

Death by Covid vs. Death by Vaccines – Following the Data

Special to Take Action Canada – www.takeactioncanada.ca

By Frank Travers

It's been fifteen months since the world embarked on this insanity called the Covid Pandemic. At the start of this global "discovery" we were all pummeled into submission regarding the seriousness of the virus utilizing computer generated models. These models were completely hypothetical, but since the virus was in it's infancy, there was no actual data. All of the top government scientists and organizations supported the models and we were told to hunker down for the worst. The models showed millions of deaths and more millions critically ill and the virus moving at a breathtaking pace. It was hard for anyone to argue with the "data" because there was no other data to compare it to. There were some scientists at the time that were lobbying the WHO and the CDC to utilize different models that showed a very different view to the growth and spread of the virus. Unfortunately, these organizations doubled down on the legitimacy of the original models and put plans in place to address the problem that became draconian and have turned our democratic nations into police states.

This article is not going to address the legitimacy of the laws that have been put in place in many countries, including vaccine passports, restricted freedom of movement and severe and debilitating lockdowns. There are other articles on takeactioncanada.ca that address those issues if you are interested.

This article is going to ask you a very simple question:

"When you buy something or are prescribed a medicine for an ailment, don't you review it again at a later date or check in with your doctor to confirm its utility and efficacy?"

People can be forgiven for trusting governments and global agencies at the start of something like this since they are the only ones talking and they have the loudest voices. Since there was little additional data to review, it was hard to feel otherwise. BUT, it has been over fifteen months, and there is a lot more data available to review and contemplate. If our health is our most important responsibility, isn't it incumbent on all of us to open our hearts and our heads to all of the new data that is coming out so that we can actually make an informed

consent going forward? We were essentially robbed of our ability to make a truly informed consent throughout the course of this virus. It's time to take back our power with the data that is available to decide for ourselves.

Let's look at vaccine injuries and deaths since the vaccines were introduced. Vaccine injuries and deaths are being documented around the world. It seems like every week another "unforeseen" vaccine complication is discovered. What follows is some data designed to start you on your journey of discovery and awareness. This is not intended to be comprehensive and it is also a moment in time. There are hundreds of articles and studies available for the curious to correlate and support the science that follows.

As of May 14th, EudraVigilance (the European database of suspected adverse drug reactions) reported that 10,570 individuals had died, and that there were 405,259 injuries from the Moderna, Pfizer and AstraZeneca and Janssen vaccines <https://medicalkidnap.com/2021/05/14/10570-dead-405259-injuries-european-database-of-adverse-drug-reactions-for-covid-19-vaccines/> Researchers at the Greifswald teaching hospital in northern Germany discovered how the AstraZeneca COVID vaccine could cause blood clots that could lead to rare thrombosis in the brain. The German team, led by professor Andreas Greinacher, said in a statement that AstraZeneca's vaccine may, in some cases, prompt over activation of platelets in the blood, which can lead to potentially deadly clots. Researchers in Norway and other countries have supported the findings of the German team with their own independent research.

(<https://vaccinedeaths.com/2021-03-24-astrazeneca-vaccine-antibodies-cause-blood-clots.html#>) (<https://covidcalltohumanity.org/2021/03/27/after-four-deaths-norwegian-experts-believe-that-astrazeneca-rollout-will-stop-for-good/>)

The US Vaccine Adverse Events Reporting System (VAERS) is updated regularly with reported adverse reactions and deaths from vaccinations. On May 14 there were 4,201 deaths, 12,625 hospitalizations, 29,707 in urgent care, 10,799 severe allergic reactions, 39,153 office visits, over a thousand with each of anaphylaxis, Bell's Palsy, heart attacks and Thrombocytopenia and over 300 miscarriages. VAERS was established in 1990 to detect possible safety problems in US licensed vaccines. VAERS is co-managed by the CDC and the FDA and is a passive reporting system that relies on individuals to send in reports of their experiences. As a

result, they estimate that fewer **than 1%** of adverse reactions or deaths related to vaccines are reported. That means that the numbers are actually much higher than what is being reported. VAERS has over 40 years' experience combing through data in order to look for trends to help inform our decisions and support vaccine efficacy. It cannot just be dismissed. (<https://www.openvaers.com/covid-data>)

In Israel the IPC (Israeli People Committee) released a report on April 30th with more stunning findings. There were 288 reported deaths reported within 45 days of vaccination, with 90% of those deaths occurring within 10 days. There was an increase of 32% in mortality year over year (pre and post vaccine) for those aged 20-29. During that same period, overall population deaths were up by 22%. They also concluded that the risks were much higher after the second vaccination. They identified similar discoveries in other countries for pre and post vaccination data. Most damning, they correlated that the Pfizer shots caused mortality 260 times greater in young people and forty times more for the elderly. (<https://covidcalltohumanity.org/2021/05/17/israeli-peoples-committee-releases-report-of-adverse-events-relating-to-covid-injections/>) (<https://www.israelnationalnews.com/News/News.aspx/297051>)

The UK has a system similar to the VAERS reporting system in the US called the MHRA (The Medicines and Healthcare Products Regulatory Agency). The MHRA's own data provided a plethora of disturbing findings. As of April 15th, the MHRA Yellow Card Reported for the cumulative 16 weeks for Pfizer (approx. 15.4 million doses) and 12 weeks for AstraZeneca (approx. 21.6 million doses)

Reactions - 132,528 (Pfizer) + 492,105 (AZ) + 1454 (Unknown) = 626,087

Reports - 46,309 (Pfizer) + 129,673 (AZ) + 457 (Unknown) = 176,439

Fatal - 314 (Pfizer) + 521 (AZ) + 12 (Unknown) = 847

Acute Cardiac - 1675 (Pfizer) + 4867 (AZ) + 10 (Unknown) = 6552

Chest Pain - 730 (Pfizer) + 2489 (AZ) + 7 (Unknown) = 3226

Anaphylaxis - 266 (Pfizer) + 494 (AZ) = 760

Blood Disorders - 4210 (Pfizer) + 3681 (AZ) + 12 (Unknown) = 7904 (up 1164 in one week)

Infections - 3070 (Pfizer) + 9794 (AZ) + 28 (Unknown) = 12,892

Headaches - 11,397 (Pfizer) + 55,199 (AZ) + 135 (Unknown) = 66,731

Migraine - 1015 (Pfizer) + 4516 (AZ) + 11 (Unknown) = 5542

Eye Disorders - 2034 (Pfizer) + 6375 (AZ) + 23 (Unknown) = 8432

Blindness - 24 (Pfizer) + 88 (AZ) = 112 (up 20 in one week)

Psychiatric Disorders - 2115 (Pfizer) + 9124 (AZ) + 35 (Unknown) = 11,274

Skin Disorders - 9622 (Pfizer) + 28,397 (AZ) + 88 (Unknown) = 38,107

Spontaneous Abortions - 42 + 2 stillbirth/foetal death (Pfizer) + 19 + 2 stillbirth (AZ) = 61 + 4

Vomiting - 1673 (Pfizer) + 7929 (AZ) + 29 (Unknown) = 9631

Facial Paralysis - 291 (Pfizer) + 266 (AZ) + 2 (Unknown) = 559

Nervous System Disorders - 24,917 (Pfizer) + 105,996 (AZ) + 307 (Unknown) = 131,220

Disturbances in Consciousness - 2041 (Pfizer) + 6285 (AZ) + 27 (Unknown) = 8353

Strokes and Thrombolytic Events - 204 (Pfizer) + 570 (AZ) + 4 (Unknown) = 778 (up 171 in one week)

Respiratory Disorders - 5537 (Pfizer) + 14,344 (AZ) + 36 (Unknown) = 19,917

Seizures - 270 (Pfizer) + 936 (AZ) + 5 (Unknown) = 1211 (up 136 in one week)

Paralysis - 107 (Pfizer) + 333 (AZ) + 2 (Unknown) = 442

Haemorrhage (All types) - 334 (Pfizer) + 919 (AZ) + 4 (Unknown) = 1257 (up 299 in one week)

<https://coronavirus-yellowcard.mhra.gov.uk/>

In May, a new study was released that was supported by 57 top scientists and doctors that called into question the safety and efficacy of the current Covid vaccines. (<https://en-volve.com/2021/05/08/57-top-scientists-and-doctors-release-shocking-study-on-covid-vaccines-and-demand-immediate-stop-to-all-vaccinations/#>). This is just one of many studies available for anyone intellectually curious enough to find them that caution the mass dissemination of these untested and experimental vaccines.

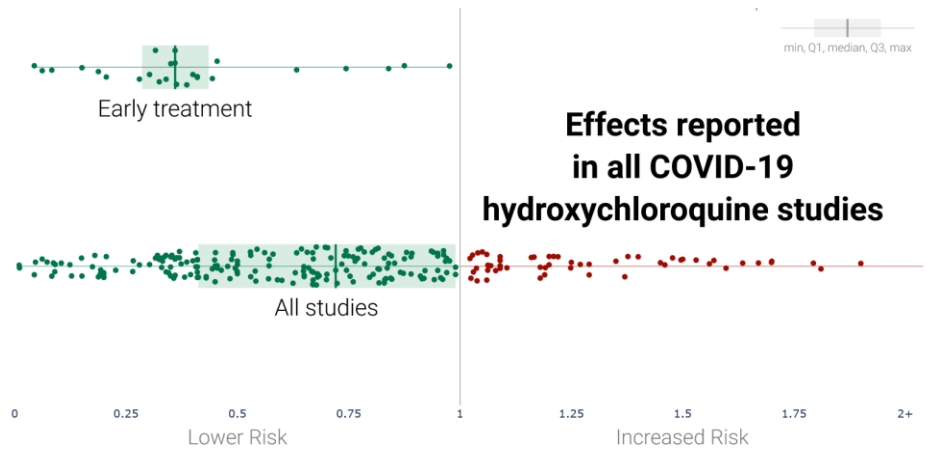
Now that we have looked at some of the more current vaccine studies, let's shift to a different type of analysis. We have been told that the vaccines are the only way out of this mess. That there are no other approved treatments for this virus. What if it turned out that there were treatments for the virus that could actually minimize the symptoms and prevent deaths? When it was postulated that Hydroxychloroquine and/or Ivermectin could be an effective preventative measure for the virus, the WHO, CDC and similar organizations in other countries went on the offensive. They noted that it was not tested for this virus and should

not be used without further testing on it's efficacy. Now that we understand more about the rollout of these experimental vaccines and the fact that none of them are approved or have undergone their full testing protocols (<https://takeactioncanada.ca/about-the-vaccine/>), you should be asking yourself the following question. Why was it ok to release these untested and unapproved vaccines for emergency use and stop the distribution of other drugs that have been thoroughly tested for safety and have been in wide and inexpensive distribution globally for years? This demonstrates the blatant hypocrisy of the position of the CDC and the WHO. Perhaps you felt that it was just a Trump thing at the time and therefore dismissed it immediately. Perhaps you continued to put your faith in your government and the global scientific community that supported these recommendations at the time? What about now? Isn't it time that we all followed the most recent science and reflect on the utilization of these treatments fifteen months later in a rational and open minded way?

There are at time of publishing 292 studies (219 are peer-reviewed) proving the effectiveness of hydroxychloroquine as both a treatment and prophylaxis against COVID-19. Ivermectin has 93 studies (54 peer-reviewed) showing its effectiveness as treatment and prophylaxis against COVID-19.

The results for the use of Hydroxychloroquine which included 245 trials involving 3,919 scientists and almost 375,000 patients demonstrated the following (<https://hcqmeta.com/>) :

- 64% improvement in 26 early treatment trials
- 72% improvement in early treatment mortality results
- 46% improvement in 6 early treatment RCT results
- 22% improvement in 166 late treatment trials
- 24% improvement in 35 randomized controlled trials

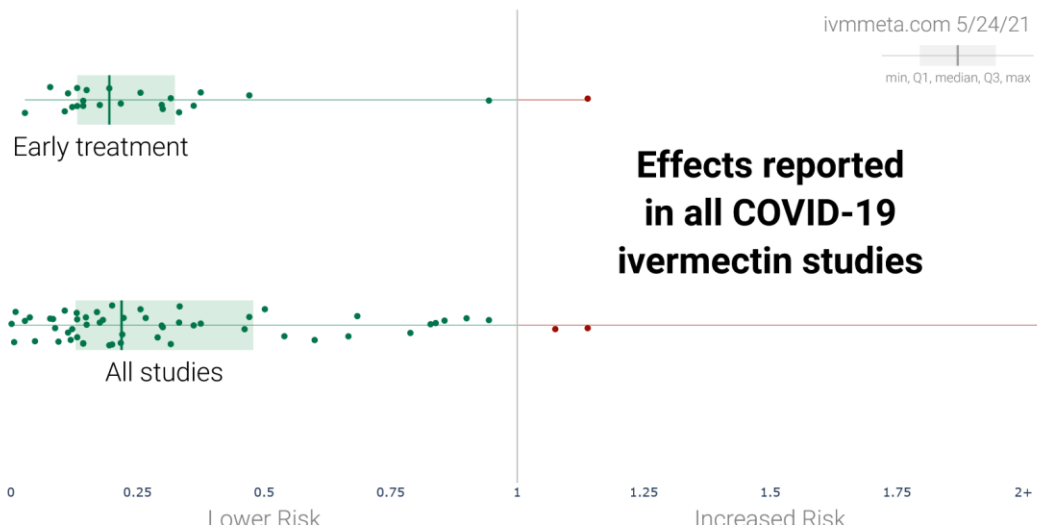


You can see in the graph how these studies dramatically demonstrate the utility of Hydroxychloroquine. The most powerful finding in these studies demonstrated that 100% of early treatment studies reported a positive effect, with an estimated reduction of 64% in the effect measured (death, hospitalizations, etc..). The data published by the CDC and the WHO to inform people not to utilize these treatments focused on how the use of Hydroxychloroquine at late stages in the illness demonstrated far less utility. They also informed the public that there could be dangerous side effects of the medication. The study that they used has since been debunked as false but it has not been retracted. The side effects of Hydroxychloroquine are widely known and as the most recent studies demonstrated, the benefits far outweigh any mild side effects that have occurred as a result of the treatment. Now that you have an opportunity to take advantage of the plethora of new studies and data available on the use of Hydroxychloroquine, wouldn't it make sense to reflect on it and dig even deeper to find out more for yourself. Don't take this authors word for it. Read the actual study in the link above and inform yourself further. There are more studies available for you to discover. In case you are wondering, Hydroxychloroquine has been approved for medical use since 1955 and it is listed on the WHO List of Essential Medicines. In 2018 it was the 129th most commonly prescribed medicine in the US with more than 5 million prescriptions (<https://en.wikipedia.org/wiki/Hydroxychloroquine>).

