

An evaluative review of veracity among prominent Covid-19 vaccine skeptics

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Introduction

This paper mainly analyses the veracity of popular figures who are commonly used as sources to dispute the safety of the various vaccinations against SARS-COV-2; a prime example of such figures is Alex Jones. Along with believing that Covid-19 vaccinations are deadly, Jones believes that the deadly shots are being forwarded by a group of extremely wealthy demon worshipping people, seen by him as power hungry maniacs who intend to reduce the world population and take away wealth, power, property, free will and the belief in god from the general populace, examples of such persons are Bill Gates and George Soros.

Other examples include Mike Adams, Vernon Coleman, Alex Berenson, Judy Mikovits, David Icke, Geert Vanden Bossche, Byram Bridle; commonly cited platforms are InfoWars, Information liberation, The Expose, The Defender, LifeSiteNews, Rumble, Bitchute. Apart from the last two entries, the platforms follow common narratives and tend to reference each other (almost entirely dedicated to government conspiracies).

Methodology:

Some of the proofs used by the Covid-19 vaccine skeptics tend to rely on anecdotal evidence, therefore, most of this paper attempts to find and use verifiable statements to measure the degree of consistency and truthfulness of the a claim; subsequently, the claims are filtered to which tend to be most relevant and popular to the main themes of the discussion (vaccine lethality), however no exact and precise measure of "popularity" and "relevancy" is used.

While many claims use commonly repeated themes and arguments (ex. VAERS deaths), carefully reviewing all of them is beyond the scope of this paper, therefore sections 1-5 focus on longer discussions and prolonged readings of articles and/or videos, while section 6 will focus on analysing collections of fallacious standalone statements (with due context) that don't require long rebuttals, contrarily to section 1-5, section 6 uses various topics pertaining to the credibility of the subject in question. The reader is left to discern if the observed fallacies are frequent and relevant enough to prompt doubt as to the veracity of the characters in question; reporting and analysing every claim (fallacious or not) is beyond the scope of this paper, however, to partly mitigate such a

defect, the findings sections reports on the observed preponderance of such fallacies (counted) in proportion to all the observed material (anecdotal, no precise measure is used), coupled with some supplementary information. The following are some of the principles by which much of this paper relies on to evaluate and discern the veracity of a source:

- “If a source has a history of presenting false, inconsistent and incomplete information, it must be held as less trustworthy; however, the gravity of such cases must be weighed on the complexity and the uncertainties of the subject in question”
- “The more detailed and professionally presented the argument is, the more credible it is”
- “If the source has a history of consistency and completeness, it is to be held as more trustworthy”
- “If a large sample of cases/events is involved, mathematical and statistical knowledge is required; a lack of such qualities in an asserter is indication against the veracity of his claims”
- “Those who couple empirical data with a reasonable underlying theoretical and mechanical theory predicting an event or explaining a phenomenon in its singular constituents, are to be considered more credible”
- “those who do not provide adequate citation to their information to a matter of controversy or to facts that are not self-evident, are to be held as much less worthy of credibility”
- “Those who rely on circular logic to provide evidence are to be considered less credible”
- “Those who fall to confirmation bias and selection bias are to be considered less credible”
- “In the absence of empirical data and the presence of conflicting and opposing theories, the use of Occam’s razor is preferable to evaluate which theory is more plausible”

To avoid disagreements on the validity of a source, if possible, the information will be gathered from the same group or type of sources already used by the subjects in question.

All the critiques directed towards the various people considered in this paper are also a measure to the veracity of the websites/journals they cite and or post on (Infowars, Bitchute, Information Liberation, The Expose etc.) which tend to share the same contents and therefore the same fallacies, for such, they and other similar sources are considered less reputable.

Section 1, Alex Jones’ show

1.1)

It is always best to start with that which is easiest to verify, such as commentary on cited information and mathematical and statistical conclusions given an initial set of data that is agreed to be credible by all parties involved. The main source of information on Alex Jones’ thoughts, data and ideas will be his own news website, Infowars and banned.video. Starting with a clip of a video posted on banned.video by the Alex Jones Show, titled *“Report: Covid Vaccine Recipients ‘Twice as Likely’ to Become Infected”* published in Sep 16, 2021 [\[1\]](#). The full video [\[1.01\]](#) and extended references will be discussed in section 1.2 (all time stamps reference the smaller video clips).

Alex Jones states: *“Moderna has come out admitting you are twice as likely to get covid after taking their vaccine.....’oh it lowers your immune system it makes you get sicker”*.

As proof of this he reads the headlines of some articles; some of the papers shown are skipped as they rely on non-verifiable information and/or aren't particularly fundamental to the argument in question. A statistical study on the plausibility of coincidental deaths proximate to vaccination administration will be done in section 3.11, as Jones uses some cases of such as proof.

From the 1st paper [\[1.02\]](#) [\[1.03\]](#) (original) he reads *“Moderna analysis: Those vaccinated last year twice more likely to get Covid-19 than those jabbed recently”*, he comments: *“what does that even mean?”*,

From the 3rd paper [\[1.04\]](#) he reads: “People who received Moderna’s vaccine early are TWICE as likely to get a breakthrough infection”, he comments: “point is it doesn’t work”,

From the 5th paper [\[1.05\]](#) he reads “Pfizer and Moderna say Covid vaccine protection wanes over time”, he comments: “and it lowers your immune system from every other virus”

From the 6th paper [\[1.06\]](#) he reads/states “Israel’s Health Ministry chief says coronavirus spread reaching record heights even with their record vaccinated, **record illnesses, record deaths**”; “record illnesses” and “record deaths” are not present in the cited articles, it is a claim added by Jones.

After this, he mentions how people believing in their government and vaccines are like christians who praise the devil by his deceit, that the vaccine contains the genome of aborted babies; he denounces Moderna’s and Pfizer’s suggestion (found in the articles Jones read) to take more shots as something illogical, as if those articles prove their uselessness.

He also adds that the vaccine confers only 39% efficiency along with weakening the immune system: “ohh you want to get on this airplane? It’s highly safe! You only live 37% of the time”

The rest of the video is reserved for ads and talks from different sources (mainly Fox News) about the partial twitter ban Nicki Minaj for tweeting her hesitancy on taking the vaccine, claiming a friend of hers (a cousin’s friend) became impotent, as his testicles became swollen.

Do the papers shown as proof by Jones truly imply the video’s title or his comment “point is it doesn’t work”?

1st paper reads: “Those vaccinated **last year** twice more likely to get Covid-19 than those jabbed **recently**”.

3rd paper reads: “People who received Moderna’s vaccine **early** are twice as likely to get a **breakthrough infection**”, in fact, at a later section the article reads: “Moderna says people who received its Covid vaccine **last year** are nearly twice as likely to get a breakthrough infection **compared** to those who got the shot **recently**”.

All of this is consistent with the 5th article claiming that the vaccine efficiency fades over time, not that those who are vaccinated are twice as likely to become infected than the unvaccinated, as Jones states and as the video’s title seems to imply.

Therefore, the question arises, what exactly does it mean having twice the likelihood of getting a Covid-19 breakthrough infection in a distant date of the shot? Suppose that the initial efficiency is around 90%, what happens after the 6 months? Has the efficiency halved from 90% to 45%? Or has the percentage of “inefficiency” doubled from 10% to 20% still leaving an 80% efficiency? These are necessary questions that Jones simply leaves unanswered; either way, it is clear that Jones failed to recognize (or deliberately omitted) that the “twice as likely” is comparing probabilities and efficiencies between two demographics of vaccinated and it is not a comparison between the vaccinated and the unvaccinated. A more in depth reading of the original articles gives that which Jones fails to provide:

Excerpt of 1st article, Analysis of Open-Label Part of Phase 3 COVE Study (July-August 2021):

“Today, Moderna is sharing a new analysis of the incidence of breakthrough COVID-19 cases among vaccinated participants in the open-label portion of the Phase 3 COVE study between July 1, 2021 and August 27, 2021. The goal of the analysis is to quantify the impact of waning immunity in the face of the Delta surge in the United States. The analysis compared participants initially randomized to mRNA-1273 (vaccinated from July-October 2020; n=14,746; median follow-up of 13 months since first dose) against participants initially randomized to placebo who were crossed over and vaccinated following Emergency Use Authorization (vaccinated from December 2020-March 2021; n=11,431; median follow-up of 8 months since first dose).

In the analysis, 88 breakthrough cases of COVID-19 occurred in the more recently vaccinated group (49.0 cases per 1000 person-years) compared to 162 cases in the group vaccinated last year (77.1 cases per 1000 person-years). The reduction in incidence rates for participants vaccinated more recently compared to participants vaccinated

last year was 36% (95% CI: 17-52%). A Cox proportional hazards model showed similar results after adjusting for age and risk factors for severe COVID-19. Fortunately, only 19 severe cases were observed. While not significant, there was a numerical trend towards a lower rate of severe cases in the group vaccinated more recently (3.3 per 1000 person-years) compared to the group vaccinated last year (6.2 per 1000 person-years).

The increased risk of breakthrough in this analysis quantifies the impact of waning immunity in the COVE study between the median follow-up time of 8 months and 13 months since first dose. The Company believes this adds to evidence of potential benefit of a booster dose of mRNA-1273. A manuscript has been submitted as a preprint to medRxiv and will be submitted for peer-reviewed publication."

With a simple reading of the original source, one concludes that nothing in it suggests the uselessness of the vaccine, nothing justifies the video title's bold claims. This does not in any way suggest that the vaccinated are two times more likely to be infected than the unvaccinated.

Jones' plane analogy at 7:24 tries to downplay the benefit of the vaccines by showing how low a 37% efficiency is, however this neglects the much higher estimated 90% efficiency conferred by the second shot.

The 6th article does indeed state that Israel reached record number of new cases, with an average of 8000 new infections (R factor of 1.01) and 70-80 new patients fell seriously ill each day; however, does this fact prove that the vaccine is as useless as claimed by Jones? Is it true that Israel reached record hospitalizations and deaths and not just record numbers (as Jones states)? Jones doesn't elaborate any further as to how he got such information, as it isn't present in the cited article; therefore it is required to use other sources of information to get a better sense of prospective.

Useful sources on the matter are Lancet's Regional Health research paper titled "*A nationwide analysis of population group differences in the COVID-19 epidemic in Israel, February 2020-February 2021*" [\[1.07\]](#) and data collated by Our World in Data. The data used by these studies and graphs is provided by Israel's government, as is the data used by the previous articles Jones cited in order to prove his claims.

Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World
in Data



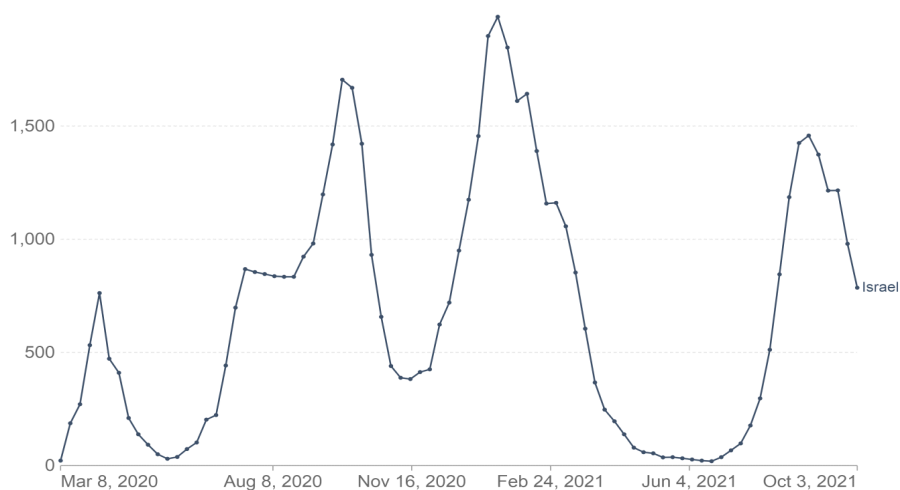
Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Figure 1.01

Weekly new hospital admissions for COVID-19

Our World
in Data



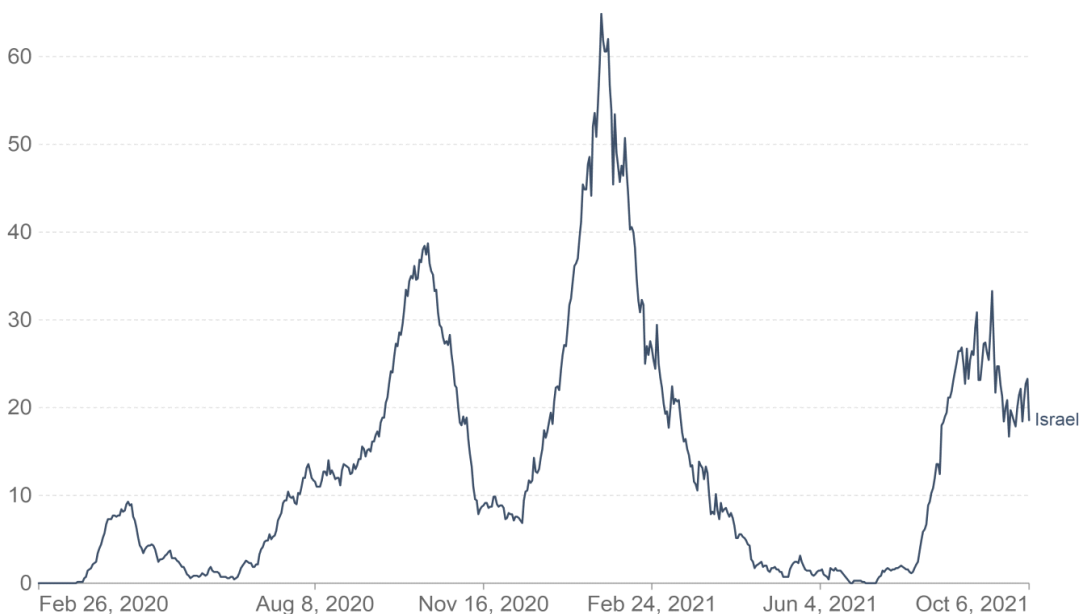
Source: European CDC for EU countries, government sources for other countries – Last updated 7 October, 14:00 (London time)
OurWorldInData.org/coronavirus • CC BY

Figure 1.02

Daily new confirmed COVID-19 deaths

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Figure 1.03

These graphs show that even with the higher amount of total cases, mortality and hospital admissions during the wave were lower than they were with the previous two; with this Jones' added claims about record hospitalisations and deaths fall apart.

Having disproven the previous assertion, is the claim in the title and in the thumbnail well founded despite how Jones' proof failed? Are the vaccinated two times more likely to be infected? Are the vaccines ineffective at preventing hospitalisations and deaths? Are the vaccines increasing hospitalisations and mortality as claimed at 5:30?

To answer such questions one must consider the following: who and how many were vaccinated in Israel? Since when? How many doses? Were other safety measures being undertaken? Who was getting infected? Who was ending up at the hospitals? Who was dying?

Here are Israel's age demographics:

0-14 years: 26.76% (male 1,187,819/female 1,133,365)

15-24 years: 15.67% (male 694,142/female 665,721)

25-54 years: 37.2% (male 1,648,262/female 1,579,399)

55-64 years: 8.4% (male 363,262/female 365,709)

65 years and over: 11.96% (male 467,980/female 569,816) (2020 est.)

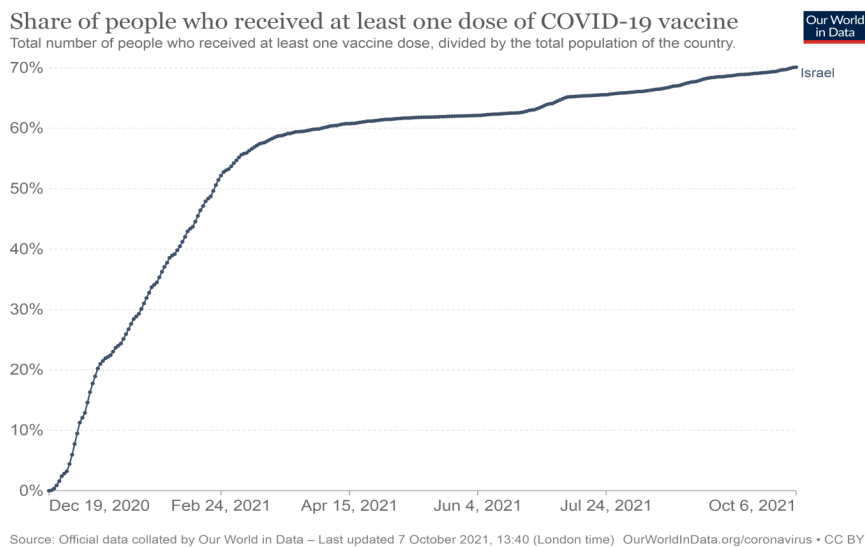


Figure 1.04

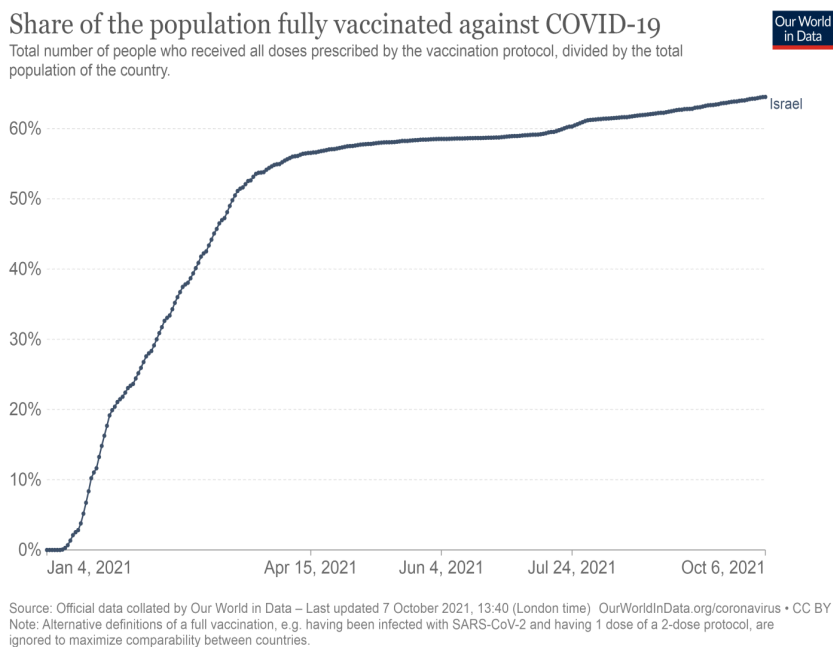


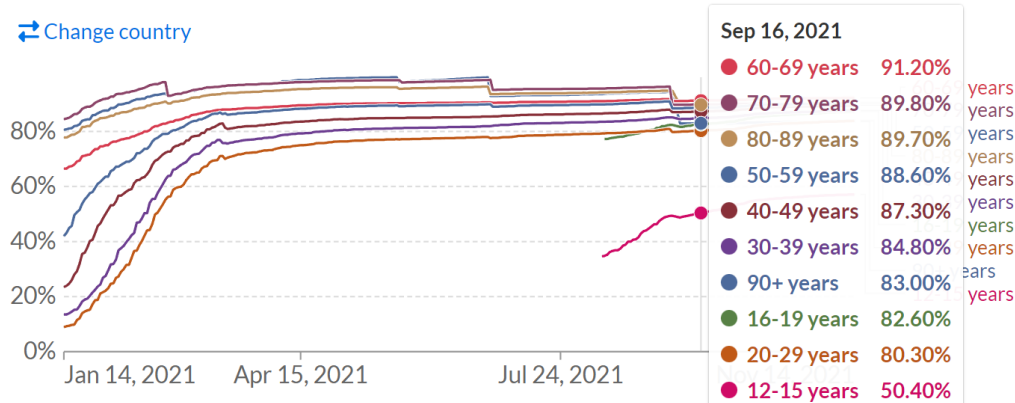
Figure 1.05

Share of people with at least one dose of COVID-19 vaccine by age, Israel

Our World
in Data

Share of the population in each age group that has received at least one vaccine dose. This may not equal the share that has completed the initial protocol if the vaccine requires two doses.

↔ Change country



Source: Official data collated by Our World in Data

Note: In some territories, vaccination coverage may include non-residents (such as tourists and foreign workers) so per-capita metrics may exceed 100%.

OurWorldinData.org/coronavirus • CC BY

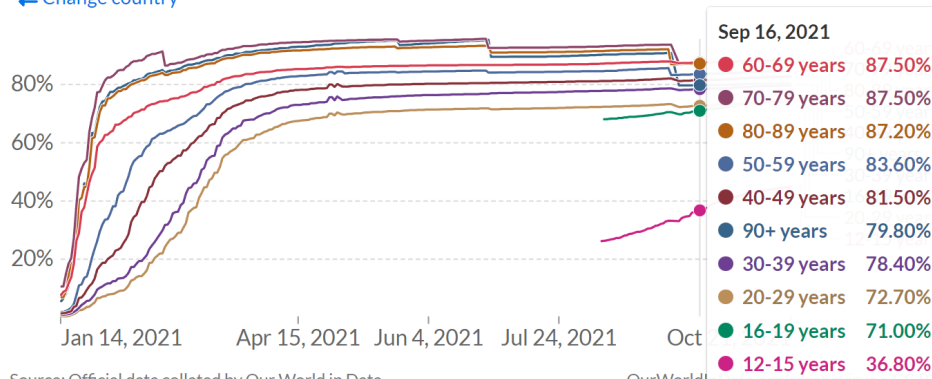
Figure 1.06 [\[1.08\]](#)

Share of people who completed the initial COVID-19 vaccination protocol by age, Israel

Our World
in Data

Share of the population in each age group that have received all prescribed doses of the vaccine.

↔ Change country



Source: Official data collated by Our World in Data

Note: In some territories, vaccination coverage may include non-residents (such as tourists and foreign workers) so per-capita metrics may exceed 100%.

OurWorld

Figure 1.07 [\[1.09\]](#)

Israel: Confirmed COVID-19 cases by age group

The values for each age group are indexed to the cases reported at the peak of the wave in mid-January 2021. The chart shows the relative change in cases since then, by age-group.

Our World
in Data

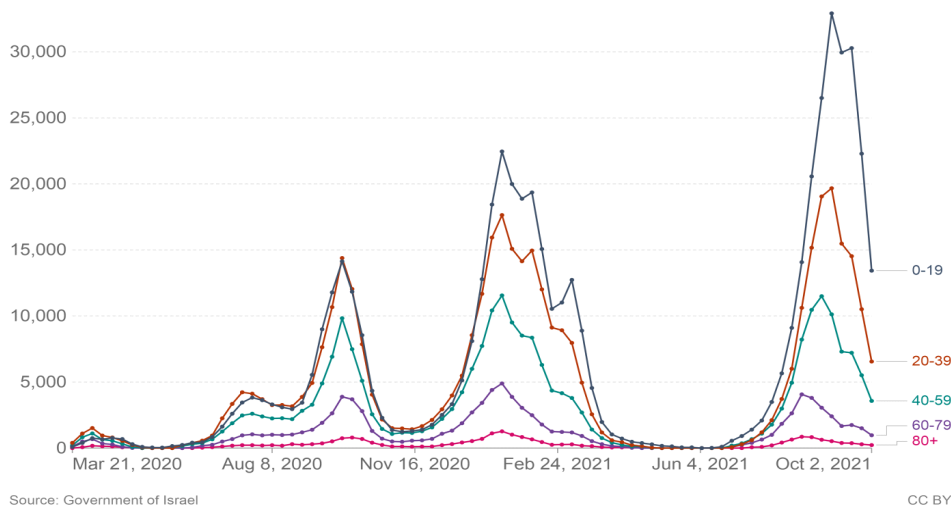


Figure 1.08 [\[1.10\]](#)

The following series of considerations can be inferred:

The population of vaccinated is higher than the population of the non-vaccinated, therefore the conditional probabilities of finding the vaccinated among the group of infected/dead can be high simply by the sheer number of vaccinated with respect to the unvaccinated; for example, suppose that all vaccines have been placebos and assume that 60% have received a dose, one would still find 60% of infections, hospitalisations and deaths to be comprised of the vaccinated. Since the vaccinated comprise less than 60% of the deaths, by purely considering conditional probability, the vaccines have a non-zero benefit in reducing mortality.

Most cases occurred among the unvaccinated younger demographics.

Most hospitalisations occurred among the elder demographic, who possess higher mortality rates regardless of vaccination (vaccine efficiency depends on age) and had received the vaccine earliest of all and so they have been the first to feel the waning benefits of the shots (and most around the same time).

A fraction of the unvaccinated has already been exposed to Covid and therefore was exempt from vaccinations due to already possessing a satisfactory immune defence; this distorts any comparison between vaccinated and unvaccinated in the favour of the unvaccinated, making the vaccines seem less beneficial than they are.

Other factors to consider are the surging delta variant in the infected and the complete lack of other methods of prevention in the early stage of the wave in question, such as masks and distancing.

Alex Jones claims that he had already shown in his previous live recording an article written in Hebrew with which he showed that “Israel reported” that vaccines increase infection rates, hospitalizations and mortality; however, in the show recorded on the 15th [\[1.11\]](#) at 11:44 he only quoted the words of a supposed top doctor of Israel that claims more vaccinated people are dying and being hospitalized, without showing anything about the article he seemed to be reading from.

“Israel reported” and “a top doctor in Israel” are two different statements, as the first alludes to the idea that the report is governmental, while the second is not necessarily of such nature. More importantly however is the difference between saying that “the vaccinated are more likely to be hospitalized and die than the unvaccinated” and saying “as of late the hospitalisations and deaths among the vaccinated is increasing”; with this, Jones’ statement on the sixteen’s show is inconsistent with the cited information given on the 15th (having the rate of hospitalized vaccinated infected increase does not necessarily imply that the vaccinated are less resistant than the

unvaccinated). Additionally in the video Jones doesn't show anything about the supposed article he cites, generally his sources are published within the same week separately, however this is not the case for the aforementioned article, therefore one is left to infer the origin of his claims on his own.

It is also possible to directly disprove the claim of the 16th without considering the error in consistency between the statement of the 16th and the cited source of the 15th, as many sources confer the ratios between the number of hospitalized vaccinated and unvaccinated in different time intervals; here are a few key excerpts of such articles:

- *"154.7 severely ill patients in Israel were unvaccinated. 48.4 severely ill patients were partially vaccinated And 19.8 severely ill patients were fully vaccinated"* [\[1.12\]](#)
- *"What is clear is that "breakthrough" cases are not the rare events the term implies. As of 15 August, 514 Israelis were hospitalized with severe or critical COVID-19, a 31% increase from just 4 days earlier. Of the 514, 59% were fully vaccinated. Of the vaccinated, 87% were 60 or older. "There are so many breakthrough infections that they dominate and most of the hospitalized patients are actually vaccinated," says Uri Shalit, a bioinformatician at the Israel Institute of Technology (Technion) who has consulted on COVID-19 for the government."* [\[1.13\]](#)
- *"Most of the seriously ill are drawn from among the roughly 240,000 unvaccinated Israelis between the age of 40 and 60. A smaller portion of the seriously ill patients are from among the 400,000 unvaccinated people in their twenties and thirties."* [\[1.14\]](#)
- *"Data show that 531 (79%) of these critical patients were not vaccinated at all, 120 received two vaccine doses, and only 18 received the third dose as well. In other words, only 2.7% of critical Corona patients received the booster shot, while the country's hospitals are collapsing under the burden of more than 93% of critical patients who failed to follow the medical establishment's advice." "Six hundred and sixty-nine new Corona patients age 60 and under in Israel were hospitalized in critical condition in September, according to the Health Ministry. The same data show that 531 (79%) of these critical patients were not vaccinated at all, 120 received two vaccine doses, and only 18 received the third dose as well. In other words, only 2.7% of critical Corona patients received the booster shot, while the country's hospitals are collapsing under the burden of more than 93% of critical patients who failed to follow the medical establishment's advice."* [\[1.15\]](#)
- *"As of August 21, the Health Ministry recorded 215.9 severe COVID-19 cases per 100,000 people among the unvaccinated over the age of 60, compared to 21 per 100,000 people among those who had received two doses of the Pfizer vaccine. This makes unvaccinated older people more than 10 times as likely to experience a severe case as their immunized counterparts." "Prof. Ran Balicer, who heads a committee of experts advising the Health Ministry on the coronavirus pandemic, referred to the change in a tweet on Tuesday. He wrote that the "trend" of unvaccinated people becoming the majority of new seriously ill patients is continuing, and said that on Monday, over 50 percent of the new patients in serious condition were unvaccinated."* [\[1.16\]](#)

This last article published in August 25th 2021 titled *"Israel's 20% Unvaccinated Now Account for Half of All Serious COVID-19 Cases"* reports the most worrisome numbers as half of the hospitalized being vaccinated in one instance appears to be quite the strong evidence to their inefficiency, however one must again consider the conditional probabilities. If the vaccinated were to confer no immunity, then one would find that 80% of the hospitalized to be vaccinated (80% of the population is vaccinated) which not the case with an observed 50% of the hospitalized being vaccinated.

Probability of picking an/a un/vaccinated $P(u) = 20\%$ or $P(v) = 80\%$

Probability of being hospitalized $P(h) = n$

Probability that a hospitalized is un/vaccinated $= P(u|h)$ and $P(v|h) = 50\%$

Probability that an/a un/vaccinated is hospitalized $= P(h|u)$ or $P(h|v) = ???$

Using Bayes' Theorem one derives:

$$P(h|u) = P(h) \cdot P(u|h) / P(u) = n \cdot 2.5$$

$$P(h|v) = P(h) \cdot P(v|h) / P(u) = n \cdot 0.625$$

With such calculations, one then concludes that (in this sample) the probability that an unvaccinated is hospitalized is 4 times greater than the probability of a vaccinated being hospitalized; this comparison fails to consider that many among the unvaccinated were already immunized due to previous exposure to the disease, therefore the benefit received by the vaccinated is even higher in comparison to the unvaccinated that never contracted the disease.

Conclusion 1.1)

With further examination of the papers shown by Jones, one discovers the following on some of his key assertions: the video's title and thumbnail are wrong and/or incomplete, one of his assertions is inconsistent and in another case he heavily misinterprets data; lies or the result of extreme negligence as to the contents of the articles he comments. The commentary is not rigorous, lacking in statistical observations and with no attention to detail, as he just reads the titles of the papers only to then drag on with religious discourse and ads. Currently no reports on vaccines causing "swollen testicles" seem to exist other than Nicki Minaj's cousin's supposed friend; a reminder that anecdotal evidence is frowned upon for a reason among the scientific community. The video is not put together by a true and experienced researcher with decades of experience, despite what Alex Jones claims for himself.

1.2)

This paragraph analyses the consistencies of the claims regarding vaccinations of a clip [\[1.17\]](#) titled "*UN Graph Shows Vaccinated Dying En Masse*" taken from the Alex Jones show filmed on the 14th of September 2021 [\[1.18\]](#).

The graphs Jones uses to prove his claims originate from the online publication Our World In Data; with such, he compares the graphs of the following:

1. At 1:50 he compares the graph of daily cases to the graph of cumulative vaccinations/100k in Norway along a time interval ranging March 28th 2020 to September 12th 2021.
2. At 3:50 he compares the graph of cumulative deaths to cumulative vaccinations with different relative scales for the y axis. Mongolia, 10/03/20 to 10/09/21.
3. At 6:37 he shows the graph of daily new covid cases/million of Israel, Palestine, Jordan and Lebanon, 11/05/21 to 13/09/21; adding that only 10% of Palestine was vaccinated while Israel was 90% and with 5 times the number of cases. Jordan and Lebanon also show a low amount of cases while having a low vaccine uptake.

At 4:44, 4:56, 5:07 and 6:16, as a sure-fire way to prove that the vaccines are causing the cases and the deaths, Jones accentuates that the graphs for the two quantities "meet" and "converge". The problem with this line of thinking is that it completely disregards the fact that by scaling the measure of an axis of any two graphs, they can always be made to coincide at a point; the choice is mostly arbitrary, with the least arbitrary point is the case in which the value of the units of measurement coincide on the y axis.

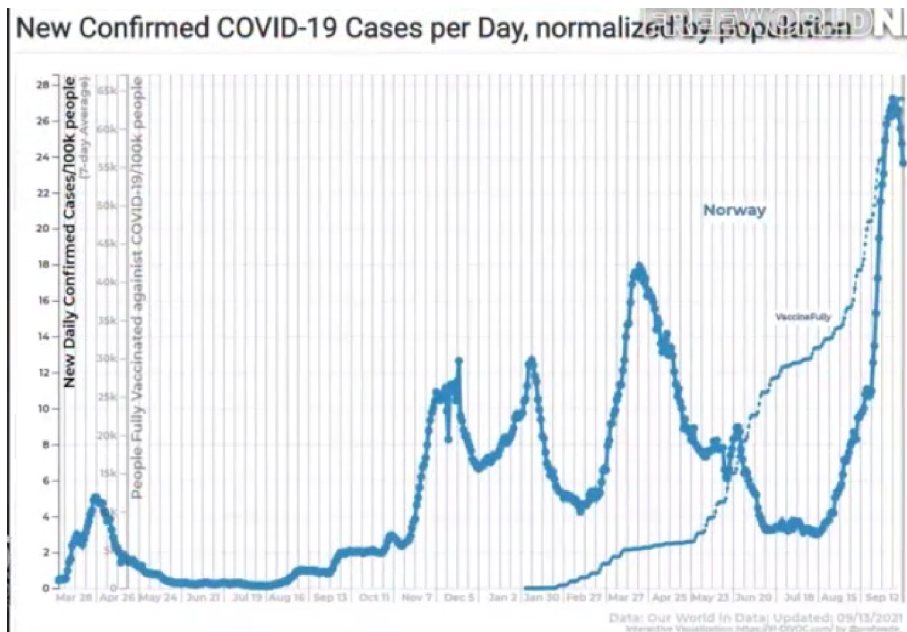


Figure 1.09: Norway's graph as shown by Alex Jones. A unit in the y direction corresponds to 5k people among the vaccinated, but only 2 people among the new cases/100k.

