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What Really Happened Inside the COVID-19 Vaccine Trials?

Analysis by A Midwestern Doctor | March 09, 2023

STORY AT-A-GLANCE

- One strategy used by Big Pharma to gaslight those injured by pharmaceuticals is to insist that there is no data linking the injury to the drug. Frequently however, these injuries were, in fact, observed in the trial but simply covered up to create the illusion the pharmaceutical was safe
- For Big Pharma to hide injuries that occur within a clinical trial requires them to aggressively gaslight the injured participants. Despite the fact that this ongoing practice had produced decades of bad data and severely harmed countless trial participants, nothing has been done to address this issue
- Numerous individuals have bravely come forward to provide testimony that severe research misconduct occurred throughout the COVID-19 trials. This misconduct resulted in a high human cost. The misconduct observed is similar to what has happened in previous trials, and proves that the COVID-19 vaccine approval was fraudulent

Recently, I reviewed the horrendous subject of medical gaslighting, something that many have had to face throughout the pandemic, when one doctor after another made the claim that COVID-19 vaccine reactions can't exist and your physical problems must all be in your head. Today I will discuss a central foundation of medical gaslighting.

One of the major things that underlies almost all cults (along with many other organizations that seek to control large numbers of people) is that its adherents are trained to interpret everything they see through the lens of their ideology, and deny anything they observe which challenges it. Within the modern institution of science, this

is accomplished by creating the mythology that humans are irrational beings whose observations cannot be trusted.

"Science," then solves this problem it created by providing "evidence" that is more trustworthy than anyone's individual "flawed" observations, and thus effectively silences any challenges to the institution (e.g., those inconvenient observations frequently made by members of the public).

Often in medicine, we observe this issue because doctors will insist that there is "no evidence" that an adverse reaction to a medical product could have occurred. Rather, the injury must have been a coincidence or the product of a pre-existing psychological problem. As you might expect, this mindset incentivizes pharmaceutical companies to do everything they can to produce doctored clinical trials that conceal any and all adverse events from their product.

This problem is epitomized by the "gold standard" of randomized controlled trials (RCT). In theory, these trials provide the most accurate data (to the point doctors will rarely consider anything else), but in reality, their benefit is much less than most realize (**eloquently explained within this essay** by Harvey Risch).

Conversely, it costs an enormous amount of money to conduct large RCTs, and that "sponsor bias" inevitably results in the trial being twisted to support the interests of its sponsors.

Sadly, although this is a longstanding issue, very little has been done to address it and the majority of doctors in practice are completely unaware of this problem, as they view RCTs as being a necessary box to check off in deciding what medical decisions to make.

Note: When the effect of a drug is very small, a large placebo controlled trial is necessary to detect the benefit (or just fabricate it), but when the benefit is large, it can be demonstrated with a much smaller trial. I and colleagues are thus comfortable using data from smaller trials as we believe that therapies used clinically need to demonstrate

a substantial benefit rather than a minute one which you must take on faith from a large trial's data.

Previous Vaccine Debacles

As far as I know, there have been four different vaccines that were given to a large number of adults that had no benefit, and an extremely high rate of serious adverse injuries. The forgotten lessons of what happened from the first three (smallpox, anthrax and human papilloma virus) were important as they each accurately forecasted what would happen once again with the COVID-19 vaccines.

The most recent one, Gardasil, the vaccine for HPV, provided no benefit to those who received it, and had a very high rate of severe reactions in adolescent young girls. It did however make Merck a lot of money at a time when the company was hemorrhaging income from the lawsuits against it for Vioxx — similarly Pfizer's COVID-19 vaccine is the most successful pharmaceutical product in history.

When the trials for the HPV vaccine were conducted, an alarming rate of adverse events (predominantly autoimmune in nature) occurred, and Merck's doctors systematically gaslighted the participants into believing that their illnesses were not associated with Gardasil.

After extensive investigation, and trial participants coming forward, it was determined that Merck deliberately concealed a large number of severe adverse events to make it possible for the vaccine to go to market. However, rather than address these medical issues (and the large number of complaints the government received from injured Americans), the FDA and CDC worked in tandem to produce research suggesting that the HPV vaccine was, in fact, safe.