Similar to Hydroxychloroquine, Ivermectin has been around as a drug to treat parasitic conditions since 1981 after 6 years of clinical trials. Ivermectin is also on the WHO List of Essential Medicines and is FDA approved. In a series of 56 trials

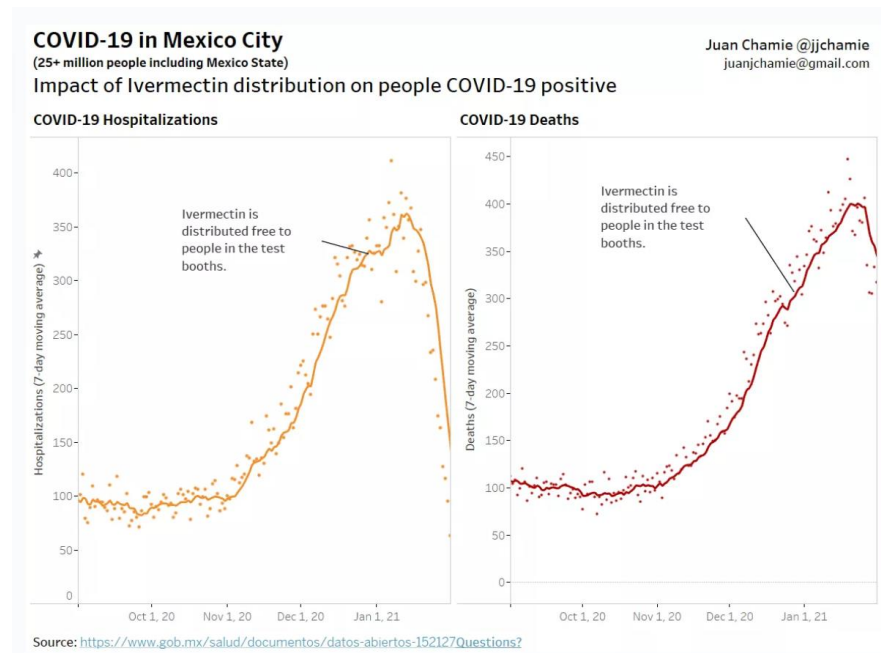
that included 469 scientists, over 18,000 patients and 28 randomized controlled trials, the following was discovered (<https://c19ivermectin.com/>):

- 85% improvement in 14 prophylaxis trials
- 78% improvement in 23 early treatment trials
- 46% improvement in 19 late treatment trials
- 74% improvement in 20 mortality results
- 65% improvement in 28 randomized controlled trials



In Mexico City, doctors and scientists have been conducting a study throughout 2020 in the use of Ivermectin. The study included over 200,000 people and found the range of positive effect totaled 52% to 76% depending on model specification. The team concluded that ivermectin-based interventions in a well-designed population-level scheme mitigates the effects of the COVID-19 pandemic on the health system in the world’s fifth largest city. The study was led by professionals in a number of agencies, including Mexico City Digital Agency for Public Innovation, the Mexican Social Security Institute (IMSS), and Ministry of Health Mexico City. The graph below demonstrates the downturn in hospitalizations and deaths very quickly after the administration of Ivermectin as a prophylactic. (<https://trialsitenews.com/mexico-city-wide-innovative-population-level-study->

[administers-ivermectin-based-home-kits-with-drastic-reduction-in-hospitalizations/\)](#)



Some other compelling facts about Ivermectin:

- Ivermectin has been determined to be remarkably effective in prophylaxis (~86% fewer cases) and treatment (-68% fewer deaths) for COVID-19 prophylaxis by the British Ivermectin Recommendation Development panel; <https://hospitalpharmacyeurope.com/views/ivermectin-time-for-action/>
- Ivermectin has proven to be very safe, as one-third of the world's population (~7,850,000,000) has taken ivermectin as part of mass community treatment to prevent many different parasite (worm) infections and where only 16 deaths and 4673 adverse events have been reported through World Health Organization and Uppsala University VigiAccess database for pharmacovigilance from 1992 to 2021;
- Several countries, including Japan, Slovakia, Bulgaria, India, Egypt, South Africa, Zimbabwe, Bolivia, Peru, Argentina, have made ivermectin readily available to their citizens (often over-the-counter purchase or free);
- Ivermectin is already approved in Canada for anti-parasitic use and is now generic and inexpensive;
- Cell culture experiments show that ivermectin has robust antiviral action against a pool of viruses including HIV-1, dengue virus (DENV), Zika virus, West Nile virus, Venezuelan equine encephalitis virus, Chikungunya virus, Pseudorabies virus, adenovirus, and SARS-CoV-2 (COVID-19). <https://pubmed.ncbi.nlm.nih.gov/32533071/>Ivermectin inhibits the replication of many viruses including SARS-CoV2; inhibits SARS-CoV2 binding to host tissue; has potent anti-inflammatory properties; diminishes viral load and protects against organ damage; prevents transmission and development of Covid-19 in people exposed to infected patients (prophylaxis); hastens recovery and prevents deterioration in mild to moderate disease; hastens recovery, and decreases both ICU

admissions and death in hospitalized patients; reduces mortality in critically ill patients; and dramatically reduces case-fatality rates in regions with wide spread use.

<https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Ivermectin-in-the-prophylaxis-and-treatment-of-COVID-19.pdf>

With more and more compelling scientific studies on the effective use of these prophylaxis drugs on the virus being published monthly, isn't it time to take a closer look? This article is once again, not going to delve into the politics and profit associated with vaccines vs. relatively cheap and effective established medications like Hydroxychloroquine and Ivermectin. That is an article for another day.

There is a lot of conflicting science being pushed out regarding the efficacy of all of the Covid vaccines. For every study that you find which demonstrates a positive efficacy, there are many others that demonstrate the opposite. All of this research is scientific with studies or data modelling being conducted by credible scientists on both sides of the debate. Unfortunately, the overpowering narrative is portraying any "science" that is not "The Science" as not credible. For any free thinking human, this is a false assumption and is not helpful. Science is fluid. There are thousands of examples of scientific discoveries that turned out to have unanticipated results, sometimes deadly. Below are links to just a few

<https://en.wikipedia.org/wiki/Thalidomide>

Viiox <https://en.wikipedia.org/wiki/Rofecoxib>

<https://en.wikipedia.org/wiki/DDT>

<https://en.wikipedia.org/wiki/Asbestos>

https://en.wikipedia.org/wiki/Agent_Orange

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4843a5.htm>

<https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html>

It's time to be intellectually curious and open your heart and mind to new data and research that has become available purely as a result of time passing. These vaccines were rolled out under the premise that they would provide protection from Covid so that we could just "go back to normal". As the time passed, so did the narrative from the WHO and the CDC. Full protection moved to partial

protection, which then moved to ancillary protection for some people and the promise of less symptoms if/when you get the virus. Coronaviruses are notoriously difficult to nail down because similar to the annual flu, they change and adapt regularly. That is why there has never been an effective vaccine for a coronavirus. Any promise that guarantees protection is a false promise. The efficacy rates touted by big pharma for the vaccines are in dispute by scientists all over the world. A published study entitled Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials provides a startling conclusion that mistaking infection fatality rates for case fatality rates exaggerated the predicted lethality of the SAR-CoV-2 virus and that relative risk reduction measures are being used to exaggerate the efficacy of the COVID-19 vaccines. In laypersons terms, the COVID-19 vaccine trials, in fact, only showed a negligible reduction in risk of acquiring a symptomatic SARS-CoV-2 infection; not the near perfect immunization that is being portrayed. In the paper, the author writes “Such examples of outcome reporting bias mislead and distort the public’s interpretation of COVID-19 mRNA vaccine efficacy and violate the ethical and legal obligations of informed consent.” This report draws into question whether the data that is currently being published by the pharmaceutical companies is accurate. (<https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/>).

Would it surprise you to hear that new data tracking from many countries around the world are showing an INCREASE in the number of deaths occurring in countries that have imposed mass vaccinations. In almost all of those countries, deaths were already spiraling downward before the vaccination campaigns. As soon as the mass vaccinations began virtually every country saw a sharp increase in Covid cases and deaths.

(<https://www.nobelprize.org/prizes/medicine/2008/montagnier/biographical/>) .

On May 18th, the French virologist revealed in an interview that while it is understood that viruses mutate, causing variants, “it is the vaccination that is CAUSING the variants”. Prof. Montagnier referred to the vaccine program for the coronavirus as an “unacceptable mistake”. Mass vaccinations are a “scientific error as well as a medical error,” he said. The history books will show that, because it is the vaccination that is creating the variants,”. He explained that “there are antibodies, created by the vaccine,” forcing the virus to “find another

solution” or die. This is where the variants are created. It is the variants that “are a production and result from the vaccination.” Prof. Montagnier said that epidemiologists know but are “silent” about the phenomenon, known as “Antibody-Dependent Enhancement” (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. Some scientists say that ADE is pretty much a non-issue with COVID-19 vaccines and have launched a smear campaign to try and discredit him. What’s fascinating is how quickly people will write off the scientific opinion of a Nobel Prize winner in virology. He is not the only scientist expressing these concerns. Prof. Montagnier explained that the trend is happening in “each country” where “the curve of vaccination is followed by the curve of deaths.” Prof. Luc Montagnier continued to say that he is doing his own experiments with those who become infected with the coronavirus after getting the vaccine. “I will show you that they are creating the variants that are resistant to the vaccine,” he said.

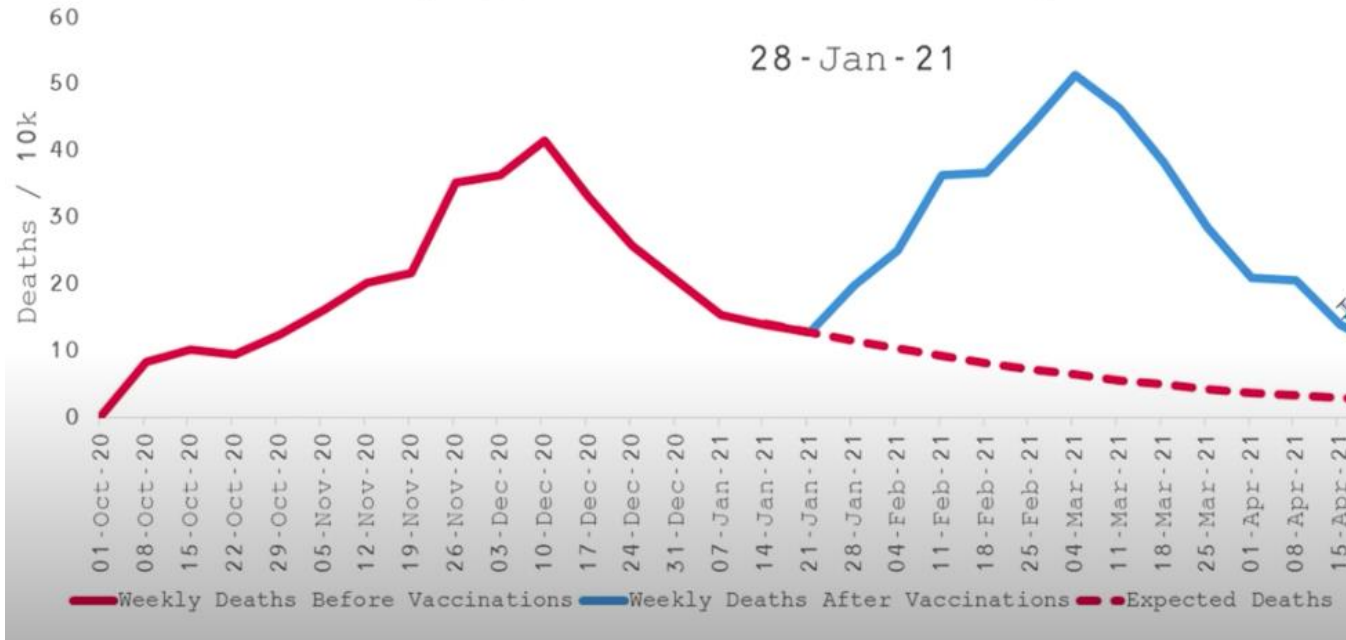
<https://rairfoundation.com/bombshell-nobel-prize-winner-reveals-covid-vaccine-is-creating-variants/>. You can read the entire interview in French here <https://planetes360.fr/pr-luc-montagnier-les-variants-viennent-des-vaccinations/>.

Perhaps mass vaccinations utilizing an experimental science that is not completely tested can do more damage than expected. Perhaps there are other therapeutics like Hydroxychloroquine and Ivermectin and Zinc and Vitamin D that could provide immune support in a much more effective manner.

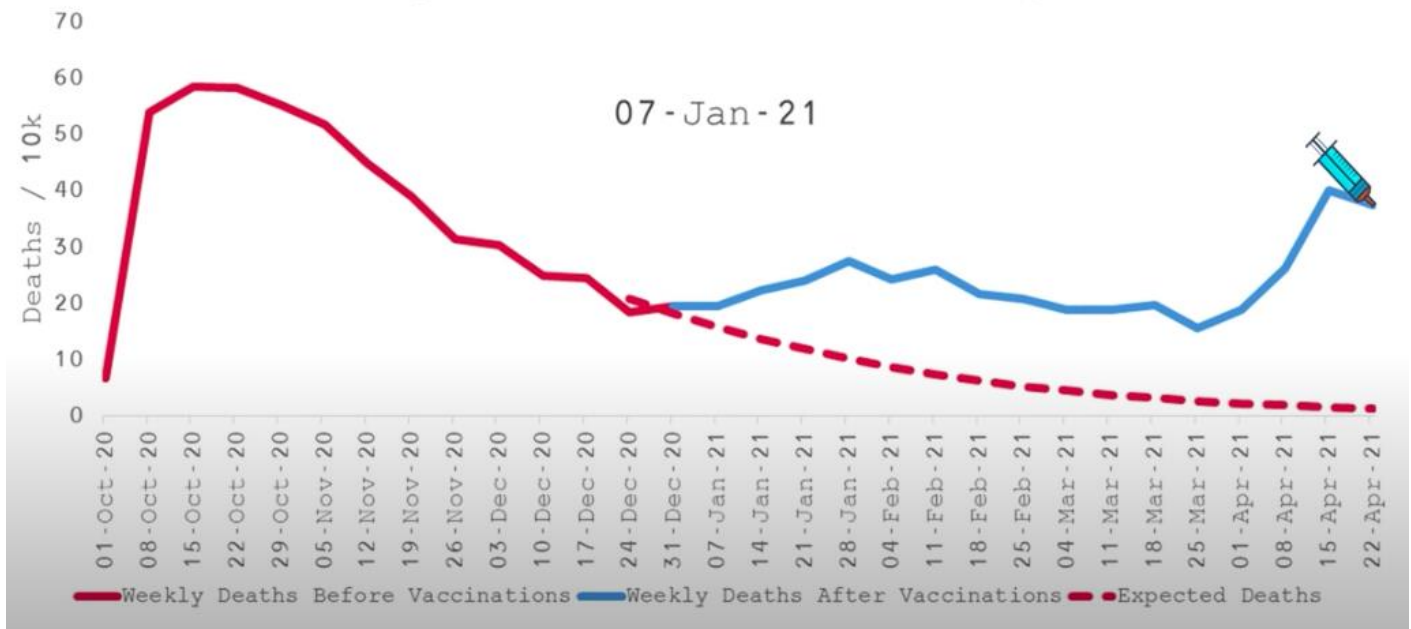
The following charts empirically illustrate the increase in death rates following mass vaccinations in many countries and provide support to , Prof. Montagnier’s assertions regarding the creation of the variants. At a minimum, these statistics should cause you to reflect on the utility of these mass vaccination programs. Take a moment to review these charts in detail and then I will close the article with a special focus on the situation in India.

N.B. What follows are the graphs correlating the Covid vaccine rollouts with Covid death increases nation by nation which occurred late 2020 and early 2021. The data for these graphs is publicly available on each governments website.