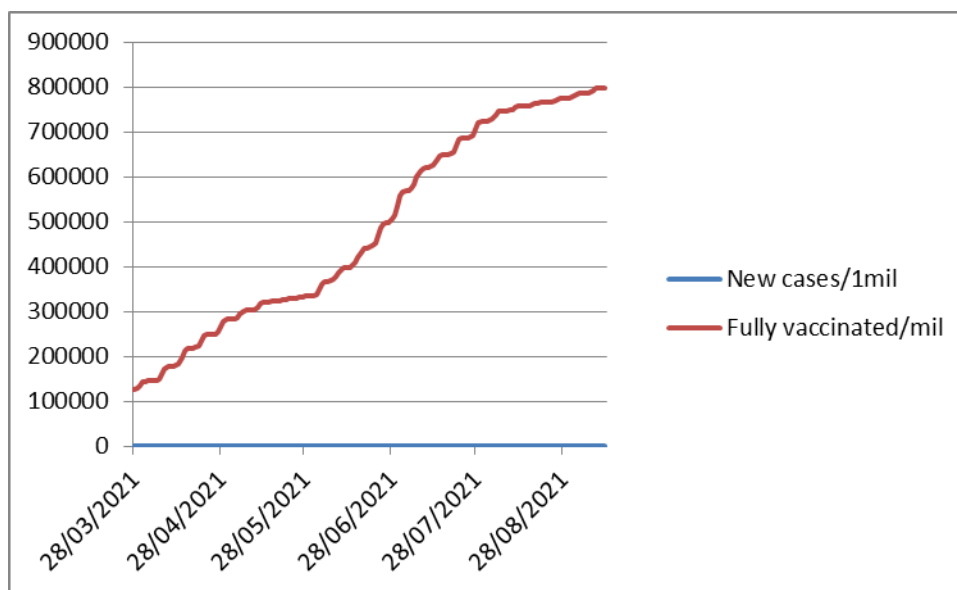


Figure 1.10: By scaling the y axis of the two graphs to make the measures coincide, the graph of daily new cases is barely visible compared to the graph of total vaccinations (the number of daily vaccinated is much higher than the daily new cases); the data used by Jones is the same but the graphs clearly do not meet. The graph depicts Norway's data, however the same argument is also valid for Mongolia or any other chosen state.

The fact that two graphs intersect when using completely different scales doesn't correspond to much valuable information, instead, a more meaningful aspect to observe is if two graphs have the same slope, leading to the idea that an increase in the values of one graph may correlate to an increase of the values of the other, or if the graph's areas increase in intervals separated by consistent offsets, which is reminiscent of what Jones does at 2:59, showing how two weeks after the vaccination started, the cases increased. Is this two week offset consistent? Are high vaccination uptakes correlated to daily new infections?

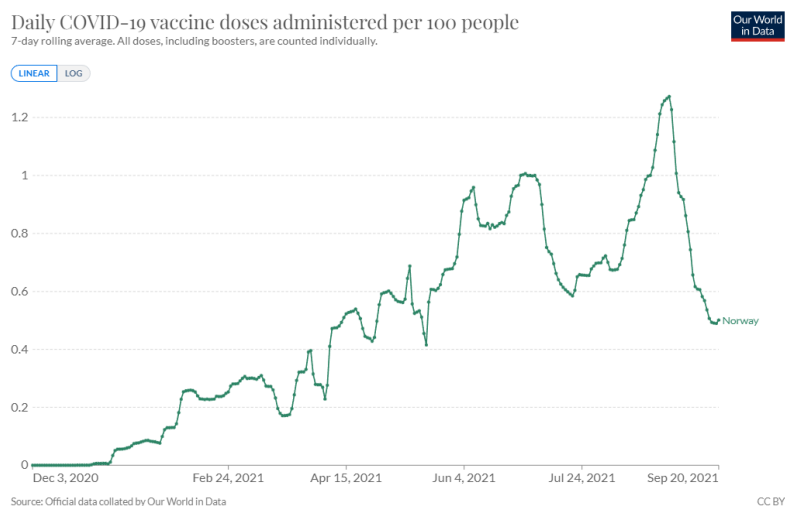


Figure 1.11 [\[1.19\]](#)

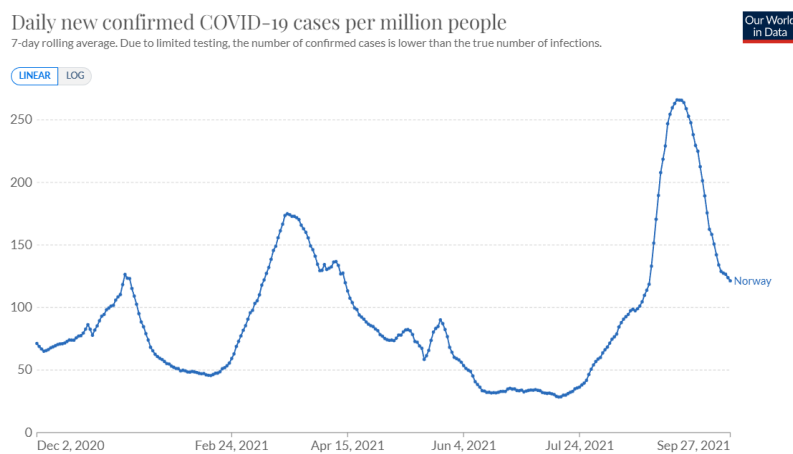


Figure 1.12 [\[1.20\]](#)

While the peaks around the 30th of August coincide, the same can't be said for all other peaks, troughs or any other time interval, for example from March 20th to July 1st the number of daily vaccinations steadily increased, while the number of daily cases kept decreasing; in this time a total of around 8230 cases/mil were reported and 65.69 vaccines had been administered per 100 people. The 8230 cases/mil account for 32.6% of the infections going from January to September, while 65.69 vaccines administered per 100 people amount to 45.76% of the vaccines administered in the aforementioned time interval; if vaccines administration alone were to be the cause of the number of cases, the percentages would tend to coincide (the time delay is negligible given a large enough interval). This rough calculation is invariant to any proportions between reported and non-reported cases (assuming the proportion stays constant over the time interval); it is not to be held as a good measure of the correlation between the two variables, however it is still better than a superficial visual scouring of the plots (an example of a more detailed calculation will be shown for the second proof).

As to explain the correlation present around the 30th one could argue that vaccinations tend to precede the daily new cases because the anticipation of a coming wave incites more people to preventively vaccinate; an ongoing local increase in cases also incites vaccinations (a more precise method of calculations will be shown in later paragraphs).

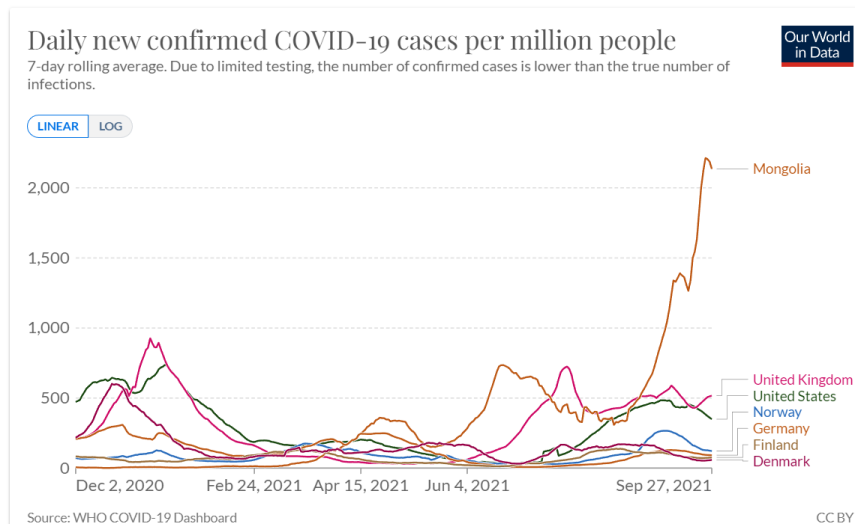


Figure 1.13 [\[1.21\]](#): Many countries observed a rising number of cases before Norway, therefore it was not impossible to anticipate the wave of cases and preventively bolster the vaccination rate.

It is also possible to disprove the validity of Jones claim by observing a few counter examples, where an increased uptake of daily vaccinations does not correlate into an increased number of cases; the following two figures show such counterexamples.

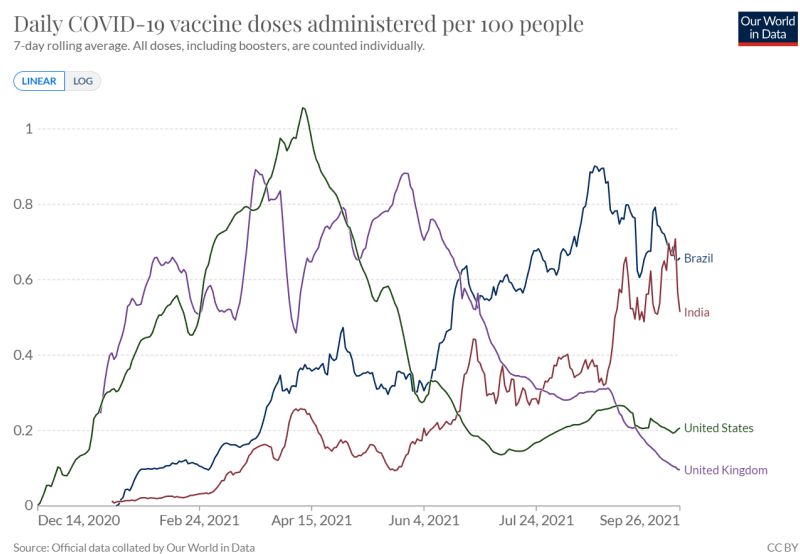


Figure 1.14 [\[1.22\]](#)

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World in Data

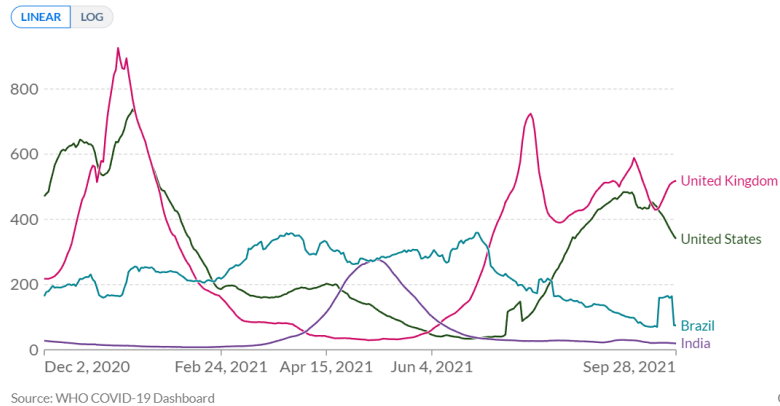


Figure 1.15 [\[1,23\]](#)

Having shown the inconsistent and incomplete nature of Jones' first proof, the following paragraphs will analyse his second. His graph comparing the cumulative deaths and cumulative vaccinations suffers from the same problem as discussed under figure 10, additionally, it is not ideal to compare the two quantities using cumulative data without relying on more precise calculations, as all cumulative quantities never decrease and may make a purely visual analysis of the correlations between two plots problematic; the following is an example showcasing the two problems in question.

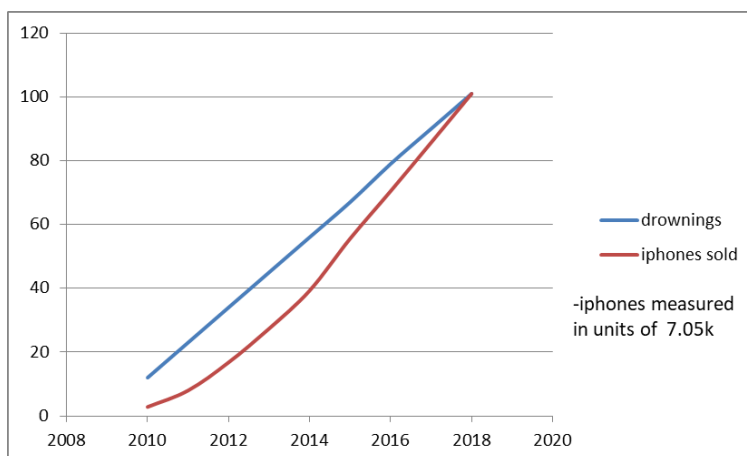


Figure 1.17: Cumulative number of iPhones sold in the world in units of 7.05k and the cumulative number of drownings in the USA. This shows that by scaling the y axis values of one of the data series, the two plots can be made to coincide at any chosen point. As the two are cumulative quantities, the correlation in the increase of the two variables becomes difficult to spot visually.

COVID-19 vaccine doses administered per 100 people

All doses, including boosters, are counted individually.

Our World
in Data

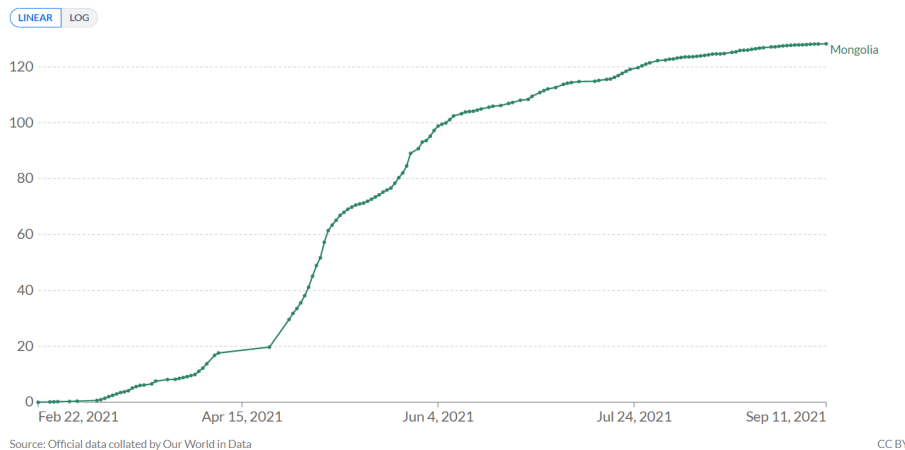


Figure 1.18 [\[1.24\]](#): Using the cumulative number of vaccine doses administered is more useful than comparing total vaccinations to the cumulative deaths, as the objective is to prove whether the administration of vaccines is correlated to the deaths.

Cumulative confirmed COVID-19 deaths per million people

Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

Our World
in Data

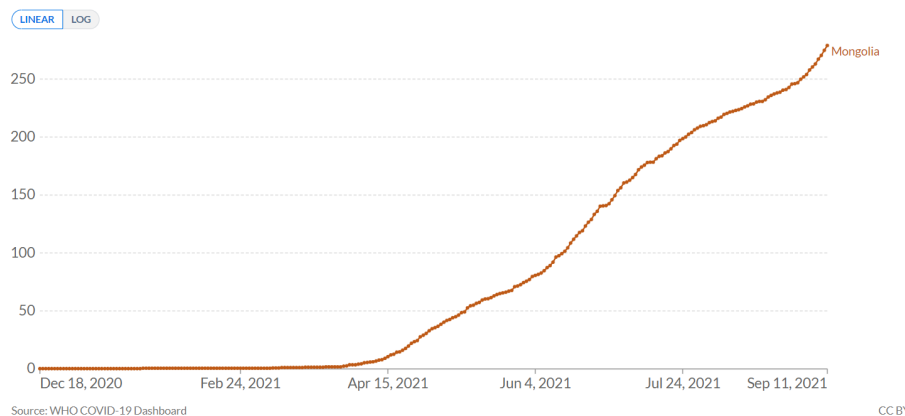


Figure 1.19 [\[1.25\]](#)

Again, a rough way to prove whether there could be a correlation between vaccines and the Covid deaths, one could compare the percentages of vaccines administered and Covid deaths in a sub-interval with respect to the total numbers of each variable. If the chosen sub-time interval is small, one must consider the supposed time delay in which the theorized effects were to occur; at 2:28 and 4:05 Jones alludes to the idea that the time interval is around 2 weeks. Choosing as the relevant time interval March 9th to Sep 11th and the sub-time interval Apr 22nd to May 22nd, one must then consider the deaths ranging from May 6th and June 5th, with which one derives the following:

- The vaccines administered between Apr 22nd and May 22nd account for 59% of the vaccines administered between March 9th and Sep 11th.
- The deaths that occurred between May 6th and June 5th account for 9% of the deaths that occurred between March 9th and Sep 11th.

The two percentages, 59% and 9%, tend to imply a reduced positive correlation between Covid deaths and vaccine administration, as the values diverge.

A “better” (relatively) way to quantize the linear correlation of the two variables is by comparing the following graphs with a linear regression:

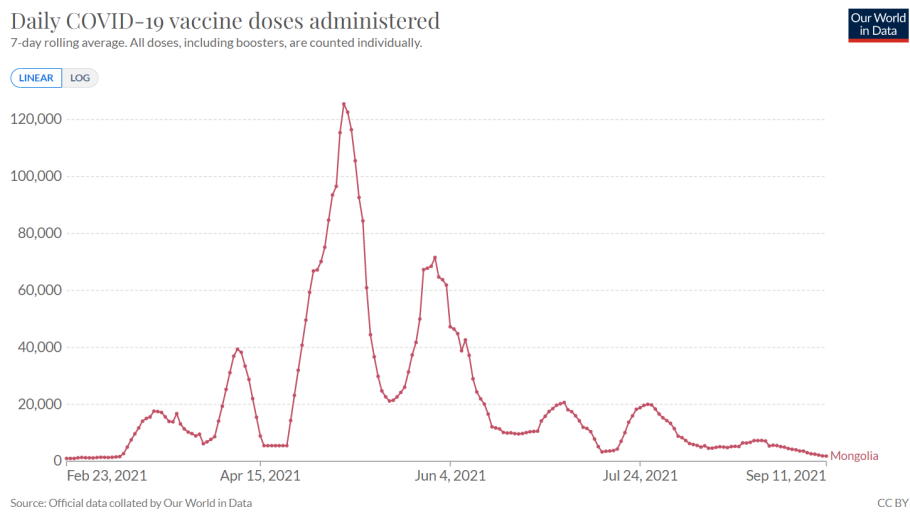


Figure 1.20 [\[1.26\]](#)

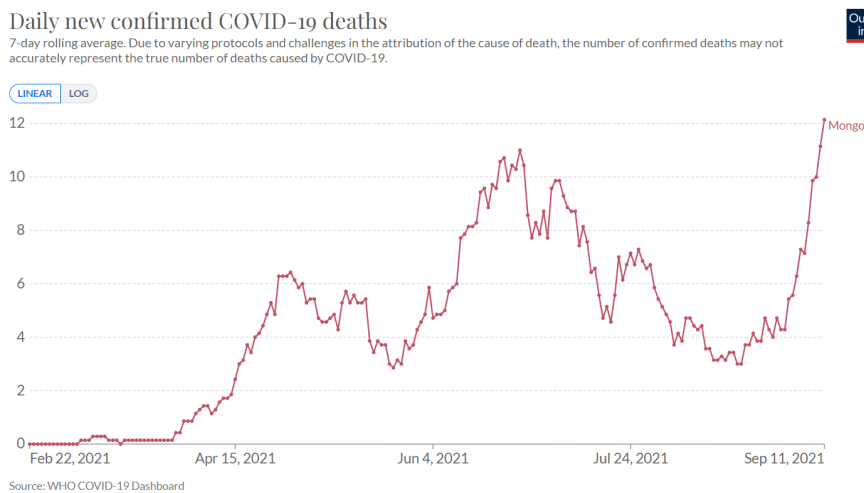


Figure 1.21 [\[1.27\]](#)

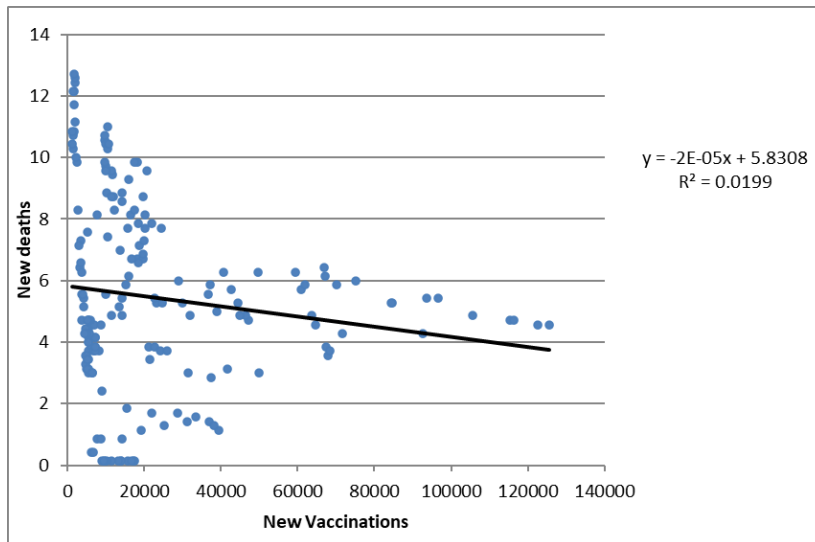


Figure 1.22

The coefficient of determination R over the interval ranging from March 19th to Sep 21st amounts to $R^2 = 0.0199$, therefore $r = -0.141 = -14.1\%$. The negative slope implies an inverse proportionality of the two variables, meaning that an increase in vaccination uptake at a date is generally associated with a reduced number of Covid deaths.

SUMMARY OUTPUT								
Regression Statistics								
Multiple R	0.141012							
R Square	0.019884384							
Adjusted R Square	0.014586462							
Standard Error	3.057830816							
Observations	187							
ANOVA								
	df	SS	MS	F	Significance F			
Regression	1	35.09404835	35.094	3.753241968	0.05422807			
Residual	185	1729.810921	9.35033					
Total	186	1764.904969						
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	pper 95.0%
Intercept	5.830788996	0.296690966	19.6527	3.63087E-47	5.2454563	6.41612169	5.2454563	6.41612
slope B	-1.66047E-05	8.57092E-06	-1.9373	0.054228067	-3.3514E-05	3.0462E-07	-3.351E-05	3E-07

Table 1

A P-value of $p = 5.42\%$ is the probability of obtaining such an $|r| = 0.141$ or higher supposing that the variables are not correlated, meaning that the true value of r is $r = 0$; the standard accepted value to for a moderately significant correlation is of $p \leq 5\%$.

The probability of obtaining $r = -14.1\%$ or lower supposing that the true value of r is $r > 0$, meaning that the vaccinations are in fact correlated to the covid deaths and are proportional, is therefore less than 5.42% .

The standard error associated with the B coefficient (slope of the regression line) is $SE = 8.57 \times 10^{-6}$; with these results one derives that the 95% confidence interval for the true value of the slope of the regression line is approximately: $B \pm 1.98 * 8.57 * 10^{-6} = (-1.66 \pm 1.70) * 10^{-5}$.

The values of $B > 0$ (vaccinations are more correlated with an increase in the number of deaths) lay in the $p < 5\%$ confidence interval (see the t-distribution table), meaning that the above data shows that vaccinations are 19 times more probable to be correlated to a reduced number of covid deaths rather than being correlated to an increased number of covid deaths (supposing a linear relationship).

Another way to calculate the determine a correlation between the two variables is to check the consistency of a function that predicts a certain number of deaths based on how many were vaccinated 7 days prior by using the chi-squared test.

As Jones does not provide a function that describes the number of covid deaths as a function of the number of vaccinated, one is forced to infer and deduce a reasonable function with which to test the hypothesis; the chosen function is $d(i) = v(i - 10) * a$, where $d(i)$ is the number of deaths in a certain day, $v(i - 10)$ is the number of vaccines administered 10 days prior to the deaths examined and “a” is a constant of proportionality. The following will consider data ranging from March 9th to September 11th.

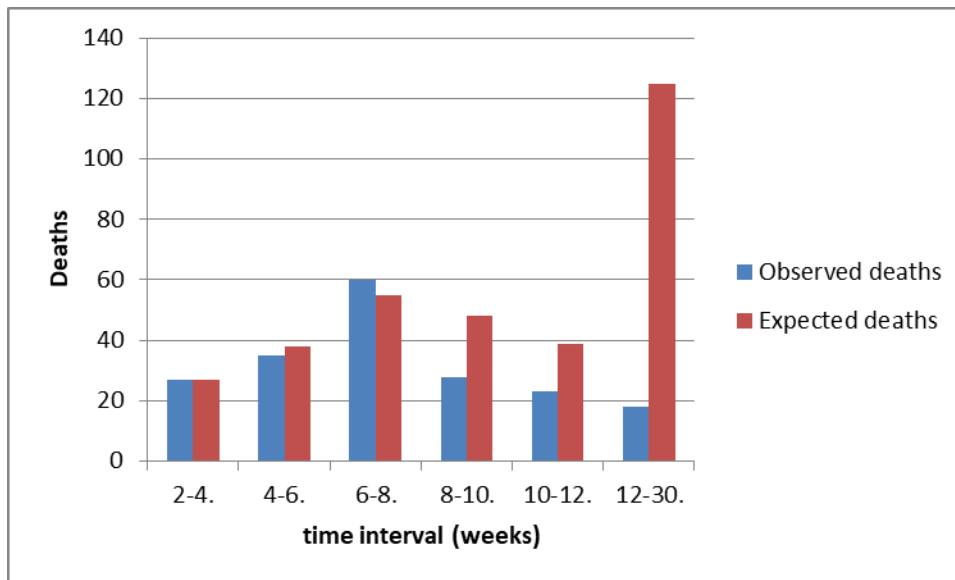


Figure 1.23: Graph depicting the observed deaths and the expected deaths according to the aforementioned function.

As shown by figure 21, the expected and observed deaths diverge in time intervals ranging from the 8th to the 30th week, this corresponds to a time period in which an increase in one variable was not followed by the increase of the other (see figure 21 and 22), meaning that an increase in vaccination uptake was not followed by an increase in deaths. The chi-squared test quantifies the variance between the observed and expected deaths:

$$\chi^2 = \sum_{i=1}^{N_{bins}} \left(\frac{O_i - E_i(\alpha_j)}{\sqrt{E_i}} \right)^2$$

From which one derives a chi-squared $\chi^2 = 107$; using chi-squared table, these values imply that the probability p of obtaining $\chi^2 = 107$ while assuming the aforementioned function to be true is $p < 0.1\%$, meaning there is a less than 0.1% chance that the observed data could occur if a fixed percent of people died 10 days post vaccination.

The samples are not perfect for establishing causation as the bias that many vaccinate in anticipation and during a wave of the disease inflates the data in favour of Jones’ hypothesis, which crumbles anyhow according to the above calculations.

Having shown the ignored (on Jones’ part) complexities and intricacies of establishing correlation between the graphs showcasing Mongolia’s data, the following will examine Jones’ third proof, in which he shows the graph of daily new covid cases/million of Israel, Palestine, Jordan and Lebanon and adds that only 10% of Palestine was

vaccinated while Israel was at 90% and with 5 times the number of cases. He also adds that Jordan and Lebanon also show a low amount of cases while having a low vaccine uptake.

As to avoid repeating the previous calculations, one can simply find some counterexamples:

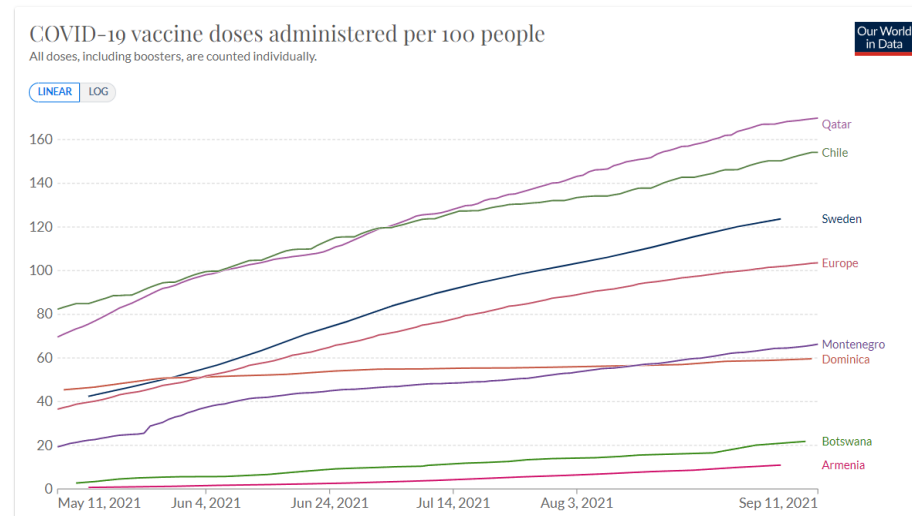


Figure 1.24

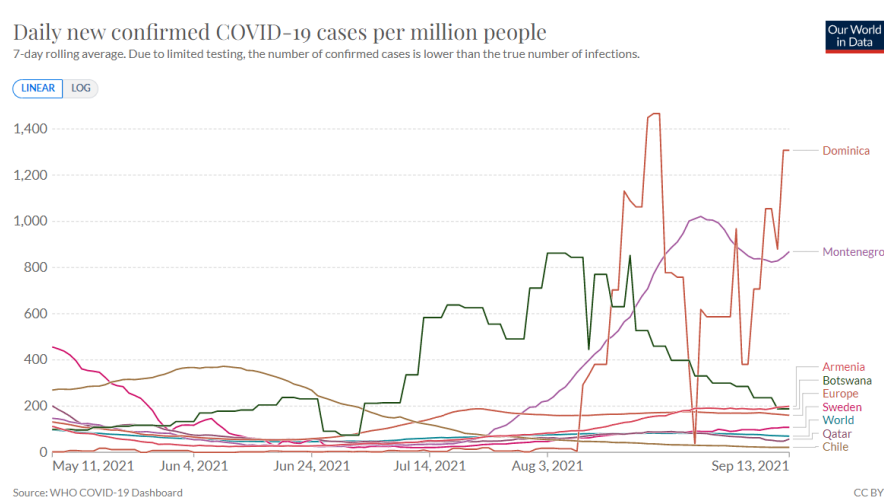


Figure 1.25

COVID-19 vaccine doses administered per 100 people

All doses, including boosters, are counted individually.

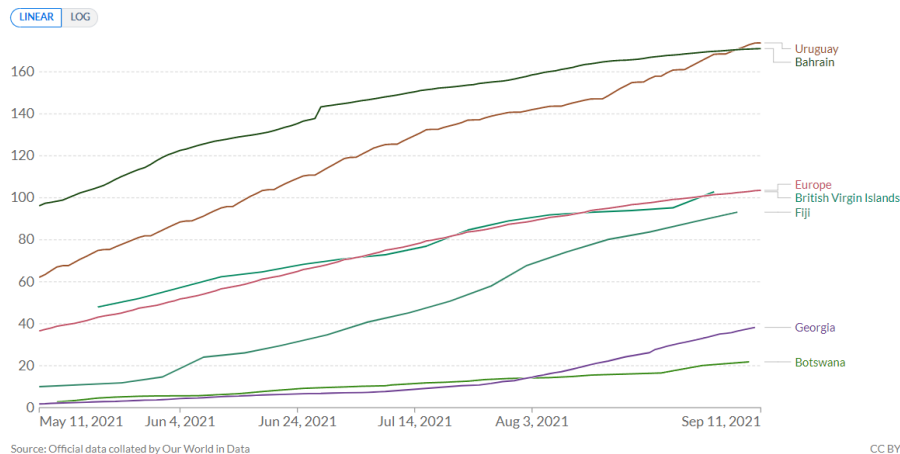


Figure 1.26 [\[1.28\]](#)

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

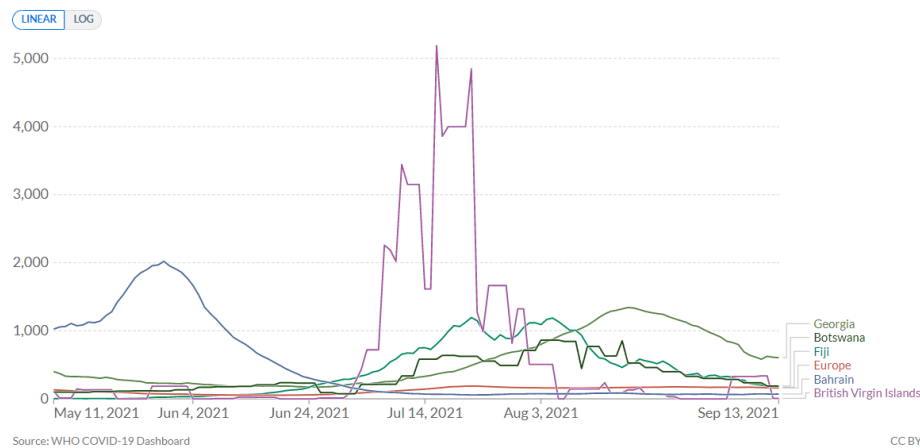


Figure 1.27 [\[1.29\]](#)

The above figures show examples of countries with high vaccinations rates and with low covid cases, or, countries with low vaccination rates but with high covid cases.