At this point, the best metaphor I have come up with to describe what I've observed regarding enrolling in the pharmaceutical clinical trial process is that it is akin to entering an abusive relationship. The abuser will initially flatter you and promise you one thing after another in return for your consent to enter their web of deception.

Then, once they have you on board, they will break each promise they made, gradually treating you worse and worse, and gaslighting you into believing that those issues are not really happening. Finally, once they no longer need you, they will discard you and leave you to pick up the pieces (which is often almost impossible if you have a life-changing medical injury). Keep this in mind as we review what happened in the COVID-19 trials.

COVID-19 Vaccine Trials

The essential purpose of the COVID-19 vaccine trials was to:

- Be completed in a much shorter time frame than normal so that the vaccines could make it to the market before the pandemic ended on its own (which is essentially what has happened in Africa where vaccines were never used).
- Come up with something that could be used to justify that the vaccines were "effective" so that the medical profession would wholeheartedly support and promote them.
- Conceal any adverse reactions from the vaccines that would make the medical profession reluctant to recommend the vaccines, and, more importantly, ensure that during the rollout, doctors would deny that any harms they observed in patients could be linked to the vaccine (because doctors acknowledging widespread injuries would destroy the public's willingness to continue vaccinating).

Note: The FDA also understood the urgency to open this long-term marketplace, and waived a variety of oversights that would normally be required using the present "emergency" as the justification for doing so. Similarly, to quote a recent investigation by Die Welt:

> *"But was there even time for such a solid assessment by the authorities? E-mails from the EMA [Europe's FDA], which are available to WELT [the newspaper], show that the FDA, the British MHRA [England's FDA] and the EMA*

itself had already agreed on the date of approval before they could even take a look at the Pfizer papers.”

Long before the vaccines entered the market, I started to see the signs that an elaborate publicity campaign was being put together to frame the vaccines as the miraculous “solution” to the horrific pandemic situation we were experiencing (which was largely self-inflicted). Once the vaccines became available, that publicity campaign kicked into high gear and became **the most aggressive propaganda campaign** we had ever witnessed in our lifetimes.

Not surprisingly, this scheme also led to the vaccine manufacturers having the audacity to use titles like “**Safety and Efficacy** of the BNT162b2 [Pfizer] mRNA Covid-19 Vaccine” for the publications of **their trials**. Simultaneously, we were hit with the same soundbite over and over “well we had hoped the vaccines would be effective, but we never imagined they would be this effective.”

My colleagues ate that up, and it became nearly impossible to provide any piece of evidence with which to challenge this purported modern-day miracle.

When the COVID-19 vaccine trials happened, like many before them, the participants were promised that any issues that emerged would be taken care of by the vaccine manufacturers. Instead, when those injuries did occur, the participants were repeatedly told that their ailments had nothing to do with the vaccine.

In addition, these unfortunate people were diagnosed with a mental disorder, denied (contractually required) medical care, and removed from the trial. In short, textbook abusive gaslighting was perpetrated to its fullest extent on COVID-19 trial participants.

Similarly, the pharmaceutical industry has developed a playbook for how they can conceal adverse events and create the illusion of their medication’s efficacy. Those who had become familiar with this scheme from studying past debacles like the Gardasil trials were thus able to rapidly identify the same industry playbook being utilized within the COVID-19 trials.

Problems With Pfizer's Trials

When I read through the original Pfizer trial, a few red flags jumped out at me:

The vaccines were never tested for preventing transmission, and based on their design and my knowledge of precisely how previous vaccines failed to prevent transmission, I did not believe it could be taken on faith that the vaccine's efficacy in reducing symptoms translated to the benefit that all my colleagues ultimately cared about (reducing the transmission of COVID-19).

The actual benefits provided by the vaccine were very small. You had to vaccinate 119 people to prevent one minor case of COVID-19 (e.g., a sore throat + a positive test), 2711 people to prevent one "severe" case of COVID-19, and since no deaths were prevented in the trial, well over 21,720 people needed to be vaccinated (21,720 is the total number who were vaccinated in the trial) to prevent a single death from COVID-19.