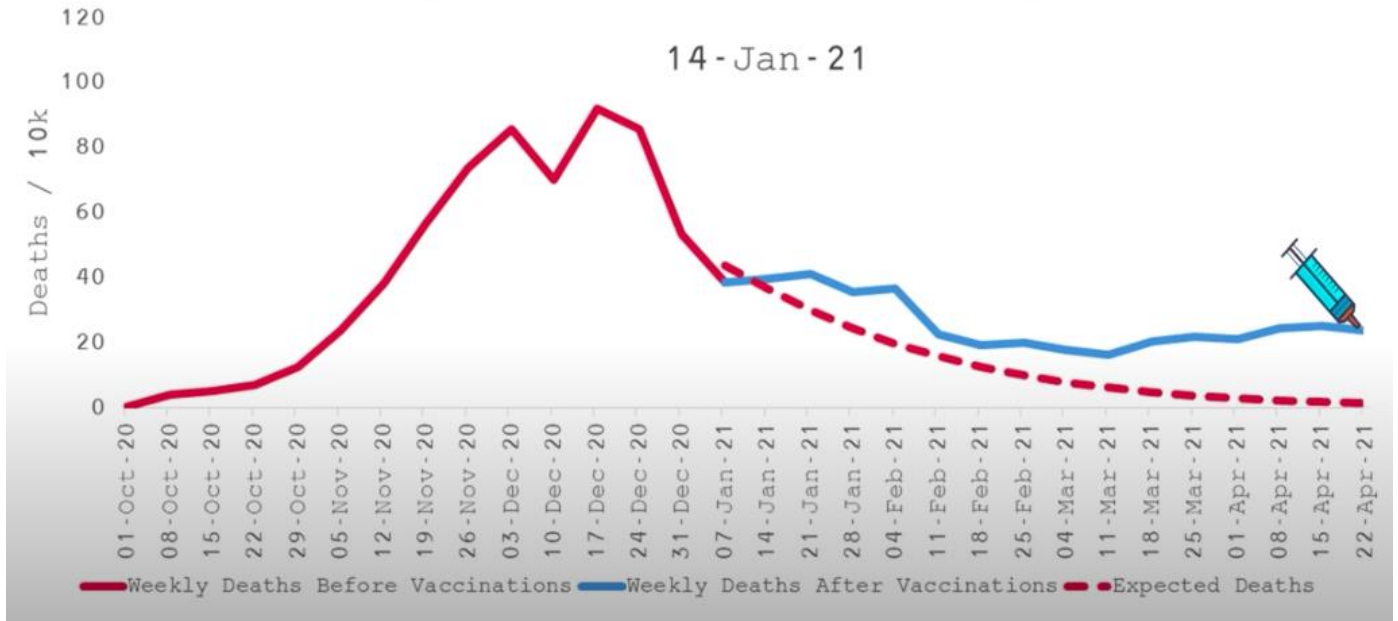
COVID-19 Vaccinations and Deaths, Albania
<https://covid19.healthdata.org>