Notable examples of the first case are Sweden, Chile and Qatar, as for the second case some notable examples are the British Virgin Islands, Fiji, Georgia, Montenegro, Botswana and Dominica.

Many factors can contribute to make vaccinations and a rise in new cases correlate; for example the countries which are more involved in the campaign against Covid could both be vaccinating and testing more people (therefore finding more cases than normal), countries with higher population densities might preventively vaccinate as to mitigate the fact that a high population densities increases the potential for the virus to spread (Gibraltar). The opposites are also relevant, as countries that don't have the resources to vaccinate are also less likely to test; large countries with low population densities might be more lenient because of the added advantage.

As a final note, Jones in a video filmed the 16th [\[1.30\]](#) expresses his agreement on the views of a man named David Icke, who theorizes that the virus is a synthetic construct (a computer code), that PCR tests are faked and that a major part of those who died before the vaccine rollout have been intentionally killed by medical staff. However, some doubts arise from these claims, specifically, if the nefarious forces at play have the ability to set up the Covid

deaths and cases previous to the vaccine rollout, why would they set up a test method that would incriminate the vaccine as the cause of the symptoms? A more ideal strategy would have been to claim that the PCRs detect a component that is exclusive to the virus and not induced by the administration of the vaccine. The idea that such a highly organized and complex operation would deliberately hand out such information is sure to raise some doubts.

All of this presupposes that the PCR test does in fact check for the spike protein, it however does not, contrarily to LFT tests.

Conclusion 1.2)

All of Jones' proofs suffer from a lack of detail and generality, as many counter-examples can be picked against his hypothesis and his statistical observations are superficial and not in any way complete and consistent with what he claims; a more thorough analysis of the data he presented suggest the opposite of what he claims.

1.3)

Another clip [\[1.31\]](#) in which Jones tries to prove that vaccines are harmful comes from the show recorded on the 21st of November 2021 [\[1.32\]](#), the relevant clip uploaded by The Alex Jones Show on rumble is titled *"RED ALERT - Vaccinated Twice As Likely To Die Says British Government Report"*. The following will analyse whether or not the title and the contents of the clip regarding vaccinations are well founded; some claims are filtered out as they reside outside the scope of this section.

At 17:01 Jones reads a twitter post published by a man named Alex Berenson which reads *"Vaccinated English adults under 60 are dying at twice the rate of unvaccinated people the same age"* [\[1.33\]](#). The tweet is not a report by the British Government, contrarily to what the clip title asserts.

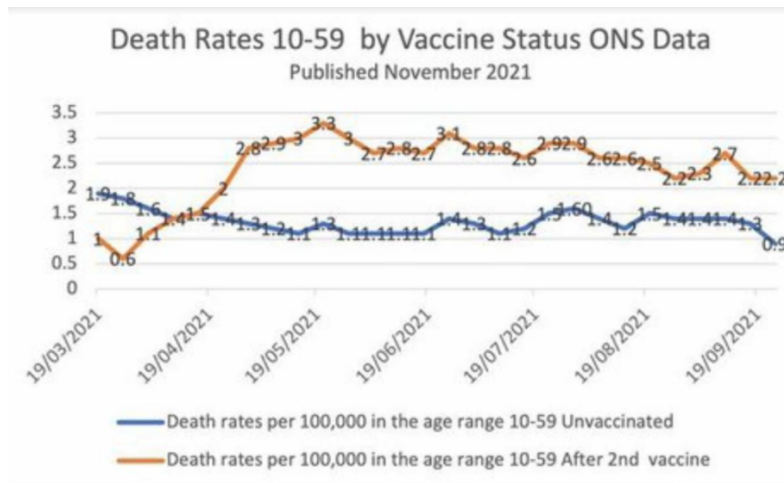


Figure 1.28: Graph displayed by Jones. Each data label represents the number of deaths/100.000 of each cohort in a given week.

The graph is not ideal to compare the death rates of vaccinated to unvaccinated, as vaccinations and deaths are not equally distributed among the wide age interval spanning from 10 to 59 years of age; the older demographics have a higher vaccination rate, but also a higher mortality regardless of vaccinations and covid (not to mention the priority of vaccinating the immunocompromised), raising the overall vaccinated mortality above the true value. While the population of vaccinated gets older in proportion, the population of the unvaccinated becomes younger in proportion, therefore not only does the mortality of the vaccinated increase from the presence of

high-risk groups, the mortality of the unvaccinated decreases as the proportion of the age demographic among the cohort lowers.

As an illustration of the problem (see Simpson's paradox), figure 30 contains the expected mortality of the vaccinated supposing that it has no effects (placebo) while keeping the proportion of vaccinated among each age group the same as the proportions observed in 2021 (figure 29) and using pre-covid mortality rates (2017 to 2019 average age specific mortality).

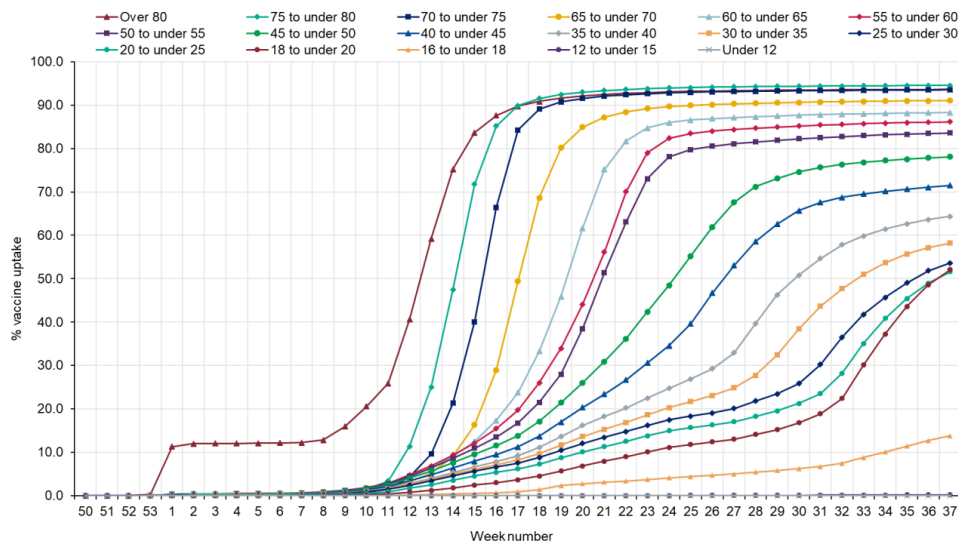


Figure 1.29 [\[1.34\]](#): Cumulative weekly COVID-19 vaccine uptake by age in England for Dose 2, 2021

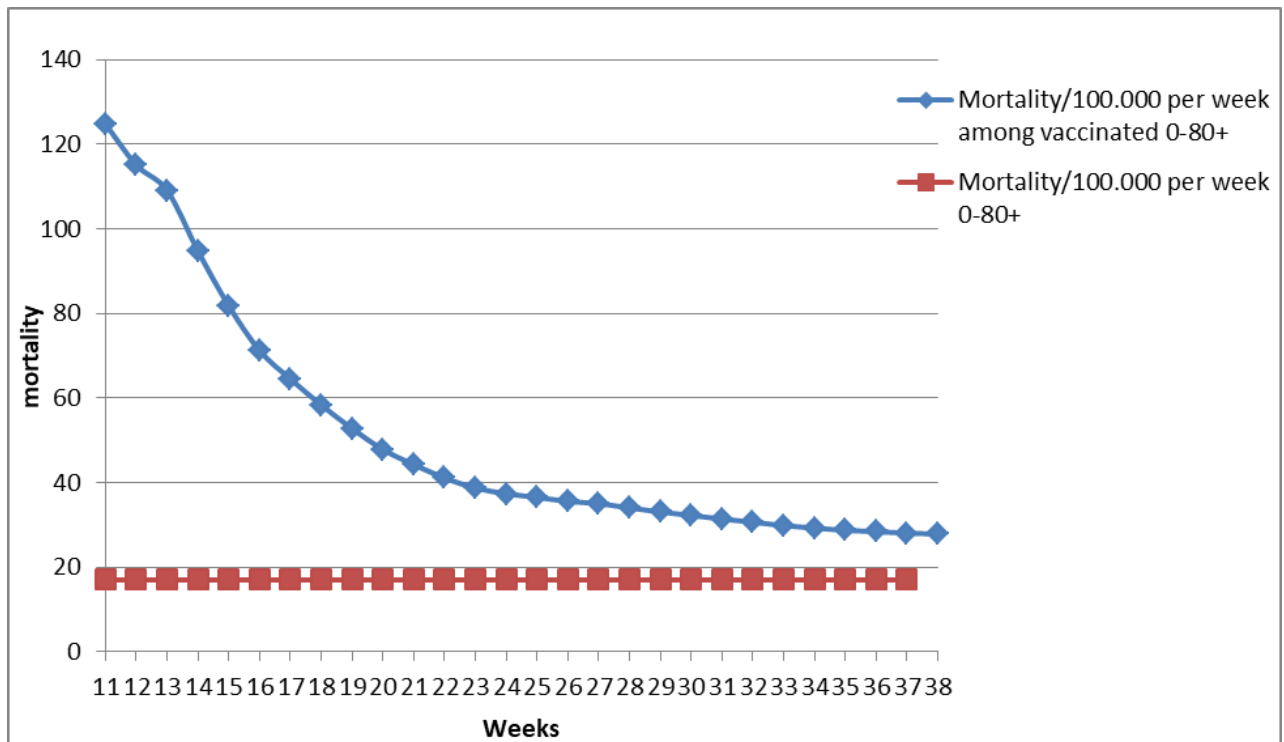


Figure 1.30: Despite setting that vaccinations are equivalent to placebos and using 2015 data for the mortality rates of every age group separated by 5 years, the vaccinated hold a higher mortality by all causes because a large proportion of its population is comprised by individuals with high mortality rates; the drop after the 21st

week is due to vaccination uptake increasing among the younger demographic (see figure 29), thereby increasing the proportion of low risk individuals among the vaccinated. The figure only considers the proportions of the double vaccinated as to compare Berenson's results.

Having shown the bias associated with comparing the mortality with a demographic with uneven vaccine distributions, a better way to examine the actual effects of vaccinations on mortality is to either consider a smaller age interval (figure 31) or by comparing the observed excess deaths of the vaccinated and the unvaccinated with respect to projected deaths calculated using previous years' data [\[1.35\]](#) (figure 32).

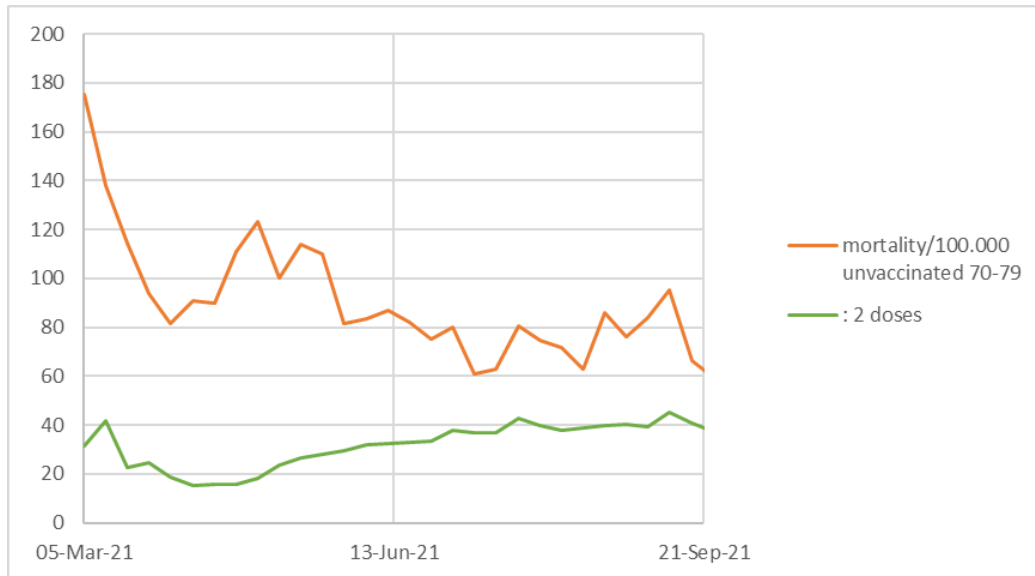


Figure 1.31: Comparing the mortality rate among the 70-79 age demographic in the time period ranging from March 5th to September 21st 2021, the unvaccinated cohort have on average a 3.23 times higher death rate. Calculated using the deaths by vaccination status reported by the English government [\[1.36\]](#), the same source used by Berenson.

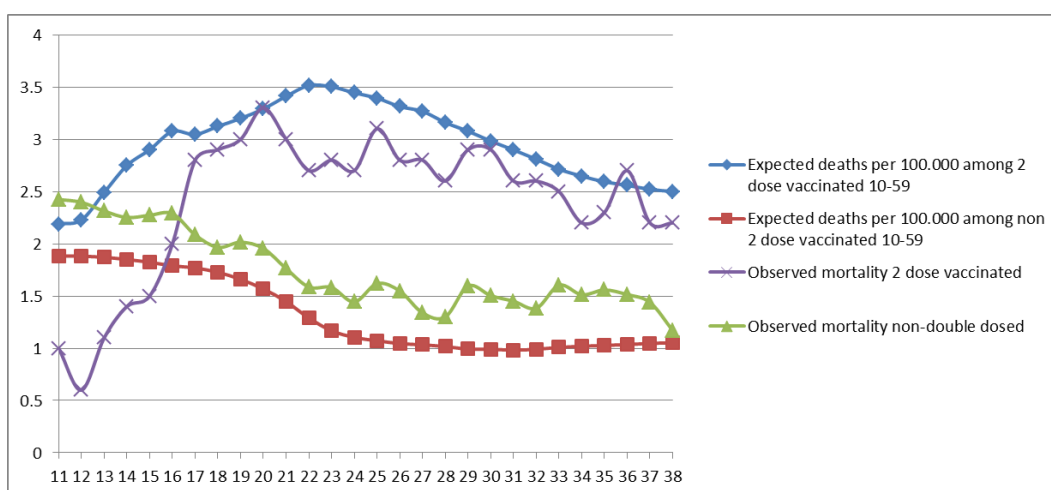


Figure 1.32: By using the sum of the age specific projected mortalities weighed in proportion to the population percentage of the examined cohort (double dose and non-double dose), one derives that the double vaccinated managed to not exceed the projected mortality from previous years, while the non-double dosed did not. Such can be observed in the time interval ranging from the 11th to the 38th week of 2021 England.

One could still argue that it is only the first dose increasing the deaths, inflating the mortality of the non-double vaccinated group; this however strays from Berenson's supposed proof that only considers the double vaccinated and Alex Jones' very often repeated claim that the second shots are the main drivers of vaccine related mortality, to add, the percentage of the population that only received one dose is small in proportion to the unvaccinated and the double-dosed. To solve this one must split the non-double vaccinated cohort into the unvaccinated and those who received only one dose before the date of their deaths (figure 33).

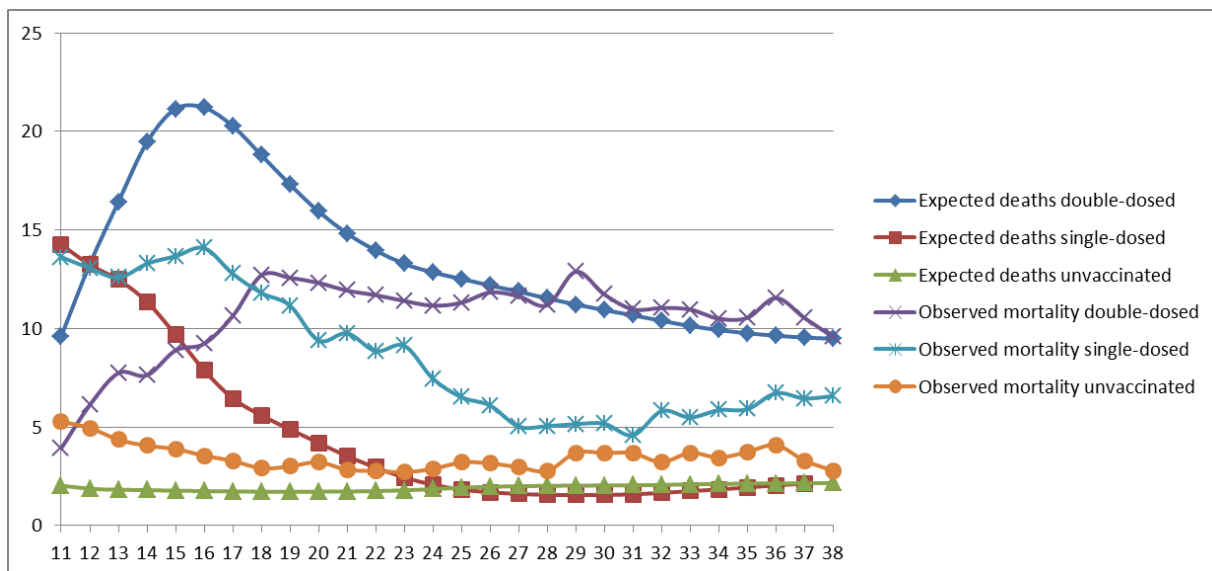


Figure 1.33: Expected and observed weekly deaths rates/100.000 for 10-79 year olds among each cohort in the 11th to 38th week of 2021. The expected deaths among the cohort is calculated using the weighted average of the age specific deaths rates in proportion to the percentage of the age demographic that constitute the cohort (1 dose, 2 dose, unvaccinated); the projected mortalities are taken from the 2018 England cohort and period life projections.

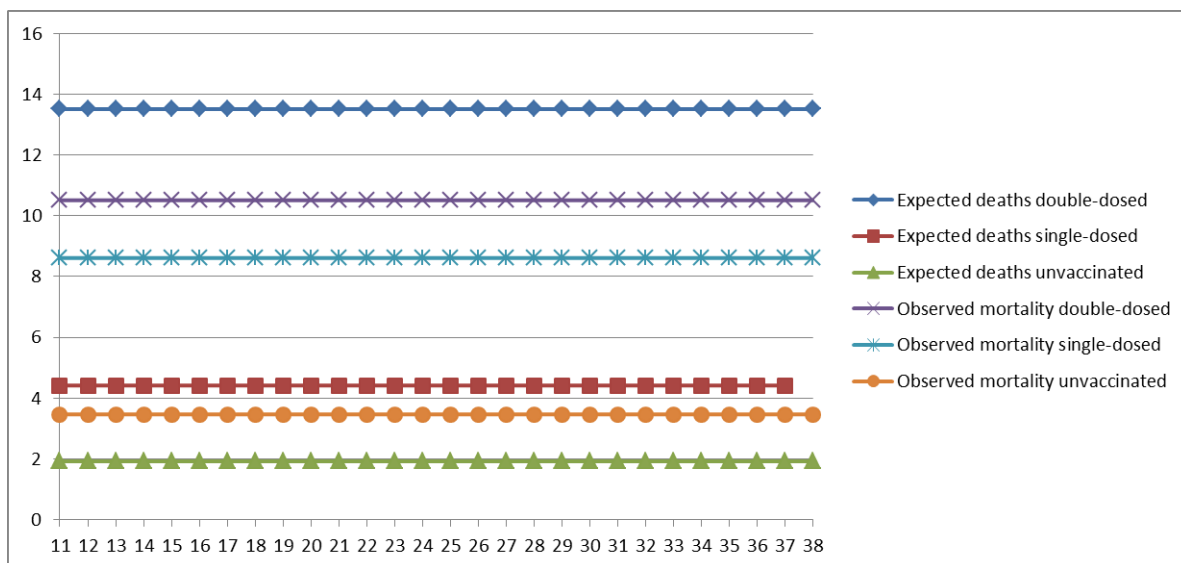


Figure 1.34: Average values of figure 33.

The above figures show that despite the advent of Covid, mortalities among the double vaccinated lay below the projected mortalities, while the unvaccinated did not. The observed mortalities of the single-dose exceed the projected mortalities for the cohort, such can be interpreted that, despite the single vaccinations, Covid increased the mortalities past the projected line; one must also consider that a large proportion of the single dosed have an exponentially higher probability of death by Covid (figure 35), as an example, in the 11th week around 50% of the single dosed age 10-79 were among the 60-79 age interval.

Figure 61: Cumulative weekly COVID-19 vaccine uptake by age in England for (a) Dose 1 and (b) Dose 2
(a)

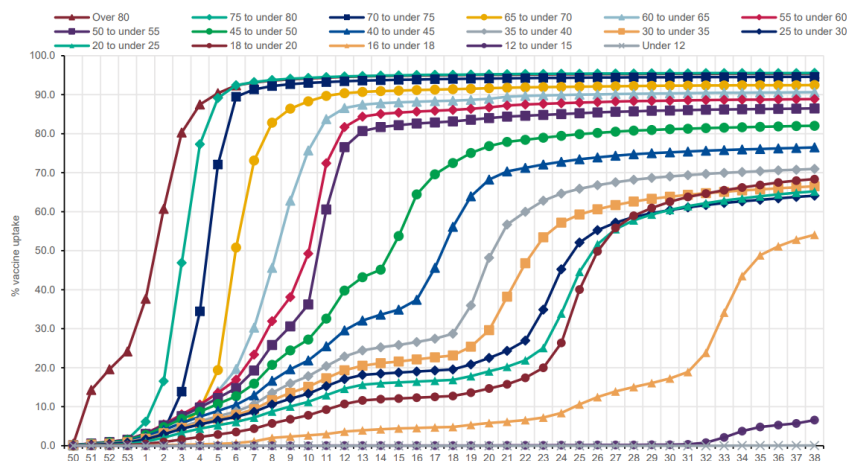


Figure 1.35

Berenson's proof only considered an age interval comprised of 10-59 year olds, however the range can be extended to include the 80+ year olds to the above graphs, by which the following figure 36 is derived.

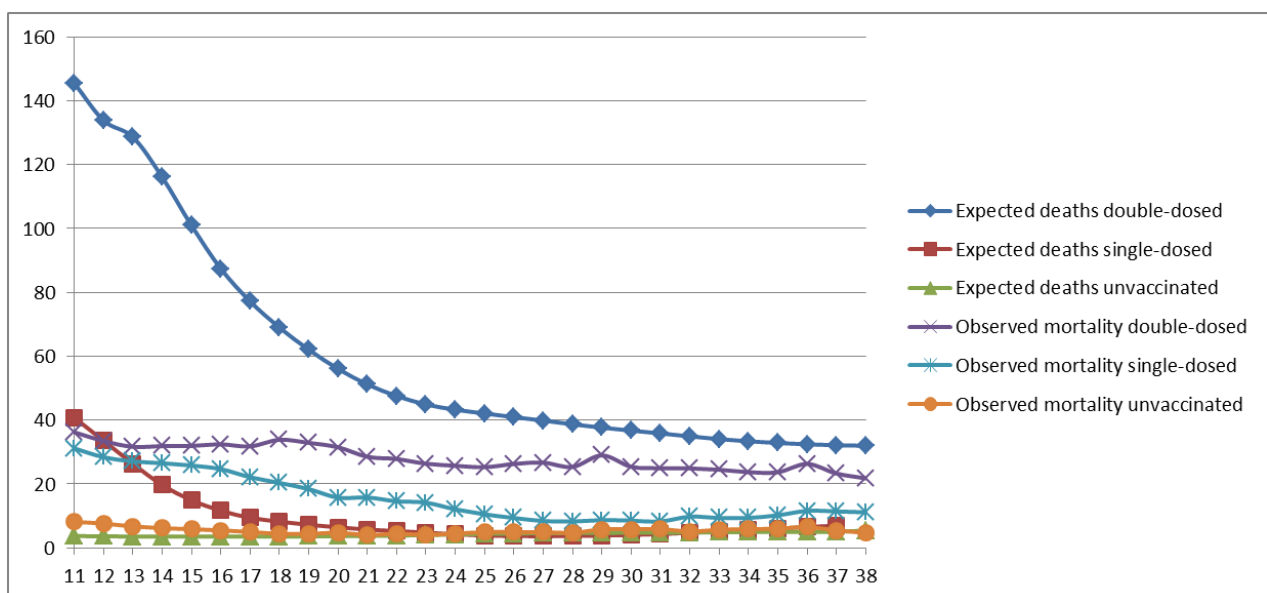


Figure 1.36: Projected and observed mortalities for 10-80+ age interval. The “expected” deaths are the projected weekly deaths/100.000 as calculated by the 2018 cohort and period life tables, meaning the expected deaths without a major event that would vary the population mortalities such as Covid.

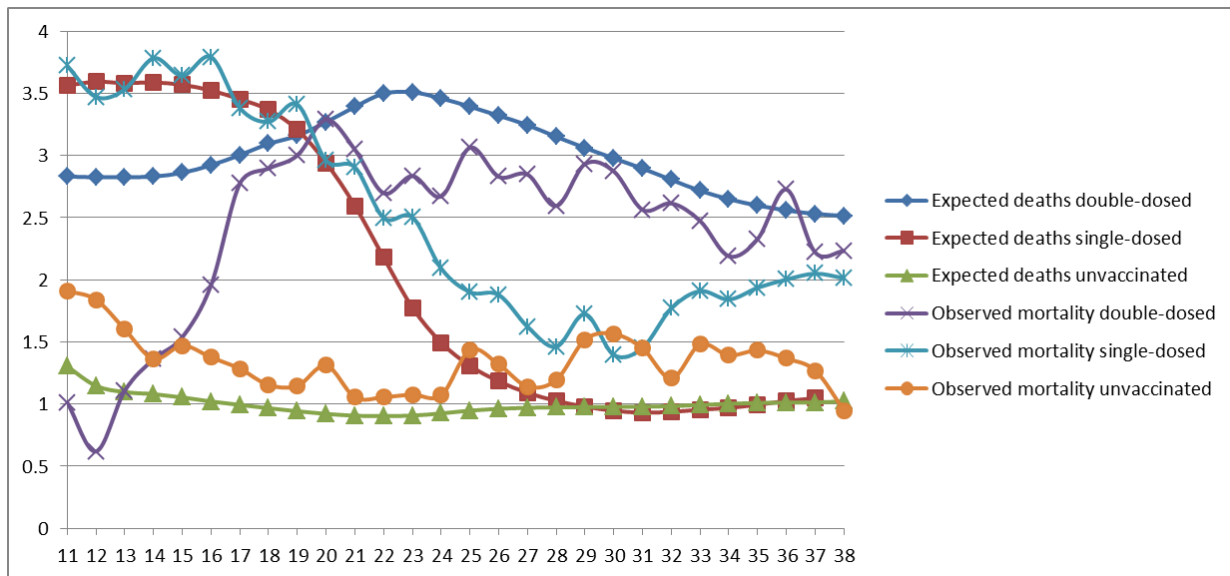


Figure 1.37: Observed and projected weekly mortality rates/100.000 ages 10-59

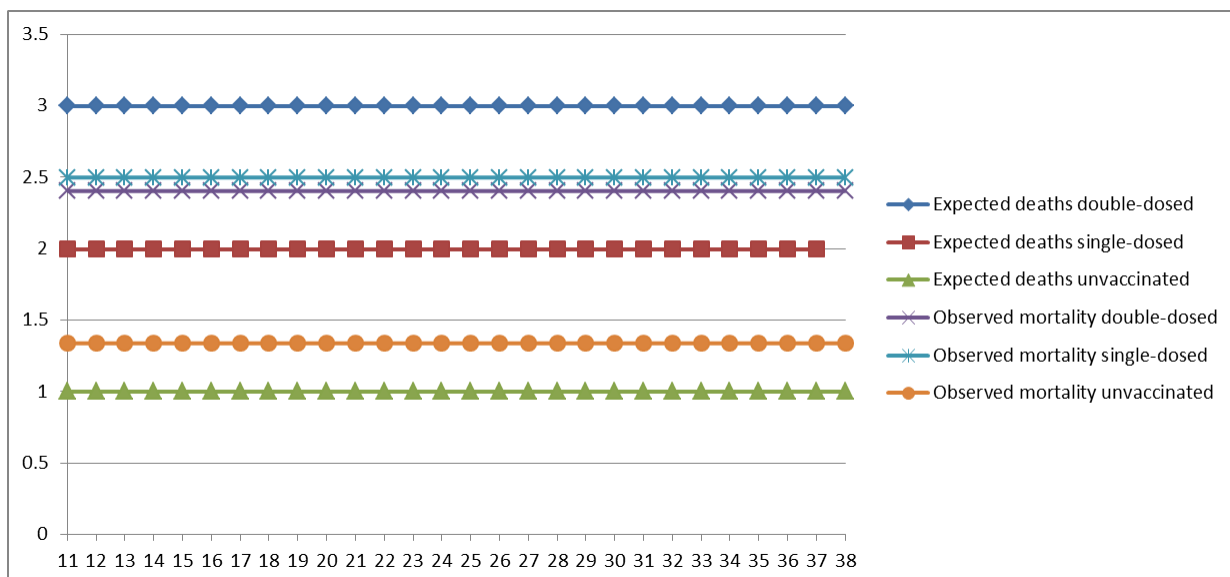


Figure 1.38: Average values of figure 37.

Conclusion 1.3)

Alex Berenson's proof (and by extension Alex Jones') that vaccinations cause harm is incomplete and/or incorrect as it fails to consider that his examined age interval does not have uniformly distributed vaccination rates, it is a case of Simpson's paradox, where despite the vaccinations being a net positive for each age interval (figure 31), a selected large enough age interval could falsely display a net negative. Further examination of the data showed a higher likelihood of a net positive decrease of mortality among the double vaccinated, contrarily to Alex's assertion, and that the high mortality in Berenson's graph was due to a higher proportion of high risk age demographics among the 10-59 double dosed vaccinated.

Section 2, Infowars' articles

2.1)

A more indirect way to verify the quality of Alex Jones' claims is by analysing some of the written articles posted in his site Infowars. While the articles are not written by Alex Jones, he cites such articles as proof very often (previously observed) and they are part of "his" website, so they can still be used to discern his veracity or lack thereof. Some have argued that anyone who posts contradictory information on the site is part of a controlled opposition, however it is not so hard to find that the writers are consistently supported by Jones himself, this is especially true for Adan Salazar, author of many articles on Infowars, such as the article titled *"Gibraltar, Iceland See MASSIVE Covid Spike Despite Over 90% of Population Vaccinated"* [\[2.01\]](#) (the significance of the article will be discussed in the conclusion).

