The Pandemic of Misinformation Re COVID Vaccines

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In a recent article published in a peer-reviewed journal, Dr. Aseem Malhotra describes how he was transformed from an enthusiastic promoter of COVID-19 vaccines to a much more cautious doctor who advises pausing the worldwide vaccine promotion program. The article provides not only good data, but also hope that members of the medical profession can and will change their minds about this very important issue.

Dr. Malhotra begins by stating that he believes that vaccines save lives. He was one of the first to receive two doses of the Pfizer mRNA vaccine in January 2021. He knew at the time that his risk of serious disease or death from COVID was low, but he agreed to the vaccines in order to protect his patients. Malhotra reports that he was surprised and concerned by the number of vaccine-hesitant patients and people in his social network. He was asked and agreed to comment publicly on what he regarded at the time as "anti-vax propaganda."

What changed his mind was a personal tragedy. Malhotra's 73-year-old father, former deputy chairman of the British Medical Association, took two doses of the Pfizer mRNA vaccine, and then subsequently suffered a cardiac arrest at home and died. Malhotra found his father's post-mortem findings "shocking and inexplicable." Two of his dad's three major arteries had severe blockages – 90% in his left anterior descending artery and 75% in his right coronary.

What made these findings extraordinary was Malhotra's personal knowledge of his father's health status. He described his father as an extremely fit and active man. He was athletic throughout the entirety of his life. Previous heart scans had revealed no problems and he had recently lost some belly fat, reduced his blood pressure medication, reversed his prediabetic condition, lowered his triglycerides and his plasma cholesterol. Just as important, there was no evidence of a heart attack; only the severe blockages.

What made this particularly disturbing to Malhotra is that in his own practice, he prescribes a diet and lifestyle protocol to his patients that addresses coronary artery disease, and he has published peer-reviewed articles on this topic. His vast experience with diet and lifestyle change and subsequent improvement in physical health was inconsistent with what happened to his father.

Malhotra was made aware of a peer-reviewed study that showed that the mRNA vaccine was associated with increased risk of a coronary event within 5 years – from 11% pre mRNA to 25% just 2-10 weeks post-vaccine. This motivated him to dig into the data more.

Excerpts of what Dr. Malhotra discovered regarding efficacy:

Data from Pfizer's pivotal trial published in the *New England Journal of Medicine* included four cardiac arrests in the vaccine group and only one in the placebo group. This did not reach statistical significance in the trial, but without further studies, a causal relationship could not be ruled out.

The public was told that the vaccine was 95% effective, and CDC director Rochelle Walensky famously reported that her confidence in the vaccines was based on a CNN news report stating this. (My comment: This is a tad concerning. We should perhaps expect a doctor who has so much power over 337 million people to conduct a more thorough investigation, but I digress.)

The 95% reported efficacy rate was reported in relative terms, which can be misleading. The only way to understand the risks or benefits of any treatment is to look at absolute data. Looking at the data through this lens showed that the vaccine only prevented people from having a positive test after developing symptoms, and that 119 people would need to be vaccinated to prevent one positive test. Malhotra notes that this is "assumed to be indicative of an infection, which, in itself is potentially misleading…".

The trial did not show any statistically significant reduction in serious illness or death from COVID-19 during the 6-month trial period. There were two deaths in the placebo group and one in the vaccine group. There were slightly more all-cause mortality deaths in the vaccine group than the placebo group. There were only nine severe cases of COVID-19 in the placebo group – an incidence rate of 0.04%. This was the case even in regions chosen for the trial because of high prevalence of infection.

The trials in children showed no reduction in symptomatic infection but instead used a surrogate marker – plasma antibody levels – to define efficacy. This is interesting in view of the fact that the FDA states on its website that "antibody tests should not be used to evaluate a person's level of immunity or protection from COVID at any time, and especially after the person received a COVID-19 vaccine."

Using observational data to determine the number of people who would need to be vaccinated in order to prevent one COVID-19 death based on age only:

For people over age 80: 230 people to prevent one death
For people in their 70s: 520 people to prevent one death
For people in their 40s: 10,000 people to prevent one death
For people ages 18-29: 93,000 to prevent one death

It is important to note that these numbers apply to the entire UK population, while more than 95% of deaths in the UK were people with pre-existing conditions. Also, these numbers do not take into consideration other important factors, such as "healthy user bias." This means, for example, that some people who ended up in intensive care who were classified as "unvaccinated" did not take the vaccine because they had terminal illness and determined that there was no benefit from the vaccine.

All of this, according to Malhotra, means that these dismal numbers are most likely quite optimistic, and that better data would most likely show that the chance of benefit is even lower. Even worse, informed discussions using these data between doctors and their patients have not taken place because the data is not provided to health professionals in the system. (My note: Most doctors do not investigate on their own. In fact, Malhotra did not until the vaccine issue affected him personally.)

Excerpts of what Dr. Malhotra discovered regarding harm:

> Pivotal mRNA trials were designed to minimize reporting of injuries. Participants were limited as to the type of adverse events they could report, and some hospitalized patients were withdrawn from the trial and not included in the final results. After just two months the FDA allowed the vaccine makers to offer the vaccine to the placebo groups which destroyed any opportunity to accurately report adverse events.
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> In spite of this misbehavior, the data shows that a common injury from mRNA vaccines is myocarditis, particularly in young males. Data from Israel shows that infection with SARS-CoV-2 does not cause this; the vaccine does. Malhotra reports that he has observed this in his own practice. He also states that while this is not often fatal in young people, about 80% have some degree of myocardial damage, the injury is similar to that sustained after heart attack, and it is likely permanent.
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> In the UK, almost 500,000 adverse event reports have been recorded via the YellowCard System, with about 1 in 120 reporting an injury that is "beyond mild." Malhotra states that this is unprecedented and now equals all of the adverse event reports for 40 years of the YellowCard system – not just for vaccines but for all medicines. By comparison, reports for COVID vaccines are 30 times higher than reports for the MMR vaccine.
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> Malhotra also cites the VAERS system in the U.S. which shows over 24,000 deaths as of March 2022. The average number of deaths per annum was less than 300 prior to the COVID vaccines. He notes that analysis shows that the vast majority of reports of injury and death are made by doctors and hospitals. He also notes that experts like former FDA Commissioner David Kessler have publicly

stated that as few as 1% of serious adverse events are actually reported, making the data even more concerning.

As for whether or not the vaccine is doing more harm than good, Malhotra states that the most objective way of determining this would be an analysis of all-cause mortality. This is almost impossible based on the controversial classification of "COVID deaths." But there are several alarming signs that the vaccine may be more harmful than beneficial:

> Pfizer's pivotal trial in adults showed slightly more deaths in the treatment arm than the placebo group.
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> Excess cardiac arrests and continued pressure on hospital systems might be due to a health crisis brought on by interventions, including vaccines.
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> A paper in *Nature* reported a 25% increase in acute coronary syndrome and cardiac arrest calls in the 16-39 age group that was associated with the first and second doses of the mRNA vaccines, and not with COVID-19 infection.

Malhotra concludes his article by stating that he thinks it is a real possibility that his father died as a result of the Pfizer vaccine. He states that the risks associated with the vaccine remain constant, while efficacy of the vaccines declines. According to Malhotra, a pause and reappraisal of global policies concerning COVID-19 vaccines is long overdue.

Malhotra A. "Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine – Part1." *J Insulin Res* https://insulinresistance.org/index.php/jir/article/view/71