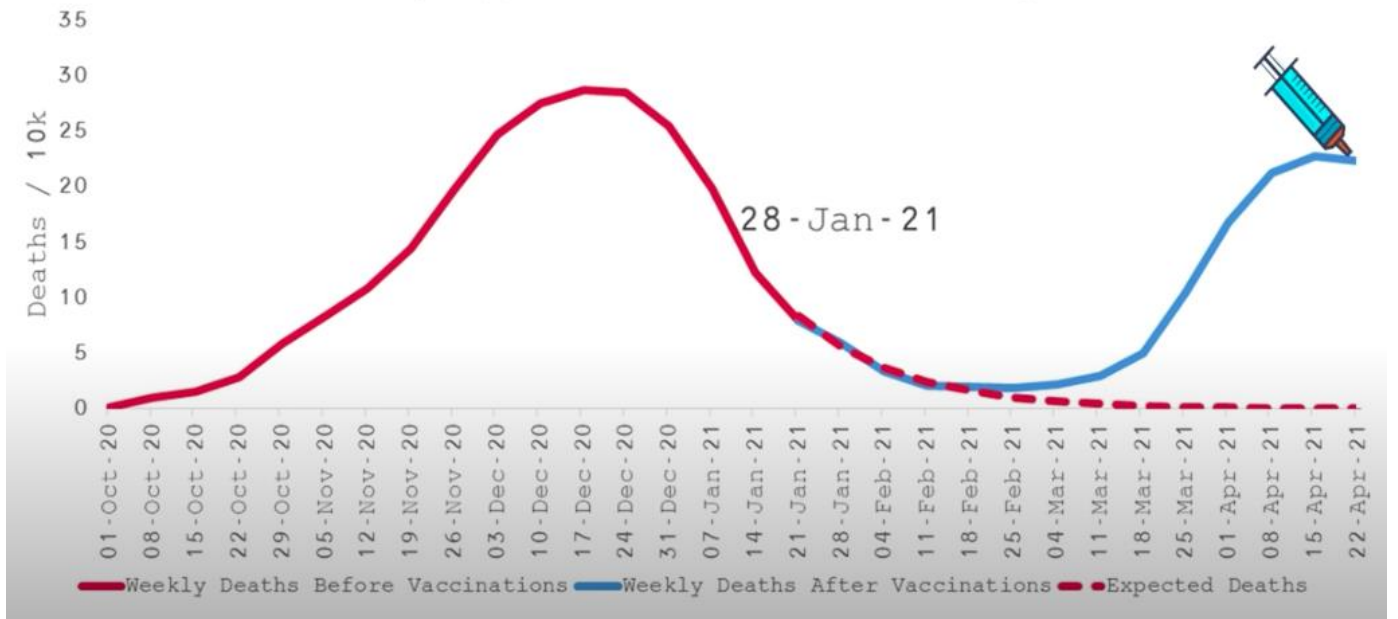
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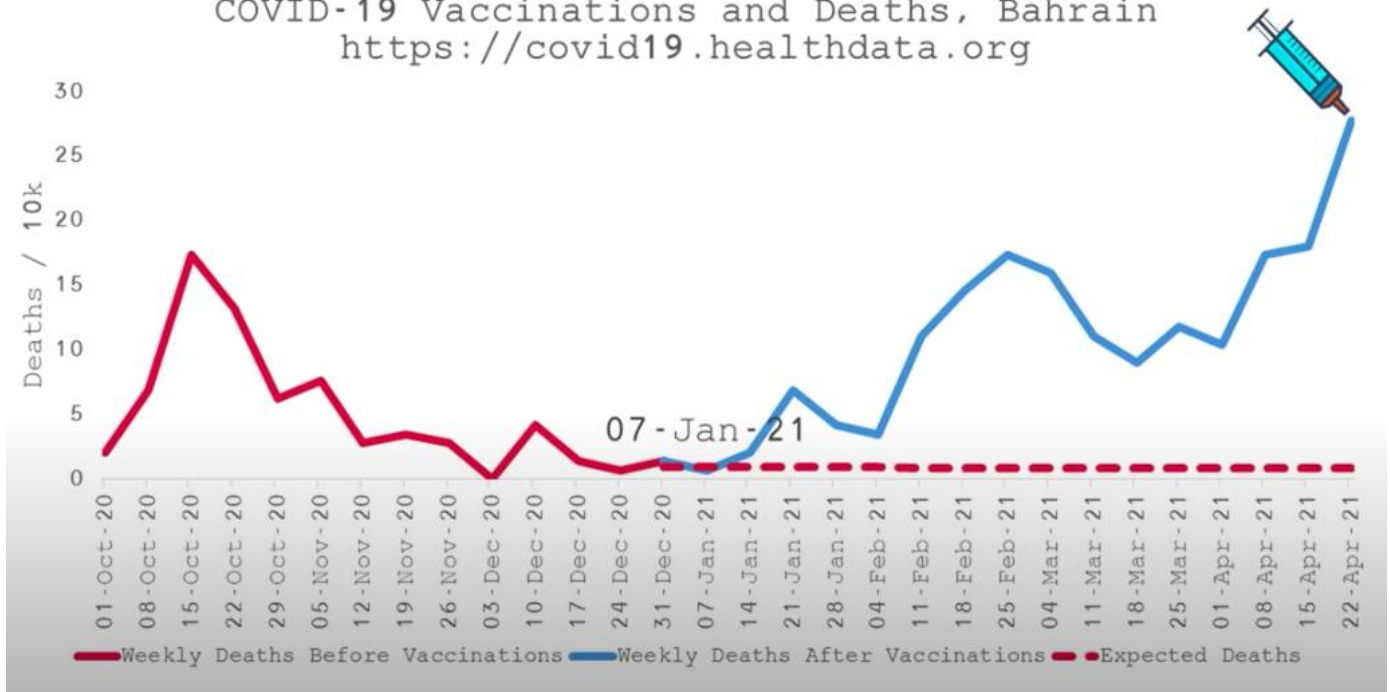
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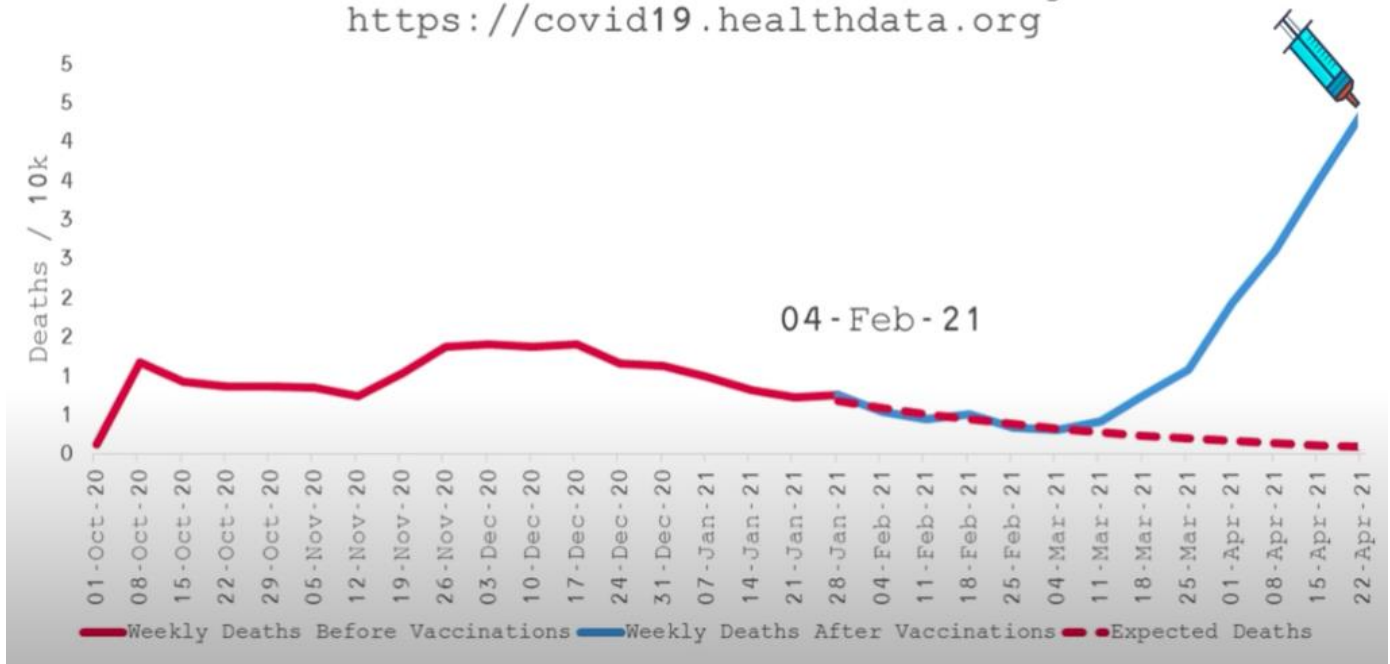
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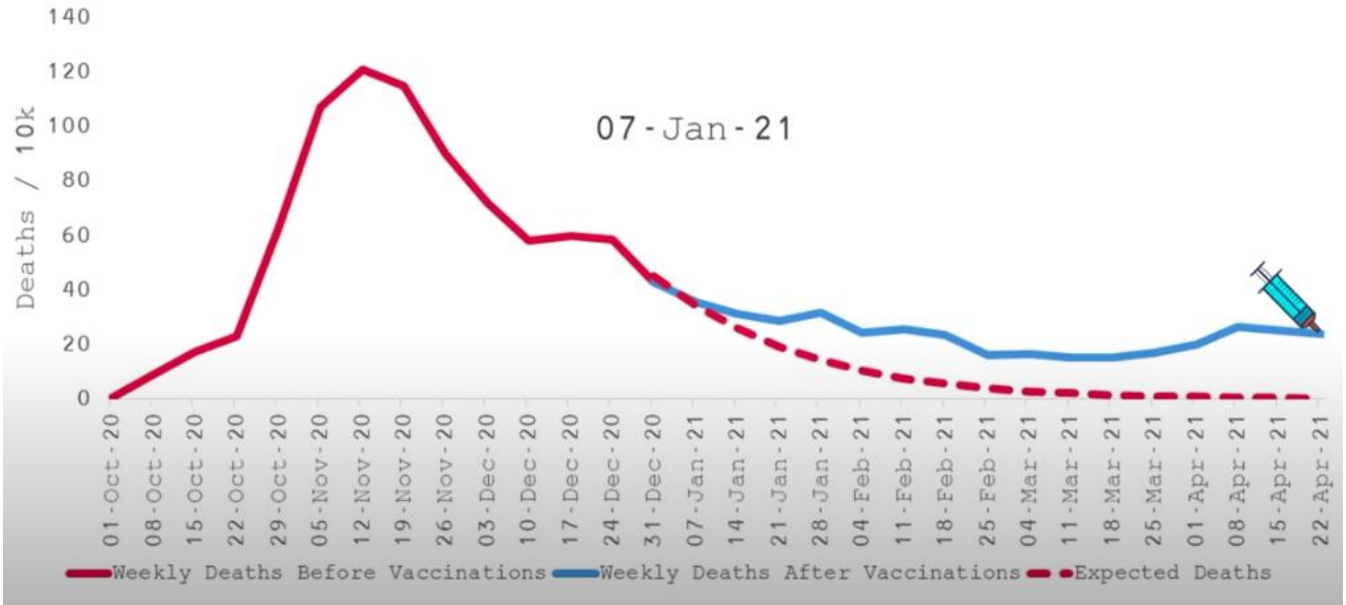
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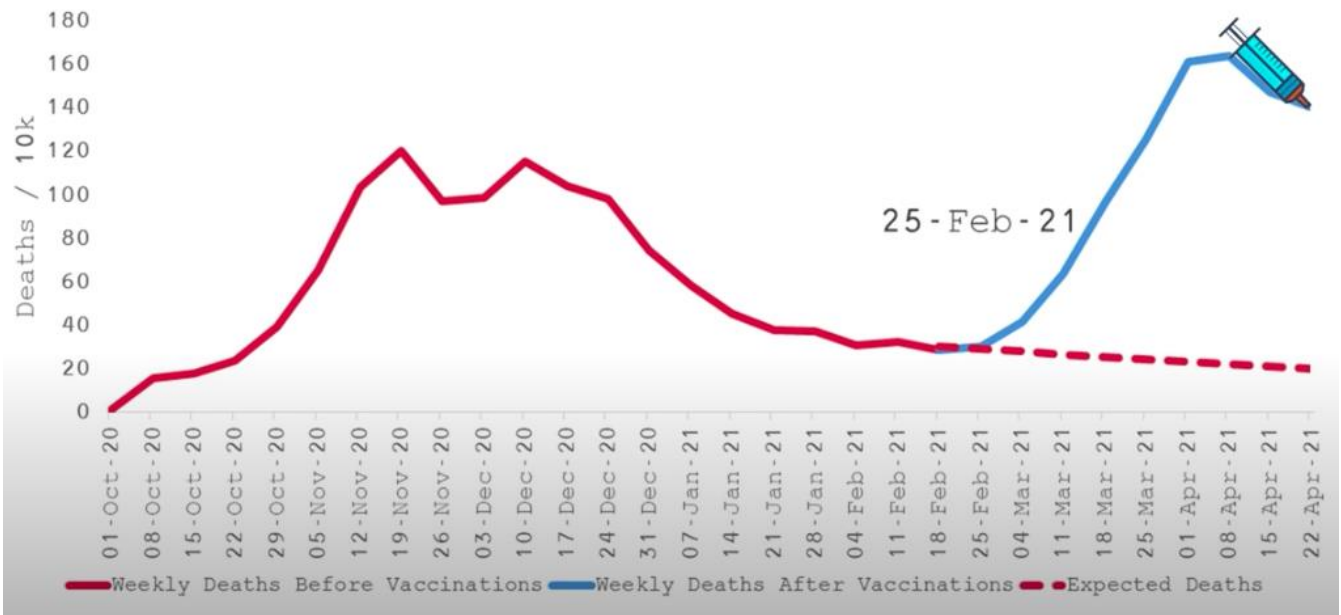
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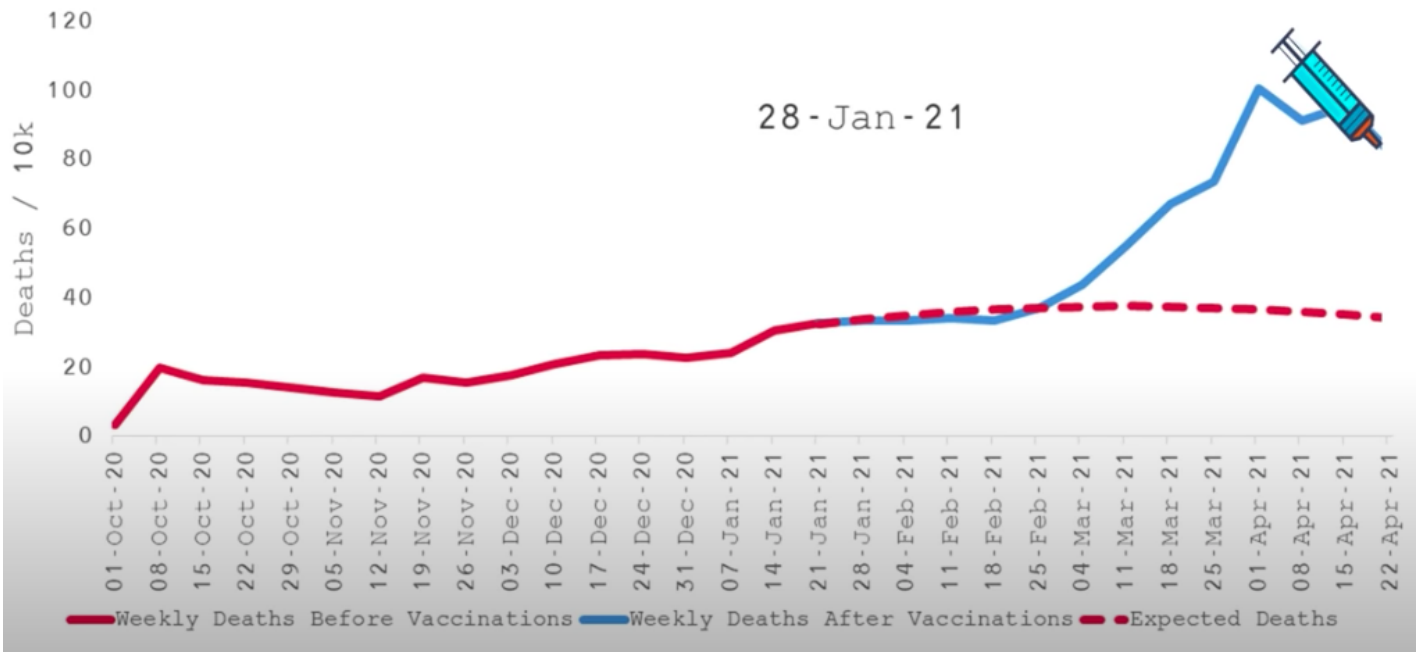
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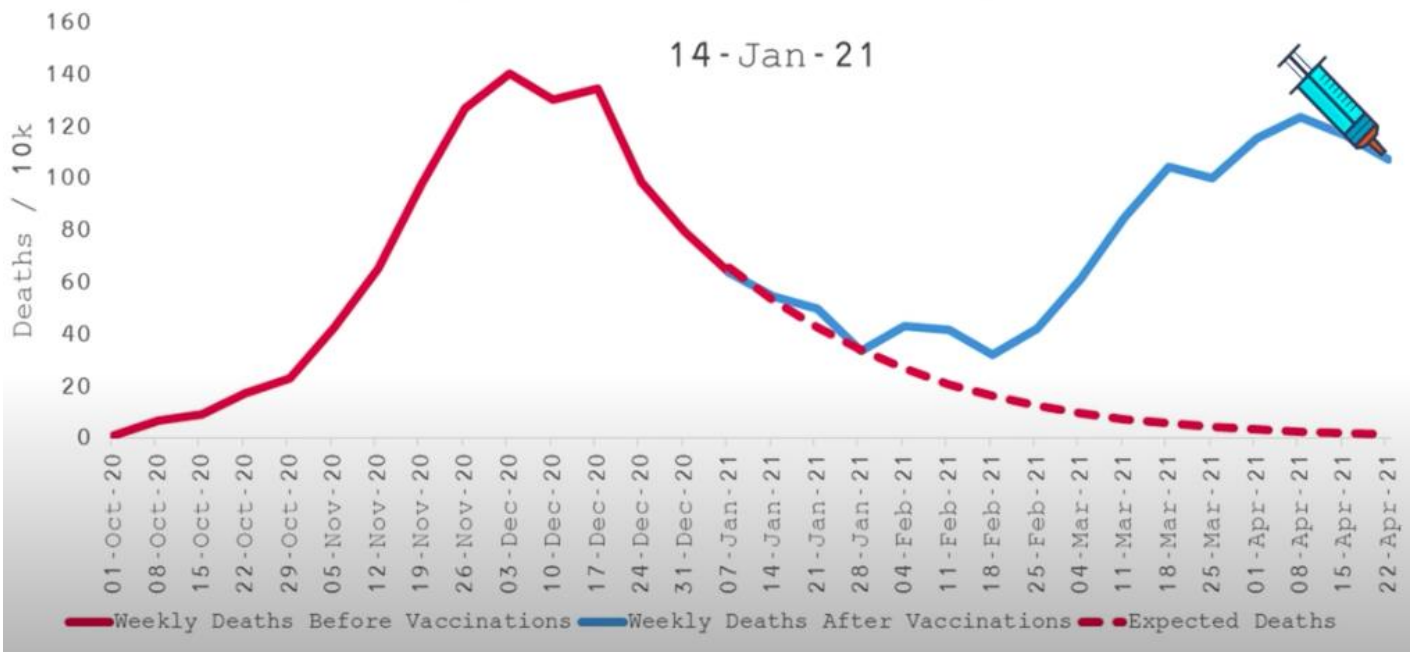
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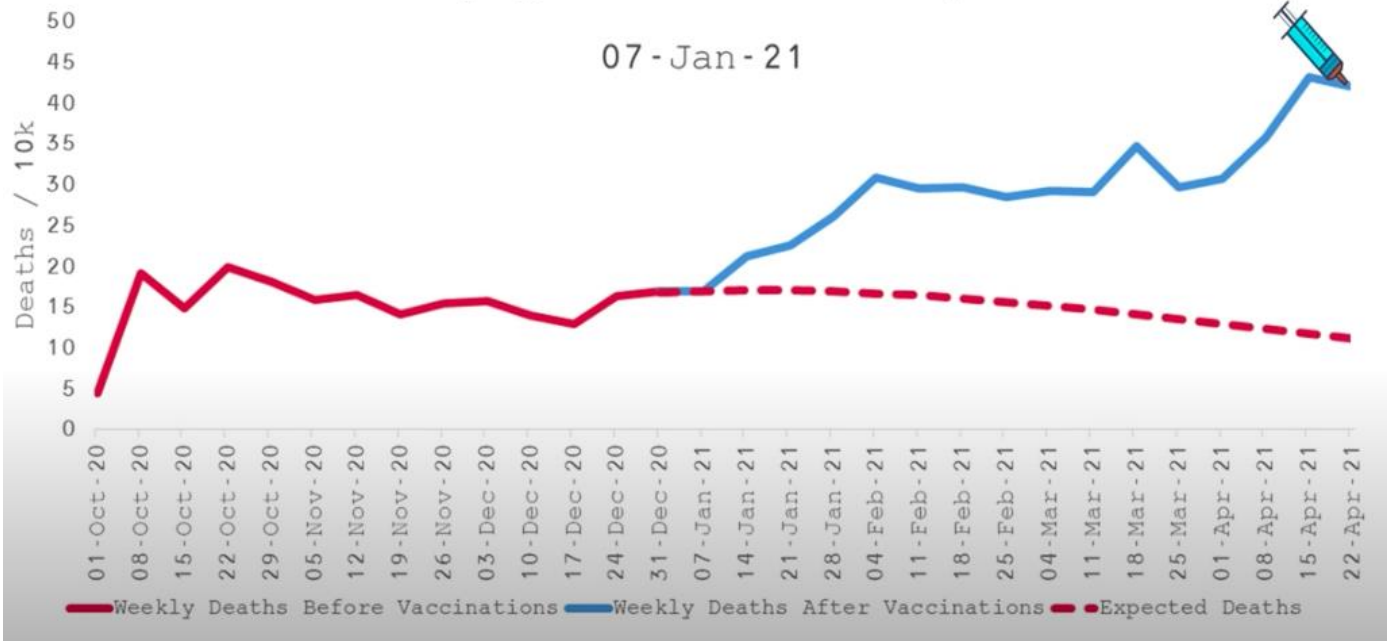
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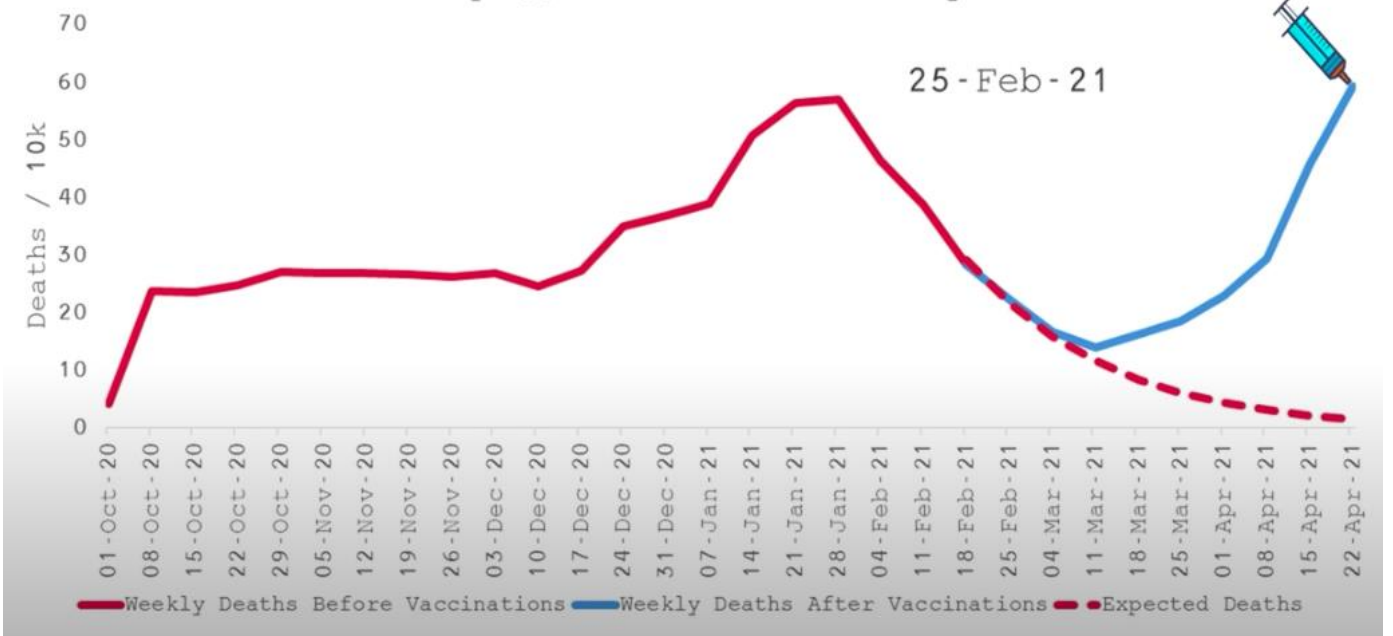
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COVID-19 Vaccinations and Deaths, Chile
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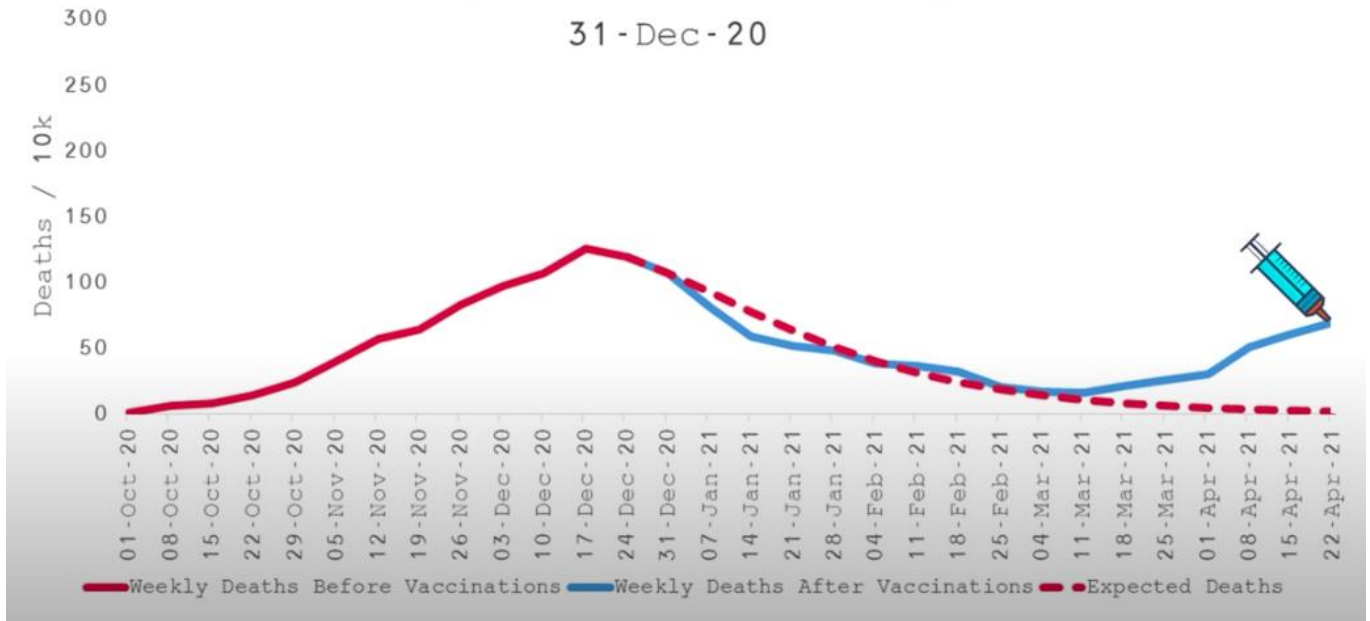