This article claims that vaccinations spread the virus (header) and the author deduces such by comparing the graphs of the daily new cases and the percentage of people who received all doses prescribed by the initial vaccination protocol. The main source used for the data is the scientific online publication "our world in data" (consistent with the data of all the sources used) and the countries that are taken into consideration are Gibraltar, Iceland, Singapore, Sweden and Israel. The following are the most relevant graphs the author uses:

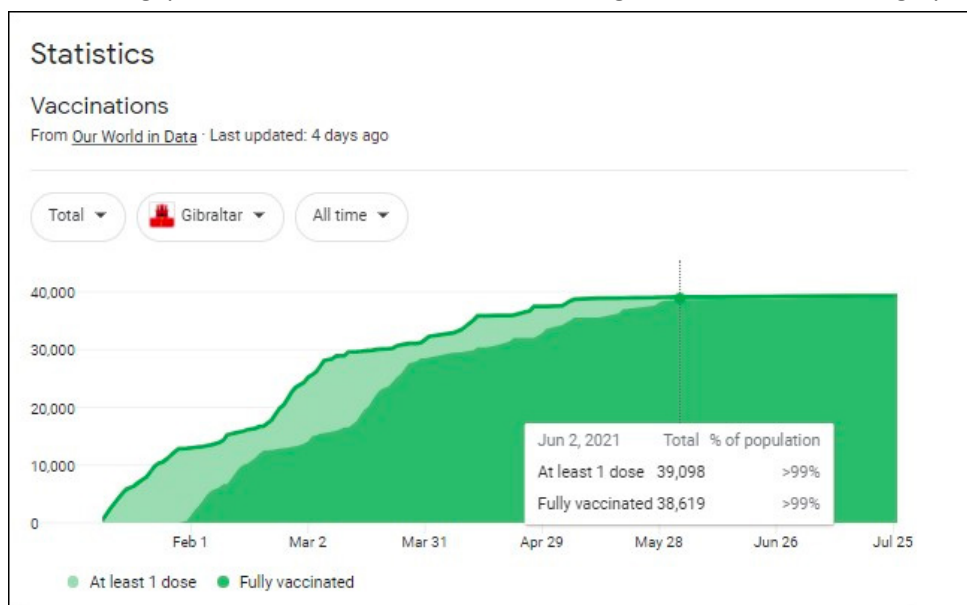


Figure 2.01

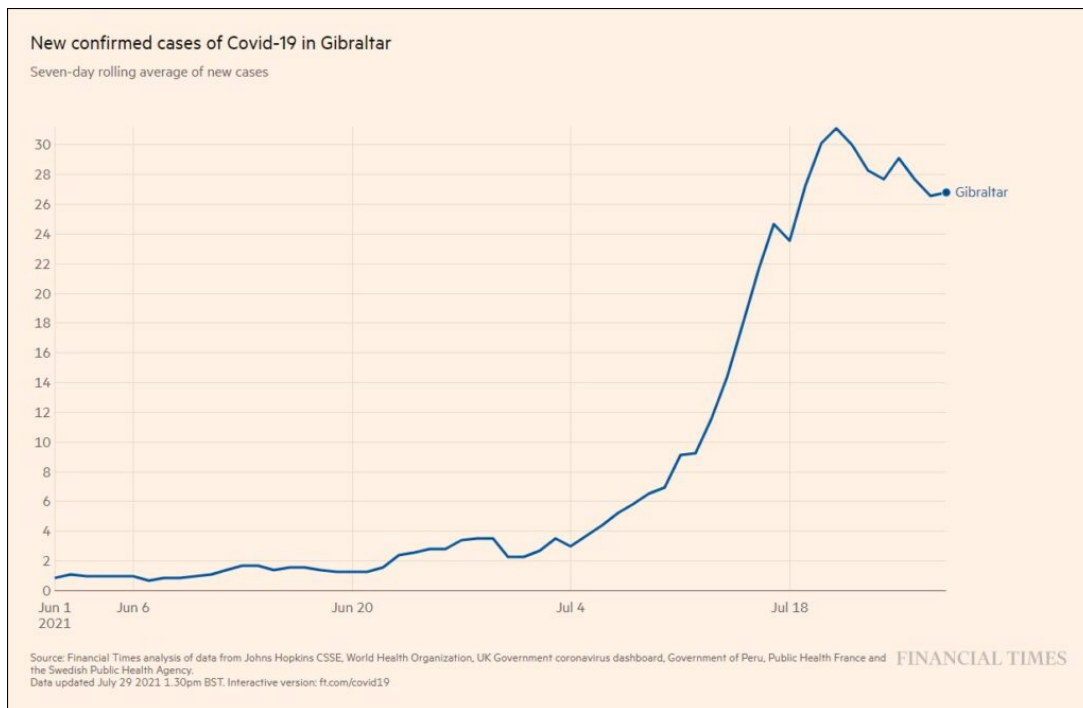


Figure 2.02



Figure 2.03

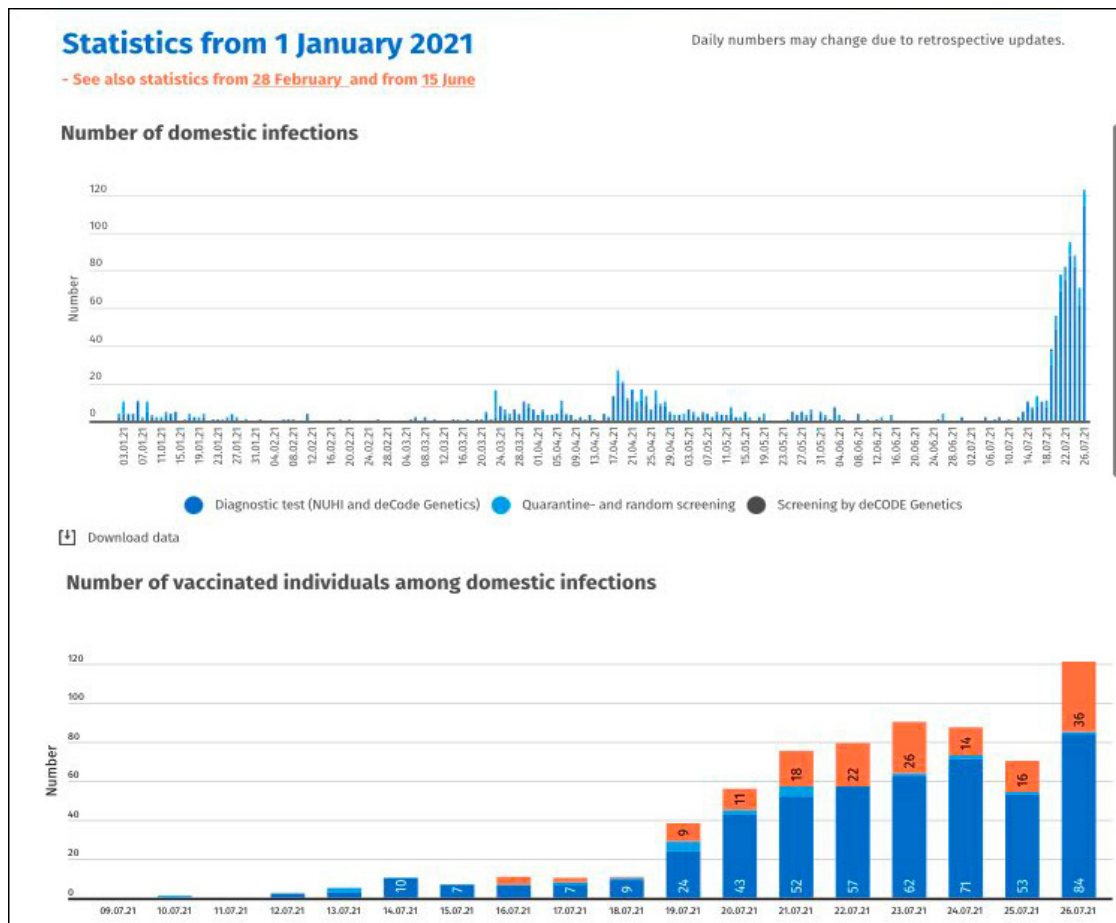


Figure 2.04

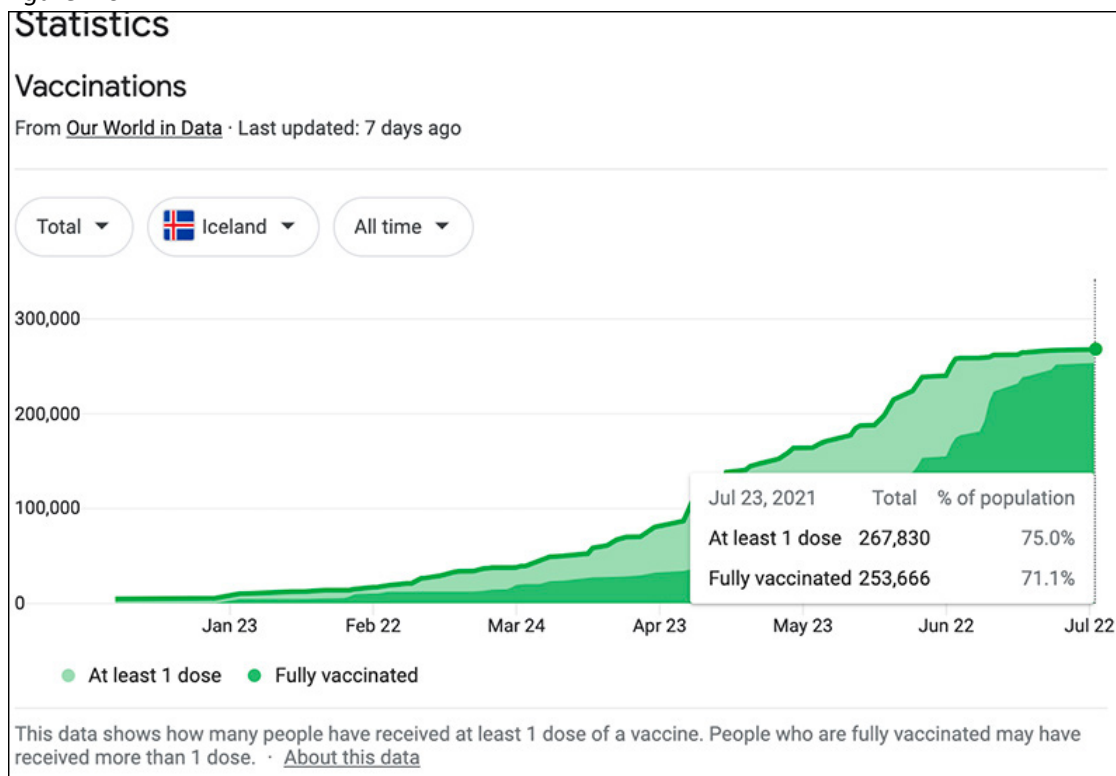


Figure 2.05

The main points used by the author to prove that vaccines spread the virus are the following:

1. The correlation between states with high vaccinations rates with states with high new covid cases (Gibraltar and Iceland)
2. The fact that in July 2021 three/quarters of new Covid-19 infections in Singapore stemmed from vaccinated people.
3. The correlation between states with low vaccination rates and states with low new covid cases rates.

The first and third points can be tested by observing if the correlations are indeed true considering a greater number of states (picked by the states with the highest vaccination rates and highest cases per 1mil as of 2022 along with other cases of interest such as island nations)

The graphs used by Salazar for the vaccinations are cumulative, therefore they are not ideal to show that vaccinations cause the new cases (a non-cumulative quantity) as illustrated in section 1.2 with [figures 9 and 11](#); as to avoid repeating the same analysis used in the referenced section, this time the following paragraphs will limit to discuss whether or not the vaccinations hamper or facilitate the spread of Covid (not causing it).

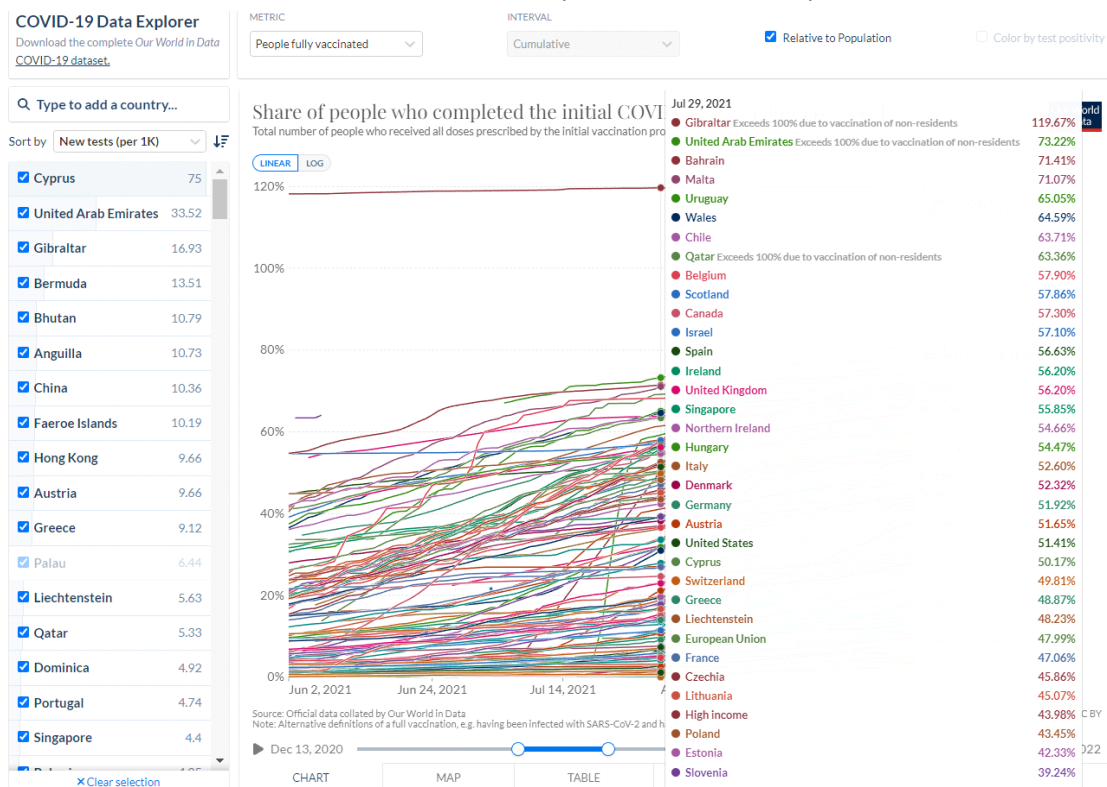


Figure 2.06: Share of people that completed the initial Covid-19 vaccination protocol

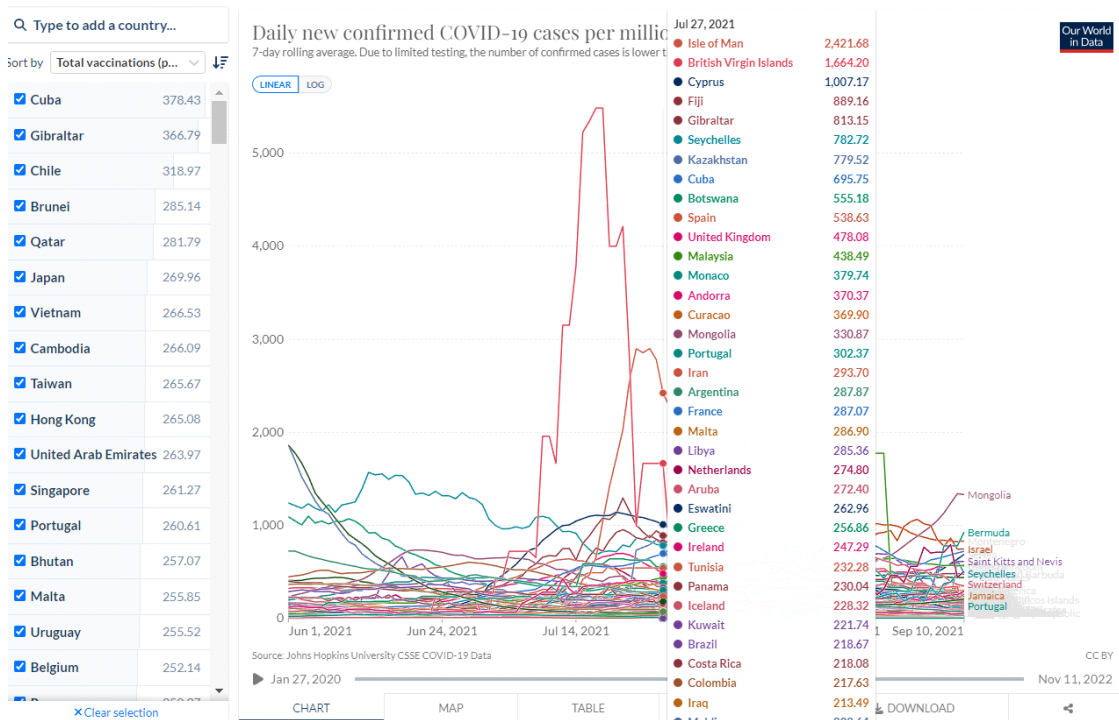


Figure 2.07: Daily new confirmed Covid-19 cases per million. 7-day rolling average.

Some key biases have to be considered, most notably that people are more compelled to vaccinate themselves during a wave or in anticipation of one, while Gibraltar does have a high number of daily new cases, it is possible to find other countries with high vaccination rates like the Isle of Man, the United Arab Emirates, Bahrain, Malta, Uruguay, Singapore, Wales and Chile, where the correlation between cumulative vaccinations and new cases is weaker. Here are some of the fluctuating values of interest extrapolated around the last two weeks of July:

- Percentages = percentage of vaccination. Pure numbers = new daily cases/million

Gibraltar 119%, 848; United Arab Emirates: 73%, 162; Bahrain: 71%, 72

Malta 71%, 239; Isle of Man 67%, 2.900; British Virgin Islands 33%, 5.485;

Hungary 53%, 5; Cyprus 50%, 1.000; Europe 38%, 178; Cuba 23%, 756; Fiji 8%, 1.125

Singapore 47%, 13; Uruguay 60%, 90; Georgia 4%, 700.

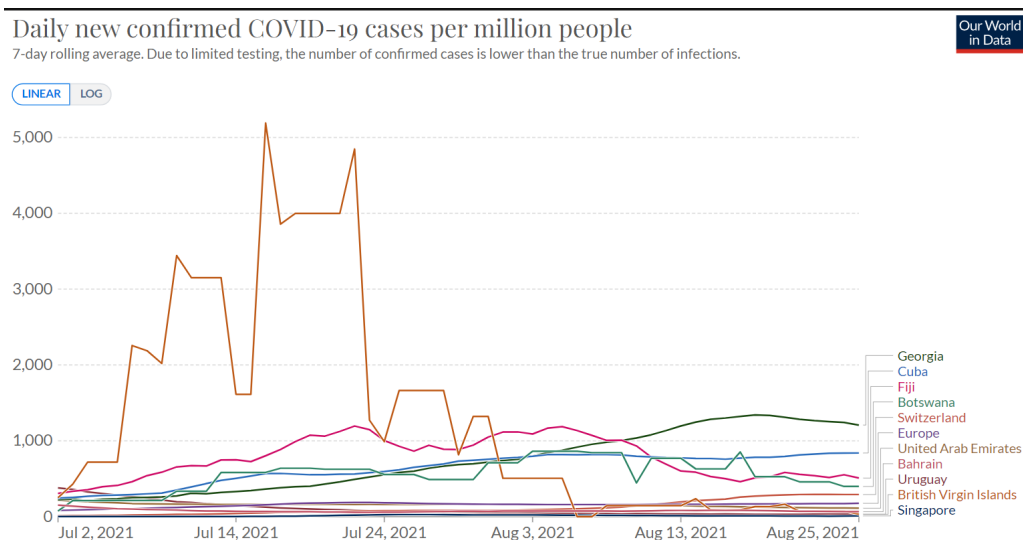


Figure 2.08

Share of people who completed the initial COVID-19 vaccination protocol

Total number of people who received all doses prescribed by the initial vaccination protocol, divided by the total population of the country.

Our World
in Data

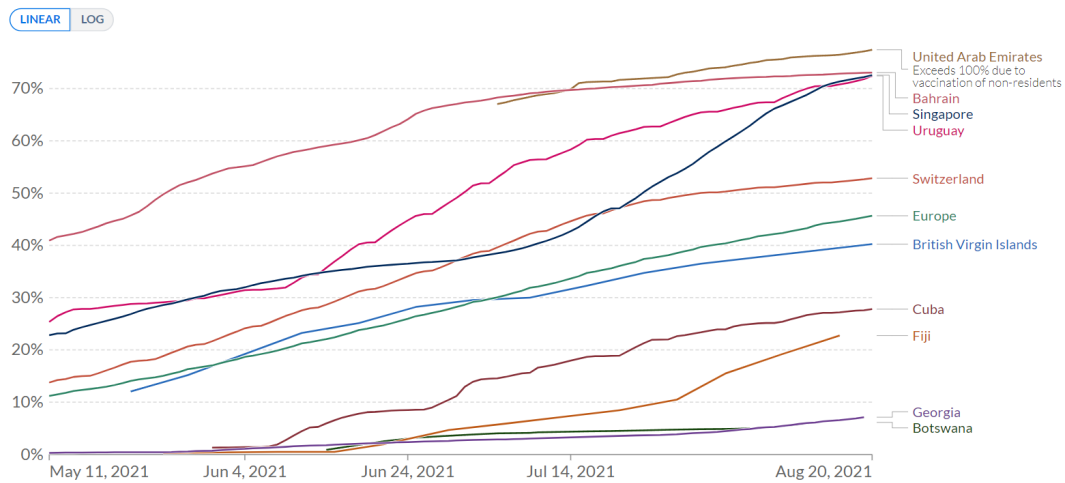


Figure 2.09 [2.03]

With the irregular proportions between the cumulative number of fully vaccinated and the daily new cases of the different states, it is impossible to easily conclude that vaccines themselves facilitate the spread of covid. There are many factors at play, such as population densities, communications, rates and distribution of testing and preventative measures like the lockdowns; these are not trivial factors and they should have been mentioned and discussed in the article. The counterexamples shown can be further expanded with the ones observed in section 1.2 with [figures 24, 25 and 26](#).

Furthermore, the author did not clarify when the vaccinated start to display covid symptoms (if there is causation and not just facilitation), whether they develop in a time period close to inoculation or at a later date; in either cases discrepancies can be found, since most of Gibraltar's population had already been vaccinated before the first week of June 2021, while 20% of the Isle of Man got vaccinated in the month of July during the wave, making any two assertions inconsistent by considering the other.

The second point that the author makes leads to a secondary article titled *"Pandemic Of The Vaccinated! 75% Of New Covid Cases In Singapore Already Got The Jab"* [2.04] authored by the Infowars.

The article claims that the double vaccinated are almost twice as likely to get covid than the unvaccinated, comparing that of the 1.096 covid cases confirmed in the past 28 days of July, 44% were double vaccinated, 30% had received one shot and 26% were unvaccinated. The cited source is a Reuters article titled *"Vaccinated people make up 75% of recent COVID-19 cases in Singapore, but few fall ill"* [2.05].

Once again, this is an exercise on conditional probability, which is a fact that the author of the Infowars article doesn't comprehend by considering his commentary on the statements made by the doctors quoted in the Reuters article. The primary article's doctors state: *"As more and more people are vaccinated in Singapore, we will see more infections happening among vaccinated people"*, to which the author of the Infowars article comments *"After admitting more vaccinated people will be falling ill with Covid in the near future, Yik Ying bizarrely suggested that until 100% of citizens are vaccinated, the spreading is being done by those who aren't vaccinated."*; without knowledge of the (basic) idea of conditional probability, the

doctor's statements along with many others discussing the effectiveness of the vaccines, are indeed contradictory.

The following is an intuitive example for understanding the conditional probability at play: consider a room of 100 people, 80 of the 100 have glasses; now consider that an epidemic causes mass deaths among the group. In the end, how many people with glasses are expected to die in proportion to the people without? Because of the fact that the population of people with glasses is 4 times larger than the population without, one would find 4 times the amount of dead persons to have glasses compared to those who don't, despite the obvious fact that the disease does not discriminate between the two populations. It is therefore important to distinguish the observed deaths in proportion to the population size, to distinguish between the probability to find a person with glasses among the dead and the probability that a person with glasses dies (see Bayes rule), which (in this example) is the same as the probability that a person without glasses dies. The Infowars article header statement of "*The double vaccinated are twice as likely to be infected*" is the same logical fallacy as claiming that people with glasses are 4 times more likely to die (with the previous example).

To calculate the true (better) incidence of infection among the vaccinated and unvaccinated, an approximate average proportion of the populations is needed (July 1st to the 23rd 2021): percentage of double vaccinated $P(dv) = 43.5\%$, percentage of single-dosed $P(sv) = 24.5\%$, percentage of unvaccinated $P(u) = 32.5\%$.

The articles in question contain the following information: probability to find a double vaccinated among the infected $P(dv|i) = 44\%$, probability to find a single-dosed vaccinated among the infected $P(sv|i) = 30\%$, probability to find an unvaccinated among the infected $P(u|i) = 26\%$.

The following conditional probabilities are derived using Bayes rule: $P(i|dv)$ and $P(i|sv)$ are the probabilities of infection among the double and single-dosed vaccinated respectively and $P(i|u)$ the probability to find an infected among the unvaccinated.

$$P(i|dv) = P(i) \cdot P(dv|i) / P(dv) = n \cdot 1.01$$

$$P(i|sv) = P(i) \cdot P(sv|i) / P(sv) = n \cdot 1.22$$

$$P(i|u) = P(i) \cdot P(u|i) / P(u) = n \cdot 0.8$$

From these values one derives that the probability of finding an infected among the double vaccinated is 1.26 times higher than finding an infected among the unvaccinated and the probability of finding an infected among the single-dosed is 1.52 times higher than finding an infected among the unvaccinated. These are not the values reported by Infowars, which instead relies on the much more shocking apparent and incorrect $P(dv|i)/P(u|i)$; then the usual other factors at play must be accounted for: the vaccination uptake is highest among those in higher risk groups (with higher probabilities of showcasing noticeable symptoms), a proportion of the unvaccinated is already possess natural immunity and is therefore exempt from vaccinations, the variations of vaccine uptake in the considered time interval, the sample size and the selected time interval is small, therefore prone to large statistical fluctuations.

To note, the original article further adds that only the unvaccinated were found amongst the 8 serious cases that needed intensive care, therefore by the same logic used by Infowars the unvaccinated are 8 times more likely to develop serious symptoms (by adding at least one vaccinated among the seriously ill), and with the corrected values using Bayes rule, the unvaccinated are 24 times more likely to develop serious illness (an absurd value that should not be considered relevant due to the size of the sample).

Conclusion 2.1)

The statistical and probabilistic errors combined with the extremely low sample cases and the lack of consideration of other variables at play in Adan Salazar's and in the cited Infowars article, strongly indicate that Infowars' authors are not very knowledgeable in the field of statistics or at least, that there are no rigorous standards of review and the material is rushed. Short, unprofessional, lacking of the basic comprehension of what conditional probability is, to add, much of the data (most noticeable in Infowars' article) is cherry picked and taken outside of its proper context (doctors' statements).

One may argue that the article used for this critique may be a random and cherry picked, a one off uninfluential article posted by a humble supporter of Infowars, in the hopes of joining in on the debate carried out by the true experts and elite researchers of the site, however this notion crumbles from the fact that Alex Jones himself claimed that the article holds definitive proof that vaccinations spread the virus and raise mortality, praising the work as a masterpiece. Jones makes such statements in the video following clip [\[2.06\]](#) titled *"Gibraltar, Iceland See MASSIVE Covid Spike Despite Over 90% of Population Vaccinated"* of the Alex Jones Show. At 4:35 Alex Jones states *"Adan Salazar wrote an article that is the most important covid story of this entire globalist takeover in the last year and a half"* *"The holy grail of truth, the total truth to overturn the lies"* *"a planetary bomb shell"*; he mentions that these articles further confirm that the places with the highest vaccine rates also have the highest deaths, which is something that isn't present in Adan's article, as it only tries to prove that the vaccine spreads the disease.

Given that Alex praised Adan's article so much, it is fair to use the same sources Adan used (Our word in Data) to see if these same countries actually have the highest death rates as Jones repeatedly states; these are the end results:

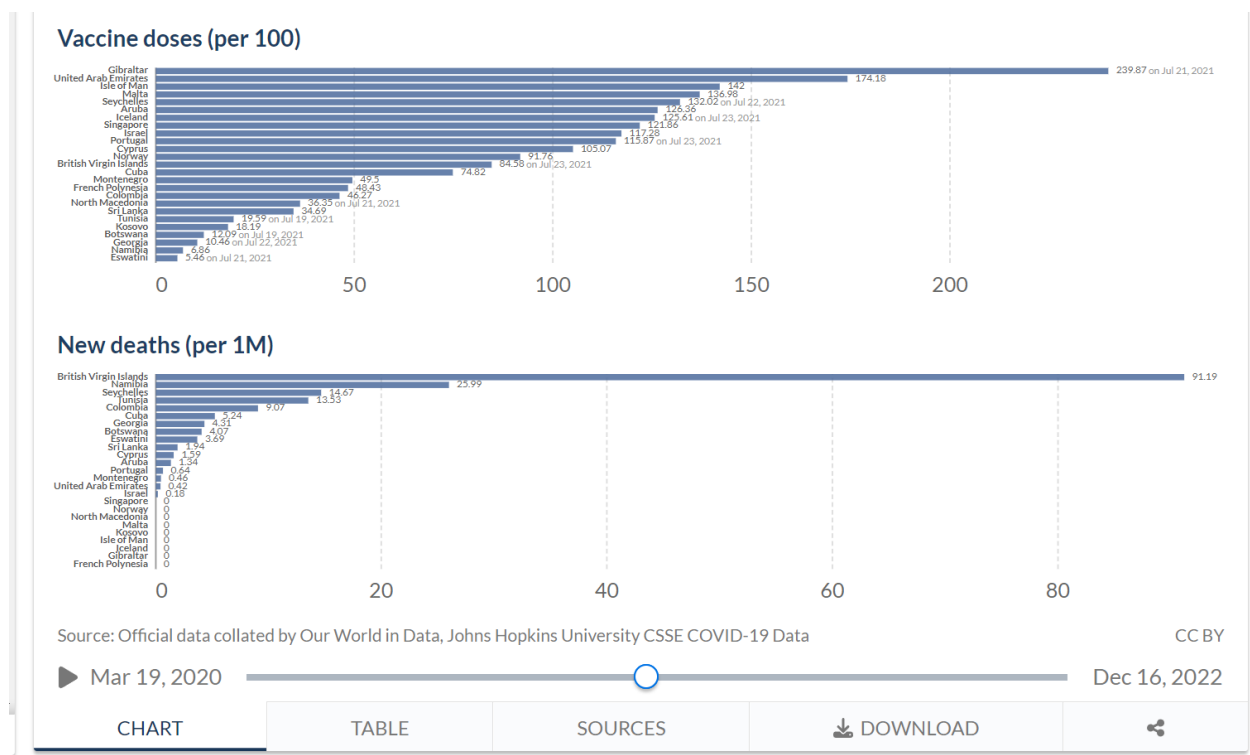


Figure 2.10: Data of July 20th, the date of Gibraltar's peak cases.

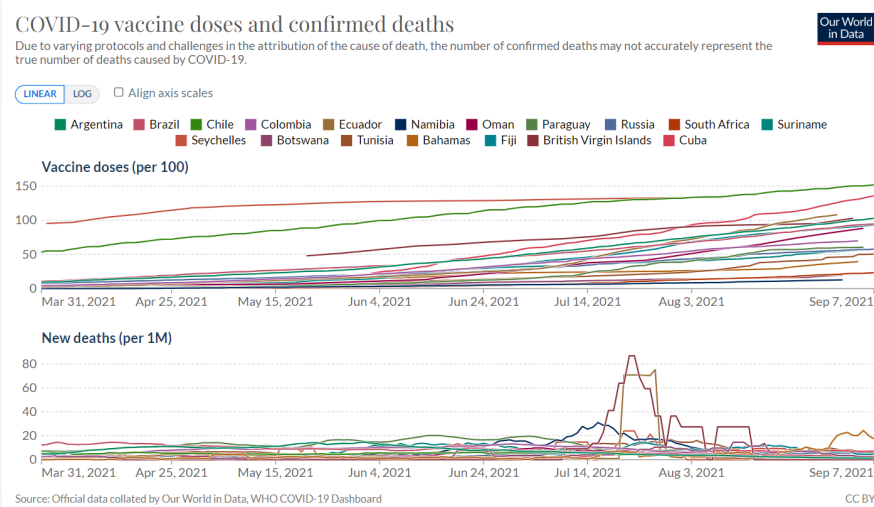


Figure 2.11 ^[2.07]: Chart selecting nations with the highest mortality around July 23rd. Many countries with a low vaccination uptake are present.

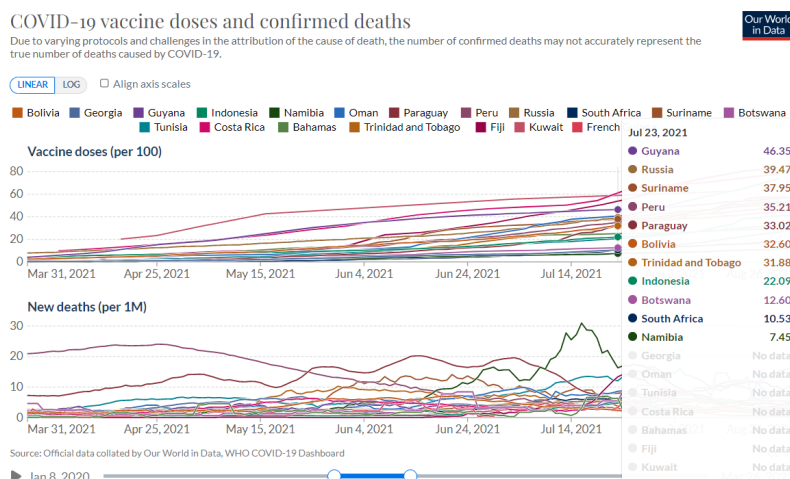


Figure 2.12 ^[2.08]: Graph selecting nations with high mortality filtered to nations with low cumulative vaccine doses. The deaths are high despite Alex Jones' claim that the lowest vaccinated states have the incidences of new deaths.

COVID-19 vaccine doses and confirmed deaths

Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately reflect the true number of deaths caused by COVID-19.

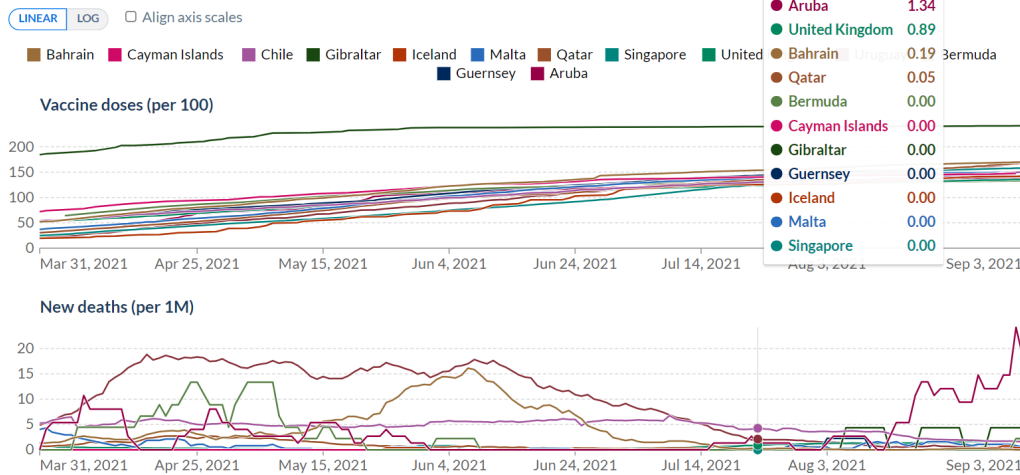


Figure 2.13 [2.09]: Graphs selecting nations with highest vaccination rates, the box refers to the new deaths; the average number of new deaths/mil among these nations is lower than the values reported in figure 2.11, which included states with low vaccination rates.