Most of the suspected adverse reactions to these vaccines (e.g., cancer) did not appear to have been amongst the adverse events that were monitored (they were also unlikely to appear in the brief timespan of symptoms being monitored within this trial).

The adverse events that were reported were much higher than what has typically been reported in trials for other vaccines (e.g., 59% experienced fatigue after Pfizer's vaccine, whereas around 10-15% experience fatigue after an influenza vaccine).

The actual benefit that the vaccines provided was much less than these adverse events that were acknowledged within the trial report.

The noteworthy adverse events (about which I remembered reading in the online support groups I had joined in 2020 for vaccine trial participants) were not accounted for in any of the trial reports I read (Pfizer included). I had joined these online groups because I was suspicious of the vaccines and, knowing what had

happened in the HPV vaccine trials, felt that doing this would be the only way to find out what actually happened to the trial participants.

As I considered all of this, I could not help but wonder "if this was the best they could do using every possible trick at their disposal to rearrange their data to paint a positive picture of the vaccines, **just how bad was the actual trial data**?"

Unfortunately, my physician colleagues (who frequently lectured us on how to skeptically dissect scientific publications) were so enraptured by "the vaccine is even more safe and effective than we imagined" meme, that all these points fell on deaf ears.

Fortunately, some DID notice these issues, and Peter Doshi published a series of editorials (summarized here) in the British Medical Journal (BMJ — **considered to be one of the top 5 medical journals in the world**) that explained why the design of the vaccine trials and the evidence for Pfizer's vaccines was very poor, and could not justify an FDA approval.

Sadly, his experience with his colleagues mirrored my own, and his points were almost entirely ignored by the medical profession.

One of Doshi's many observations was that there were signs in the data that the trial was not blinded, and the entire benefit of the vaccine may have been due to a failure to test vaccinated individuals for COVID-19 (thus creating the illusion that vaccinated individuals were less likely to have laboratory-confirmed COVID-19).

Subsequently, a whistleblower, Brook Jackson, who helped run one of Pfizer's clinical trials, came forward and testified to the following:

- The COVID-19 vaccine trial she participated in was run in a much more haphazard way than any others she had worked on throughout her career.
- The trial was not blinded, and protocols that should have been followed to ensure blinding were flagrantly violated.
- Vaccinated individuals with COVID-19 were not being tested for COVID-19.

- Adverse reactions in vaccinated individuals were not adequately recorded.

Due to a concern that this conduct would violate the FDA's requirements for clinical trial sites, Brook alerted her superiors about what was happening so that these issues could be addressed. After her pleas repeatedly fell on deaf ears, she eventually notified the FDA directly. Although the FDA did not investigate her concerns, they appear to have informed her employer, as Brook was terminated the same day.

Note: As detailed by Doshi, there has been a longstanding issue with the FDA providing insufficient oversight for clinical trial sites, and as a separate investigation into FDA biologics (e.g., vaccines) oversight revealed, it was suspected that their laxity in oversight would dramatically worsen during Operation Warp Speed, which was the partnership between the Departments of Health and Human Services and Defense, aimed at helping to accelerate the development of a COVID-19 vaccine.

After these events transpired, Brook submitted her story to the BMJ who corroborated her allegations through documents she provided, and through other employees at the trial site. I would strongly recommend reading the BMJ's investigation to understand exactly what happened there. Since her termination, Brook filed a whistleblower lawsuit against Pfizer, which is presently in the federal courts.

Note: Although you can conceal most things by manipulating clinical trials, the one thing that is very difficult to hide is the total number of deaths (as they cannot be reclassified to something else). When Pfizer prematurely ended their trial at 6 months, more people had died in the vaccine group than the placebo group (and I suspect that this would have further worsened with time).

The report disclosing this inconvenient fact (which destroyed the entire remaining rationale for vaccine mandates) was released **over a year ago**.

Later, when I reviewed the events with Brook, one of the most interesting things I learned is that most of the data collected at clinical trial sites never even makes it to the FDA. Instead, the FDA only receives a very small sample of it that is trusted to be representative of everything that occurred.

I suspect that this is one of the many reasons why the FDA could truthfully claim that they had no knowledge that most of this happened, although as this article shows, they are clearly also culpable since they did not choose to pursue getting the reports for adverse events (like Maddie's), which they were directly informed were happening.

