scientists, doctors
and nurses. Investigate covid crimes.
Restore rule of law and human rights.**

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What should be done?

Halt the injections.

Treat the injured.

Restore ostracized scientists, doctors and nurses.

Investigate covid crimes.

Restore the rule of law and human rights.

Special thanks to Dr Paul Alexander, Dr Byram Bridle, Dr Herman Edeling, Prof Josh Guetkow, Matthew Halma MSc, Steve Kirsch, Dr Tess Lawrie, Filomena Macchione, Dr William Makis, Deann McCleod, Prof Luc Montagnier, Dr Patrick Phillips, Christof Plothe DO, Dr Jessica Rose, Rain Trozzi, and Dr Geert Vanden Bossche.

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Here are some special people I would like to thank who helped make this presentation possible.

References:

ADE References:

Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the SARS Virus. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335060/pdf/pone.0035421.pdf>
"Conclusions: These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated."

A Review: Understanding Molecular Mechanisms of Antibody-Dependent Enhancement in Viral Infections <https://pubmed.ncbi.nlm.nih.gov/37515055/>

Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies
<https://www.nature.com/articles/s41564-020-00789-5>

Antibody-Dependent Enhancement of Feline Infectious Peritonitis Virus Infection in Feline Alveolar Macrophages and Human Monocyte Cell Line U937 by Serum of Cats Experimentally or Naturally Infected with Feline Coronavirus https://www.jstage.jst.go.jp/article/jvms/60/1/60_1_49/_article

Dr Lee Merritt explains ADE with mRNA "vaccine" VIDEO
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Antibody-dependent enhancement of coronavirus [https://www.ijidonline.com/article/S1201-9712\(20\)30731-1/fulltext](https://www.ijidonline.com/article/S1201-9712(20)30731-1/fulltext) "it is clear that the effects of both have negative consequences for the human body and are probably an obstacle to the development of viral vaccines"

Recent Advances in the Vaccine Development Against Middle East Respiratory Syndrome-Coronavirus
<https://pubmed.ncbi.nlm.nih.gov/31428074/>

"Vaccine candidates against SARSCoV were initially developed based on the full-length S protein. However, these vaccines were later demonstrated to induce non-neutralizing antibodies which did not prevent MERS-CoV infection, and the immunized animals were not protected from the viral challenge instead they experienced adverse effects like enhanced hepatitis, increased morbidity, and stronger inflammatory responses"

Weingartl, H., Czub, M., Czub, S., Neufeld, J., Marszal, P., Gren, J., et al. (2004). Immunization with modified vaccinia virus ankara-based recombinant vaccine against severe acute respiratory syndrome is associated with enhanced hepatitis in ferrets. *J. Virol.* 78:12672. doi: 10.1128/JVI.78.22.12672-12676. 2004 <https://pubmed.ncbi.nlm.nih.gov/15507655/>

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Mass vaccination during pandemic historical blunder: Nobel laureate Luc Montagnier.

<https://telanganatoday.com/mass-vaccination-during-pandemic-historical-blunder-nobel-laureate>

Children Should be Freed and Never Covid Injected P Alexander PhD and M Trozzi MD

<https://drtrozzi.org/2021/10/07/children-should-be-freed-now-and-never-covid-injected/>

Pfizer. Emergency Use Authorization (EUA) for an Unapproved Product Review Memorandum

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<https://drtrozzi.org/wp-content/uploads/2022/01/CCCA-The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>

Video

<https://drtrozzi.org/2022/01/12/exceptional-ccca-analysis-proves-covid-jabs-to-be-deadly/>

Peter Doshi: Pfizer and Moderna's "95% effective" vaccines—we need more details and the raw data Jan 4 2021.

<https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/>

Waning immunity. Does the FDA think these data justify the first full approval of a covid-19 vaccine?