From these graphs, the strong and evident correlation between vaccines rates and deaths that Jones insists on, is nowhere to be found, as nations with high vaccination rates like Gibraltar and Iceland have a low mortality rates compared to other nations like Paraguay and Namibia with a lower vaccination uptake. These are the same sources used by Salazar and therefore Jones, however they either contradict their claims or can't prove them due to inconsistencies based on the chosen sample of nations.

Analysis 2.2)

To further add evidence to the inconsistent nature of Infowars's articles, other articles can be found with the same faults and statistical mistakes present in Adan Salazar's article; one of such is the following, titled "Almost half of recent UK deaths are of people who have been vaccinated" [2.10].

This article, written by Chris Menahan in August 3rd 2021, claims that the fact that almost half of the recent deaths in the UK due to covid were among the unvaccinated, proves that the vaccine isn't working, such can be inferred by the derogatory use of "it's WorkiNg"; considering the attached picture of a graveyard and the video he cites, it can be inferred that the aim of the article is to prove that vaccinations either cause or facilitate the observed Covid deaths (it is the common narrative of the site). He cites a Wall Street Journal article, an Alex Jones' show clip, a tweet about one of Pfizer's clinical trials and he shows a graph displaying the surging number of cases in highly vaccinated countries; the displayed graph is reduced to the same problem found in analysis 2.1 with only a small time shift, the Alex Jones' show clip about doctors opposing the vaccine will be skipped as the topic will be expanded upon in section 3.

The WSJ article used to prove that vaccines don't work is titled "Some Vaccinated People Are Dying of Covid-19. Here's Why Scientists Aren't Surprised" [2.11], authored by Jason Douglas and Stephen Fidler. The article claims that data from Public Health England shows that there were 117 deaths among 92,000 Delta cases through June 21st, where 50 of those had received two shots of vaccine, that 59 of the non-double vaccinated deaths were people over-50s, that a single and double dose reduces the risk of symptomatic Covid-19 respectively by 35% and 79% in Delta variant cases and that 85% of adults have had at least one vaccine shot and 63% have had two.

The article doesn't report the proportion of unvaccinated and single dose vaccinated in the sample of the 117 deaths, just as it doesn't report any of the proportions between the vaccinated and non-vaccinated populations among the 92.000 infected. Because of this, it is impossible to draw any meaningful conclusions from just the aforementioned data, as it lacks the information needed to calculate the conditional probabilities.

Therefore, it is only possible to estimate the mortalities by using assumptions on some values according to different narratives/hypothesis. A common assumption will be that 65 of the 117 dead were vaccinated, merging the estimate of the deaths among the double vaccinated and the unknown number of deaths among the single dosed; the single-dosed are fewer in number than the double dosed by a factor 3 and according to Alex Jones' and many of Infowars' authors, the first dose is not as deadly as the second. The remaining variable can be split into two relevant hypotheses:

- 1) $P(v) = 70\%$, meaning that 70% of the 92.000 cases are among the vaccinated (interpolated using various sources).
- 2) $P(v) = 90\%$, meaning that 90% of the 92.000 cases are among the vaccinated (this complies with the hypothesis that the vaccines induce or facilitate Covid symptoms).

With assumptions 1, using a similar notation to the one used in analysis 2.2, such values are derived:

$$P(d|u) = P(d) \cdot P(u|d) / P(u) = 0.19\% \quad P(d|v) = 0.10\%$$

Where:

$P(d)$ is the probability of death among the 92.000 infected.

$P(v \text{ or } u|d)$ is the probability of picking an un/vaccinated among the 117 deaths.

$P(d|v \text{ or } u)$ is the fatality rate of the un/vaccinated among the 92.000 infected.

From this assumption, one gathers that the covid fatality among the unvaccinated is 1.9 times higher than the fatality among vaccinated.

Using assumption 2, the following values are derived:

$$P(d|u) = 0.56\% \quad P(d|v) = 0.08\%$$

From this assumption, one derives that the covid fatality rate among the unvaccinated is 7 times higher than the fatality among the vaccinated.

The United Kingdom's office of nations statistics, the ONS, has released many more complete and useful data sets on the subject [\[2.12\]](#).

The above WSJ article has most likely been cited by Alex Jones in his August 3rd broadcast [\[2.13\]](#) at 14:46, when he states *"even in the Wall Street Journal confirms...that the majority of hospitalizations and deaths by Covid have had the shots"* (Jones usually uses sources published on his site few days prior to the shows).

Having shown that the data reported by the WSJ article tends to favour the idea that vaccinations are beneficial, the following will discuss the cited twitter post, made by Alex Berenson, the same subject of critique from section 1.3.

In the twitter post, Alex Berenson displays the present excerpt of the preprint of Pfizer's phase 3 clinical trial's study [\[2.14\]](#) *"During the blinded, controlled period, 15 BNT162b2 and 14 placebo recipients died; during the open-label period, 3 BNT162b2 and 2 original placebo recipients who received BNT162b2 after unblinding died. None of these deaths were considered related to BNT162b2 by investigators. Causes of death were balanced between BNT162b2 and placebo groups"*; Berenson's uses this to prove that vaccinations did not reduce overall mortality as 15 and 14 deaths occurred among the double vaccinated

and the placebo cohort respectively, therefore, he believes the vaccine is useless against in reducing mortality.

The problem with such a conclusion arises from the fact that in the study only 3 total Covid related deaths were observed, 1 among the vaccinated and 2 among the unvaccinated; this low sample of Covid deaths makes it impossible to conclude on anything related to mortality because of statistical fluctuations, something Berenson himself takes mention of only in the case of total deaths and not death related to Covid (one can't expect a vaccine against Covid to notably reduce overall mortality if few are observed to die of Covid in the sample). In fact, the study mostly focuses on the reactogenicity and general safety attributed to the vaccine, as well as its ability to decrease the probability of Covid infection and the incidence of severe Covid cases (figure 2.14).

Reported Cause of Death*	BNT162b2 (N=21,926)	Placebo (N=21,921)
Deaths	15	14
Acute respiratory failure	0	1
Aortic rupture	0	1
Arteriosclerosis	2	0
Biliary cancer metastatic	0	1
COVID-19	0	2
COVID-19 pneumonia	1	0
Cardiac arrest	4	1
Cardiac failure congestive	1	0
Cardiorespiratory arrest	1	1
Chronic obstructive pulmonary disease	1	0
Death	0	1
Dementia	0	1
Emphysematous cholecystitis	1	0
Hemorrhagic stroke	0	1
Hypertensive heart disease	1	0
Lung cancer metastatic	1	0
Metastases to liver	0	1
Missing	0	1
Multiple organ dysfunction syndrome	0	2
Myocardial infarction	0	2
Overdose	0	1
Pneumonia	0	2
Sepsis	1	0
Septic shock	1	0
Shigella sepsis	1	0
Unevaluable event	1	0

Table S4 | Causes of Death from Dose 1 to Unblinding (Safety Population, ≥16 Years Old). a. Multiple causes of death could be reported for each participant. There were no deaths among 12–15-year-old participants.

Table 2.01

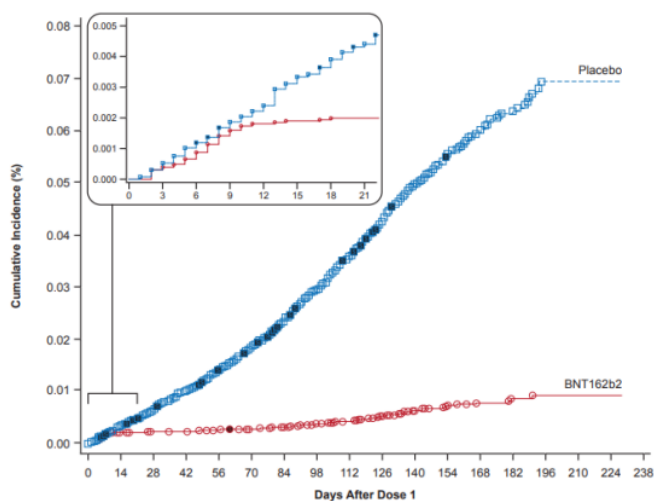


Figure 2.14: Efficacy of BNT162b2 against COVID-19 Occurrence after Dose 1 During the Blinded Placebo-controlled Follow-up Period. Cumulative incidence curve of first COVID-19 occurrence after dose 1 (all-available efficacy population; ≥12 years of age). VE=vaccine efficacy. Each symbol

represents COVID-19 cases starting on a given day, and filled symbols represent severe COVID-19 cases.

“Among 42,094 evaluable ≥ 12 -year-olds without evidence of prior SARS-CoV-2 infection, 77 COVID-19 cases with onset ≥ 7 days post-dose 2 were observed through the data cut-off (March 13, 2021) among vaccine recipients and 850 among placebo recipients, corresponding to 91.3% VE (95% CI [89.0-93.2]; Table 2). Among 44,486 evaluable participants, irrespective of prior SARS-CoV-2 infection, 81 COVID-19 cases were observed among vaccine and 873 among placebo recipients, corresponding to 91.1% VE (95% CI [88.8-93.0]).”

“Of 31 cases of severe, FDA-defined COVID-19, 12 with onset post-dose 1, 30 occurred in placebo recipients, corresponding to 96.7% VE (95% CI 80.3-99.9) against severe COVID-19 (Fig. 2, Table S6).”

These excerpts strongly suggest that the vaccinated cohort experienced less infections and severe covid cases; with such, it is not absurd to claim that the vaccinated would most likely experience a reduced fatality rate from Covid (milder symptoms intuitively implies a lesser probability of death). These excerpts are not mentioned or expanded upon by Berenson.

Conclusion 2.2)

Not enough data is presented in the cited article to justify the conclusion that the vaccine is not working or that it is driving the mortality. Using different interpolated assumptions to fill in the missing data, one derives that the fatality rate among the unvaccinated is 1.9 to 7 times higher than among the vaccinated. These approximation do not take into account the fact that the high risk demographics have higher vaccination rates and that many among the unvaccinated might possess natural immunity due to previous exposure and is exempt from the need to vaccinate. The cited Pfizer clinical trial study, does not show that vaccinations do not reduce mortality rates as the sample of Covid deaths is small; furthermore, alternative data that suggests the vaccines could reduce mortality (the reduced incidence of developing severe Covid symptoms), is omitted and ignored by Alex Berenson's post on the study, a sign of a cherry picking bias. By this point, the logical fallacies and errors already examined by the previous sections are enough to prove the need to actively doubt all contents of the often used sources, namely, Infowars, Bitchute and Information Liberation.

Section 3, doctors

Alex Jones often claims that his assertions are backed up by plenty of experts as very often he asserts that he's got a "top doctor" of some sort in his contacts (to be believed at face-value), which includes people who claim themselves to be doctors and experts in the field concerning the inner workings of the vaccines and the disease. The choice of such doctors in the following sections is based on a combination of both the ease of verifiability of the presented information as well as the popularity and reoccurrence of such sources on the web.

3.11)

Among the most influential supposed experts on the relevant subject is a retired general practitioner known as Vernon Coleman, who has gained hundreds of thousands of views with various clips of his videos published on Bitchute and other similar sites. He shares the same narrative that has been previously described, however he claims to have first-hand experience with the corruption of the medical and pharmaceutical field due to his past career as a doctor; as such, most of his claims are expected to be believed at face value, purely on the bases of proof by authority and experience. However in some

occasions he does cite sources for his beliefs, the following paragraphs will analyse such few cases, followed by a more general observation of the character in question.

As proof of the deadliness of the vaccines Coleman often mentions the number of adverse events reported on VAERS; he does such in a video titled “Proof the Covid-19 Jabs Should be Stopped Now”, published 1st June 2021 [\[3.01\]](#).

To add to the significance of the video, (other than the fact that it has many viewers), at 00:17 and 02:05 he claims that the video contains all the needed evidence to prove that the vaccines are dangerous. The claims that are not discussed either play a minor role in the argument or lack citation and are difficult to trace.

At 2:45 Coleman quotes the NHS: *“we do not yet know whether it would stop you from catching and passing on the virus”* and asserts that anyone who says that the vaccine would stop you from getting Covid or from passing it on, is either ignorant or stupid. To this statement one could argue that just as there had not been much proof that the vaccine wouldn’t stop transmission, there also had not been much proof of the opposite, however it would not have been far-fetched to suppose that it could (a shortened time window in which one is sick as well a reduced viral charge would reasonably reduce the spread of the virus); additionally, a booklet isn’t the best source of state of the art research, its contents are a mere summary and generally opt for the worst case scenario as to avoid legal complications, as exemplified by the listing of side-effects that had not been proven to be directly correlated to vaccines.

At 3:40 he claims that the incidence of death and serious side effects was reported to be over 2.5%, further stating that in vaccinating 100 people, then 2.5 would die or have a notable side effect. Coleman doesn’t exactly state how he calculated such data. In this time frame the CDC shared the following: *“First Month of COVID-19 Vaccine Safety Monitoring — United States, December 14, 2020–January 13, 2021”* [\[3.02\]](#), in which 9.5% of the 6.844 non LTCF reports were considered serious, among which were 35 reports of death. This implies that only 0.005% of vaccinations resulted with a report of serious effects from non-LTCF resident.

At 5:50 Coleman claims: *“up until the end of May 2021 these vaccines had been responsible for 4,406 deaths in the United States and 1,213 deaths in the UK. Those are official government figures and they are low because less than 1 in 100 adverse events in the U.S. is reported.”*.

To review this claim it is easier to consider an extended data range that includes the first two weeks of June 2021, as a detailed study is available on Lancet for such a data range [\[3.03\]](#). Considering this data range, 6.6% of the **reported** cases were serious (non-death) and 1.3% were deaths; still no justification for Coleman’s claim. To derive figures as high as 2.5% serious events for every vaccine shot, Coleman might have taken the percentage of serious cases **among the reports** (340.000 reports) and falsely attributed such a percentage as the number of serious cases **among the total number of vaccinations** (300 mil vaccinations). To be reminded that no proof that the event was caused by the vaccine is required in order for VAERS to accept the report.

Correcting his calculations, the numbers he would have derived with his presumed method would have been approximately 0.01% chance of severe event occurring per every administered vaccine (total mrna vaccinations administered 298 million), a far cry from his 2.5% while still excluding the fact that the deaths might be coincidental; here are some excerpts on the analyses conducted on the deaths:

“25 reports were excluded because of miscoding of death or duplicate reporting”, “the median age of participants who died was 76 years. 3647 (81·6%) deaths were reported among individuals aged 60 years or older. 821 (18·4%) deaths were identified as being in long-term care-facility residents”, “Death certificates

or autopsy reports were available for clinical review for 808 (18.1%) of 4471 reports of deaths. Among these, causes of death were most commonly diseases of the heart (376 [46.5%]) and COVID-19 (102 [12.6%]). Among the 3663 reports of death without a death certificate or autopsy, causes of death were most commonly unknown or unclear (1984 [54.2%]), diseases of the heart (621 [17.0%]), and COVID-19 (317 [8.7%])."

Coleman correctly states that adverse events may very well be subject to underreporting, *"An important limitation of this report is one shared by all VAERS analyses: we used data from a passive reporting system subject to underreporting and variable or incomplete reporting. Although VAERS death reports were individually reviewed by CDC physicians"*, however he does not explain how he derived the exact 1/100 ratio of reported to total adverse events.

A commonly cited study on the subject of VAERS underreporting is a study titled *"The reporting sensitivities of two passive surveillance systems for vaccine adverse events"* [\[3.031\]](#), which estimated a 1% public sector VAERS report efficiency of thrombocytopenia (measles-mumps-rubellavaccine); however this ignores the considerations:

- 1) Healthcare providers are required by law to report cases of deaths and severe cases of VAEs for proximate to Covid vaccine inoculation [\[3.032\]](#).
- 2) Serious events have a much higher chance to be reported, inflating the distribution of data as to seemingly increase serious adverse events and mortality among those all of whom reported any symptom (a consideration Coleman does not take into account).
- 3) The above study was published in 2011, since then VAERS efficiency might have increased, as governments around the world incite people and healthcare providers to report to VAERS.
- 4) The above referenced study found much higher VAERS reporting efficiencies for symptoms such vaccine-associated polio (OPV; 68%), seizures (MMR + MR; 49%).

Coleman seems to expect the viewer to believe some of his assertion on face value as he does not cite his sources, here are notable examples of such: at 5:30 *"Ask if they know that breast milk is affected by this toxic jab – and that the antibodies in breast milk can cause bleeding in infants."*, at 13:12 *"Ask if they know that the Pfizer vaccine has been linked to altered menstrual cycles and abnormal bleeding in women and to myocarditis in males – both in Israel where the jabs have been given to young people."*, at 16:05 *"One scientific paper has suggested that the vaccines might trigger neurodegenerative disease."*, at 10:19 *"covid has a mortality rate which is much the same as that for the ordinary flu."*

A possible source for the first statement merely includes a dubious facebook post [\[3.04\]](#), [\[3.05\]](#). Possible sources for the second, third, and fourth claims seem much more reliable and consistent [\[3.06\]](#), [\[3.07\]](#), [\[3.08\]](#) (see section 3.3 on Byram Bridle on the topic), however the same can't be said for the fourth statement; during the 2017 -18 flu season, 51.646 estimated deaths occurred in the USA [\[3.09\]](#), while the number of Covid deaths ranging from December 1st 2020 to May 26th 2021 is estimated to be around 311.881 [\[3.10\]](#) (the peaks of cases in each of data intervals don't necessarily coincide). These are estimates taken from the CDC, the source Coleman claimed to have used for his own assertions, to further exemplify this, he says the following *"Those are all official government figures so the fake fact checkers, bought and paid for in their thousands, can huff and puff all day but the figures won't disappear."*

At 19:24 Coleman claims: *"Indeed, the risk of a young person dying of covid-19 is not very different to the risk of their being struck by lightning."* A study [\[3.11\]](#) conducted in Mexico between March 2020 and December 31st 2020, calculated a CFR of 0.88% in those under 18 years in age; while the CFR is not the most reliable as it greatly overestimates the deaths with respect to confirmed cases, it is still far from the 1

in 1 million chance of being hit by lightning in one year. For greater precision a study led by researchers at the University of Oxford's Department of Computer Science [\[3.12\]](#) calculated a 1 in 100.000 death rate of the population aged 0-19.

At 7:55 says: *"over half of GPs said they would not have the vaccine. In the UK the Government has admitted that despite putting NHS staff – hospital doctors, nurses, porters and bureaucrats - under pressure, at least 20% have refused to be jabbed."* Once again Coleman doesn't state the exact source of his data, a likely source might be a preliminary report by a professor and member of the Scientific Advisory Group for Emergencies [\[3.13\]](#), which reports an average vaccine uptake amongst all staff at University Hospitals of Leicester of 65%, while a 2021 report based on the response of 65% of NHS Trusts to a survey shows an 86.4% first dose vaccination rate among all doctors and 85.4% among nurses as of June 2021 [\[3.14\]](#); the sources are not ideal and they do not report the exact motivations of the unvaccinated staff, as they actually have safety concerns, not be interested due to being young or even didn't have the opportunity to vaccinate due to administrative and scheduling problems.

At 5:05 and 16:34 Coleman mentions the claims held by two other experts, Professor Byram Bridle and Dr. Bossche; their review will be in section 3.2 and 3.3 (also included in section 5).

At 6:13 Coleman claims: *"The idiot journalists who claim the deaths and serious injuries are coincidental might like to apply that nonsensical judgement to the alleged deaths from covid-19."* Having corrected Coleman's calculations on his apparent mortality rate of the vaccines, it is now possible to make a rough approximation of the amount of people who would die in a timeframe proximate to vaccination by pure coincidence and to then compare such to the apparent vaccine mortality rate calculated to be 0.0015% per vaccine administered (the 0.01% included any serious reaction).

Assuming that all reports occurred within 5 days of vaccination, a constant population of 325.1 million, that death and vaccination rates are the same for every age group (for ease of calculation of a rough estimate of course), that the overall population stays constant, that all deaths and vaccinations are spread homogeneously throughout the time interval ranging from December 14th and June 14th and by using the average daily death rate in the USA in 2017; the following numbers are derived: 7.729 deaths/day, 1.641.719 vaccinations/day. Using a daily probability of death of 0.00238% for each individual, applying it on the day 1 population of 1.641.719 vaccinated and multiplied by 5, returns 195, the number of coincidental deaths in a five day period after the shot, among the day 1 vaccinated cohort. This number iterated over 182 days amounts to 35.490 deaths occurring within five days of vaccination, meaning possible VAERS reports.

Of course, this initial calculation is very rough and flawed, however it does serve in providing a perspective of the scale of the numbers at play; the following question ensues: What is the probability that a death within five days of vaccination is reported to VAERS.

"The Food and Drug Administration (FDA) requires health care providers to report any serious adverse event (including death) that happens after a COVID-19 vaccination – whether or not the provider thinks there is any link. The CDC says, "Health care providers are required to report to VAERS the following adverse events after COVID-19 vaccination...regardless if the reporter thinks the vaccine caused the AE." AE stands for adverse event and includes death. That means that if a vaccinated person drowns, gets in a car crash or is struck by lightning, their death must be reported to VAERS as an adverse event."[\[3.15\]](#), *"Under the National Childhood Vaccine Injury Act (NCVIA), healthcare providers are required by law to report to VAERS: Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the*

specified time period after vaccinations. An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine” [\[3.16\]](#).

From these statements one infers that many of the deaths proximate to vaccination are reported to VAERS, rendering Coleman’s claim that the 4.406 deaths have been due to vaccination, extremely dubious at best, if not impossible, considering that a moderate chunk of 35.490 unrelated deaths had the potential of being reported.

Of course, the mortality rate pre-Covid is much higher in the older age demographic, so it is quite useful to instead compare the total deaths of the younger age demographic of previous years with the reported deaths of the selected time interval. Considering the same assumptions as previously stated, however changing the previous mortality rate to the one reported for 11-49 year olds in 2017 and adding the incorrect (but useful) assumption that all age groups share the same proportion of 1 dose vaccinated to fully vaccinated, the following values are derived [\[3.17\]](#) [\[3.18\]](#) [\[3.19\]](#): a total population approximated to 126,778 million, an average of 44.18% received at least one dose, a total of 104.853.076 doses administered, 576.116 vaccines administered/day, 1,957 million deaths/year and an average probability of dying in a day of 0.004%.

In the early stages of the pandemic, the older demographic had the highest vaccination rate, while the vaccine uptake increased in the younger demographics some months later; because of this, variations in vaccine uptakes in this time frame can be high.

The final calculations yield that 20.970 coincidental deaths are expected to occur within five days of a vaccination with ages ranging from 11 to 49, still a high number despite not counting the elderly.

This is to be taken only as an extreme upper bound, an insight into the scale of the numbers at play as the calculations are imprecise from the use of the two sources which slightly differ in age ranges and total population and by the need of using many approximations and assumptions.

However, despite this, it remains difficult to be able to justify the claim that these deaths cannot be accidental, even when considering the case of a younger demographic.

Repeating the same calculations for the age demographic ranging from 15-24 year olds one obtains the following: a population of 42,482 million, 38.54% had received at least one dose, number of doses administered 30.512.000, an average probability of dying in a day of 0.00155%.

The final calculations yield that 2.365 coincidental deaths are expected to occur within five days of a vaccination with ages ranging from 15 to 24.

Here is a much more precise study on the matter [\[3.20\]](#).

A final and more anecdotal note on Coleman’s character; the people who oppose leading authority figures often reiterate on the importance of criticizing and being sceptical of other’s assertions, however this type of valuable conduct is not entirely consistent among the considered group, as Coleman at 24:00 ends his recording in a somewhat absolutist/dogmatic manner (a trait noticeable with his request to incarcerate many doctors in section 3.13): *“Everything I’ve told you is absolutely true. Any anonymous critic who says it isn’t, or who presses the thumbs down button is a liar or a shill or a drug company hack or all three.”*

3.12)

The various statistical mistakes in Coleman’s calculations and assertions are not unique to the video mentioned in the previous paragraph, as similar errors have already been noted by others in other videos of his.

Prime examples of such cases, in which he also tries to definitively prove that vaccines are harmful, are in the following videos [\[3.21\]](#) [\[3.22\]](#) with respective criticizing articles [\[3.23\]](#) [\[3.24\]](#).

Particularly in the second video titled *"Doctors and Nurses Giving the Covid-19 Vaccine Will Be Tried as War Criminals"*, Coleman cites some sources at 11:05 such as an article from Health Impact News *"181 Dead in the U.S. During 2 Week Period From Experimental COVID Injections."* The number comes from the VAERS database, which as shown in section 3.11, does not imply that the vaccine was necessarily responsible; the same mistake as before. Considering another example he cites an article published by the National Vaccine Information centre titled *"A Man and Woman in South Dakota Die a Day After Getting COVID-19 Vaccines"*; it reads *"Neither have been reported to be caused by the vaccine administration"*.

The errors present in the first video are mostly of statistical nature, as shown in exhaustive detail by the cited Reuters article; errors like attributing the wrong time intervals to data and assuming that the proportion of deaths accompanied by Covid and deaths due solely to Covid are constant.

3.13)

In a clip published on Bitchute [\[3.25\]](#) [\[3.26\]](#) (original source), as proof of the fact that the covid vaccines are deadly, Coleman cites the following article: *"Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning,"* published on November 8, 2021, in the journal Circulation [\[3.27\]](#). The journal, as he mentions, is quite prestigious, however he fails to mention anything about the author and every other notable detail.

"Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, we tracked the changes of the PULS score and three of the inflammatory markers it measures in all of our patients consecutively receiving these vaccines....In conclusion, the mRNA vacs numerically increase (but not statistically tested) the markers IL-16, Fas, and HGF, all markers previously described by others for denoting inflammation on the endothelium and T cell infiltration of cardiac muscle, in a consecutive series of a single clinic patient population receiving mRNA vaccines without a control group." (view the original for more detail)

The article is a "meeting abstract", *"they are considered preliminary research and there is no guarantee as to their accuracy or reliability is given or implied"* (no tables of data or other charts are present) and as of Nov 24/2021, the article Gundry's article has been flagged by the editors of the journal *"Specifically, there are several typographical errors, there is no data in the abstract regarding myocardial T-cell infiltration, there are no statistical analyses for significance provided, and the author is not clear that only anecdotal data was used. We are publishing this Expression of Concern until a suitable correction is published to indicate that the abstract in its current version may not be reliable."*

The updated article corrected a few typographical errors and added a few specifications, namely, that no unvaccinated control group had been involved, that the average PULS score of the studied population had not been validated and that no statistical comparison had been done. The author also removed the statement that hypothesized a possible link between the increase in the protein markers and the increased cases of heart and vascular complications, possibly because of a lack of any better direct causal link and more importantly because of lacking citation on such information (contrary to most articles, the references section is absent).

Does the increase in numbers of such biomarkers actually directly correspond to higher ACS risk? Do people actually suffer from such symptoms post vaccination as initially presumed by the author? In exactly how

many and which patients are such scores still present after a month? Is this enough information to prove that the vaccines are killing at the rates often claimed by Coleman? Is the data replicable? Is the author reputable?

The absence of data and methodology alone are enough to suspend judgement, to this one can add that the author is also notorious for his controversial diet plans and commercial practices, such as praising the benefits of the polyphenols in olive oils and selling his own product containing nearly the same amount of polyphenols as contained in virgin oil, however at a much higher price [\[3.28\]](#) [\[3.29\]](#).

On a side note, Coleman's demand to arrest any doctor or nurse who has administered one of the mRNA shots as of November 22nd 2021 would be quite problematic, as it would imply arresting an enormous percent of the medical workforce and, one could argue, that most doctors don't hold the intent to do any harm to their patients with the shots (lack of intent); the demand is absurd.

3.2) Geert Bossche

In the video discussed in section 3.11 Vernon Coleman references two experts to further justify/prove the validity of his statements on the dangers of the mRNA Covid vaccines, the men are Geert Vanden Bossche and Byram Bridle; this and section 3.3 will focus on the two respectively.

Geert Bossche's main claims can be found in his open letter to the WHO [\[3.30\]](#) and his website, they mainly consist of the following:

- 1) Corona vaccines suppress innate immunity [\[3.31\]](#). A variation of this claim is also expressed by Vernon Coleman [\[3.32\]](#): *"Covid-19 vaccines are triggering the production of very specific antibodies which compete with the natural defences of the individuals who had the vaccines. The natural defence systems of those who have been vaccinated are being suppressed because the specific antibodies which have been produced by the vaccine just take over. And these specific antibodies, the ones produced by the vaccines, are permanent. They are there forever within the bodies of the vaccinated. The disastrous result is that the natural immune systems of the tens or hundreds of millions who are having the vaccines are being effectively destroyed. Their immune systems will not be able to fight any mutated variation of the virus which develops within their bodies. And those mutated viruses can spread out into the community."*
- 2) *"Dr. Bossche asserts that vaccines are like antibiotics in that, when they are both overused and imperfect, they allow germs to mutate in dangerous ways. With antibiotic use, the bacteria that have developed a mutation or acquired a gene that gives them protection from the antibiotic will escape death and soon become the dominant strain. That's antibiotic resistance. Bossche claims that the same thing will happen with the coronavirus. Because, he says, the vaccines are imperfect, they will allow the virus to keep being transmitted from person to person and thus mutate inside of us, until a dangerous new variant emerges."* [\[3.33\]](#).

Similarly, an excerpt from the previously referenced video by Coleman says: *"Dr Bossche has pointed out that the vaccines which are currently being used are the wrong weapons to use for the war against this virus infection. Disastrously, by giving vaccines to millions we are teaching the virus how to mutate and to become stronger and more deadly. Trying to devise new vaccines for new mutations simply makes things worse because the scientists cannot possibly get ahead of the mutated viruses. And the people who have been vaccinated are now sharing mutated viruses with those around them. The mutations are becoming stronger and deadlier."*

- 3) Herd immunity cannot be achieved by using vaccinations [\[3.34\]](#), as the vaccines confer a lesser general protection against all Covid variants, as opposed to natural immunization which tends to be more general in its benefits.

Contrarily to his first claim some studies suggest that vaccinations compliment and train the innate immune system as well [\[3.35\]](#) [\[3.36\]](#).

Bossche's second claim states that mass scale vaccinations are not ideal as such would selectively pressure the virus into evolving more dangerous characteristics, citing what happened with Marek's vaccine. The problem with the citation is that despite the fact that the disease became more virulent, Marek's vaccine still worked with great efficiency, reducing the probability of developing the disease by 99%.

The disease can mutate to adapt to the vaccines, however this does not automatically imply that the new variant possesses an increased fatality rate as Bossche seems to imply (the ability to evade the vaccine's effects is not necessarily due to the virus being more virulent).

To add that the unvaccinated have higher viral loads and remain sick for longer, both factors that increase the probability that the disease can mutate. The body does still use a learned specific immune response 4 days post infection, when the virus already had the chance to replicate; with this, the organism uses its antibodies against a larger population of viruses which would only increase the probability that some portion of the virus population mutates to become resistant (does the more general protection of natural immunity compensate for this?).

Using later observations, the more virulent Delta variant originated before the enrolment of the Covid vaccines and the later dominant and less virulent variant Omicron BA.5 (as of October 2022) came after, contrary to what Bossche predicted.

The second and third claims have been more extensively discussed in the following articles:

"Lamarck redux and other false arguments against SARS-CoV-2 vaccination" [\[3.37\]](#)

"Countering Geert Vanden Bossche's dubious viral open letter warning against mass COVID-19 vaccination" [\[3.38\]](#) *"Addressing Geert Vanden Bossche's Claims"* [\[3.39\]](#)

The following are some notable excerpts of the above articles:

- "there is one fundamental aspect of his arguments that I have not seen fully addressed. The crux of Vanden Bossche's and his disciples' anti-vaccination argument is essentially a resurrection of Lamarck's theories of adaptive evolution. Jean Baptiste Lamarck (1744–1829), rightly or wrongly, is most remembered for advocating the "inheritance of acquired characteristics", which was discredited in modern biology almost 80 years ago. With respect to SARS-CoV-2 and vaccination, the argument goes that when the virus infects a vaccinated person, it acquires the ability to evade the immunity conferred by the vaccine, thereby becoming capable of infecting and growing in vaccinated hosts and immune individuals who recovered from COVID-19."

"What is wrong with this argument is that modern biology has demonstrated that mutation is random, not directed by the environment. The classic fluctuation test experiments of Salvador Edward Luria and Max Delbrück, published in 1943, showed that a bacterial cell's resistance to a virus is not induced by the virus, but results from random mutations that allow the cell to resist the virus. In other words, mutations occur without selective pressure, not the other way around. Thus, the evolution and inheritance of new characteristics is not subject to Lamarckism even if epigenetics and hypermutation provide some important modifiers to the underlying mutation-selection process.