Fraud frequently occurs in clinical trials and is then is swept under the rug. However, due to the global attention brought to the COVID-19 vaccines, we also had a unique opportunity. Numerous whistleblowers came forward to disclose what happened during the clinical trials. Before we discuss what the trial participants experienced, I would like to share a brief video that I feel accurately encapsulates what whistleblowers must endure.

The COVID-19 Vaccine Trial Strategy

Pfizer and Moderna knew quite early on (although exactly how early is a matter of speculation) that there were serious risks involved in using the mRNA spike protein platform for vaccination (this was also most likely the case for AstraZeneca and Johnson & Johnson with their spike protein vaccine).

This left them in a bit of a bind; how could the vaccines they were committed to making for Operation Warp Speed be "safe" enough to win the vaccine race and get the market share they wanted?

As far as I can tell from reading the preclinical documents (e.g., this one), this was initially accomplished by opting out of much of the safety testing on non-human subjects, which would normally be required before proceeding to human studies (e.g., Pfizer was allowed by regulators to exempt itself from testing for autoimmunity or cancer risks).

I took this as a tacit admission that it was known that there were serious issues here (given that there were major concerns with autoimmunity and cancers, and they have since become some of the most well-known complications of the vaccines).

In turn, Pfizer concluded that their best option was to never formally test for these problems, so that Pfizer could plausibly deny knowing that they existed (this is a common industry tactic) and claim that there was no evidence that the issue existed.

Once the human trials began, the goal shifted to doing everything possible to minimize the number of inevitable adverse events which occurred. This was essentially accomplished by:

- Making it very difficult for trial subjects to actually report any complications from the vaccines except for a very narrow subset of symptoms that were not a major publicity issue for the vaccine manufacturers.

  This characterizes both **the limited V-safe data** (which was still incriminating enough that a lawsuit was needed to obtain it from the CDC), and the brief list of adverse reactions found within the main section of **Pfizer's clinical trial report** [fever, headache, fatigue, chills, vomiting, diarrhea, muscle pain, joint pain, or use of a fever medication along with pain, redness, or swelling at the vaccination site].

  Furthermore, all of these symptoms were only monitored for 7 days post-vaccination (many vaccine injuries do not occur within this brief window, which was a well known fact prior to the COVID-19 vaccines).

  Note: the more severe injuries in Pfizer's study were reported in an extremely vague manner (**see page 9**), which effectively made it impossible to determine anything.

- Aggressively reclassifying each serious complication as unrelated to the vaccines (typically by claiming it was in fact due to a pre-existing psychiatric condition or COVID-19).

- Avoiding any type of long-term followup on patients which could provide incriminating safety data, regardless of prior commitments to do so.

Because of these strategies, any complications that research participants experienced could not be acknowledged by the vaccine manufacturers as being related to the vaccines. Instead, all they did was **gaslight** the patients into believing that the injury was

unrelated to the vaccine, and collude with healthcare providers to create the narrative that the injury was not related to vaccination.

One of the cruel complications of this approach was that it required reneging on the promises that were given to the trial subjects at the start of the research study — any medical complications they received would be covered (because providing any type of help would require acknowledging that there were potential complications from the vaccine).

The one, possibly unanticipated, downside of choosing not to help with medical expenses accrued in the vaccine trial is that it could solicit the outrage necessary for trial participants to speak out publicly about what happened to them, and more importantly for the public to listen.

All of these potential issues were why the BMJ **has repeatedly called** for the raw data for the COVID-19 vaccine trials to be released. It is almost certain that the scant clinical trial data we have been provided by the pharmaceutical companies is highly misleading, and that lack of information makes it completely unethical to mandate the vaccines on the population.

This is especially true because the lack of data acknowledging the injuries makes it impossible for those who are injured to receive any type of medical care or support (hence, why many health care providers are now labeling vaccine injuries as long-covid — this diagnosis represents the best shot many of those patients have of getting help).

The COVID-19 Vaccine Trial Participants

When you review each of these cases, it does appear that they were all coordinated, since a very similar tactic was used on each participant. However, I believe that this was more of an emergent phenomenon because very similar things to the approaches used here have occurred in the past.

