



Letter to the Editor

Scientific views around mRNA based covid vaccines are changing, but to what end?

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1. INTRODUCTION

The *Polish Annals of Medicine* has done a great service to the scientific community in boldly publishing an article on the biases in the ‘early scientific literature’ on the mRNA COVID-19 vaccines, ‘due to social and political concerns and overwhelming corporate greed.’ Author Thoene states: ‘From 2020 to 2024, the literature has gone from claiming there are absolutely no SAEs [severe adverse events] from mRNA based vaccines (2020/2021) to an acknowledgment of a significant number of various SAEs (2023/2024); including but not limited to neurological complications, myocarditis, pericarditis and thrombosis.’¹ I particularly appreciated the comment about ‘serious vulnerabilities in Western medical research;’ much of the more critical analyses are interestingly published by Eastern European researchers and/or journals.

This article also complements nicely the earlier Paul et al., which spoke out against unwarranted accusations of anti-science, which is used ‘to discredit scientists who hold opposing views,’ and further called for ‘a debate amongst scientists and decision-makers’ in light of emerging evidence.² While Thoene ably shared some of the notable research on the vaccines in recent times, there is so much more that the medical community and the public need to be made aware of.

2. AIM

In this brief article, in support of Thoene and this greater effort around objectivity and transparency, I shall explain that increased reporting on SAEs is the tip of the iceberg. I shall summarise some of the most significant research that

contradicts the mainstream claims around the COVID-19 vaccines from the vast number of articles available, and further wonder where we go from here.

3. MATERIAL AND METHODS

Highlighting the enormity of the evidence that is building against the COVID-19 vaccines, and necessitated by word count, my method is rather crude; in this short article I shall only briefly discuss some of the articles that I am aware of, which appear in major medical journals, and that counter the mainstream narratives around COVID-19 vaccines – some of which I was personally involved with. A comprehensive analysis and summary of all such research would be unfeasible at present but would be a worthwhile project in future.

4. RESULTS

Publishing in the highly influential *BMJ*, Thacker discussed issues such as data falsification and patient unblinding concerning Pfizer's vaccine trial.³ Fraiman et al. found an excess risk of serious adverse events of special interest with the mRNA vaccines.⁴ Benn et al. found no statistically significant decrease in COVID-19 deaths in the mRNA vaccine clinical trials, while there was an increase (also not statistically significant) in total deaths.⁵ Further reanalyses of the clinical trials and observational studies, involving *BMJ* senior editor Peter Doshi, revealed counting window issues (such as counting window delays, counting window biases, and counting window misclassifications), likely leading to exaggerated effectiveness and safety estimates.^{6–9} Of particular concern is when COVID-19 infections are being overlooked in the 'partially vaccinated,' and in some cases were even ascribed to unvaccinated groups. These 7 articles touching on problems with the clinical trials alone should have us wondering if the benefits of the vaccines outweighed the risks even in the earlier – and deadlier – phases of the pandemic. And there are several substantive critiques appearing in influential medical journals of major observational studies purporting the benefits of the vaccines (with more on the way).^{10,11}

Evidence gathered on adverse effects since the clinical trials makes for more uncomfortable reading, as Thoene indicates. He is already aware of Faksova et al., which demonstrated that the vaccines are associated with 'myocarditis, pericarditis, Guillain-Barré syndrome, and cerebral venous sinus thrombosis,' despite employing a counting window endpoint of only '42 days following vaccination.'¹² But also concerning is Raethke et al., which noted a rate of serious adverse drug reactions of approximately 1 per 400 people,¹³ which appears to compare very unfavourably with UK government estimates on the numbers needed to vaccinate in young and healthy people to prevent a severe COVID-19 hospitalisation being in the hundreds of thousands.¹⁴

It is also widely accepted that the developed world is suffering from a mysterious problem of excess mortality

post-pandemic, which some have hinted could be related to the COVID-19 vaccines.¹⁵ One researcher has made an even stronger declaration of association, with vaccination rates and total vaccine doses by country found to correlate positively with excess deaths in European countries; excess deaths being somehow less of a problem in the far less vaccinated (and Eastern European) Bulgaria and Romania.¹⁶ Also of grave – and perhaps related – concern is the ongoing evidence of perceived negative effectiveness. Numerous studies and data sets reveal that COVID-19 vaccine effectiveness, against infection and death, declines rapidly, sometimes within mere months, and even becomes negative.¹⁷ That would imply that the vaccines increase the chance of COVID-19 infection, and even COVID-19 death, a 'benefit' which is of course a poor trade-off for the risk of (other) adverse effects. This has led to some discussion in major medical journals such as the *BMJ*, with the most common excuse for this phenomenon being that there must be some confounding variable at play.^{18,19} An excuse that somehow does not apply before vaccine effectiveness crosses the x-axis, indicating a clear double standard (one of many) in how the vaccines are evaluated. One such explanation is some form of unhealthy vaccinee bias, though there is ample evidence for the opposite hypothesis, that a healthy vaccinee bias is at play.²⁰ This would further imply that the effectiveness of the COVID-19 vaccines is being exaggerated, beyond the effects of counting window issues and other data manipulations, even when declining to zero and beyond.

5. DISCUSSION

There is clearly much research on the COVID-19 vaccines, published in the biggest medical journals, which greatly contradict the mainstream and early, as well as ongoing, claims concerning their safety and effectiveness, and even necessity, for all. There is much more not mentioned in this brief article, and there is no doubt more to come. It seems obvious to me, that at least for the young and healthy, COVID-19 vaccines are most certainly not worth the risk, even when considering just a single adverse effect (myocarditis), no matter how rare it is purported to be – serious COVID-19 in the young and healthy is rarer still, and the same is even more true when considering the little to no benefits offered by what increasingly appears to be a feckless vaccine.

There have already been many legal actions, including victories (as with myself), initiated on behalf of the (somehow still alive) unvaccinated who were persecuted over a pharmaceutical product that they clearly did not need,²¹ and the vaccinated who have died and otherwise been injured as a result of vaccination.²² I anticipate that many more lawsuits are on the horizon, involving – amongst others – the vaccine manufacturers; the government officials that approved, encouraged, and even mandated the vaccines; and the many doctors and scientists who effectively betrayed their professions and public trust in encouraging the use of these flawed products based on very limited and even manipulated scientific evidence.

6. CONCLUSIONS

- (1) Numerous issues have been found with the clinical trials for COVID-19 vaccines, including the potential for fraudulent activity, an excess risk of serious adverse events of special interest, and a lack of evidence of a COVID-19 or overall mortality benefit.
- (2) Counting window issues have been found in the clinical trials and major observational studies, likely leading to large exaggerations of COVID-19 vaccine effectiveness and safety estimates.
- (3) There is also evidence that the vaccines may be negatively effective.
- (4) Numerous postlicensure studies indicate that there are far more serious adverse effects caused by the vaccines than initially understood, even leading to the conclusion that the risks outweigh the benefits, at least in the young and healthy.
- (5) Particularly given the latter point, there have been many legal actions initiated on behalf of both the pointlessly persecuted unvaccinated and the vaccine injured, and I expect a spate of further legal actions in the near future.

Conflict of interest

None to declare.

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