Luria and Delbrück, who were awarded the Nobel Prize in 1969 for this work, grew individual populations of the same bacteria in parallel cultures and exposed these cultures to a bacteriophage. They then counted

the number of surviving bacteria – those that had acquired a mutation that enabled them to resist the virus – in each parallel culture. Some cultures exhibited a relatively large number of survivors, while other cultures showed very few, if any survivors with many between these extremes. This “fluctuation” was the result of random mutations at different times during the growth of the bacteria prior to exposure to the virus. If a mutation that conferred resistance to the virus occurred early in the growth of a particular culture, there was more time for that variant to reproduce, thus generating larger numbers of resistant cells. By contrast, if a random mutation that conferred resistance to the virus occurred late in the growth of a particular culture, there was little time for that variant to reproduce, generating fewer resistant progeny cells. Exposure of cells to the virus clearly did not induce mutations to resistance; it only selected for pre-existing mutants that conferred resistance.”

- Not only would people lose vaccine-mediated protection but also their precious, variant-nonspecific (!), innate immunity will be gone (this is because vaccinal antibodies outcompete natural antibodies for binding to Covid-19, even when their affinity for the viral variant is relatively low).

This is absolute, unvarnished nonsense. Bossche is referencing the production of natural IgM, which is generated by B1-B cells as a stopgap measure against infections until more potent responses can be initiated; these antibodies are polyreactive, nonspecific, and critically: constitutively produced. They are always present for as long as B1-B cells generating them live. IgM is pentameric and thus even though it has lower affinity than antibodies that have had the opportunity to evolve superior binding affinity, it can compensate with the fact that it has 10 binding sites instead of 2. However, IgG antibodies bear many of the same effector functions (actually, they tend to be better at many of them, as Table 10.27 shows) and they can diffuse into extravascular sites unlike IgM. Principally, antibodies against SARS-CoV-2 could be of value if they are neutralizing. Bossche presents no evidence to support that natural IgM is neutralizing (rather than just binding) SARS-CoV-2.

- He then commits an immunological faux pas so egregious that it genuinely shocks me where he shows a dendritic cell (DC) activating an NK cell via antigen presentation on an MHC class I protein. It is basically at this point that I cannot presume that this letter is written in good faith given Dr. Bossche’s background. This is absolutely not how NK cells work. For one thing, the presence of MHC class I protein on a cell indicates to an NK cell that no viral infection is present and functions as an inhibitory signal (indeed, it is a common feature that viruses suppress expression of MHC class I proteins on cells they infect because this prevents them from being recognized by cytotoxic T cells that can kill the cell they are relying on to replicate). For another, NK cells do not examine the contents of the antigen in the MHC binding cleft. They do not have T cell receptors (with the exception of iNKT cells) and therefore have no ability to do this. There ARE reciprocal NK cell-DC interactions where each supports the other (e.g. DCs may produce cytokines promoting the activation of NK cells and NK cell cytokines can promote DC maturation, and NK cells have been known to kill immature dendritic cells in the body) but the mechanism proposed here is overtly at odds with decades of immunology research.
- What’s more is there is new research challenging the dogma of leaky vaccines selecting for greater virulence (emphasis mine):
We used controlled experiments involving natural virus transmission to reveal that vaccination with a leaky vaccine, which only marginally reduces transmission, can significantly reduce post-transmission disease development and mortality among unvaccinated contact individuals. Our analysis indicates that this effect is mediated by a reduction in exposure dose experienced by susceptible individuals when exposed to

vaccinated shedders, leading to lower pathogen load and concomitant reduced symptoms in contact birds. The primary objectives of vaccination of livestock with leaky vaccines are to improve animal welfare and to reduce production losses caused by disease symptom development. Our results show that even partial vaccination against MD can substantially reduce disease symptoms and mortality in the whole flock, leading to universally positive impacts on animal welfare and productivity, and these conclusions may extend to leaky vaccines used in other systems.

- I have to point out that coronaviruses, in particular SARS-CoV-2, the coronavirus that causes COVID-19, do not mutate especially fast as RNA viruses go. This particular coronavirus happens to have a proofreading mechanism that results in a low mutation rate compared to that of a lot of other RNA viruses, such as, for example, the influenza virus. Seriously, as a “vaccine expert”, how is it that Dr. Vanden Bossche does not know this? Even so, concern about immune escape is one reason why Pfizer, BioNTech, and Moderna used the entire SARS-CoV-2 spike protein, rather than specific segments of it that might serve as antigens, so that the polyclonal antibody immune response generated would be broad and unlikely to be “escaped” with single mutations—or even multiple mutations.
- As I noted when Andrew Wakefield explicitly used the example of Marek’s disease to claim that a “leaky” vaccine to MMR would cause a global catastrophe by selecting for deadly measles variants, yes, a leaky vaccine changes the selective pressure and permits the evolution of highly virulent strains because the virus retains the ability to continue to spread among vaccinated populations, leading to the vaccine selecting for the most virulent mutations. However, even if this phenomenon occurs with a human vaccine—it doesn’t, as far as we know—that’s an even more compelling reason to be vaccinated.
- Come to think of it, the similarities between Dr. Vanden Bossche and Andrew Wakefield strike me as stronger than ever now, given that, as well documented by Brian Deer, Wakefield basically published his fraudulent science to support the claim that the MMR vaccine causes autism in order to make a market for his own single vaccine against the measles. Naturally grifters are going to use the same arguments, although I don’t see any fraud in Dr. Vanden Bossche, other than his scientifically risible arguments.

On a final note the Dutch magazine Knack reports [\[3,40\]](#) (translated by google):

“Vanden Bossche published only one article on vaccines, in *Clinical Immunology & Research*; the magazine is a so-called predatory journal, where you can publish any writing for a fee and without peer review. In Vanden Bossche's online resume, the article is listed as a prestigious A1 publication in the *Journal of Clinical Immunology & Research*, another predatory journal that has only been published since 2018; exactly the same article also appeared under Vanden Bossche's name in the *Journal of Molecular Immunology*, yet another journal of the aforementioned type.

Vanden Bossche's name turn up in *Translational Biomedicine*, another predatory journal. He is listed as 'Managing Director' of the 'Faculty for Environmental Sanitation' at Ghent University, the position and that faculty does not exist. Vanden Bossche has also given all kinds of lectures at so-called predatory conferences, fake conferences that pretend to be reliable companies by analogy with the predatory magazines.”

“We were able to interview Boos Vanden Bossche about the above issues. He acknowledges that he was fooled by some bogus conference organizers – a practice he says he disapproves of – but says he has also made useful contacts at such conferences. The misrepresentation of his publication in *Clinical Immunology* is also an innocent mistake, he says. Of the pieces that appeared in *Translational Biomedicine*, with a false

affiliation to Ghent University, Vanden Bossche says they appeared without his knowledge. In general, he states that he does not attach much importance to academic publications.

He acknowledges that Coimeva LLC never really existed, but attributes this to an administrative misunderstanding regarding a payment in the United States. The Coimeva limited partnership, says Vanden Bossche, was founded by two acquaintances who wanted to support him in this way.”

The librarian Jeffrey Beall created a useful list of possible predatory journals [\[3.41\]](#).

3.3) Byram Bridle

The Canadian immunologist Byram Bridle is mostly known for claiming that the spike proteins generated post vaccination can enter the bloodstream and be the possible cause for the thousands of reported side effects like blood clots, heart disease, brain damage, reproductive issues and damage to infants [\[3.42\]](#) (Life Site News article); his first popular discussion on the topic took place on May 27th, 2021 while appearing as a guest on Alex Pierson's radio show and podcast titled “ON Point with Alex Pierson” [\[3.43\]](#).

Disclaimer: This interview is not fully representative of Bridle's beliefs, as he states that the information in the following interview is not sufficient as proofs to his points (his documents with greater detail are considered); however, some have come to use these excerpts as sure-fire proofs, which is what will mainly be discussed.

In the interview Bridle's claims are mostly incapsulated in these sets of assertions:

- 1) *“we’ve known for a long time that the spike protein is a pathogenic protein. It is a toxin”*
“we made a big mistake, we didn't realize it until now ... we never knew the spike protein itself was a toxin and was a pathogenic protein. So, by vaccinating people we are inadvertently inoculating them with a toxin” *“This is cutting edge science. There's a couple of key pieces of scientific information that we've become privy to, just within the past few days that has made the final link. So we understand now ... we understand exactly why these problems are happening and many others associated with these vaccines ...”*
“this is where it gets scary. Through a request for information from the Japanese regulatory agency, myself and several international collaborators have been able to get access to what's called a biodistribution study. It's the first time ever that scientists have been privy to seeing where these messenger RNA vaccines go after vaccination.”
“... It's very disconcerting. ... [the spike protein] accumulates in a number of tissues such as the spleen, the bone marrow, the liver, the adrenal glands – one that's a particular concern for me is it accumulates at quite high concentrations in the ovaries ...”
- 2) *“... and also a publication ... that backs this up looked at thirteen young healthcare workers that had received the Moderna vaccine ... and they confirm this. They found the spike protein in circulation – so in the blood – of eleven of those thirteen healthcare workers ...”*
- 3) *“this has serious implications for ... all of our children ... looking into the adverse event database in the United States, we have found evidence of suckling infants experiencing bleeding disorders in the gastrointestinal tract ...”*

Starting with the first set of assertions: The two first excerpts show Bridle contradicting himself on whether the scientists were aware that the vaccination induced spike proteins could be toxic to the organism.

The excerpt *“through a request for information from the Japanese regulatory agency, myself and several international collaborators have been able to get access to what's called a biodistribution study. It's the first time ever that scientists have been privy to seeing where these messenger RNA vaccines go after*

vaccination” makes it seem that his discovery is novel and that the information was well hidden and concealed for nefarious purposes, however the European Medicines Agency had already summarized the study in February 2021 [\[3.33\]](#), three months prior to the interview and the Japanese MRA had posted the study publicly [\[3.44\]](#) [\[3.45\]](#) (translation) a month earlier.

SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048)
2.6.5 薬物動態試験の概要表

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Article: [³H]-Labelled LNP-mRNA formulation containing ALC-0315 and ALC-0159
Report Number: 185350

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)							% of Administered Dose (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	--	--	--	--	--	--	--
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37	--	--	--	--	--	--	--
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	--	--	--	--	--	--	--
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3	0.001	0.009	0.008	0.016	0.025	0.037	0.095
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003	0.007	0.014	0.015	0.015	0.011	0.019
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000	0.001	0.001	0.001	0.000	0.000	0.001
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001	0.001	0.002	0.003	0.003	0.004	0.003
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003	0.007	0.008	0.008	0.005	0.006	0.009
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	--	--	--	--	--	--	--
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47	0.024	0.130	0.319	0.543	0.776	0.906	0.835
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001	0.002	0.002	0.003	0.001	0.001	0.001
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4	0.013	0.093	0.325	0.385	0.982	0.821	1.03
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006	0.019	0.034	0.030	0.040	0.037	0.039
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007	0.010	0.017	0.030	0.034	0.074	0.074
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004	0.007	0.010	0.012	0.008	0.007	0.008
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00	0.000	0.001	0.001	0.001	0.001	0.001	0.001
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002	0.011	0.015	0.008	0.016	0.018	0.022
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420	--	--	--	--	--	--	--
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805	--	--	--	--	--	--	--
Blood:Plasma ratio ²	0.815	0.515	0.550	0.510	0.555	0.530	0.540	--	--	--	--	--	--	--

Table 3.01: Often spread table of distribution of mRNA Lipid Nanoparticles in rats among supporters of Bridle’s claims.

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED								Test Article: [3H]-Labelled LNP-mRNA formulation containing ALC-0315 and ALC-0159 Report Number: 185350							
Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)							% of Administered Dose (males and females combined)							
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	
Lymph (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	-	-	-	-	-	-	-	
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37	-	-	-	-	-	-	-	
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	-	-	-	-	-	-	-	
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3	0.001	0.009	0.008	0.016	0.025	0.037	0.095	
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003	0.007	0.014	0.015	0.015	0.011	0.019	
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000	0.001	0.001	0.001	0.000	0.000	0.001	
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001	0.001	0.002	0.003	0.003	0.004	0.003	
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003	0.007	0.008	0.008	0.005	0.006	0.009	
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	-	-	-	-	-	-	-	
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47	0.024	0.130	0.319	0.543	0.776	0.906	0.835	
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001	0.002	0.002	0.003	0.001	0.001	0.001	
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4	0.013	0.093	0.325	0.385	0.982	0.821	1.03	
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006	0.019	0.034	0.030	0.040	0.037	0.039	
Testes (Males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007	0.010	0.017	0.030	0.034	0.074	0.074	
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004	0.007	0.010	0.012	0.008	0.007	0.008	
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00	0.000	0.001	0.001	0.001	0.001	0.001	0.001	
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002	0.011	0.015	0.008	0.016	0.018	0.022	
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420	-	-	-	-	-	-	-	
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805	-	-	-	-	-	-	-	
Blood: plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540	-	-	-	-	-	-	-	

Table 3.2: Complete table of distribution of mRNA Lipid Nanoparticles following vaccination.

The images of the above tables is often incorrectly attributed (by Bridle too) to the distribution of the spike protein in humans, the highlight in table 3.1 hides the right-side of the table, where the concentration is contextualized as a percentage of the initial dose. The accumulation in the ovaries represents 0.095%, or less than 1/1000th of the administered dose; add to this the fact that dose used for the rats contained 50 µg of the LNPs, which is 18-35 times the dose received by humans in proportion to weight.

The following represent a visualisation on Mrna-LNPs distribution:

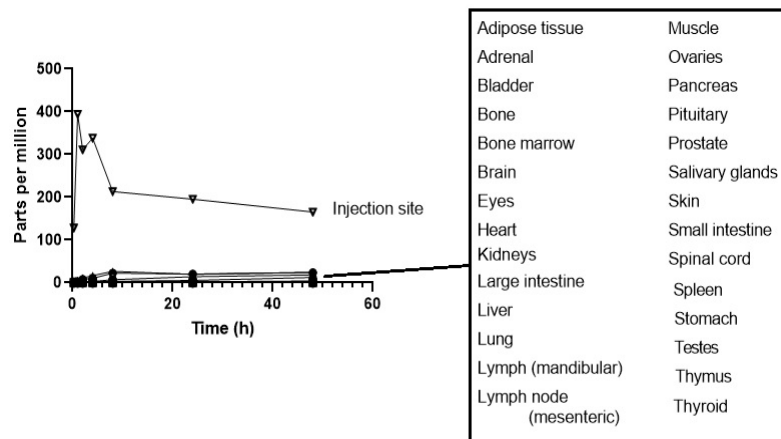


Figure 3.1

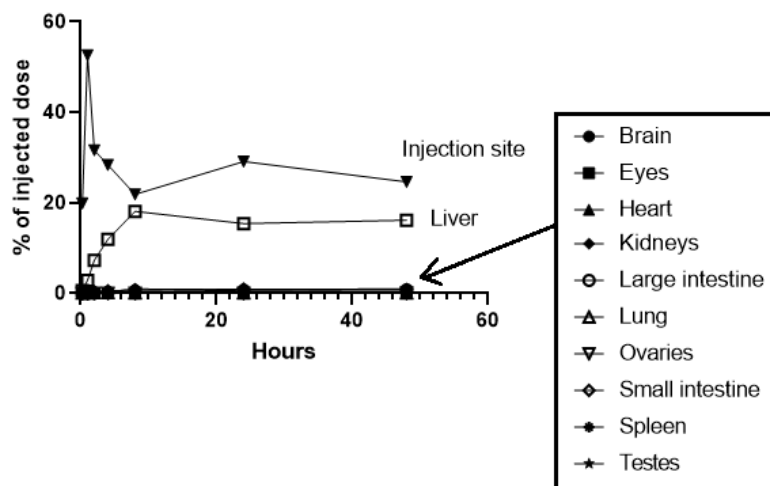


Figure 3.02

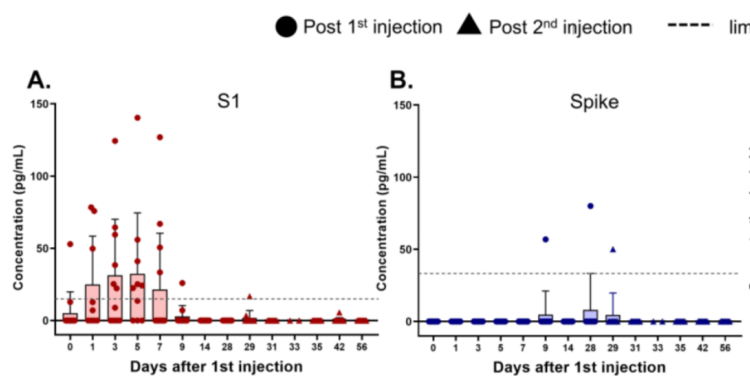


Figure 3.03: Plasma levels of vaccine antigens are shown on days after injection, measured in picograms per millilitre.

The following are some key excerpts of the cited articles:

- the spike protein in the Pfizer and Moderna vaccines is not quite the same as the wild-type spike protein found on the virus. This protein has been prefusion stabilized which means it lacks the ability to change conformation into its postfusion state (via a double proline substitution). This change is thought to significantly enhance the ability of the spike protein to elicit neutralizing antibodies from the immune system, but it also has another functional consequence: the spike protein has drastically less ability to cause syncytium formation.
- Using Lei et al as a reference, the toxic effects of spike resulted from a concentration of 4 mcg/mL on the endothelial cells. A microgram is one-millionth of a gram. If we assume that the plasma concentration of spike and S1 were 100 pg/mL we can conservatively estimate that this concentration is 40,000 times higher than that which was detected in the patient's plasma.
- Ah but I hear you protesting- the experts lied! They said no spike circulating- clearly there's spike circulating. Not exactly. For one thing, the data available until this point didn't show evidence of spike circulating, and we have a tendency in shorthand to say that that means there is no spike because we can't prove a negative. All assays have limits of detection (in this case it's labelled). A 10 nM concentration is very small- and yet this is still about 100,000 times more spike than what we find in plasma. This assay is pretty special to be able to find anything reliably at this concentration and I would be skeptical of its accuracy at this level if not for the time points that these things are appearing. Also note that this isn't evidence of spike protein being secreted by the cells that receive the mRNA, which was the key consideration behind such claims and indeed based on the tiny quantities noted, that doesn't appear to be happening. The appearance of intact spike in the plasma of this admittedly small sample is very rare and transient. The authors attribute it to T cell killing of infected cells, which seems plausible
- S1 in all participants declined and became undetectable by day 14. No antigen was detected at day zero for 12 of 13 participants
Spike protein was detectable in three of 13 participants an average of 15 days after the first injection. The mean spike peak level was 62 pg/mL $\pm$ 13 pg/mL. After the second vaccine dose, no S1 or spike was detectable, and both antigens remained undetectable through day 56.
- Using Buzhdygan et al, a concentration of 10 nM was used- a nanomolar is 1 billionth of one mole per liter of solution. Spike protein has a mass of about 146.1 kDa (divide the mass of the structure by 3 because that's the trimer) and the S1 subunit has a mass of about 76.5 kDa. A 10 nM solution of these would equate to 14,610,000 pg/mL and 7,650,000 pg/mL respectively which are respectively 146100 times and 76500 times more spike protein than is found in plasma of vaccinated people.

Buzhdygan et al is the study that is often cited to prove that the vaccines can cause brain damage, as the study observed that in high concentrations the Covid spike protein could pass the blood-brain barrier.

As proof to the third set of claims (the vaccine spike proteins have led to the death of a baby due to their ability to contaminate breast milk), Bridle, in his 37 page document [\[3.56\]](#), cites a study titled "*vaccination induces SARS-CoV-2 specific antibody secretion into human milk with minimal transfer of vaccine mRNA*" [\[3.57\]](#) to prove that the vaccine's Mrna has been found in breast milk and therefore the vaccine spike proteins could transfer to the babies blood.

The authors of the referenced paper states:

- *“36 out of 40 (90%) samples did not show detectable levels of vaccine mRNA. The highest concentration of BNT162b2 mRNA in the tested samples was 2 ng/mL ... a hypothetical 0.667% of the original vaccine dose being transferred in 100 mL of human milk,”*
- *“This miniscule amount of mRNA is expected to be readily destroyed by enzymes in the infant’s gut,”*
- *“Infants in our cohort had no reported adverse events, up to 28 days after ingestion of post-vaccination human milk.”*
- *our study did demonstrate a clear and predominant production of spike-specific IgA, which is resistant to degradation by digestion, which can be expected to confer mucosal immunity to the infant.*
- *Reassuringly, our data suggests that in most cases, vaccine mRNA does not escape into mammary secretions. The few instances where extremely low levels of BNT162b2 mRNA were detected may be due to naturally occurring inter-individual variations in protein adsorption.¹⁹ This miniscule amount of mRNA is expected to be readily destroyed by enzymes in the infant’s gut, and any accompanying lipid nanoparticles that are excreted into human milk would also be readily digested if ingested orally by the infant.*

Contrarily to these assertions, Bridle claims that the effect of the mRNA was downplayed by the authors. The study does show a “proof-of-principle”, it however is questionable whether it can be used to prove causation of the adverse reactions he lists (see section 3.11 on the problem with establishing causation using VAERS), additionally, the percent of mRNA in the milk is minimal and no evidence is presented in just how much is passed in the babies’ blood instead of being broken down by its stomach.

Additionally, studies on the subjected have reinforced the author’s more positive conclusion [\[3.58\]](#) [\[3.59\]](#) [\[3.60\]](#) [\[3.61\]](#), therefore it is debatable that these studies alone are cause for major concern as some claim; more realistically one could conclude that these studies warrant the need for more data on the subjects.

Conclusion 3)

Most of the controversial claims carried out by the considered doctors that have been examined in this section tend to suffer from a variety of statistical mistakes (Coleman) and incomplete interpretations of the results of studies.

Additionally some have noted possible conflicts of interests on Bridle’s and Bossche’s part [\[3.62\]](#), something that the Ontario Courte of Justice took note of [\[3.63\]](#) in the case of Bridle.

Section 4, common arguments

This section will discuss the validity of some criteria/axioms commonly used to evaluate the validity of a source and how they are commonly used when discussing the veracity of the characters examined by this paper. The following are common examples of such used criteria, they will be cited in every sub-section:

- 1) “Why censor me If I’m wrong?”: based on the idea that a censored source is most likely true if it has faced attempts to silence and/or hide it.
- 2) “Follow the money”: based on the idea that people are likely to lie and act out nefarious deeds if a monetary recompense is likely or possible. The aphorism also alludes to the idea that all human major human enterprise and/or large-scale decision is rooted to the prospects of monetary gain, therefore the hypothesis in which money is involved is most likely correct and/or the best guess possible.
- 3) If a source has no conflicts of interest and doesn’t earn money from its activity, it is to be held as more trustworthy.

- 4) If a person compromises his safety, job or reputation for a cause, it is most likely a righteous cause and devoid of conflicts of interest. The idea being that selflessness is a quality that characterize only the honest and those who mean well.
- 5) The powerful and/or wealthy tend to be evil, therefore whatever they despise and/or censor is most likely true information that would negatively impact their “plans” and wealth.

4.1) Infowars’ veracity

The first and fourth axioms are often used to reinforce the veracity of Alex Jones, as him and most content related to him have been banned on YouTube, Facebook and Twitter as of 2019. Many use this fact to prove that Big Tech is actively suppressing freedom of speech; this however remains inconsistent with the fact that as of 2022 Google (the biggest name among the Tech Giants) has not yet blocked access to Infowars, Bitchute, Information Liberation etc, nor has any country requested such (would be easy to implement), nor has google blocked the IPs that hold the information that he Jones and the others use to oppose the common narrative. Additionally, Alex Jones’ books are still available on Amazon.

One could then argue that the third axiom can be used against him, as various reports can found on how much money he earns and spends on luxurious goods and services; the following are some of such reports:

- [\[4.01\]](#) “A 2014 agreement with one of its most prominent suppliers, Global Healing Center, shows that the manufacturer made at least eight products for the brand, including “Super Male Vitality” a private label of Global Health’s Androtrex, purchased wholesale for \$14.99 and advertised on the Infowars Store for \$69.95.
Kelly Jones compared Mr. Jones’s marketing to that of a televangelist, preaching to his faithful, selling cures and soliciting donations. His customers buy in — and then they buy. For every threat he raises, there is a solution for sale.”
- “One entity — created to house the supplements business — generated sales of \$15.6 million and net income of \$5 million from October 2013 through September 2014, according to an unaudited profit and loss statement viewed by The Times. During the same period, another entity, possibly recording overlapping revenues, listed net income of \$2.9 million and sales of \$14.3 million, with merchandise sales accounting for \$10 million, advertising for nearly \$2 million and \$53,350.66 in donations, according to an unaudited company statement.”
- “In court in 2014, he said (Jones), “We have had company meetings in the last two years preparing for the eventuality of a Republican takeover,” which he considered a threat to his business, because when attacking Democrats in power, conservatives could “be more provocative, more interesting and so it gets more viewers.””

“Infowars and its affiliated companies are private and do not have to report financial results publicly. But by 2014, according to testimony Mr. Jones gave in a court case, his operations were bringing in more than \$20 million a year in revenue. Records viewed by The New York Times show that most of his revenue that year came from the sale of products like supplements such as the Super Male Vitality, which purports to boost testosterone, or Brain Force Plus, which promises to “supercharge” cognitive functions.

Court records in a divorce case show that Mr. Jones’s businesses netted more than \$5 million in 2014. Court proceedings show that he and his then-wife, Kelly Jones, embarked on plans to build a swimming pool complex around that time featuring a waterfall and dining cabana with a stone fireplace. Mr. Jones bought four Rolex watches in one day in 2014, and spent \$40,000 on a saltwater aquarium; the couple’s assets at the time included a \$70,000 grand piano, \$50,000 in firearms and \$752,000 in silver, gold and precious metals, in a safe deposit box, court documents say.”

- [\[4.02\]](#) “Robertson also told Hatewatch that off camera, Jones took delight in belittling his own audience, suggesting he could sell them “dick pills” and claiming they would “buy anything.”
“Alex Jones doesn’t care about most of the stuff he professes to,” Robertson told Hatewatch over Skype from his home in London. “It just shows he doesn’t care about anything he talks about. He doesn’t like Trump but then goes on camera talking about how Trump is the savior.”
Robertson has disavowed the far right and told Hatewatch he is working to undo the damage he did while producing propaganda for extremists such as Jones.”
- [\[4.03\]](#) “A couple weeks after the interview, Emily and I read court testimony dated Dec. 18, 2014, a few days after the second anniversary of the Sandy Hook shooting. Mr. Jones was in divorce proceedings, and lawyers for his ex-wife were asking him to account for spending more than \$317,000 over the previous several months. He’d bought four Rolexes at once, bought jewellery for his girlfriend, spent thousands on restaurant dinners and parties in his rented Austin penthouse.”
- [\[4.04\]](#) “Mr Jones, who repeatedly made various false claims about the Sandy Hook murders, owns three properties in Austin, Texas, along with a \$1.5m plot of land, three vehicles, two boats...”

4.2) Healthcare providers’ revenue.

A combination of axioms 2 and 5 is often used to prove that Covid cases and deaths have been inflated because doctors received higher salaries for every treated Covid patient. The main source attributed as the origin/spread of this claim is Minnesota State Senator Scott Jensen in the April 8th Fox News broadcast [\[4.05\]](#). *“Right now Medicare has determined that if you have a COVID-19 admission to the hospital, you’ll get paid \$13,000. If that COVID-19 patient goes on a ventilator, you get \$39,000”*; these figures cited by Jensen approximate the Medicare payments for COVID-19 hospitalizations, based on average Medicare payments for patients with similar diagnoses in 2017, as observed by a Kaiser Family Foundation analysis [\[4.06\]](#), the import is not meant as an additional salary for healthcare providers, for it covers the costs of treatment. Without implementing any of the additional policies, the uninsured would be billed based on hospital charges, which are the undiscounted “list prices” for care and are typically much higher than even private insurance reimbursement; therefore the CARES Act created a \$100 billion fund that was *“used to financially assist hospitals by reimbursing healthcare providers, at Medicare rates, for COVID-related treatment of the uninsured,”* as stated by the U.S. Department of Health and Human Services.

As the Kaiser analysis noted, though, *“it is unclear whether the new fund will be able to cover the costs of the uninsured in addition to other needs, such as the purchase of medical supplies and the construction of temporary facilities.”*

Additionally, further investigation reveals that hospitals and hospital staff were not “well off”, as observed in a WSJ article titled *“Cash-starved hospitals and doctor groups cut staff amid pandemic”* [\[4.07\]](#), in which the following excerpts can be found:

- “On Wednesday, Ballad Health, which operates 21 hospitals across Tennessee and southwest Virginia, delivered the same bad news to 1,300 employees and said executives would take pay cuts. Employees at Children’s National Hospital in the District were informed this week that they must take off one week, using either vacation time or, if they have none, unpaid leave.”
- “As part of the stimulus package enacted last month, the federal government has allocated \$100 billion to hospitals and some other health providers to help offset lost income, pay for the construction of temporary facilities and retrofits and to buy equipment and supplies. But health-care executives and

analysts doubt that will be sufficient. That \$100 billion pot is about equal to total hospital industry revenue per month, according to the Advisory Board. Hospitals expect to be treating covid-19 patients for several months to come.”

- “In the days after social distancing guidelines were put in place in Oregon, the Grants Pass Clinic reduced its workforce by about 30 percent, including providers and other staff, said CEO Christi Siedlecki.”
- “A typical hospital system with 1,000 beds and the ability to perform outpatient surgeries is predicted to lose around \$140 million — half its operating revenue — over a three-month period, the Advisory Board, a consulting firm, reported this week.”

Additionally, while ignoring that the previous points allude to an absence of benefits, suggesting that a statistically significant amount of doctors forcibly try to subject patients to ventilators, implies that an extremely large number of trained professionals carried through with such an evidently “immoral” activity, all while also risking their careers; incriminations of such scale are similar and as doubtful as the [previously shown statement by Vernon Coleman](#).

On a final note, the policies adopted by the USA are not indicative of the practices adopted by other countries, which comprise most of the data available.

4.3) On the profitability of treatments/medication

Some prove that government medical authorities cannot be trusted by using a combination of all the [axioms](#) previously described; the common arguments can be summarized with the following:

1. The vaccines are extremely profitable for some big and “powerful” companies, therefore it is extremely likely that such companies lobby and influence events so that the vaccines keep “selling”, while suppressing cures that can’t be monopolized and silencing all dissent in fear of losing profits.
2. Government health authorities have been “suppressing” alternative Covid cures and treatments by discrediting them.

An article by The Guardian published February 8th 2022 [\[4.08\]](#) states:

- Pfizer has charged the UK’s NHS an estimated £2.8bn above production cost for the 189m doses of Covid-19 vaccines the UK government has bought, Global Justice has calculated. According to Reuters, Pfizer has sold the vaccine to African countries at \$3 to \$10 a shot. It has indicated that a non-profit dose costs just \$6.75, or £4.98, to produce, but it has reportedly charged the NHS £18 a dose for the first 100m jabs bought and £22 a dose for the next 89m, totalling £3.76bn, Global Justice Now said – amounting to an eye-watering 299% mark-up.

Some excerpts from a NYT article [\[4.09\]](#):

- The pricing for the United States was in line with the cost of seasonal flu vaccines and much less expensive than vaccines for conditions like shingles, which can run into several hundred dollars.

While Pfizer and Moderna have adopted the aforementioned strategies, Johnson & Johnson and AstraZeneca have pledged to supply the vaccines on a not-for-profit bases during the pandemic [\[4.10\]](#), with AstraZeneca announcing to a change towards profitability in November 2021 [\[4.11\]](#).

In regard to the suppression of alternative treatments and methods of prevention, often hydroxychloroquine and ivermectin are referenced, some believing that they have been suppressed

because they cannot be monopolized by a company for monetary gain as they are already available to the public and free of patents. Hydroxychloroquine was temporarily approved for emergency use by the FDA from April to June 2020, when its authorization was revoked and the FDA stated "no longer reasonable to believe" that the drug was effective against COVID-19 in light of the international Solidarity trial and UK RECOVERY Trial [\[4.12\]](#).

To this however one must add that there are examples of off patent or available generic versions of the drugs that have been used and encouraged for an extended amount of time by the NIH to treat Covid [\[4.13\]](#); examples of such medications are ritonavir, heparin and dexamethasone.

Other medications: bevacizumab.

Special cases:

- Remdesivir: remdesivir has given license to five generic drug companies in India and Pakistan to manufacture remdesivir for distribution to 127 countries [\[4.14\]](#) [\[4.15\]](#).
- Tocilizumab: In September 2021, Indian pharmaceutical firm Hetero obtained emergency use approval from the country's health authority, Drugs Controller General of India (DCGI), to produce a generic version of tocilizumab to treat COVID-19 in adults [\[4.16\]](#).
- Molnupiravir: *"Geneva – The Medicines Patent Pool (MPP) announced today that it has signed agreements with 27 generic manufacturing companies for the manufacturing of the oral COVID-19 antiviral medication molnupiravir and supply in 105 low- and-middle-income countries (LMICs)."* *"The non-exclusive sublicences allow generic manufacturers to produce the raw ingredients for molnupiravir and/or the finished drug itself."* [\[4.17\]](#)

If hydroxychloroquine and ivermectin had been subjected to unfair scrutiny and foul play because of their unprofitability to few companies due to their un-patented status, why have these other listed medications not been subjected to the same? This is an inconsistency of the key proposed arguments.