Much of what follows is déjà vu from Merck's HPV vaccine trials, and to a lesser extent these examples also match **what many people I know have experienced following**

injuries from other pharmaceuticals that were already FDA approved (doctors are often very resistant to believing that drugs they prescribed could have caused harm).

Many of the adverse events shown below were reclassified as being a complication of pre-existing psychiatric conditions, and this has been the default strategy for gaslighting patients throughout the history of medicine.

I believe the new emphasis on reclassifying injuries as COVID-19 resulted from a climate of hysteria, where anything could be labeled as COVID-19, and there is enough of an overlap between spike protein injuries from COVID-19 to the vaccine itself, that it could be rationalized that many vaccine injuries were actually due to the virus.

Maddie's Story

To expand the market for the COVID-19 vaccines, a case needed to be made that they were safe and effective for children (who had for all practical purposes a 0% chance of dying from COVID-19). For this reason, we saw a variety of predatory advertisements such as this one from Pfizer:

As you might expect, severe injury (and the inevitable gaslighting) also occurred in these trials. One young participant, Maddie de Garay had an extremely compelling story which touches on almost every issue with the COVID-19 vaccines. Recently she provided a remarkable account of her experiences on the Highwire, which I then edited into a shorter version that focused on the most compelling parts (so that more people would be interested in viewing it).

Because of how important I felt this story was for the world to see, I emailed it to Pierre Kory for him to share with his platform. If you want to fully understand what actually happened in the clinical trials for the COVID-19 vaccines for children, **you need to watch this video** (it is the most important part of the article):

Most of what is in this video should speak for itself. There are also a few additional things I'd add though:

Maddie's attitude is remarkable. I am genuinely amazed that she is not more bitter about her situation, especially given how healthy and active she was before her injury (it is incredibly difficult for people who have serious injuries to come to terms with what has happened to them, and accept that they can no longer do what they had previously been able to do).

Instead, she is almost entirely focused on sharing her story and preventing others from also experiencing her nightmare.

One of the issues highlighted in the **Real Anthony Fauci** was that Fauci has developed a network of principal investigators (PIs) to conduct questionable research trials for his drugs.

There is absolutely no question that Maddie's PI, Dr. Frenck, knew what her injury was the moment it started (as it had previously been reported in many adults), knew what it meant for Pfizer if the injury was acknowledged by the trial (given how few children were in his trial), and that he had enough influence to shape the medical care which Maddie received so that her injury would not be something that had to go in the clinical trial report.

His choice to initiate this coverup resulted in a delay of critical medical care, which could have prevented her paralysis. He is directly responsible for what happened to Maddie.

The allergist, Amal H. Assa'ad, who worked with Maddie, diagnosed her with a faux condition, Functional Neurological Disorder (FND) to conceal the adverse event. According to Open Payments (a required database for pharmaceutical payments to physicians), from 2015-2021, Assa'ad **had received** $652,650.65 for associated research funding (with the amount increasing year by year).

FND is an extremely disingenuous disease that is frequently used to **gaslight** patients who have received severe neurological injuries. I wrote more about it **here**,

including how neurologists lack the insight to recognize what they are doing when they authoritatively throw this diagnosis around.

The experience Maddie had at the hospital was awful, and to some extent surreal, but for length considerations, I cut it from the presentation. Amongst other things, Maddie became much worse after she was at the hospital (e.g., she lost her ability to walk), and believes it was due to her MRI. I periodically encounter people with complex issues who get much worse from MRIs (especially the COVID-19 vaccine injuries).

I've seen a few explanations for this, and of those, the most likely (but not only) explanation is it being due to the MRI's contrast agent. Gadolinium is quite toxic for some, but this toxicity is rarely considered in medicine.

Maddie was very fortunate to have a parent who was a nurse. Similar situations are even worse for those who have no direct experience in health care.

Maddie's **lifefunder** can be accessed here.

Brianne's Story

Many of the key points that needed to be made are contained within the above clip which combines two different presentations. The additional important aspects of Brianne's story that were not shown in this clip were:

- Brianne was actively communicating with the National Institute of Health (NIH) as part of a study for treating COVID-19 neurological injuries, which were repeatedly delayed by the NIH for political reasons (but was eventually published).