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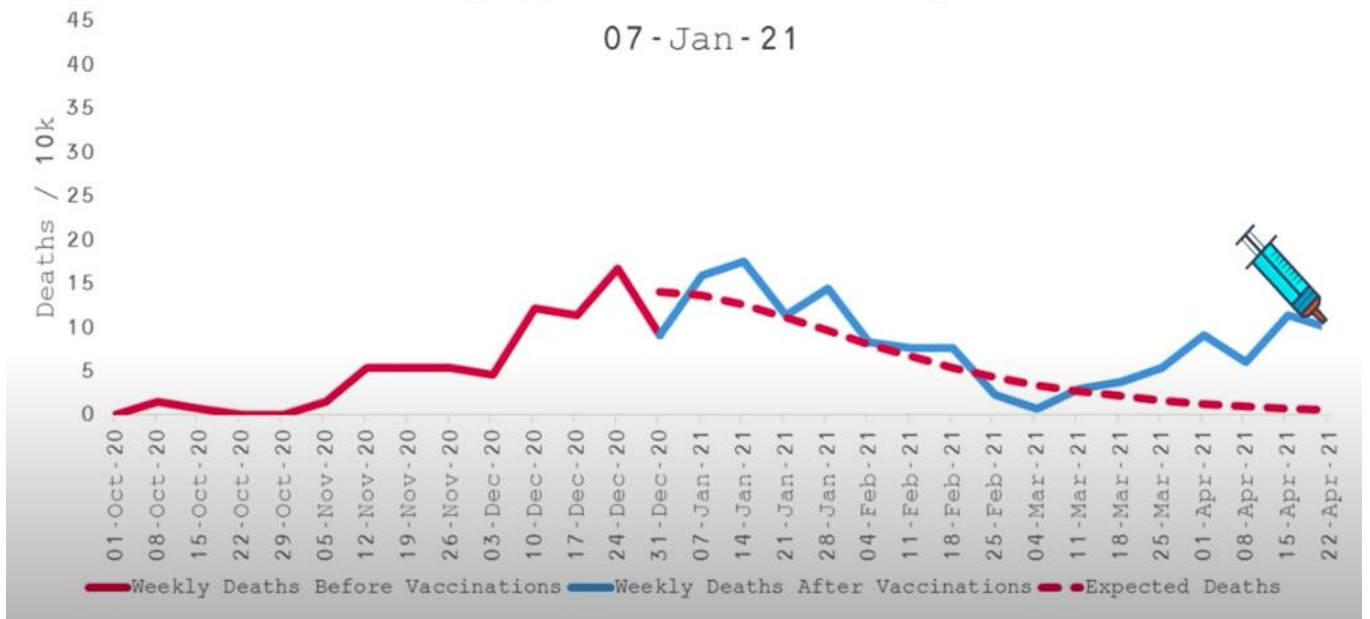
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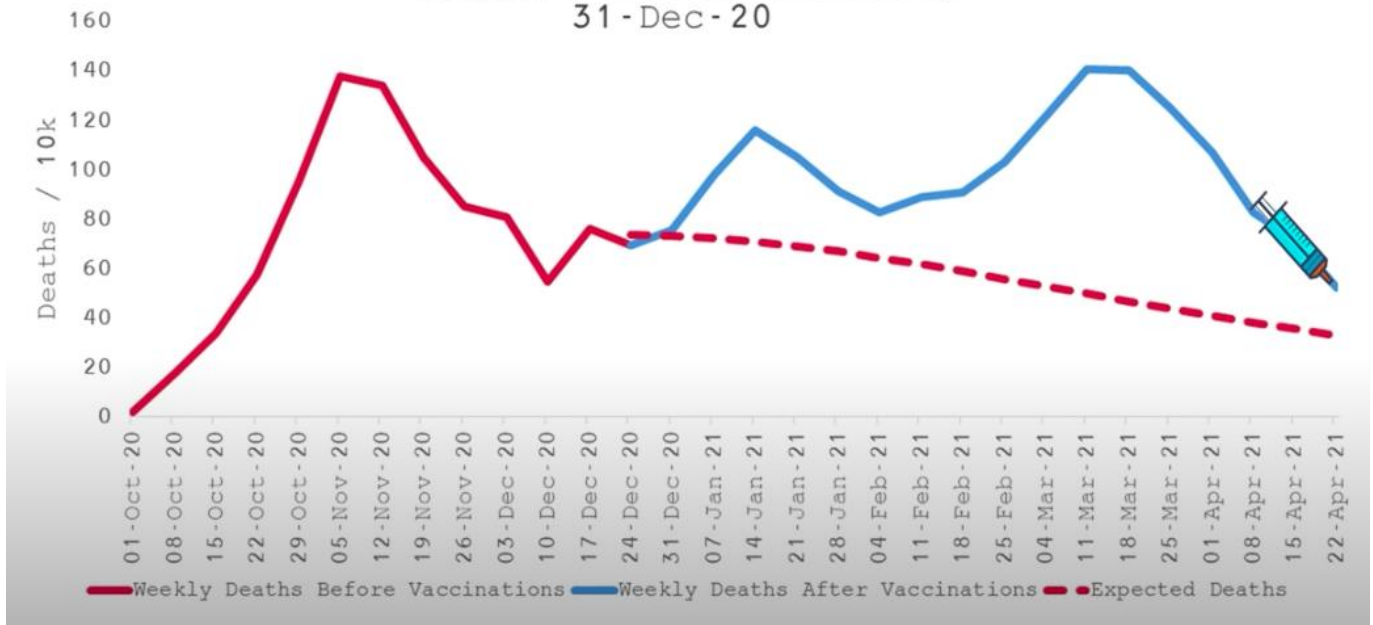


COVID-19 Vaccinations and Deaths, Cyprus
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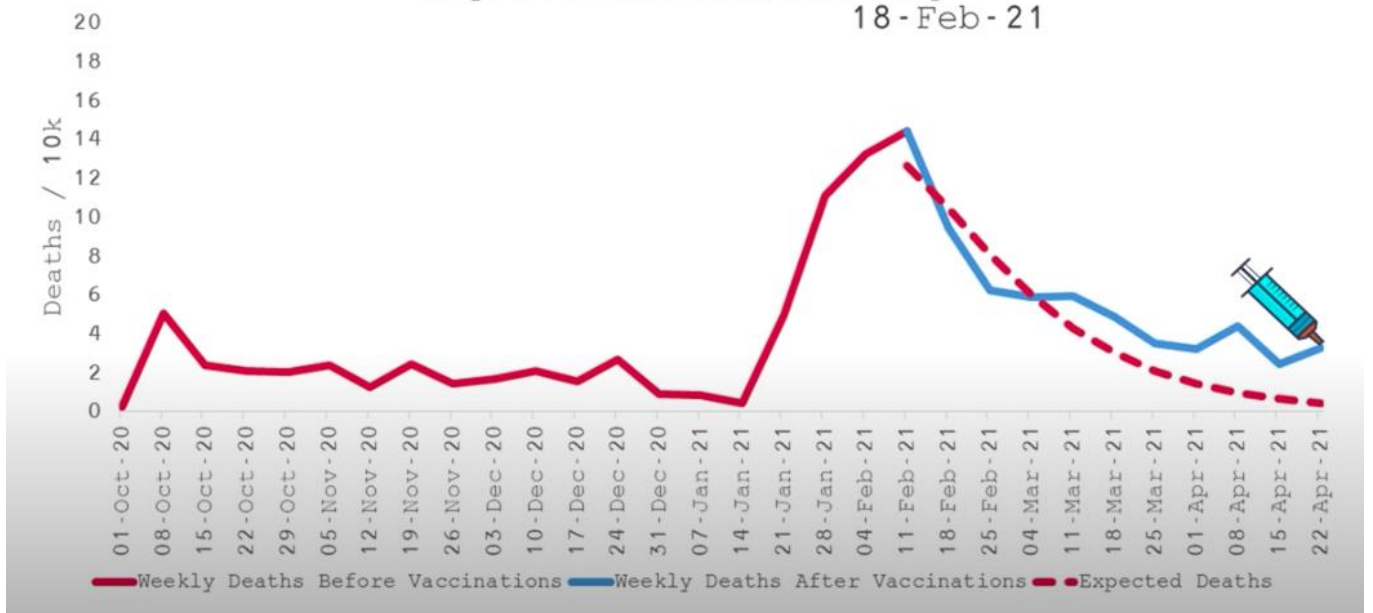
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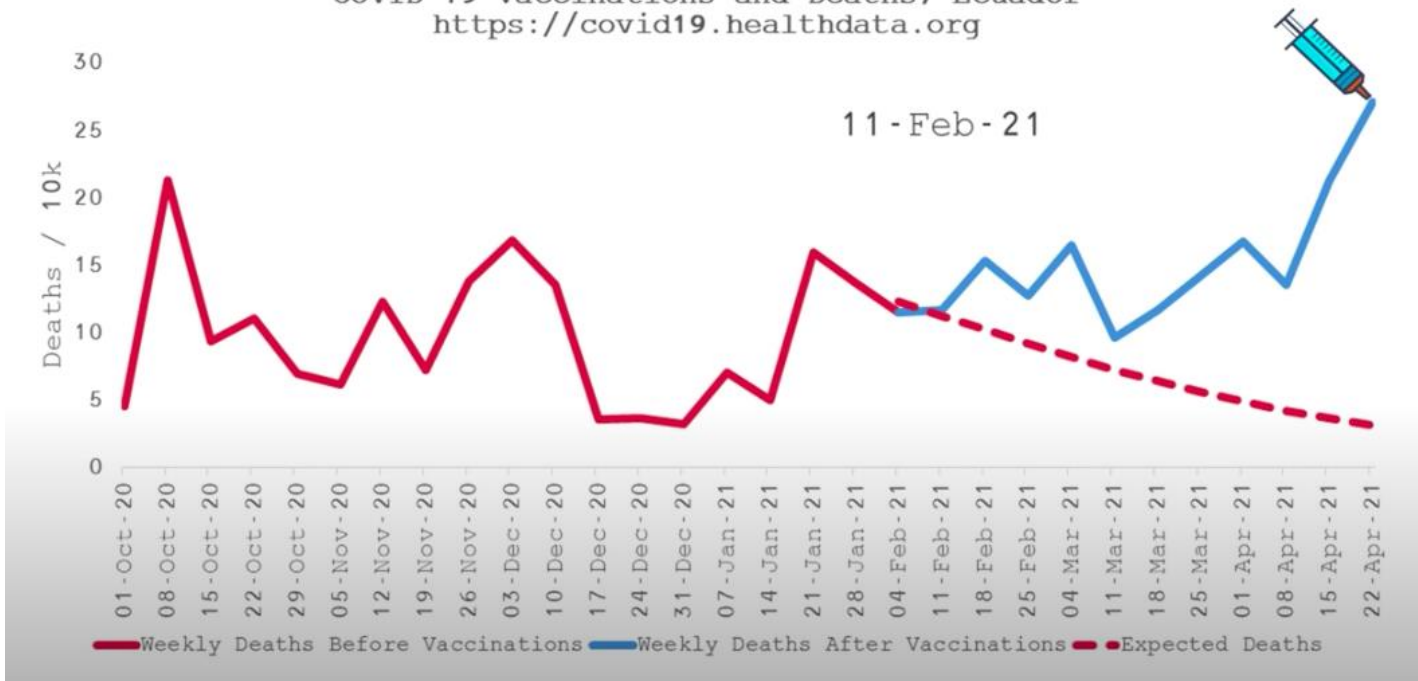
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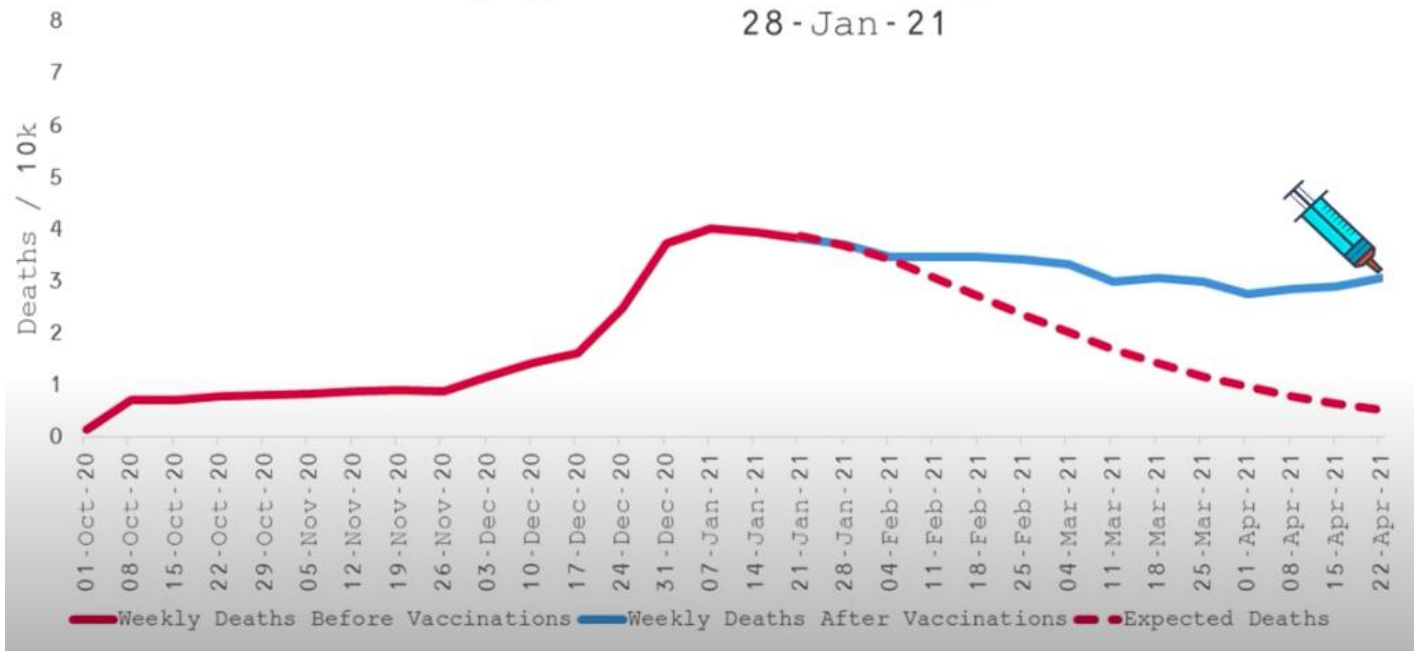
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<https://covid19.healthdata.org>
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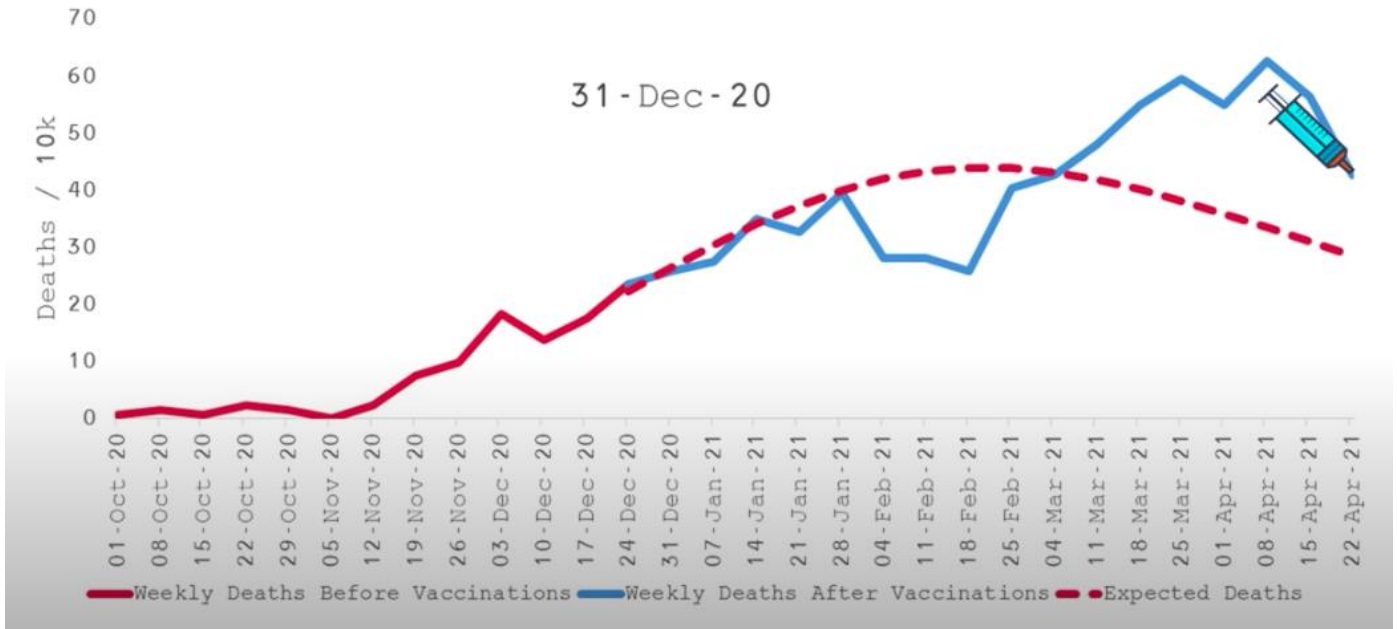
COVID-19 Vaccinations and Deaths, Ecuador
<https://covid19.healthdata.org>