<https://blogs.bmj.com/bmj/2021/08/23/does-the-fda-think-these-data-justify-the-first-full-approval-of-a-covid-19-vaccine/>

Flawed endpoints. Will covid-19 vaccines save lives? Current trials aren't designed to tell us. BMJ 2020;

371 doi: <https://doi.org/10.1136/bmj.m4037> (Published 21 October 2020)

<https://www.bmj.com/content/371/bmj.m4037>

P Alexander and M Trozzi. <https://drtrozzi.org/2022/01/21/devastating-2nd-week-report-of-negative-efficacy/>

The reported 95% RRR (relative risk reduction) was really less than 20% when we recalculated and imputed the over 3,000 subjects they removed to get the >50% threshold for EUA.

What Pfizer did in their FDA submission was fraudulent. Also, the ARR (absolute risk reduction) is 0.7% to 0.8%.

CDC Finally Released Its VAERS Safety Monitoring Analyses for COVID Vaccines via FOIA And now it's clear why they tried to hide them. JOSH GUETZKOW January 4 2023

<https://researchrebel.substack.com/p/cdc-finally-released-its-vaers-safety>

Absolute verses relative risk reduction. Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical

Trials <https://www.mdpi.com/1648-9144/57/3/199>

Sources of bias in observational studies of covid-19 vaccine effectiveness

<https://onlinelibrary.wiley.com/doi/full/10.1111/jep.13839>

Dr Jessica Rose on both the two weeks injected but "not vaccinated" scandal, and worse covid in the injected: <https://jessicar.substack.com/p/ontario-hospitalization-data-by-vaccination>

<https://wherearethenumbers.substack.com/p/the-very-best-of-cheap-tricks://twitter.com/MartinNeil9/status/1466814347762671628>

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Associations of BMI with COVID-19 vaccine uptake, vaccine effectiveness, and risk of severe COVID-19 outcomes after vaccination in England: a population-based cohort study.

[www.thelancet.com/journals/landia/article/PIIS2213-8587\(22\)00158-9/fulltext](http://www.thelancet.com/journals/landia/article/PIIS2213-8587(22)00158-9/fulltext)

Effectiveness of COVID-19 Vaccines over 13 Months Covering the Period of the Emergence of the Omicron Variant in the Swedish Population Dec 2022

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Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine. Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine. Nabin K Shrestha 1, Patrick C Burke 2, Amy S Nowacki 3, James F Simon 4, Amanda Hagen 5, Steven M Gordon 1 <https://pubmed.ncbi.nlm.nih.gov/37274183/>

Risk of Coronavirus Disease 2019 (COVID-19) among Those Up-to-Date and Not Up-to-Date on COVID-19 Vaccination. Nabin K. Shrestha,1 Patrick C. Burke,2 Amy S. Nowacki,3 Steven M. Gordon1 June 9, 2023 <https://www.medrxiv.org/content/10.1101/2023.06.09.23290893v1.full.pdf>

<https://drtrozzi.org/2022/08/08/bc-cdc-data-made-it-too-obvious-that-vaccines-dont-work/> Is also an alternat image for that slide later, though I suspect not.

How the Covid "Vaccines" Cripple the Immune System | Part 3 of 5

Dr Mark Trozzi Antibody Dependent Enhancement <https://drtrozzi.org/2022/05/21/how-the-covid-vaccines-cripple-the-immune-system-part-3-of-5/>

How Covid "Vaccines" Cripple the Immune System | Part 4 of 5

Dr Mark Trozzi. Antibody Mediated Selection <https://drtrozzi.org/2022/06/05/how-covid-vaccines-cripple-the-immune-system-part-4-of-5/>

Steve Kirsch. The unvaccinated Amish were the control group. Their infection fatality rate from COVID was 90X lower than the surrounding community. <https://kirschsubstack.com/p/breaking-the-us-covid-mitigation>

Steve Kirsch at Pennsylvania Senate <https://www.youtube.com/watch?v=qEGLWIKu8Ew>