  In that study, they eventually settled on using intravenous immunoglobulin to treat the injury (which interestingly, also sometimes helps HPV vaccine injuries, but is also an expensive treatment requiring a large donor pool, and thus has limits to **its**

scalability). I wrote more about Brianne's experience with the NIH and their study here.

- Brianne founded an organization dedicated to helping COVID-19 vaccine injury victims including those featured in this article who participated within the vaccine trials (and had their injuries be reclassified spuriously — e.g., Maddie's permanent disability was functional abdominal pain and Olivia's diagnosed cancer was just moderate lymphadenopathy). According to their organization (in response to Maddie's story):

Olivia's Story

Since medicine is a very visual endeavor, when an unusual condition emerges which can clearly be seen (e.g., on an MRI or on the skin), doctors are much more open to believing it is real and not just the result of some pre-existing psychiatric issue. Olivia's (severe and progressive) injuries were just that, but nonetheless, this is how Moderna's PI treated her when confronted with that evidence (clipped from the above video):

Despite it being unambiguous that her injuries were due to the vaccine, Moderna did not pay for her medical care as contractually promised, and of course did not report her injuries.

Additionally, the clinical trial site director said she would only be able to acknowledge that the cancer Olivia had was linked to the vaccine if "more research emerged in the future linking it" even though this happened at the trial **that was supposed to determine if this could happen** (this circular logic illustrates a common deficit in critical thinking that exists throughout my profession).

Although her shoulder injury is alarming (and like Maddie, the physical therapy that Olivia was forced to go through to "address" it should never have been conducted), the cancer she developed is much worse.

Based on Olivia's history, there is a very strong case that it was linked to her vaccination, and had this been presented in Moderna's trial report, would have had huge implications for the many patients now developing cancers who are told they cannot possibly be related to the vaccine (after all "it wasn't detected in the trial report"), and thus are denied the support they need.

Unnamed Moderna Trial Participant's Story

A while back, I was requested to review **865 vaccine injuries** that were submitted in a survey to assess the plausibility that the deaths described were due to the vaccine. One of the reports caught my eye since it represented a critical incident **that was not reported** within Moderna's trial report (see page **40**), so I reached out to the doctor (who will remain unnamed) who submitted the report and had good reason to be knowledgeable of this patient's history.

According to the doctor, the gentleman who passed away was part of the clinical trial at Research Atlanta that was paid for by Moderna. He developed atrial fibrillation after the vaccine, and approximately 3 months after vaccination, he was hospitalized (but never vented or sent to the ICU) at Grady Memorial Hospital (which is very close to the CDC).

At the hospital, he received a CT scan, which revealed blood clots in his lungs. At the time, no one was aware that the vaccine could cause blood clots (both Moderna and the CDC had insisted that the vaccine was safe, and had not revealed it was associated with blood clots).

The blood clots were then assessed to have been due to metastatic cancer, as there was no other explanation for them, despite the fact that a full cancer workup was conducted which could not detect any signs of cancer in the patient. The doctor I corresponded with (who I deemed competent to assess this question) is certain that the patient did not have metastatic cancer.

The patient was then assessed to be terminally ill, discharged to hospice, and then died in hospice care (which may have been partly due to respiratory difficulties resulting from

the opioids he was given for hospice). As you might expect, the clinical trial contacts were notified of what happened to this patient, but they ignored the report.

Augusto's Story

Argentina was one of Pfizer's primary test sites for their vaccine. Augusto Roux, a participant there, sadly, was also abused by Pfizer. Fortunately, Augusto is also a lawyer and is doing everything he can to hold Pfizer accountable at a federal level (e.g., recently he obtained documents showing the COVID-19 vaccine program was an Argentinian military operation). In this interview, Augusto shares what happened to him (an article was also written documenting his experience here):

Although Augusto had the same experience as everyone else (e.g., they tried to say his issues were due to psychological problems and his adverse event never ended up in Pfizer's final clinical trial report), there were also some remarkable aspects of his case:

- His hospitalization was initially documented by a senior specialist as an adverse reaction to a coronavirus vaccine (although, as the previous examples like Olivia's have shown, this did not ultimately change the course of things).