Moreover, patented medications have been proposed and eventually discarded as Covid treatments, examples of such patents and their respective owners are the following: Colchicine by Takeda Pharmaceutical and Sarilumab by Regeneron Pharmaceuticals.

4.4) On Coleman, Bossche and Bridle's veracity

Some consider the doctors Vernon Coleman, Byram Bridle and Geert Vanden Bossche as reliable and superb sources of information because their claims supposedly risked their careers/economic security and destroyed their social standing among their colleagues and other doctors, along with having been banned on major social media platforms (their claims on the subject of vaccinations are laid out in section 3). Again, this argument uses the [axioms](#) shown at the start of the section; is it truly fitting to apply these axioms to these characters? Are the axioms themselves consistent in the context of the subject matter? The following questions arise in order to apply each respective axioms to the characters in question.

Axiom 1. Are they censored?

Axiom 3. Is there possibility of monetary gain? Are there any conflicts of interest?

Axiom 4. Is their safety actually compromised?

Some of the three doctors' major social media contents have been removed, however Bossche's YouTube, Twitter profiles [\[4.18\]](#) [\[4.19\]](#) and contents [\[4.20\]](#) [\[4.21\]](#), as well as Byram Bridle's YouTube ^{contents} [\[4.22\]](#) [\[4.23\]](#) [\[4.24\]](#) are still

present as of Feb.20 2023 (Bridle never created profiles); Vernon Coleman's contents have mostly been banned from every major social media (Facebook, Twitter, YouTube).

They three are also free to publish on scientific journals (although they opt to publish in predatory journals lacking appropriate peer review [\[4.25\]](#)) and, Coleman and Bossche, have books available for sale on Amazon, as well as their own websites.

Byram Bridle, after sharing his claims to the public in an interview with Alex Pierson on May 27th 2021, has made other public appearances; examples of such is his appearance on Fox News' The Ingraham Angle August 3, 2021 [\[4.26\]](#), his June 15, 2021 vaccine guide [\[4.27\]](#), his Nov.12,2021 report [\[4.28\]](#) and he was mentioned in many Fox News articles (news television channels are still an immensely/major popular form of media and communication). Since his interview, Bridle has also co-authored many papers, including one on Covid vaccinations [\[4.29\]](#) (open access and possibly predatory journal).

A monetary incentive is plausible, as both Byram Bridle and Geert Bossche had been developing alternative vaccines at the time, additionally, the Ontario Court of Justice noted the following: *"Dr. Bridle also testified that he is working on his own Covid vaccine, for which he has received government funding and is currently in the pre-clinical stage. The court was concerned that it is possible in Dr. Bridle's interest, consciously or not, to advance views that discredit the existing mRNA technology used in Covid vaccines because he is working on a competing technology."* [\[4.30\]](#), a strategy already used by Andrew Wakefield when claimed a link between the measles, mumps, and rubella (MMR) vaccine and autism only to then try and collect a profit of \$43 million from diagnostic kits [\[4.31\]](#).

The coverage they have received may have also attracted many to buy their books from Amazon, where as of April 2023 Bossche published "The inescapable immune escape pandemic" priced at \$50 hardcover while Vernon Coleman published many more and at much greater success, bestseller notable titles include *"Dementia Myth: Most Patients With Dementia Are Curable"*, *"Coleman's Laws: Twelve essential medical secrets which could save your life"*, *"How To Stop Your Doctor Killing You"* and *"Coming Apocalypse"*.

Section 5, Knowledge Fight

Knowledge Fight is a podcast that reviews Alex Jones Show's episodes, with 700+ episodes, it is a good source to use as a roadmap to verify Alex Jones' claims. This section reports the (automized) transcripts of a few notable examples of the podcasts' rebuttals. If not specified, the subject of the statements is Alex Jones.

1. Statements [\[5.01\]](#): Official CDC document we covered last Monday is actively discussing the possible necessity of shielding high-risk individuals by putting them in quarantine camps or green zones. Let's say that again. People that aren't sick, but that might get sick being put in camps. They're going to put us in camps. Rebuttal: "Unfortunately, the actual document isn't about any of that stuff. Not surprising. It's a discussion from last July about how, you know, when there are outbreaks, people who live in places like refugee camps are particularly vulnerable due to compact living conditions and high levels of interaction between people there. This document is about strategies that could be employed within already existing refugee camps and areas housing displaced persons, and how in that setting, it could be wise to separate high and low-risk populations in order to offer as much protection to them as possible. Sure. This was an attempt on the part of the CDC to explore ways to best protect vulnerable populations
2. Statements [\[5.02\]](#): Like it's my last show ever and say that to people and then I forgot to do that. You just said that. And so people download this to hard drive, save it. This show next week show literally is a good

chance as long as our last show. That's not drama. Okay. So, so Mike, speak to that. Then after you're gone, I'll have my messages if it's my last show because this is the knowledge.

Rebuttal: We did this already. This is so frustrating. Yeah. You know why? Because it was a running bit on our show because he kept saying this. And then on November 24th, he actually did it.

Yep. And it was sad. Yep. It was a failure. Completely, completely fucked up. Yeah. And I understand why he'd want to do it over.

3. Statements [\[5.03\]](#): Oh, look, Pfizer shot just 39% effective against COVID now. Oh my gosh, 39%. But you heard it work so well.

Rebuttal: This is a month old piece that was going over some data from Israel where some indications were showing that the Pfizer vaccine was about 39% effective at protecting people from COVID, including the Delta variant. But Alex is intentionally only telling half the story. The same Forbes article also covers how the same announcement included a finding that the vaccine offered 92% protection against hospitalization and 91% protection against severe illness. Alex is also intentionally ignoring the part of this article that discusses the other research that is found conflicting numbers on the general efficacy of the vaccine. What's going on is just Alex's cherry picking a detail from a month old article and ignoring the rest of it.

4. Statement [\[5.04\]](#): And now we're pretty much to that point. Most births are caesarean. Most people don't breastfeed. And you can see it. I mean, it's sad. People are dull. They're dumb down there. They don't have a life force. They're asleep.

Rebuttal: "According to data from 2019, c-section rates in the United States are approximately 31%, which is a bit shy of most people. A lot of folks I can find commenting on this do say that the rate is too high. And it's very unlikely that all of these represent necessary c-sections." "you'll find that 84.1% of Americans who gave birth in 2017 breastfed with over 25% exclusively breastfeeding for the first six months" "Anyway, the point is nothing. Alex says means anything. He's just basically making all this stuff up as he goes along"

5. Statement [\[5.05\]](#): Let's just decipher this headline. Retired generals urge Pentagon to take steps to avert civil war in the upcoming elections. Now let's just decipher what they're really saying there and what that really means. Biden has generals under his control. Biden control generals call for martial law to suppress American people ahead of elections.

Rebuttal: He reads a headline and then instead of engaging with any of the information in the article or attempting to learn anything further, he rewrites the headline into what he thinks or wants it to be saying. This is legitimately what he does with everything, which is probably why if you asked him about it, he wouldn't actually think he's a liar. He's telling the truth according to the stories he comes up with by misreporting headlines. This was an op ed that three retired generals wrote, which was published in the Washington Post. These generals were Paul Eaton, Antonio Taguba, and Stephen M. Anderson. The reason they wrote this op ed is primarily that the anniversary of January 6th is coming up. So the idea of insurrection may be on people's minds and what motivated them to put pen to paper is explained in the text. Quote, we are chilled to our bones at the thought of a coup succeeding next time. It's clear from what went down on the 6th that if there had been better organization or even a little bit of luck and timing had gone the other direction, we would have seen far greater consequences from that attack on the Capitol.

Yeah. Really, this article isn't about what Alex is even claiming it to be at all, because it's just making things up about the headline. The point that they're making has nothing to do with martial law. Essentially, what they're calling for is laid out in the text. Quote, the Pentagon should immediately order a civics review for all members, uniformed and civilian, on the constitution and electoral integrity. There must also be a review of the laws of war and how to identify and deal with illegal orders. And it must reinforce unity of command to make perfectly clear to every member of the defense department whom they answer to.

6. Statements [\[5.06\]](#): "Trump could transcend left to right. He could come out and say he was wrong and they lied to him, put it all on Fauci, but instead he knows now he signed on to it and he knows it's a big problem. So he's decided with us respectfully asking him to help save the children to say, no, I'm not going to do that. And now he's joining the ranks of Chucky Schumer and Bill Gates. And that's a really sad thing. But Trump's always been a germaphobe. He's always been obsessed with doctors and he worships whatever they tell him."

"And on 95% of the issues he's great, but man, our children dying in mass, our children having major health problems, this injection, not protecting them, being a fraud. And him saying, oh, it works wonderfully. Oh, just get it. Oh, and then he tells the Dallas crowd, oh, I just got the booster. Go get the shot. Telling his constituents to take Fauci's poison, Bill Gates's venom. I'm gonna have to pray about this."

Rebuttals: "Okay, now you're making excuses for him?" "So Alex is saying that he agrees with Trump on 95% of stuff, but except for killing everybody. The genocide thing gets rid of it. That's a big five (5%). It wipes it. It's weighted. Weighted percentage"...."People who accept Alex's narratives because they think the things he says are based in research they need to realize that they're accepting as fact the improvised ramblings that come out of Alex's imagination when he reads a headline. It's been that way for his whole career"

7. Statement [\[5.07\]](#): "CDC released a study showing three fourths of delta cases are among the vaccinated." "It goes on to say 74% of the individuals that have tested positive took the vaccine and it goes on into all the different sloughing off of new more deadly variants of the virus, which all these top scientists worn would be the case."

Rebuttals: "Alex is missing the appropriate context that this was just about 469 people who tested positive after attending events in Provincetown. The 74% number is definitely worth looking at and it is a concern, but this study does not involve a representative sample that you can extrapolate to the rest of the world. There's far more information we need to track down before this number could be understood and it's really full proper context. If you read the actual CDC report, you'll find a very important note that it's key to remember quote data from this report are insufficient to draw conclusions about the effectiveness of COVID-19 vaccines against SARS-CoV-2, including the Delta variant during this outbreak. As population level vaccination coverage increases, vaccinated persons are likely to represent a larger portion of COVID-19 cases. Yeah. This is to say that if in this series of events in Provincetown there was a 95% vaccination rate, you would expect the total number of infections you'd see in an outbreak to be low, the total number, but the proportion of those infected who are vaccinated would be higher. This is because no vaccine is a perfect effectiveness rating and also that's just how statistics work."

8. Statement [\[5.08\]](#): Look at this. Andrew Bossman, MDMS, on link three, right to the government of Finland, Finnish hospital, just one example, C19 Delta variant outbreak, 103 infections among C, eight CWs, in

patients and 18 elderly inpatient deaths, two thirds of infections, 66% and 70 and 67% occurred in those partially or fully vaccinated with mRNA vaxed.

Rebuttals: “What you just heard is how Alex has decided to present this story. This is Alex reading a tweet from an unverified account that's allegedly run by a guy who either holds MD and MS degrees, or is claiming to have houses in Maryland and Mississippi. This is not how someone who takes their job seriously would operate. So I found the tweet and Alex is legitimately just reading the body of this guy's tweet, which was accompanied by a screenshot and a link to a Euro surveillance article.”

“It's another very small snapshot of an outbreak that happened at a secondary care hospital in Finland in May of this year. 45 healthcare workers and 58 patients ended up contracting COVID. And if you look at the data, one of the things that jumps out as possibly most concerning is that people who are only partially vaccinated might have a higher risk with the Delta variant. 48 out of the 103 cases were among people who are only partially vaccinated as compared to 35 who are unvaccinated and 20 who are fully vaccinated.”

“this is not just a case study that you can read a tweet about and assume that it applies to the entire like general population”

Section 6, failed predictions and various fallacies

This section reports various smaller excerpts and rebuttals on some notable failed predictions and inconsistencies or other fallacies of infamous Covid-19 vaccine skeptics (mostly excluding statements already discussed in previous sections); some statements and claims can border between what could be both considered a lie (subsection 2) and a failed prediction (subsection 1).

The inconsistencies section also covers cases of “supposedly” correct predictions. The lists are **mostly sorted by relevance**, statements without corresponding rebuttals are considered self-evident and easy to verify.

6.1 Failed/failing predictions)

Alex Jones and guests (Jones if not specified) [\[*\]](#) (transcripts):

1. Aug.1 2021: Mike Adams states “*We’re going to see **millions of dead in the next 12-36 months (among the vaccinated)***” and that this will cause an uprising such that the US government will enforce martial law to take away guns and control people, **otherwise the globalist system would implode and be tried under Nuremberg 2.0**, “*all of that coming up over the **next couple of months...it has begun***”. Adams also states “there will be no USA by 2025 and **no elections in 2022**”. Jones corroborates all the statements [\[6.01\]](#).
2. Feb.4 2009: “*No doubt in my mind they are going to stage an **inaugural bombing in the next 6 to7 months just like 9/11***”.
3. March.24 2010: **In 15 years, half of the US population will die** and it will be repopulated with Latin Americans.
4. Feb.13 2009: Staged biological attack **will kill 50% of US population in 5-15 years**.
5. Oct.20 2020: The **next three years, 8 million people could be dying per month by next year** as the chain reaction unfolds, they're talking about close to **300 million people dying**.
6. Oct.11 2020: “And when they implode the third world, which they're dealing with this and as the collapse becomes evident and **hundreds of millions are dying by next year**, already millions are dead”
7. Feb.28 2010: Within **16 months**, at least **15 European nations will collapse** and “*a new total economic collapse*”.
8. Jun.7 2007: “and I guarantee you they're probably going to **nuke Chicago in the next month**”

9. Dec.07 2017: "How 'bout **five years** from now, the **European Union** as we know it **will be gone** by 2022, before the clock strikes December 31st, 2022. **Mark my words**—the European Union will be completely dissolved. I'll be surprised if it lasts to 2020. You heard it here again, ladies and gentlemen. Deep analysis, deep historical research, deep focus, deep commitment"
10. March.15 2009: After Obama's approval goes below 50%, the globalists will unleash terror attacks.
11. Feb.1 2009: Obama is going to stage something like a war or a financial collapse in 4 months.
12. Dec.20 2021: "You know big techs announcing new lockdowns of their campuses. They're closing them. The Debo script, as they did two years ago, is announcing that they're closing ahead of the other lockdowns. And **Biden tomorrow is going to make some new big draconian announcements against the unvaccinated saying that we are locked down.** Totally ignoring natural immunity. Totally ignoring real science."
13. Dec.20 2021: "So that's where we are, ladies and gentlemen. And listen, I'm just sad to see this all happening (the Biden draconian measures being set). I thought we could back it off. I thought we could stop it. **That was the only prediction I was wrong about the only big one.**"
14. Dec.20 2021: "Info Wars is right on the cusp. You were right on the cusp of massive victory. That's why we're in so much trouble. That's why **they're going to declare martial law ahead of the election in 323 days.** That's why everything is do or die right now."
15. May.27 2009: "*We're probably going to have world war 3 in the next few years folks*"
16. Aug.5 2021: Biden will declare **martial law lockdowns on August 11** [\[6.02\]](#).
17. Jun.15 2008: "*The US dollar will be worth 10% of what it was in 2 years*"
18. Sep.17 2009: US Government will shut down the Internet in 2 years.
19. June.22 2009: "*I would not be surprised if they staged a terror attack in the next 60 to 90 days*".
20. Aug.11 2022: The guest David DuByne claims that a catastrophic food failure would occur before the end of the year and that digital food rationing cards would be implemented before the end of the year [\[6.03\]](#).
21. Apr.2 2020: Vaginal births will be prohibited in order to reduce the IQ and brain volume of the baby and to make births cheaper for hospitals.
22. Feb.9 2009: Lindsey Williams predicts the US dollar will collapse in 9-12 months, Jones corroborates.
23. Jan.1 2010: Gerald Celente claims 9/11 scale terror attacks will occur in 2010.
24. Dec.15 2008: All pension funds will be gone by 2010.
25. March.3 2010: "*I have no doubt they are going to stage bug attacks, if I had to guess I'd say April 15th or 19th*"
26. March.29 2010: "*Right now they're planning massive, staged terror attacks in the next month*".
27. May.23 2010: "*In the next 2 years they are going to devalue your currency by at least 50%*"
28. Feb.15 2010: Obama's staged assassination attempt will soon happen and they will blame it on "*Islamicist tied in with a tea party 9/11 truther*".
29. Aug.10 2008: A national draft coming after the November 2008 USA elections.
30. Nov.23 2008: Gerald Celente predicts bank runs by February 2009, Jones corroborates and states "*I'm talking to those who don't believe me, it's all gonna be too late you stupid freaks*".
31. Jan.14 2009: Jason Bermas claims that Citigroup will collapse in 48 hours.
32. Oct.1 2020: "I tell you that this could be the end of Infowars here in the next few months, it could be the end of America that's how dire this is"
33. Jan.20 2010: "I may die tomorrow or get set up tomorrow or get sent to prison tomorrow by one of your goons" "literally is a good chance this is our last show. That's not drama. Okay."

34. Jan.18 2021: "I meant to come in here today and say this is my last broadcast and by that i'm going to keep doing shows but i mean you understand folks i believe they're going to shut everything down the next few months they're going to blow up federal buildings they're going to put poison in in in water supplies i mean it's over it's over you understand your only shot you've got is realizing that we're screwed"
35. Feb.10 2009: *"they are planning huge false flag terror attack"*, he ascertains this by looking at "their body language" *"because last time they said this was before 9/11"*
36. Feb.26 2009: *"They will start terror attacks soon. I will be very surprised if they don't stage something big by the end of this year"*.
37. Sept.24 2022: "but even mainline analysts predict a 50% chance of a tactical nuclear war in the next few months in Europe... and I agree with them, give it about a 20% chance of a full on nuclear war"
38. Sept.20 2010: "no new single family homes are allowed to be built in Germany all there's to be retrofitted by 2020"
39. Aug.3 2009: "world government attacks on Iran whether it's this year or five years or 10 years from now" "I would not sleep well at night without storable food and firearms I'll just tell you that water filter stuff like that and it's not that I'm living in fear I'm trying to live empowered...efoods direct dot com"
40. Aug.29 2021: "They just flew in 112,000 Afghani people into the United States with no vetting... there's probably a few thousand terrorists in that group...guess what they're going to do over the next few months? They're going to wage terror attacks in America so that the same police state that's been locking us down over COVID can say, oh now we have to have martial law. We have to have the military on the streets because of all these terrorist attacks.... Mark my words. That's coming. And once they take your guns, they're going to take you to a COVID death camp."
41. Jan.4 2013: David Knight: *"we make the following big prediction that beginning about 10 years from now, America is due to enter a era of crisis, an era of political and social upheaval that will last around 20 years or so until the late 2020s...something on par with World War II and the Great Depression"*
42. Aug.16 2018: "This is the admitted battle plan by next year to have no conservatives, no libertarians, no talk radio, you name it."
43. Aug. 17 2018: "law firms in DC have gone and looked at the statements by Democrats in Congress their own secret reports that have concurred that by next year they plan to basically end the First Amendment in America"
44. Apr.14 2020: "So if you follow this trajectory, this is the time they'll kill Trump in the next couple of weeks, the next few months. And this is the time that they'll drug, even say he had a stroke, that's another road"
45. June.11 2010: "we've got the Wall Street Journal two days ago and their editorial pages saying they believe the U.S. will collapse by next year completely...I'm saying 30% chance that, yes, in the next six months, they will call it a total collapse"
46. July.26 2011: *"here's a headline, existence of God particle to be decided by next year; the problem is CERN now won't release findings that it finds to be politically incorrect"*. The confirmation of detection of the Higgs Boson (the God in the nickname is purely decorative) was announced on July 4th 2012.
47. Aug.26 2018: "Senator Warner, Whiten and Murphy a month ago put out a memo that leaked the day I was off all the platforms saying we're going to ban all conservatives, and by the way the internet by next year is going to be all paid like Netflix, what Barry Diller said a year ago, by 2019 it'll all be paid"
48. Aug.24 2009: ***"I don't understand how I know everything they are going to do...(Bernie) Madoff will soon die of cancer"***.

49. Dec.29 2019: "I'm going to religiously take the supplements for the next few months and i've lost almost 40 pounds" (dubious)
50. July.9 2022: "They just told the farmers in the Netherlands that 30% of your cows will be slaughtered by next year or you'll be arrested"
51. Oct.3 2019: Mike Adams: "If they don't remove Trump very soon, probably within the next few months, the Democrats are going to be exposed. They're going to be defeated. They may be discredited for even a generation depending on how much comes out here."
52. Sept.9 2015: "roads are turning to robot roads in the next five to ten years"

Geert Vanden Bossche:

Mar.6 2021 statements [\[6.04\]](#):

1. "humankind may severely damage it's own, natural 'innate' immunity, because of the mass deployment of vaccination programs at this critical juncture. Our 'innate' immunity would be lost (a rich, variant-nonspecific, form of natural immunity). All whilst **new, more dangerous variants would be getting actively breed by mankind**. In effect,"turning a relatively harmless virus into a bioweapon of mass destruction"" "Unless I am scientifically proven wrong, it is difficult to understand how current human interventions will prevent circulating variants from turning into a wild monster". "At some point, in a likely very near future, it's going to become more profitable (in term of 'return on selection investment') for the virus to just add another few mutations (maybe just one or two) to the S protein of viral variants (already endowed with multiple mutations enhancing infectiousness) in an attempt to further strengthen its binding to the receptor (ACE-2) expressed on the surface of permissive epithelial cells. This will now allow the new variant to outcompete vaccinal Abs for binding to the ACE receptor. This is to say that at this stage, it would only take very few additional targeted mutations within the viral receptor-binding domain to fully resist Sspecific ant-Covid-19 Abs, regardless whether the later are elicited by the vaccine or by natural infection. At that stage, the virus will, indeed, have managed to gain access to a huge reservoir of subjects who have now become highly susceptible to disease as their...
2. **S-specific Abs have now become useless in terms of protection** but still manage to provide for long-lived suppression of their innate immunity (i.e., natural infection, and especially vaccination, elicit relatively long-lived specific Ab titers). The susceptible reservoir comprises both, vaccinated people and those who're left with sufficient Sspecific Abs due to previous Covid-19 disease). So, MISSION ACCOMPLISHED for Covid-19 but a **DISASTROUS SITUATION for all vaccinated subjects and Covid-19** seropositive people as they've now lost both, their acquired and innate immune defence against Covid-19 (while highly infectious strains are circulating!).
"Basically, we'll very **soon be confronted** with a super-infectious **virus** that **completely resists our most precious defence mechanism**: The human immune system. From all of the above, it's becoming increasingly difficult to imagine how the consequences of the extensive and erroneous human intervention in this pandemic are
3. not going to **wipe out large parts of our human population**. One could only think of very few other strategies to achieve the same level of efficiency in turning a relatively harmless virus into a bioweapon of mass destruction."

Rebuttal [\[6.05\]](#):

1. The successful variants exhibited increased disease severity as Alpha replaced B.1.177 (before vaccine rollout) and as Delta replaced Alpha, correlating with relative changes in transmissibility, however Omicron exhibited reduced disease severity in the period in which it co-existed with Delta. Rodent models have largely recapitulated equivalent severity data from epidemiological studies in humans, such as Delta being more pathogenic than earlier variants and Omicron being less pathogenic than Delta.

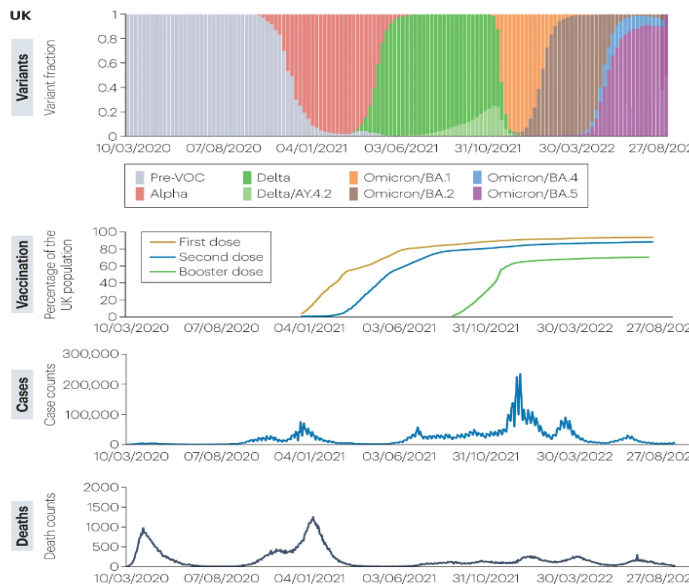


Figure 6.01: UK pandemic variants, vaccinations, cases and deaths figures

3. This data is **not consistent with Geert's hypothesis** that mass vaccinations would drive the resurgence of more dangerous variants (relative to immune status) and that the previously "harmless" virus has become a bioweapon of mass destruction capable of wiping out large parts of the human population.
2. Neither is there evidence to suggest that the vaccinated are more susceptible to the new variants compared to the unvaccinated or drastically more susceptible to those acquiring immunity from natural infection [\[6.06\]](#) "...most T cell epitopes are conserved in different VOCs, and this is likely to contribute to the preserved vaccine effectiveness against hospitalization and death with Omicron seen after a second dose and after a third dose when compared with no vaccination" (Nature study quote).

Vernon Coleman:

Statements:

1. Jun.29 2022 [\[6.07\]](#): Schools are introducing social credit points schemes to control students. We are only a few months away from a society which will be just as oppressive as China's.
2. May.3 2022 [\[6.08\]](#): "a war to kill billions through starvation and poverty" "in Africa and Asia where hundreds of millions will die of starvation in the coming months"
3. Jan.16 2021 [\[6.09\]](#): "The Horrors of Social Credit – Coming Soon" "Chronic sickness, mental illness, being old and being disabled will lose you points as will being arrested (it doesn't matter whether you are found guilty)" "Taking an active part in a religious ceremony will result in punishment" "Writers, actors or film or stage directors could be charged if anyone finds any of their material offensive" "Not having the correct number of children, being overweight and owning land will result in a loss of social credit points" "Computer games are training us for our future" "You may be smiling now. But **see if you're still smiling in twelve months' time.**"

4. Oct.27 2022 [\[6.10\]](#): "In the coming few months we are going to see an epidemic of serious illness caused by the covid-19 jabs. The Government, the media and the media doctors will all blame covid-19 and flu for the sickness and the deaths."
Rebuttal: The following months saw no surge/"epidemic" in Covid-19 or influenza deaths, the numbers fluctuated around a constant number [\[6.11\]](#) (flu season peaks around the described time interval).
5. Apr.9 2022 [\[6.12\]](#): "things are going to get far, far worse" "holidays and travel will soon be no more than a memory" "prices will soon be beyond people who are not called Sunak and who do not enjoy the financial delights of a rich father-in-law" "they're talking about rationing in Germany and if you're not in Germany they'll be talking about it round your way soon" "Street lights will go off" "we've got at most eight months left before the war is lost"
6. Jul.19 2020 [\[6.13\]](#): "And then there is the cold in the winter months. They are stopping us using gas and there are going to be electricity outages. Many will freeze to death in the winter months." "All around the world there will be a shortage of almost all foods"
7. Jul.20 2022 [\[6.14\]](#): I estimate that we've got just months of freedom left unless we fight this war with more determination.

David Icke

1. 1991: The world will end in 1997, preceded by a hurricane around the Gulf of Mexico and New Orleans, eruptions in Cuba, disruption in China, a hurricane in Derry, an earthquake on the Isle of Arran, Los Angeles will become an island, New Zealand will disappear, the cliffs of Kent will be underwater by Christmas [\[6.15\]](#). (The information was being given to him by voices and automatic writing, he said)
2. 1991: Britain will soon be devastated by tidal waves and earthquakes. Without these, "the Earth will cease to exist" [\[6.16\]](#).
3. Mar.12 2016 [\[6.17\]](#): "2016 2017 2018 are crucial years in where this goes...these next three to five years are going to be absolutely crucial in where this world goes and where this agenda goes or doesn't go on and these are the years that we need absolutely maximum effort in whatever contribution it is to communicate and circulate this information because if we don't head this off and blunt its progress in the next three to five years, then we are going to find ourselves in a situation where it is very difficult to turn it around...it's to do with transhumanism...which I call trance phantomism, which is to go beyond the phantom in the sense of holding people in the five senses, to go beyond of just the phantom self I've talked about, the programme self into technologically firewall self; which will firewall incarnate attention awareness from infinite awareness in a way well beyond phantom-self, now this agenda is unfolding all the time, all this technology that people are now addicted to is all part of taking people pied piper style along the road to where this is designed to go"
Rebuttal: No major "truth" movement has emerged to overthrow the plans of the elite/archons (reptilians) during these years, however Icke doesn't again mention an implementation of a "firewall" preventing humanity from ascending beyond the five senses; attention spans, spirituality, faiths and beliefs in immaterial concepts have not disappeared/decreased.

Michael Yeadon:

1. Nov.5 2020: *"the pandemic is fundamentally over in the U.K."* *"Viruses don't do waves"* (consider the flu and other coronaviruses).

Judy Mikovits:

1. June.14 2020: "If they are successful in mandating the vaccine to everyone at least 50 million American will die" ($\approx 17\%$ of the US population, no reason not to believe that the number can be applied to the entire planet).

(Mikovits' book is an Amazon bestseller).

Ryan Cole:

1. No studies have been able to replicate the finding that the vaccinated have 20x times greater risk of endometrial cancer, as Ryan Cole claims [\[6.18\]](#) (the claim is purely anecdotal); such an effect would be noticeable worldwide. A permanent 20 times increase in endometrial cancers (6th most common cancer death) would tie the most deadly cancer (lung cancer), increasing cancer deaths by $\approx 17\%$ (using 2019 data [\[6.19\]](#)); the predicted figure could be even higher as he also mentions increases in other types of cancer (as a possible conflict of interest, Cole claimed vitamin D is the most effective treatment for Covid-19, while he also offered many vitamin D tests through his lab, which he often promoted).

Byram Bridle:

Bridle mainly claims that his arguments and research prove the need for more data on the subject of vaccinations and pregnancies, therefore, the following focuses on the empirical data that disproves the occurrence of his discussed possible negative effects of the mRNA Covid vaccines (possible dangers of the spike protein concentrating in ovaries and breastmilk). This list also includes studies on the safety of lactation.

- Studies: [\[6.20\]](#), [\[6.21\]](#), [\[6.22\]](#), [\[6.23\]](#), [\[6.24\]](#), [\[6.25\]](#), [\[6.26\]](#), [\[6.27\]](#), [\[6.28\]](#), [\[6.29\]](#), [\[6.30\]](#), [\[6.31\]](#).
- Meta analyses and systematic reviews: [\[6.32\]](#), [\[6.33\]](#), [\[6.34\]](#), [\[6.35\]](#)

National fertility rates have not significantly dropped below expected projections, despite what some claim to be a consequence of Bridle's hypotheses.

6.2 Inconsistencies, unsubstantiated claims, lies or other fallacies)

Infowars/Alex Jones [\[*\]](#) (transcripts):

1. Dec.31 1999 Y2K occasion [\[6.36\]](#) (Knowledge Fight) [\[6.37\]](#) [\[6.38\]](#) (segments of first 45min):
 - **"This information is vital..." "...99% accurate, about like I am" "some would characterize us as dangerous cause we report the facts" "this is extremely serious"**
 - ABC (news) just had a special news bulletin – a military General standing in front of Cheyenne Mountain (nuclear bunker) announced 5 nuclear missiles have been launched.
 - There are currently nuclear missiles being launched
 - The Russians are threatening to nuke us right now
 - Russia and China are now threatening to nuke us
 - Vladimir Putin, who just took over as Russian President, has "taken the codes off" Russia's nuclear arsenal.
 - Globalist Forces are gearing up to clamp down on America, Russia and the world
 - A power plant has been blown up in Oregon
 - Pennsylvania nuclear power plant shutdown
 - "from a good source, this plant was having problems along with 4 other plants"
 - 6 to 7 (nuclear) reactors having Y2K related problems
 - The war in Chechnya is raging with hundreds of thousands dying

- The military are highly visible
 - Gas stations in America are out of gas
 - Military traffic is everywhere
 - “America is under siege right now...tanks being destroyed...bombardments”
 - Martial Law signs are posted on highway 65 in Arkansas by the Arkansas Transportation Department
 - In Austin, TX they have announced it is a concentration camp at Robert Mueller Airport
 - If you don't have a supply of potassium iodide, now is the time to **get your supply of potassium iodide in case of a russian nuclear attack**
2. Feb.24 2022: Alex Jones predicted the invasion of Ukraine in February, as proven by the compilation of clips posted on this date on Banned.video^[6.39].

Rebuttal: The first clip is from October 21st 2021, in the clip Jones states:

- *“the smart money is on a war **with China** and I don't want a war but we're looking at a giant **war in February** right now currently that's the projections with the top people on the earth who claim they're not with the new order combine is war in February” and “Flynn thinks war with China is imminent”, which refer to a war between the United States and China.*

The second clip from July 21st 2021 is also **unrelated**, as the topic in discussion is the possibility of China causing nuclear war.