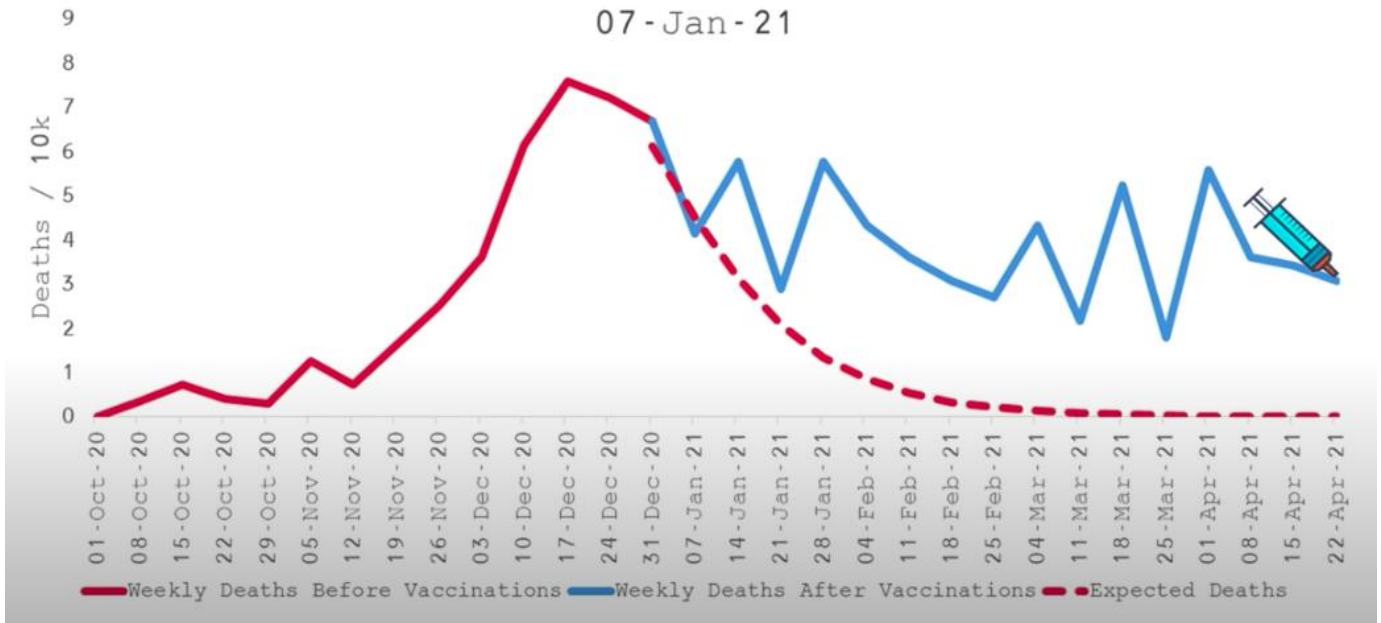
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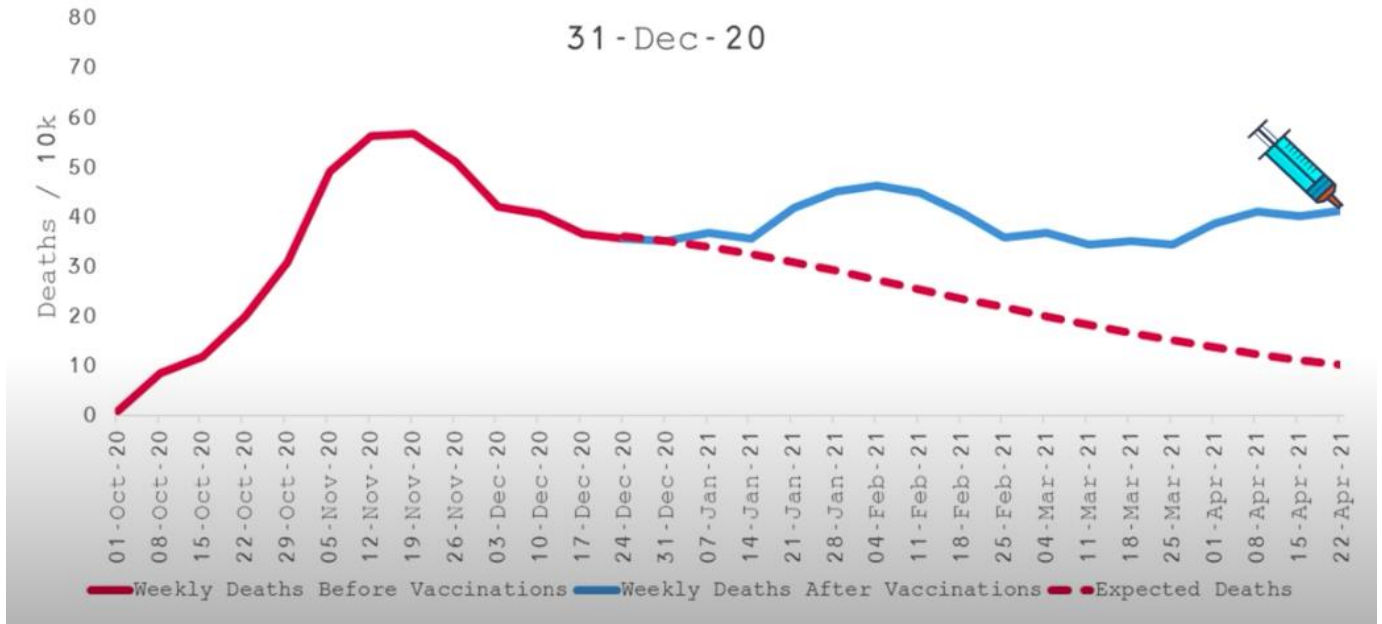
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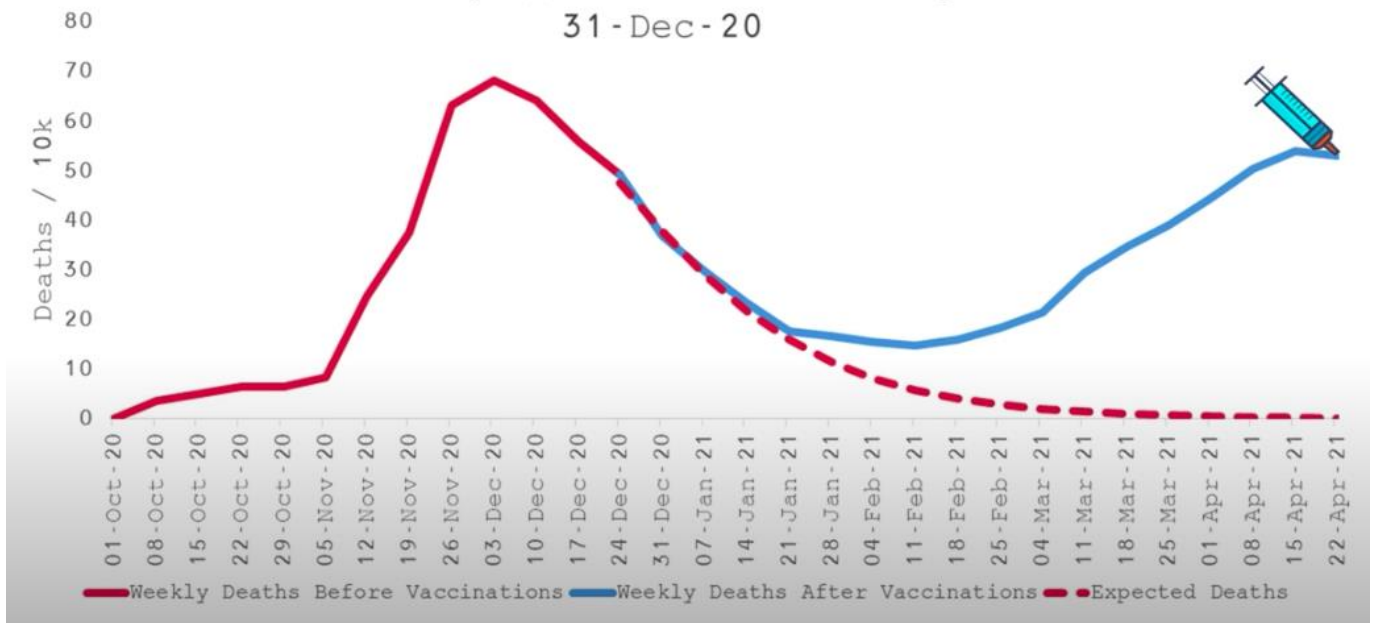
COVID-19 Vaccinations and Deaths, Finland
<https://covid19.healthdata.org>



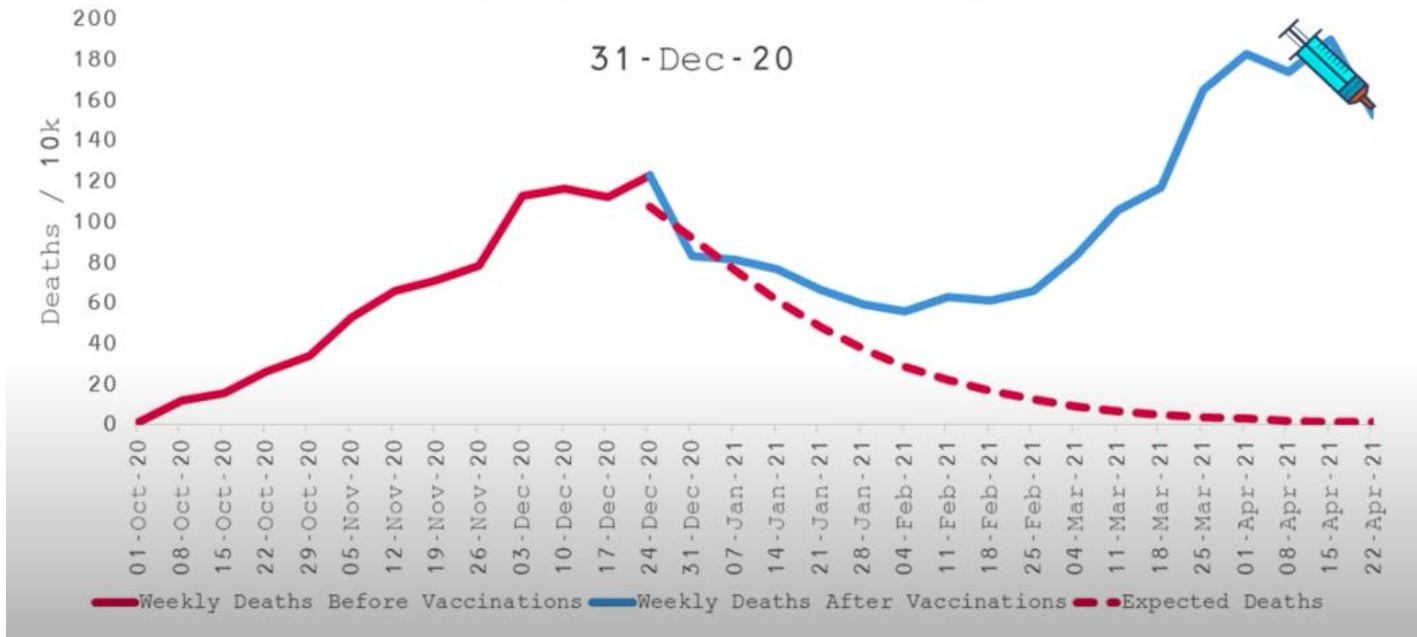
COVID-19 Vaccinations and Deaths, France
<https://covid19.healthdata.org>



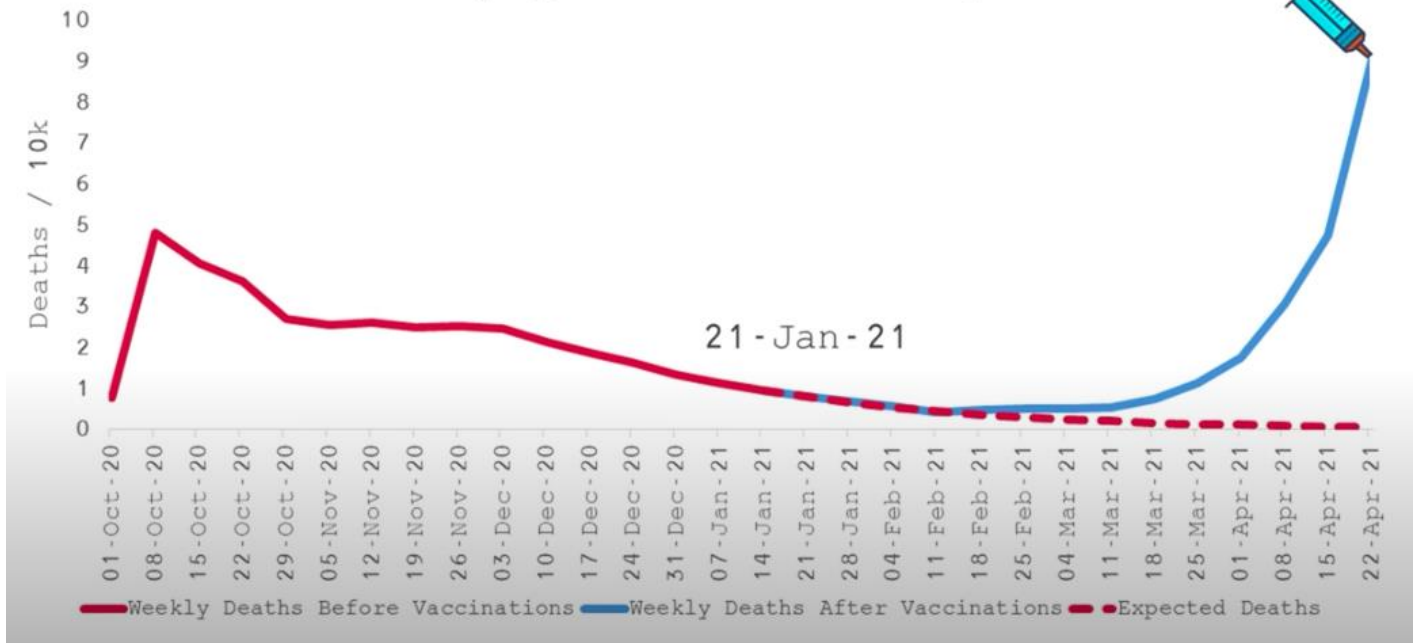
COVID-19 Vaccinations and Deaths, Greece
<https://covid19.healthdata.org>