- In addition to the team erroneously reporting the hospitalization which Augusto had directly told them about, the PI who was supervising his case **fabricated a medical record** to claim Augusto had an anxiety disorder. His injury (a pericardial effusion suggestive of pericarditis) was attributed to COVID-19 (even though Augusto tested negative for COVID) and anxiety (even though anxiety, cannot, to my knowledge cause a pericardial effusion).

  Interestingly, a news anchor recently reported the identical complication Augusto experienced and briefly became a meme due to her inability to connect it to the vaccine (which further helps to illustrate the consequences of gaslighting the public into believing these injuries don't exist after they are kicked out of the clinical trials):

Recently Augusto's story of the clinical trial irregularities in Argentina was corroborated by Die Welt, **the fourth largest newspaper in Germany**. It mentioned that 53 participants were dismissed from Pfizer's trial in one fell swoop on August 31, 2020 (in violation of the trial protocol), and of the total 302 vaccinated subjects who were dismissed from Pfizer's vaccine trial, 200 were from Buenos Aires (the capital of Argentina).

The report also discussed the case of a trial participant (allegedly in the placebo group) who died shortly after entering the study, whose death was concealed from the Argentinian health authority. Additionally, Augusto obtained the record of another test subject who died from a heart attack at the same hospital to which he was admitted, but was not registered in the final Pfizer clinical trial report. As Die Welt noted, numerous parties realized something was amiss:

> *"The Argentine health authority ANMAT had apparently also noticed that things were not going as they should in the military hospital: their inspectors stopped by twice to check. This has not been the case in any other place of study in the world."*

Finally the report reviewed 21 cases of vaccinated patients in the study who died, but who had deaths "unrelated to the vaccines." For two of those cases, records are available. One death was from a suspected stroke at home three days after vaccination, and the other died from a fatal cardiac arrest twenty days after vaccination.

Had these specific adverse reactions been acknowledged within the clinical trials, we most likely would not have had to spend over two years convincing the medical establishment that the vaccines can, in fact, cause you to die suddenly (fortunately about half of the American population **now recognizes** the COVID-19 vaccines can cause sudden death).

Similarly, given how small the benefit from the vaccine was, each of these examples of data manipulation I've detailed could have easily been enough to negate the "safe and effective" aspect of the vaccine in the final report (likewise, I can only

imagine what happened to the 200 vaccinated test subjects removed from Pfizer PI Fernando Polack's trial site in Argentina).

Before the whistleblowers even came forward, individuals like Peter Doshi astutely recognized something was amiss from looking at the data that was presented. At this point in time, it is also important to note that we only have access to a small sample of what occurred within the COVID-19 trials, and there are likely many other similar stories to those detailed within this article that we will never hear of.

Augusto's clinical trial site was riddled with many other irregularities indicative of research fraud like those mentioned above, or **the large number of patients impossibly recruited at the last minute for the trial**. Fernando Polack, the PI who supervised that site (the same one who doctored Augusto's medical records) was also **the lead author** of **Pfizer's New England Journal of Medicine (NEJM) study**.

Augusto's experience and the documentation he has collected that proves the lead author's misconduct is most likely the strongest argument for NEJM retracting Pfizer's pivotal vaccine study.

Note: In addition to the erroneous COVID-19 studies mentioned here, the NEJM also previously published **Merck's highly questionable HPV vaccine study**.

As part of Die Welt's investigation, they asked Pfizer to comment on the cases of Maddie de Garay, Augusto Roux, the events in Buenos Aires and the role of Fernando Polack. Pfizer promptly replied:

> *"Regulatory authorities around the world have approved our COVID-19 vaccine. These approvals are based on a robust and independent assessment of quality, safety and efficacy scientific data, including the Phase 3 clinical trial."*

This stonewalling again illustrate the circular logic that sustains fraudulent research.

Pfizer vs. Moderna

Although many things could be said about these cases (which I suspect also holds true for the other ones I am not yet familiar with), one of the things that stands out to me from these reports is the differences in how Pfizer and Moderna conducted their trials.