In the third clip from February 17th 2021 Jones states:

- *“they may even have Biden stand down and receive a first strike to our military bases from China; **my guts never been wrong** and I keep ever very intense nightmares the last month that the **United States is gonna be hit by nuclear weapons by China** and is gonna stand down and gonna receive the attack and I've looked at all the evidence to they're preparing us with with staying your homes oh your powers off that they turn the power off I'll prove that coming up, but they admit they did by the way it's in the fine print and they're just getting us ready for the disaster; not gonna hit the main cities they're gonna hit the military bases, very good chance that they're gonna either blow the entire power grid with EMPs which they've been conditioning us to get ready for or they're gonna hit us with a first strike and you're like oh that's and that's crazy, now this is war folks”.*

In the November 16th 2021 clip Jones states *“I don't get butterflies a lot and having really big ones today **I think a big war is about to start something big is about to go down**”*, however this clip omits the next claim in which he states that he doesn't believe that Russia is going to invade Ukraine:

- *“but let me tell you what's really huge and got me having butterflies right now and I don't get butterflies a lot I'm having really big ones today **I think a big war is about to start, something big is about to go down my spidey sense has never been this strong** it's like on fire right now whoo talk about chills talk about the stomach man that is some that is some energy right there there's some big stuff; you know China's threatened war with the United States **the CIA says Russia is preparing to invade Ukraine, which I don't believe a word they say**”.*

In the December 1st clip Jones discusses how the globalists are going to use a war to cover up the Covid vaccine deaths.

In the December 8th clips Jones states:

- *“they're obviously trying to trigger that and oh imminent cyber attack oh and imminent war with Russia so I guess China can then swoop into Taiwan Hong Kong you already got Hong Kong*

the South China Sea they're so close in the own part of Vietnam now that's how World War start", "I've got stacks of articles with them threatening and then already moving nuclear weapons up to the Russian border and the Russians are like okay you're taking over a country that's 90% Russia in the east about 30% Russian in the west and you say you're gonna take our gas pipelines and our facilities and our military bases with NATO troops we're gonna stop that and their answer is we'll just nuke you and so I predict the Russians are gonna roll in they're already there they're gonna roll in", "they're gonna go ahead and just launch tactical nuclear weapons the Russians and then the Russians are gonna respond by destroying NATO forces and then about 15 minutes into that the ICBMs get launched the submarines pop up and the cruise missiles get fired and so hey it was a good run while we had it..."

The Knowledge Fight podcast responds to these last claims with the following [\[6.40\]](#):

- *"Alex is covering an interview with senator wicker on Fox News which had to do with some tensions between Russia and Ukraine because this conversation was already happening in December; in ranting about other news and interviews on other news channels Alex said he thought that Russia was gonna quote "roll in", which is unspecific enough to interpret as him being correct or incorrect depending on your preference what's more important is that the rest of the stuff he's ranting about is completely off base at this point. He also never said that it was gonna happen in February and one fair reading of this comment is that he was thinking there would be military action that's contained within the Donbass region, the only way to make this seem accurate is to be really generous, which Alex doesn't deserve, and even if you do he's not saying February; these (clips) are disconnected and even then he is looking at NATO as the aggressor", "when taken in their totality this compilation involves Alex mostly talking about his fears about China nuking the United States and it only mentions February once not even in relation to Russia".*

3. Jun.15 2015: "Buzz Aldrin came on this show and, he never told anybody else this, it's online; and said oh yeah you know the same aliens that built Egypt, they're the ones that have got an obelisk, that's what we based the movie on 2001, it's out on the moon, the small moon of Mars"

Rebuttal: Jones featured Buzz Aldrin as a guest on his 8/17/2009 show (on dial), at 03:18:09 Jones shows Aldrin a picture of the object on Phobos, stating:

- Jones: *"what do you think this is? Tell me what your gut or as a person, a doctor who studies this, what does this look like to you?"*
- Aldrin: *It's a big, big tall rock...now I can say it looks like maybe a crude construction device by some creatures who practiced on Phobos and then landed in Egypt and built the pyramids, I don't really believe that but some people are liable to think that...(skip)*
- Jones: *so you're saying it's similar to some of the things we see in Egypt?...I mean the obelisk*
- Aldrin: *no, no, no, no, I'm just saying that there is a lot of conjectures to who built the pyramids, I'm pretty well convinced that that they were slaves that were conned into building this edifice for the pharaohs...(skip)*
- Jones (introduces new topic): *We also know that there are a lot of secret military programs, a lot of advanced technology. We see astronauts hinting at it, hinting at knowing about things...I was just wondering your view on life in the solar system outside Earth?*
- Aldrin: *We have zero evidence of any life in our solar system other than that which we can observe here on Earth... a good story, but I believe the distances involved make it extremely*

improbable for any advanced life forms to be very close and within reach for star travelers from Earth for thousands and thousands of years...

- Jones: *Mr. Aldrin, I always wanted to ask you this. We saw the photos, the little masonic flag to the moon and some of the names and the missions and the numerology. Is there anything to that or what is the masonic influence? We know there's a masonic influence in the founding of the country. What is the masonic influence on NASA?*
- Aldrin: *Well, as I can tell, zero....(skip)*
- Jones: *What do you think of the people that mistrust the government and the system so much that they say you guys couldn't have gone to the Van Allen radiation belt and that it was all a Stanley Kubrick film production?*
- Aldrin: *Well, I think they are self-serving individuals looking for attention, preying on gullible people, and they wouldn't exist if it were not for the gullible people who also like to encourage thinking about unrealistic, unsubstantiated things and titillate the public, and that includes all sorts of people, hate to say it, but includes yourself...(skip)*

Aldrin was on the show, presumably, to promote and advertise his book and not to discuss on the factuality of alien encounters and coverups, which he never actually mentions outside of playful imaginings and thought experiments, which are a response to Jones' active attempts to coerce Aldrin into saying something Jones himself believes in.

4. Aug.14 2021: the statement *"I've studied the globalist and their white papers and what they've said and what they've done and operation lockstep and literally hundreds of other documents written by the most prestigious organizations in the world, most powerful, say they're going to use the threat of a virus to bring in world government, a world ID to track and trace what you do **to cut your resources off to make you so poor, you can't afford to have children to depopulate the planet.**"* is inconsistent with the fact he commonly claims that the globalists are trying to depopulate by using vaccines to directly sterilize and kill instead of depopulating by using unfavourable economic conditions.
5. Sep.20 2010: "Germany's already passed that law and you're only allowed to have one child"
6. Sept. 23 2011: guest: *"but every one of these vaccines all have horrible potential side effects, nothing that can come through a needle and to try to keep you healthy"* (no vaccine is useful)
7. Aug.12 2021: Guest Richard Fleming claims that Covid has caused endothelial inflammation, blood clots and neurological damage [\[6.41\]](#), however Mike Adams often agrees with Alex Jones that the virus is fake and mostly innocuous; Jones also agreed with David Icke's idea that the virus deaths were caused by medical staff intentionally killing patients with remdesivir [\[6.42\]](#).
Fleming mentions how the specificity of the Covid vaccines could be problematic for other variants, however Jones, Adams and David Icke often agree on how the variants are only an excuse to justify the deaths among the vaccinated.
8. Mar.28 2013: "And now, poop bars are all over the United States and eating poop, and you're not trendy if you don't do it and you're hurting people's civil rights"

Vernon Coleman

Statements:

1. "World Health Organisation has warned that there could be **half a million covid related deaths by the spring**. Which means that covid is now less of a threat than one of those old-fashioned flu bugs.

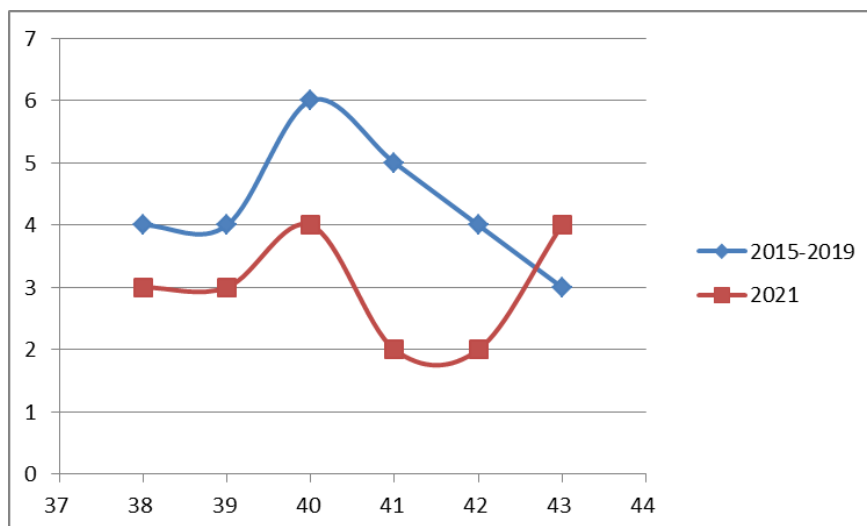
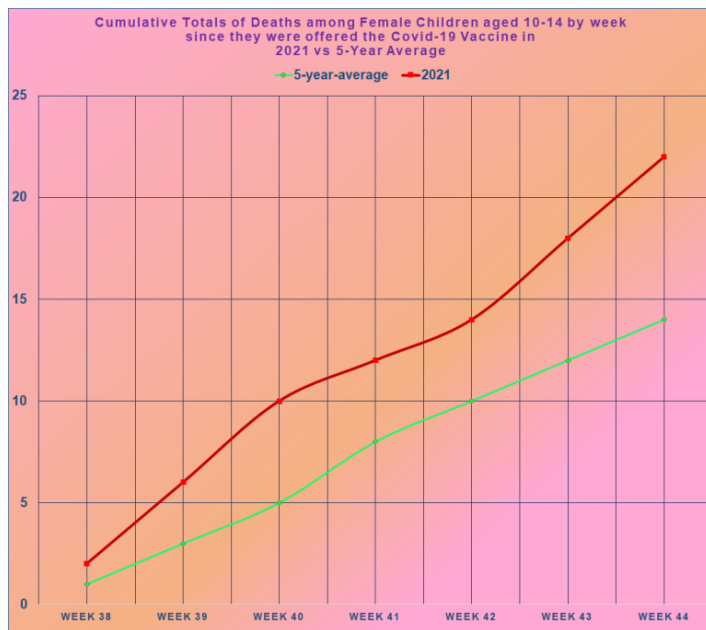
The WHO's own figures show that up to **650,000 people** can die of the **flu in a single flu season**. That, you may remember, is the figure I quoted in March 2020 when I showed that the threat of a pandemic was a hoax." [\[6.43\]](#)

2. "Oh, and the Expose website reports that the Office for National Statistics in the UK shows that **deaths among female children increased by 57%** against the five year average since they were first offered the **covid-19 jab**. [\[6.44\]](#)"
3. Feb.20th 2023 [\[6.45\]](#): "Arch pro-vaxxer Bill Gates suggested that there might perhaps be problems with 1 in 10,000 people (and he doesn't know whether it will be 1 in 10,000 or 1 in 1,000 or 1 in 100) then there will be 700,000 dead or seriously damaged people. That is 700,000 previously healthy individuals. And, under these exceptional circumstances, I believe that's pretty much the best case scenario. And it is, of course, far more than the total number of people alleged to have been killed by covid-19 around the world."
4. **Statements 4-7 share the same source** [\[6.46\]](#): "And yet the UK Government released a report showing that the **fully jabbed account for 92%** of all covid 19 deaths. The number of deaths among the jabbed is rising – but falling among the un-jabbed. The triple jabbed are the people most likely to die."
5. "Figures in Canada show that the **triple jabbed are five times as likely to die of covid** as are the un-jabbed."
6. "American figures show that covid jabs have **increased miscarriages by 1,517 %** if given during pregnancy", the rebuttal also cover the repeated claim "only 1/100 adverse events are reported to VAERS"
7. Coleman cites Geert Bossche's and Byram Bridle's claims to further prove that vaccinations are deadly [\[6.47\]](#).

Rebuttals:

1. The 500.000 **Covid deaths** figure refers only to expected deaths **in Europe by February** [\[6.48\]](#), while Coleman's 650.000 **flu deaths** figure is **a worldwide, high end and yearly estimate** [\[6.49\]](#) (a similar instance of manipulation was found in the Coleman section; the estimate is between 290.000 and 650.000). The 500.000 estimated deaths in Europe did in fact occur [\[6.50\]](#) despite vaccinations, therefore his claim would have been even more incorrect if the vaccines had never been adopted for use.
2. The cited Expose article [\[6.51\]](#) claimed a possible connection to vaccine rollout for children 10-14 and the observation that the weekly mortality rates from week 38 to week 44 were higher than the average weekly mortality rate using 2015 to 2019 data, comparing 14 and 22 deaths, a 57% increase in female death count. The sources used by the article come from the Office of National Statistics (ONS) [\[6.52\]](#) [\[6.53\]](#). **The sample is too small and inconsistent** to make any meaningful conclusions, as segments can be found in which the 2021 weekly deaths were even 100% higher among females (10-14) in weeks pre-vaccine rollout, as can be observed in weeks 7 to 12, with 26 and 12 counts of deaths. Moreover, the **data reported is not correct**, as the true cumulative amount of deaths from week 38 to week 43 (no data should have been available for week 44) is 18 in 2021 and 26 in the 2015-2019 average (the author might have compared different cohorts as males have higher mortality); **a 30% decrease in total death count**.

The following graphs depict the reported compared to the true values (non cumulative for the true values).



3. The “alleged” death count for Covid-19 is not less than 700.000, it is $\approx$ 7million as of Feb.23rd 2023 (date of claim) [\[6.54\]](#).

Coleman does not specify in which occasion Bill Gates stated such, however the 1/1000 to 1/10.000 figure is often used to describe the percentage of serious adverse events among the reports on VAERS, which are much fewer than the total number of vaccines administered in the USA, as severe adverse symptoms are much more likely to be reported than mild symptoms (the sample cannot be attributed to the whole population of vaccinated), [the same error](#) that was found in section 3.11.

Furthermore, a greater than 1/10.000 probability of developing a severe adverse events would have been observable in many of the larger studies [\[6.55\]](#) [\[6.56\]](#).

4. Coleman does not provide adequate information on which report he is referring to (no specified time interval), therefore the following will consider the ONS data [\[6.57\]](#) in the 5 month time interval preceding the publication of the video Apr.9th 2022.

In the time interval spanning from Nov.1st to March.31st 2022, England recorded 10.331 Covid related deaths among the unvaccinated and 6.511 deaths among the vaccinated; meaning that the

unvaccinated comprised 64% of the deaths despite the fact that by Nov.1st 2021 67% of the population was fully vaccinated; additionally, one must consider that the vaccinated have a higher median age, therefore the true age standardised benefits of the vaccine are greater than what can be observed with this calculation.

5. The government report Coleman used for this claim is once again unspecified, however an article from the Expose [\[6.58\]](#) (again) was published around the same time and contained the same conclusion. The article fails to consider the conditional probabilities (an error repeated many times throughout this document); while the considered triple vaccinated deaths (483) are higher than the unvaccinated deaths (295), one must consider that the cases observed in this time interval are 17.178 for the unvaccinated and 50.082 for the triple jabbed.

Using this information, one derives a death per case ratio of 0.96% for the boosted and 1.72% for the unvaccinated; therefore, the reported **infected unvaccinated are $\approx$ 2 times more likely to die.**

Additionally, in the Jan.-Feb. 2022 time interval, 60-80+ year olds had a booster uptake of $\approx$ 75%, while younger demographics 18-49 range $\approx$ 30 to 50%, meaning that the reported deaths data among the booster cohort suffer from an increased percentage of old persons [\[6.59\]](#); the higher case numbers of the boosted can also be explained by this fact, considering that in this time interval $\approx$ 44% of the Canadian population received the booster, while only $\approx$ 15% of the population was unvaccinated [\[6.60\]](#).

6. This claim can once again be traced from an Expose article [\[6.61\]](#); using VAERS' data, the article shows that more miscarriage reports occurred for Covid-19 vaccine than the flu vaccines in proportion to the amount of doses administered, thereby concluding that (since the influenza vaccines doesn't cause miscarriage) the proportions show that Covid-19 vaccines increase the risk of miscarriage by 1517%. This method is erroneous, as healthcare providers were **required by law to report only anaphylaxis** or anaphylactic shock, shoulder Injury and vasovagal syncope in regards to **seasonal influenza** vaccines [\[6.62\]](#), while the **law required** healthcare providers **to report any congenital anomaly/birth defect for Covid-19 vaccines**. Additionally, studies on the subject have not detected such high incidence rates (see section 5.1 and 5.2 on Byram Bridle)

The article also uses as a fact that only 1/100 of any type of adverse events is reported (Coleman uses this many times); a likely source for this claim was detailed [in section 3.11](#), where a study from 2011 estimated a 1% public sector VAERS report efficiency of thrombocytopenia, while ignoring the fact that other symptoms had much higher reporting efficiencies (proportional to severity), that any Covid-19 ADEs and cases of death are required to be reported by healthcare providers by law, that since 2011 efficiency rates might have increased due to government incentive to report.

7. Bossche does not believe that vaccines are dangerous for the same reasons Coleman often proposes, as Geert states *"I mean, just brilliant people who have been **making these vaccines in no time and with regulatory approval and everything**. So **the weapon in itself is excellent**. Question is, is this the right weapon for the kind of war that is going on right now? And there my answer is definitely no, because these are prophylactic vaccines and prophylactic vaccines should typically not be administered to people who are exposed to high infectious pressure."* [\[6.63\]](#), while **Coleman** believes that the **vaccinations** are part of a plot and are dangerous independently of the viral evolution dependent on infectious pressure, **designed specifically to kill and maim**, while also claiming that the approval procedure was inadequate.

Byram Bridle claims *"However, they do not provide adequate protection to the upper respiratory tract, like natural infection does, or like an intranasal or aerosolized vaccine likely would. As such, people*

whose immunity has been conferred by a **vaccine** only are **often protected from the most severe forms of COVID-19** due to protection in the lower lungs, but they are also susceptible to proliferation off the virus in the upper airways, which causes them to shed equivalent quantities of SARS-CoV-2 as those who completely lack immunity”, meaning that Bridle does not share Coleman’s main belief that the Covid vaccines were designed to kill and that they are killing the populace, instead he proposes that the vaccines are useful only as means of preventing the development of severe cases.

Coleman often calls any expert who doesn’t agree with his ideas about vaccine dangers and FDA approval an “idiot” or a “paid crook”, thus one begets the question, why would Bridle and Bossche deserve any consideration on Coleman’s part?

David Icke

1. Mar.12 2016 interview with Filip Karinja^[6.64]: “let’s go back on to September 2000 in the United States when an organization called the Project for the New American Century....this organization in September 2000 produced a document calling on America to instigate a military regime change in a series of countries and these countries included Libya, Iraq, Syria, Lebanon, Iran, China and North Korea. They called for multiple theatre wars to make these regime changes and they also said in that document, which is immensely relevant, but for this to happen, for these regime changes to happen with a United States military intervention, they would need on what they called a catastrophic and catalysing event like a new Pearl Harbor”.

Rebuttal: In the document, there is no mention/admission of an active enterprise/plan to change foreign regimes, the sections on multiple theatre wars and “catastrophic and catalysing events like Pearl Harbor” are used in different section and in different contexts than what David suggests^[6.65].

“Regime changes” is used in the context of having the *necessary* military preparations to bring potential wars to satisfactory conclusions, should they occur (page 37).

“multiple theatre wars” (a military term for an area where an armed conflict takes place [reductive]) is used in the context of the necessity of preparing the American military in such a way that it could withstand multiple wars simultaneously “*Conventional forces that are insufficient to fight multiple theater wars simultaneously cannot protect American global interests and allies...the failure to prepare for tomorrow’s challenges will ensure that the current Pax Americana comes to an early end*” (page 25).

“catastrophic and catalysing events” is used in the context of the American military’s technology research and innovation slowing down, referencing that this is partly due to the lack of major rivals and catastrophic occurrences (historically, the advent of Pearl Harbor greatly pushed technological innovations in the military field in a short amount of time out of necessity); such can be deduced by the excerpts: “*By contrast, today’s research and development accounts total only 8 percent of defense spending. And even this reduced total is primarily for upgrades of current weapons. Without increased spending on basic research and development the United States will be unable to exploit the RMA and preserve its technological edge on future battlefields.*” “*Further, the process of transformation, even if it brings revolutionary change, is likely to be a long one, absent some catastrophic and catalyzing event – like a new Pearl Harbor.*” (pages 24, 25).

2. In his book titled “Human Race Get Off Your Knees: The Lion Sleeps No More” (2010) Icke suggests that the Earth and the collective human mind are manipulated by signals from the Moon, a spacecraft and inter-dimensional portal the reptilians control. In his 2012 book “*Remember Who You Are: Remember 'Where' You Are and Where You 'Come' From*” David argues that the rings of Saturn were artificially

created by the same reptilians and are the ultimate source of the signal, while the Moon functions as an amplifier^[6.66].

Rebuttal: As evidence to his claims David uses information he claims to have received from government insiders, classified documents and conjecture based on his interpretations of reptilian like figures depicted throughout history combined with his ability to tune into the frequencies he describes (he does not provide a clear method as to how such could be accomplished); to reinforce the credibility of his conjectures on reality, he at times references some discoveries from the field of physics, such as the observation that most matter is invisible to electromagnetic radiation and that “the world isn’t actually solid (a very reductive way to state that most of the mass of objects is concentrated in small points with large gaps in-between)”, these discoveries however in no way corroborate his ideas beyond their likewise unlikely nature to the humans senses. In short, his evidence is not replicable and his major sources are accessible only by his account.

Michael Yeadon

1. ≈ Jun.9 2021 ^[6.67]: *“If you look from about January of this year and compare month by month to any previous year...the number is just enormous,” “It’s between 50 and 100 times higher. It’s not my data, it’s the U.S. public data.” “Dr. Yeadon said the VAERS system has reported roughly 5,000 vaccine deaths in the first six months of 2021.” “Normally there’s 200 a year for all vaccines combined,” he said. It’s appalling, bluntly,”*

Rebuttal: Healthcare providers were required by law to report deaths proximate to Covid vaccinations, the same wasn’t true for past vaccines (see [section 3.11](#) and [5.2](#) on Coleman); therefore, the values are incomparable.

Robert Kennedy Junior

Dec.6 2021 In a Louisiana House oversight meeting ^[6.68]:

1. Kennedy, at ≈31:30 states *“...one person in the vaccine group that died from Covid...two people from the placebo group...this allowed Pfizer to tell the FDA and the American people that the vaccine is 100% effective”*, after pointing out that sample for the Covid deaths is too small to make any meaningful assertions on the vaccine’s capability of reducing covid lethality (correct).
Rebuttal: The difference between the Covid deaths in the two cohorts was never used to prove the vaccines were 100% effective, as Kennedy failed to mention the more statistically relevant figures of 81 cases and 1 case of severe Covid19 among the vaccinated, compared to 873 cases and 30 severe cases among those assigned the placebo; it is from these figures the study deduces the 90 to 100% efficacy, not the deaths^[6.69].
2. At 32:30 Kennedy asserts *“...it means you have to give 22.000 vaccines to prevent one person from dying from covid”* despite previously emphasizing the uncertainties associated with using the observed mortality difference. The claim can be further cast into doubt as case numbers in proportion to the population may not always be constant (in absolute terms, vaccines are more efficient during a wave of Covid) and the numbers represent benefits over the course of 5-6 months.
3. At 33:11 Kennedy states that the article reported the false number of deaths among vaccinated in table S4^[6.70], claiming the number should have been 20 instead of 15 *“they admit later in this document, that they lied about this number, 15...”* from which he deduces that the vaccinated suffer an increase of 48% chance of dying from all causes, he further states *“how are these excess people dying?...well it shows you here, cardiac arrest; there were 5 people in the vaccine group that died of heart attacks...1*

in the placebo”, from which he deduces that the vaccinated are at five times greater risk of dying from heart attacks.

Rebuttal: There is no section in the supplementary appendix where the study asserts that the 15 deaths figure among the vaccinated is a lie; even if the true number of deaths was 20, the 5 (actual value he point at is 4) heart attack deaths he references summed to other causes of death don’t reach 20 (ignoring that causes of death overlap).

Again, despite Kennedy acknowledging the fluctuations of the low sample of deaths, he states that the vaccinated are five times more likely to die from heart attacks, an example on how fluctuations can influence small samples was already observed in Coleman’s [rebuttal 2](#) and with Michael Yeadon’s claims; furthermore, one must consider that heart disease is the most common cause of death (≈32% of all deaths) and that each death was inspected and none were considered to be related to the vaccine. Using Kennedy’s flawed logic, the study shows that the vaccine decreases deaths by non Covid19 pneumonia and myocardial infarction by more than 50%.

4. At 34:54 Kennedy states *“If you look at their post licensing record, it confirms that this is the deadliest vaccine ever made, here, these are the VAERS reports for 30 years....”*

Rebuttal: Kennedy makes the same mistake already [observed in an Expose article Vernon Coleman cited \(rebuttal 6\)](#); the regulations regarding the reporting of deaths proximate to vaccinations were not as stringent with previous vaccines, as the deaths proximate to Covid19 vaccine inoculations were required by law to be reported.

5. At 36:10 Kennedy claims that 50% of people suffering from myocarditis either die or need a heart transplant within 5 years, he uses this fact to later weigh the risk to benefit ratio of administering the vaccines to adolescents and children, claiming that half of adolescents that suffer from vaccine related myocarditis will die.

Rebuttal: *“Myocarditis often results **from common viral infections** that have a predilection towards entry into the myocardium...Children diagnosed with **acute** myocarditis have only a 60% likelihood of transplantation-free survival at 10 years”*^[6.71] *“The long-term disease course depends on the pathogen, the extent and type of inflammation...Non-fulminant active myocarditis has a mortality rate of 25% to 56% within 3 to 10 years, owing to progressive heart failure and sudden cardiac death, especially if symptomatic”*^[6.72]. It is not correct to compare mortality rates commonly associated with viral myocarditis with vaccine related myocarditis^{[6.73] [6.74]}, as later studies also show^{[6.75] [6.76]}; additionally the vaccines reduce the occurrence of myocarditis associated with Covid19 infections, which pose a greater risk of myocarditis^[6.77].

Byram Bridle

1. Sept.17 2021 ^[6.78]: Bridle claims that the NEJM study titled “Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons” used to justify the safety of vaccinating pregnant women ^[6.79] was corrected ^[6.80], therefore *“the major rationale for declaring COVID-19 vaccines safe in pregnant females is gone!”*. This however ignores that the calculations adjusted to the mathematical mistake paired with follow-up data yields nearly the same results with the same conclusion, that *“The estimated risks (14.1% overall and 12.8% in age-standardized analyses) are consistent with the risks of spontaneous abortion reported in the general population.”*, responds a letter from the author published September 8th, with the article being corrected on October 14th.

2. Bridle, in the same document referenced above, states that the aforementioned study was “*the major rationale for declaring COVID-19 vaccines safe in pregnant females*”, however, at the time, did not solely rely on this study. Health Canada noted “*the absence of evidence and the mere theoretical or even documented risk of fetal harm is generally not sufficient to justify denying pregnant women access to a vaccine in an outbreak or epidemic.*” in a document that mainly discusses the complications associated with Covid infections among pregnant women [\[6.81\]](#). To justify the safety of using the vaccines on pregnant women (other than referencing the dangers Covid poses to pregnant women and the fetus) HC references the statements made by the Society of Obstetricians and Gynaecologists of Canada (SOGC) on the subject [\[6.82\]](#) (May 25th); here are some of the referenced the studies/events: pregnancies in Pfizer and Moderna trials, studies on adverse events [\[6.83\]](#) (reference 11), on benefits [\[6.84\]](#) [\[6.85\]](#) (repeat), on lactation [\[6.86\]](#) (observation), non mRNA vaccine trial pregnancies, VITT risk [\[6.87\]](#), post marketing data [\[6.88\]](#) and the identification of safety signals according to the WHO and ACOG [\[6.89\]](#).

The National Advisory Committee of Immunization (NACI, Canada) cites many studies and observations (July 22 2021) [\[6.90\]](#), these include animal pregnancy and fertility studies (DART) references being 103 104 106 127, “*Analysis of data collected through international COVID-19 immunization registries to date have not revealed any maternal or neonatal safety signals*”, a preliminary analyses of 35.000 pregnant women in the United States who received an mRNA COVID-19 vaccine 107, studies on breastmilk 108 115 116 and studies on vaccine benefits 109 110 112 113.

The studies/observations that focus on safety are references 11 13 20 in the SOGC statement, 103 104 105 106 127 107 (repeat) 108 in the NACI document; further omitting the animal studies, the purely theoretical/speculative studies/statements, one obtains references 11 108, the trials data, the un-identified safety signals according the WHO and ACOG (12) and other secondary sources 20.

The primary sources that can be extrapolated in citation 12 [\[6.91\]](#) (the studies used by the American College of Obstetricians and Gynecologists) and that fit the above conditions is a study titled “*Coronavirus disease 2019 vaccine response in pregnant and lactating women: a cohort study*” [\[6.92\]](#), however, while the amount is limited, other empirical studies on humans can be found before Bridle’s published statement [\[6.93\]](#) [\[6.94\]](#) [\[6.95\]](#) [\[6.96\]](#).

Therefore, while Shimabukuro et al was the largest study on the safety of the Covid vaccines for pregnant persons, it is reductive to claim that the correction of the article destroyed all reasonable justification for administering the vaccines, as Bridle seems to suggest.

Since the publication of Bridle’s Bridle, more data and more studies have been collected on the matter [see section 5.1 on Bridle].

Findings

This paper reports a total ≈73 cases of failed predictions, 33 lies, 18 statistical or mathematical mistakes, 17 cases of incomplete claims/reports/discussions, 9 inconsistencies, 10 unsubstantiated claims, 12 instances of misinterpreted sources, 7 cases of cherry picking and 2 citations to dubious or non-peer reviewed papers (some counts are not independent).

Many of the same statistical mistakes are repeated through different individuals, for example, Jones, Coleman, Michael, Yeadon, David Icke and Robert Kennedy all have mistakenly compared previous VAERS data reporting frequencies to the frequencies reported for Covid vaccines; it is possible they may be sharing the same sources for their claims, as they often make similar/identical claims, frequently citing the erroneous findings posted on The Expose and other sites like Information Liberation, The Defender, Twitter and the Daily Sceptic. These platforms share the same tendency of reporting incomplete, inconsistent or statistically incorrect claims.

- The analyses on Alex Jones' articles and videos (mainly Infowars and Banned.video) comprise most of the counts misinterpreted sources (5), statistical mistakes (8), cherry picking (6), incomplete discussions/reports (9), unsubstantiated claims (5), failed predictions (53) and lies (24); this remains true even in proportion to the amount of content that has been reviewed (not necessarily reported in this document). The described fallacies among the most relevant instances in which Infowars tries to prove that vaccinations are harmful have been found to be extremely consistent and frequent throughout Infowars' content.

The sources used by Alex Jones and the articles in the instances discussed in this document come from government data (≈ 13), media articles (≈ 5) and scientific papers (≈ 1).

Conflicts of interest are present; attempts at monetization are extremely prevalent and frequent (often to an unnecessary extent, such as his promotion of potassium iodide and survival supplies during his alleged 5 imminent nuclear strikes).

- Vernon Coleman's sections comprise a large part of the reported statistical mistakes (6), together with occurrences of lies (3), failed predictions (7) and unsubstantiated claims (3).
Many counts of the statistical mistakes come from his citations of The Expose, a source he uses often; such mistakes are frequent and repeated in identical manner throughout his videos.
Possible conflicts of interest might spawn from the monetization of his books (bestsellers).
- David Icke accounts for 3 cases of misinterpretation and 3 notable failed predictions.
His site's articles mainly consist of copy-pasted excerpts of other articles; out of 31 notable articles pertaining to the topic of vaccine safety (2022-2023), 12 originate from The Daily Sceptic (39%), 10 from The Expose (32%), 1 from Fox News, 3 from The Defender, 2 from Twitter and 1 from Infowars.
Possible conflicts of interest reside in the monetization of his books (high prices).
- Robert Kennedy Junior accounts for 1 case of misinterpretation, 2 inconsistencies, 3 statistical errors and 1 lie.
Often accompanied by Doctor Malone that perpetuates many of Kennedy's faulty claims (arguably the source of such).
- Geert Bossche counts for 3 failed predictions and 1 case of incomplete discussion.
Possible conflicts of interest originate from the monetization of his book and his research into alternative vaccines.
A tendency to post on possibly predatory journals is observable.
- Byram Bridle counts for 1 inconsistency and 4 cases of incomplete claims (mostly from his interview).
Possible conflicts of interest originate from his research and grants dedicated to developing alternative vaccines.

In conclusion, occurrences of logical fallacies and alarming and devious practices among notorious Covid19 vaccine skeptics are frequent and consistent, however some subgroups don't share as much of these traits, mainly doctors that worry of inconclusive/missing data such as Byram Bridle and to a lesser extent Geert Bossche; this subgroup is detached from the often-perpetuated claims/beliefs that the vaccinations are part of a global plot to destroy the human population.

Acknowledgements

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