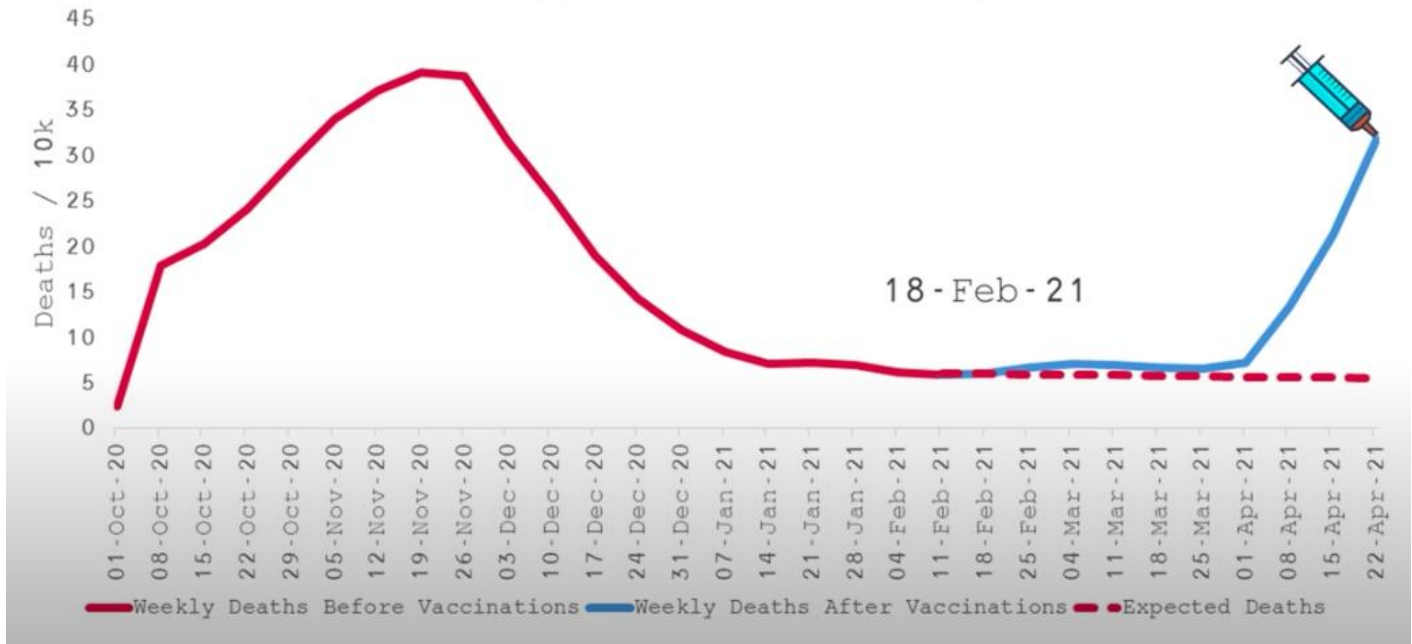
COVID-19 Vaccinations and Deaths, Hungary
<https://covid19.healthdata.org>



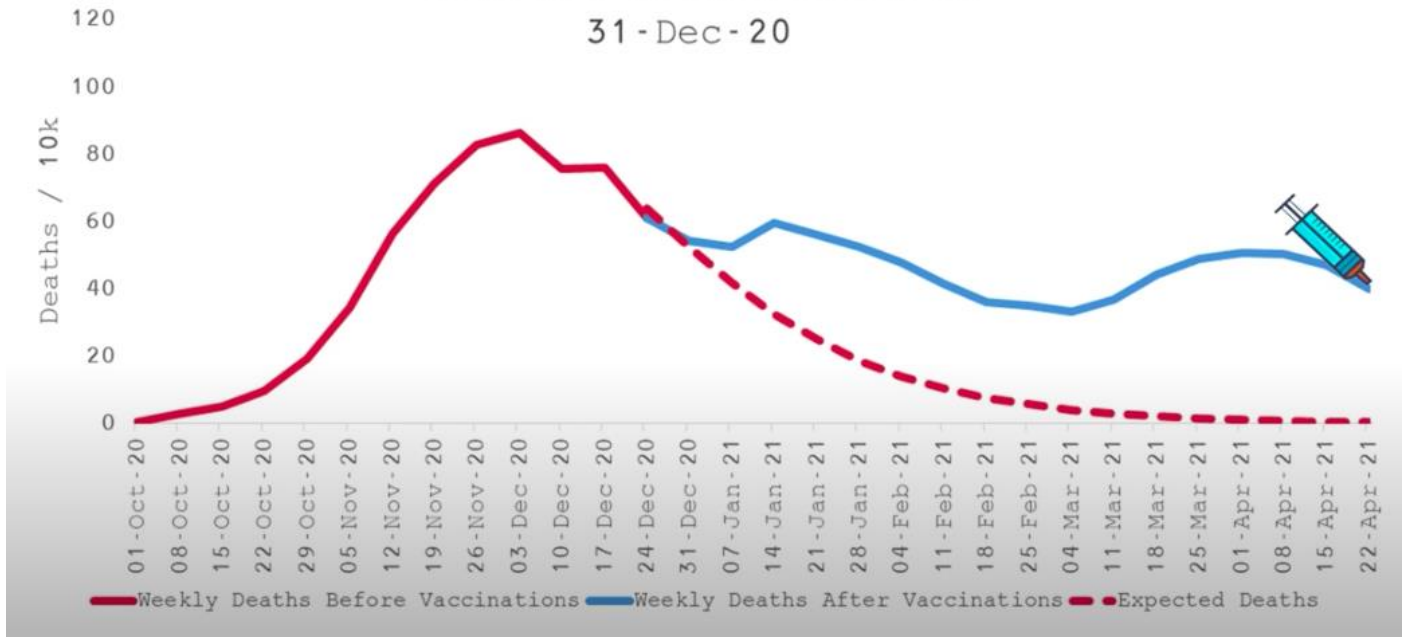
COVID-19 Vaccinations and Deaths, India
<https://covid19.healthdata.org>



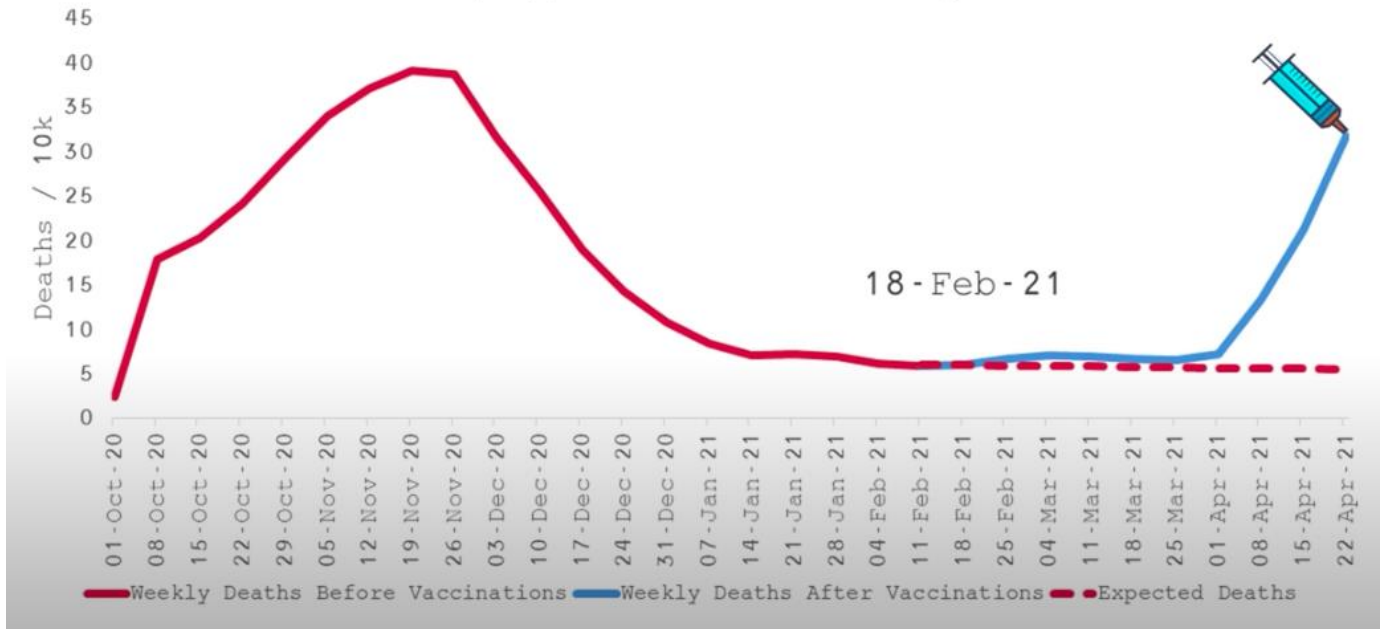
COVID-19 Vaccinations and Deaths, Iran
<https://covid19.healthdata.org>



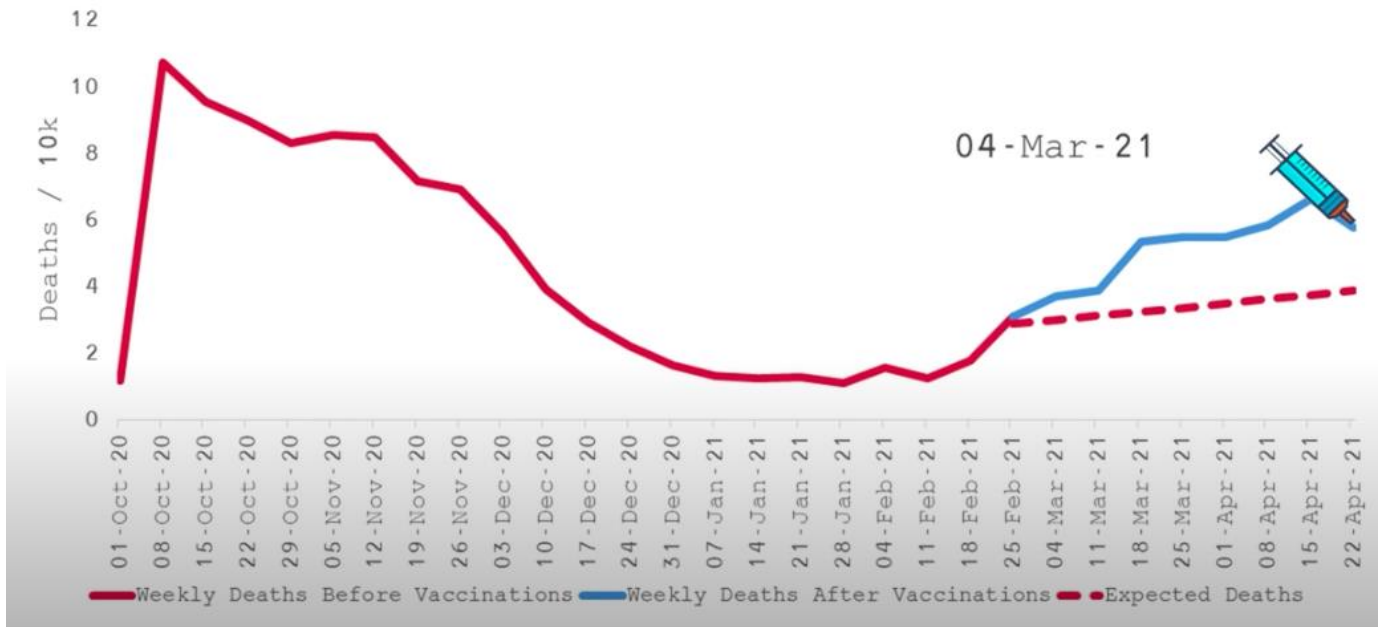
COVID-19 Vaccinations and Deaths, Italy
<https://covid19.healthdata.org>



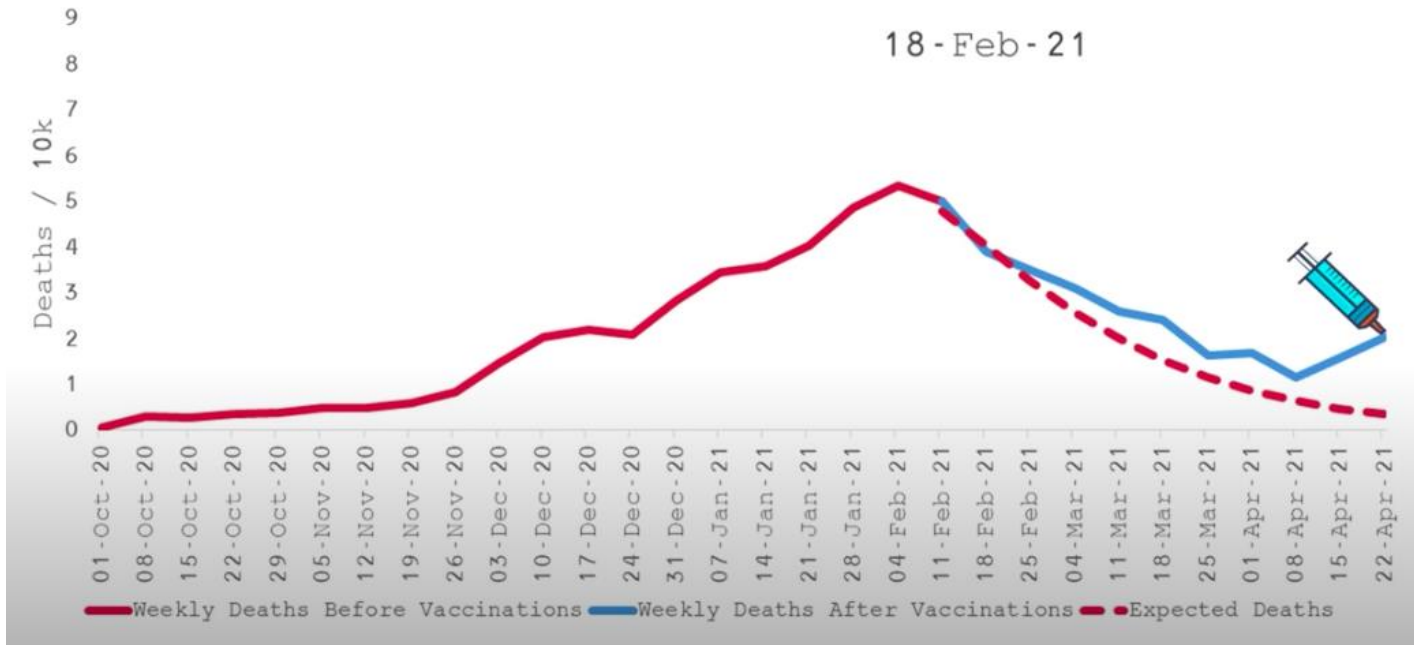
COVID-19 Vaccinations and Deaths, Iran
<https://covid19.healthdata.org>