In Pfizer's case, they had a robust system in place to activate a team of physicians to immediately neutralize any claims that the vaccine could be harmful. However, in Moderna's case, they just told the doctors involved that the events could not be related to the vaccine, and most doctors took those claims at face value (as they did not want to believe the vaccine could be harmful).

Moderna, in effect, succeeded through inaction (by not documenting injuries or paying compensation for medical care they were obligated to) rather than systematically orchestrated gaslighting.

I suspect this difference in strategies was due to Moderna being a fledging pharmaceutical company without an apparatus in place like the one Pfizer had developed over decades. Fortunately for Moderna, their laid-back approach ended up working out just as well since the FDA just rubber-stamped both of their vaccines.

Regardless of the approach that was followed though, I hope that this examination into their mutual research misconduct helps to explain how these "impossible to predict" side effects that were never detected in the "robust" clinical trials could have suddenly emerged once the vaccines entered the market.

Conclusion

Each of the individuals mentioned in this piece has not had their immense medical expenses (e.g., Dressen **has spent over $300,000.00**) reimbursed by the vaccine manufacturer for whom they agreed to be a trial participant.

This abuse is possible because the contracts which each participant signs **suggest that any injury they receive will be taken care of**, but the loophole for the pharmaceutical companies is that the support is conditional upon the company deeming that the injury is related to the vaccine (and as this article shows, they will do everything they can to make sure it is not).

Sadly, this specific violation of informed consent **has a been a long standing issue in clinical trials**.

The medical field, in turn, has observed numerous issues with attracting sufficient participants to take part in clinical trials, which I believe stems from a variety of issues such as those outlined here (e.g., anyone who learns of what the Cincinnati Children's Hospital did to Maddie De Garay would never enroll their child in a study there).

Prior to COVID-19, the medical community, through the American Medical Association's Journal of **Medical Ethics** **proposed an interesting solution** to this dilemma:

> *"Few would argue with Bill Gates when he describes vaccination as "the most effective and cost effective health tool ever invented." To date vaccination has saved many lives and has the potential to save millions more …*
>
> *In recent decades there has been a distressing decline in the numbers of healthy volunteers who participate in clinical trials, a decline that has the potential to become a key rate-limiting factor in vaccine development."*
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> *"**Compulsory involvement in vaccine studies** is one alternative solution that is not as outlandish as it might seem on first consideration.*
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> *Many societies already mandate that citizens undertake activities for the good of society; in several European countries registration for organ-donation has switched from "opt-in" (the current U.S. system) to "opt-out"*

systems (in which those who do not specifically register as nondonors are presumed to consent to donation) [10], and most societies expect citizens to undertake jury service when called upon.

In these examples, the risks or inconvenience to an individual are usually limited and minor. Mandatory involvement in vaccine trials is therefore perhaps more akin to military conscription, a policy operating today in 66 countries.

In both conscription and obligatory trial participation, individuals have little or no choice regarding involvement and face inherent risks over which they have no control, all for the greater good of society."

As this position paper illustrates, the modern construct of medical ethics (**discussed here**) has been shifted to focusing on finding a way to get what someone wants, rather than doing what is ethical.

This is why in so many areas of medicine, completely inconsistent ethical positions are held (e.g., a mother has the right to abort her child as she deems fit, but a mother cannot refuse to vaccinate her child as that might put its life at risk — positions at odds with each other until you realize both generate profitable medical services).

To some extent, it can also be argued the above position has since become policy, because much of the world was forced to participate in an experimental "emergency use" vaccination program **initiated by Bill Gates**. I, however, believe there is a better solution than what JAMA proposed for this dilemma — ensure clinical trials are run in an ethical manner so that individuals will feel comfortable enrolling in them.

Fraudulent clinical trials not only hurt the participants, they also hurt the general public. However, since that industry is rarely exposed to scrutiny, few become aware of what often goes on inside them. Consider for example **the experience** of this mother whose child was disabled by the HPV vaccine:

In many ways, the situation of this mother's child and the news anchor in the previous section are nearly the same. In both cases they had a severe reaction to a novel vaccine they thought was safe, but the data to prove that the reaction was related to the vaccine simply wasn't available, even though it had been unearthed in the clinical trials.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.