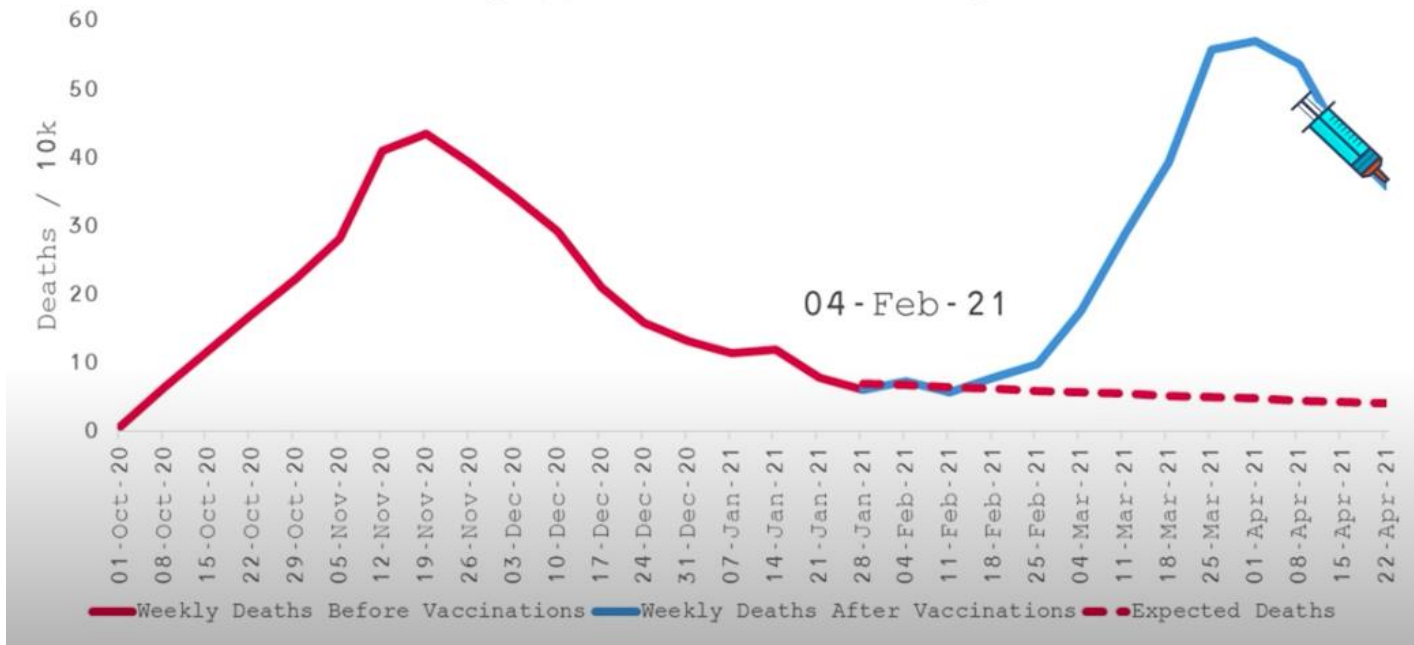
COVID-19 Vaccinations and Deaths, Iraq
<https://covid19.healthdata.org>



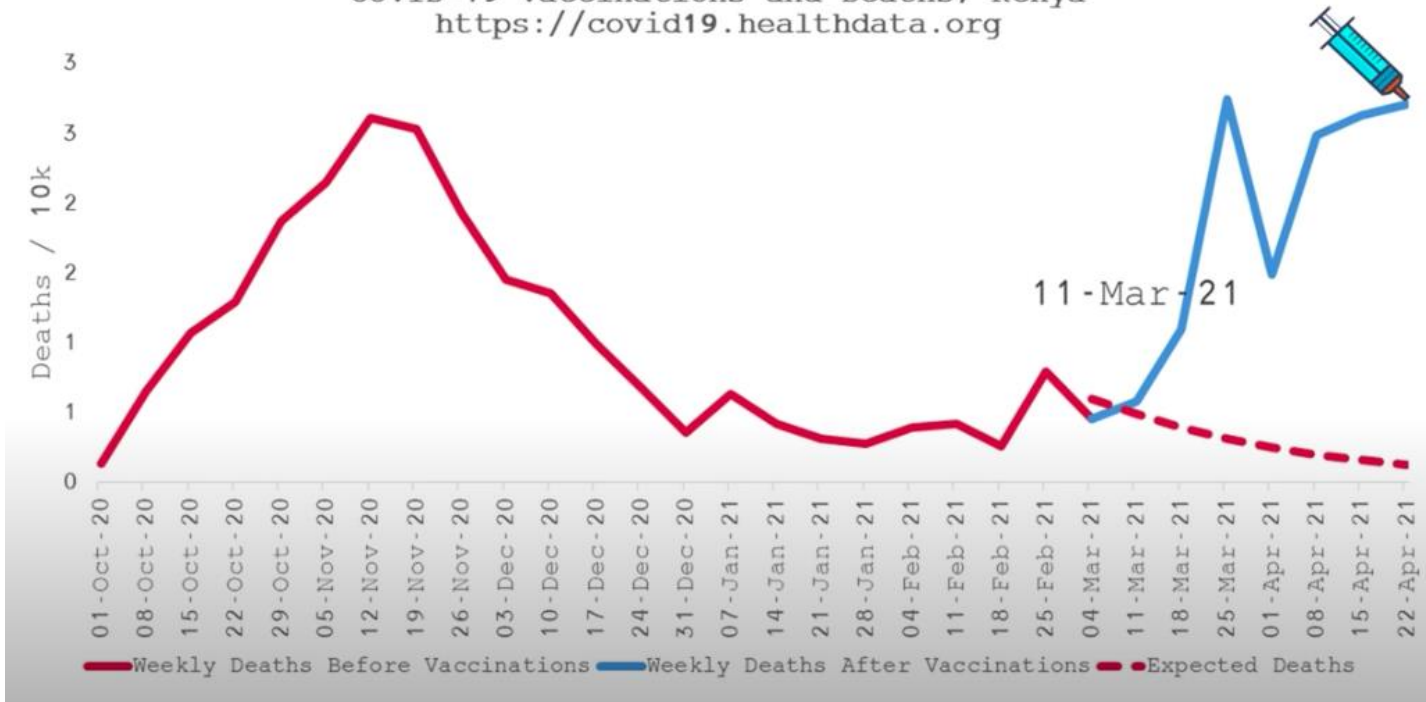
COVID-19 Vaccinations and Deaths, Japan
<https://covid19.healthdata.org>



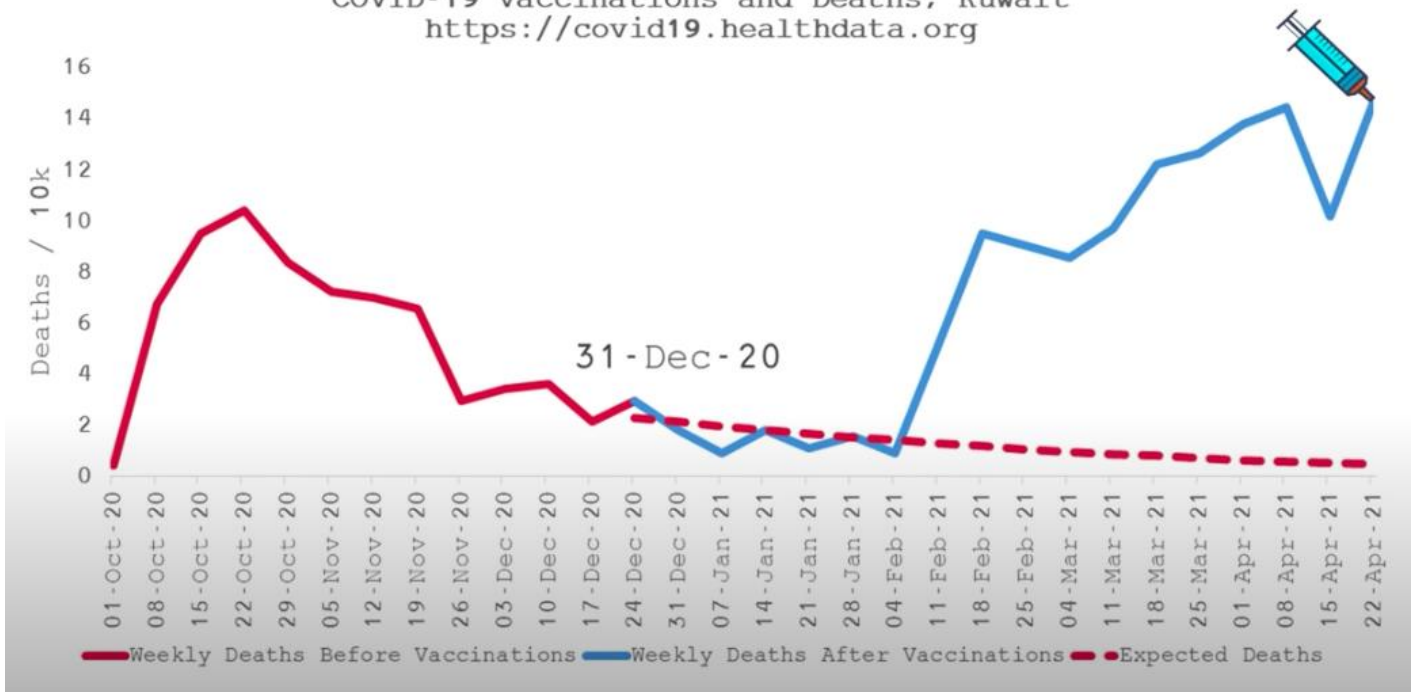
COVID-19 Vaccinations and Deaths, Jordan
<https://covid19.healthdata.org>



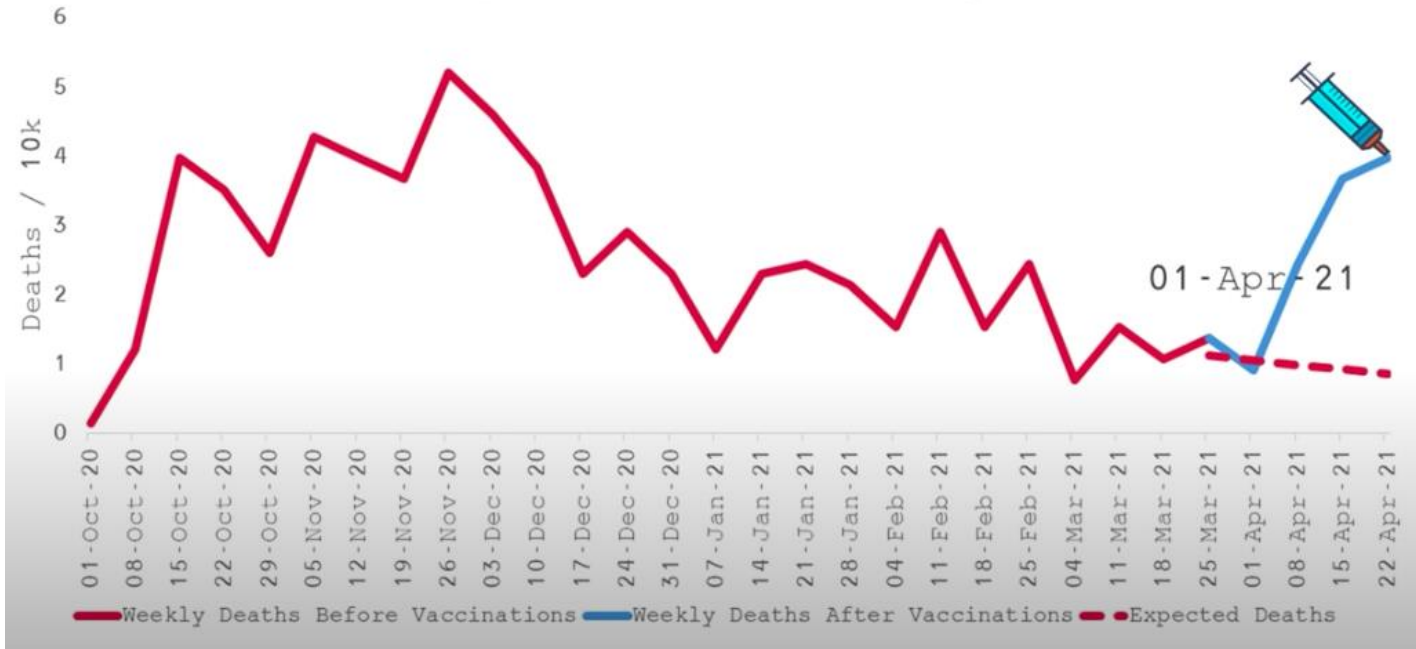
COVID-19 Vaccinations and Deaths, Kenya
<https://covid19.healthdata.org>



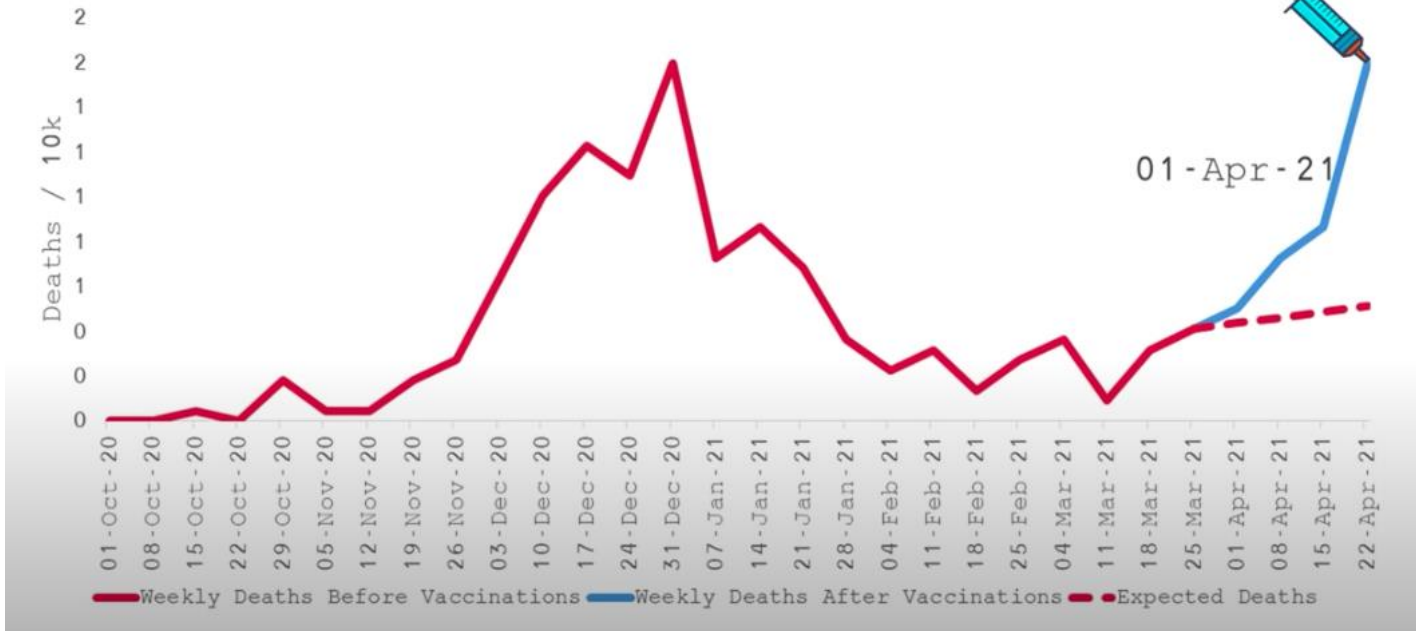
COVID-19 Vaccinations and Deaths, Kuwait
<https://covid19.healthdata.org>



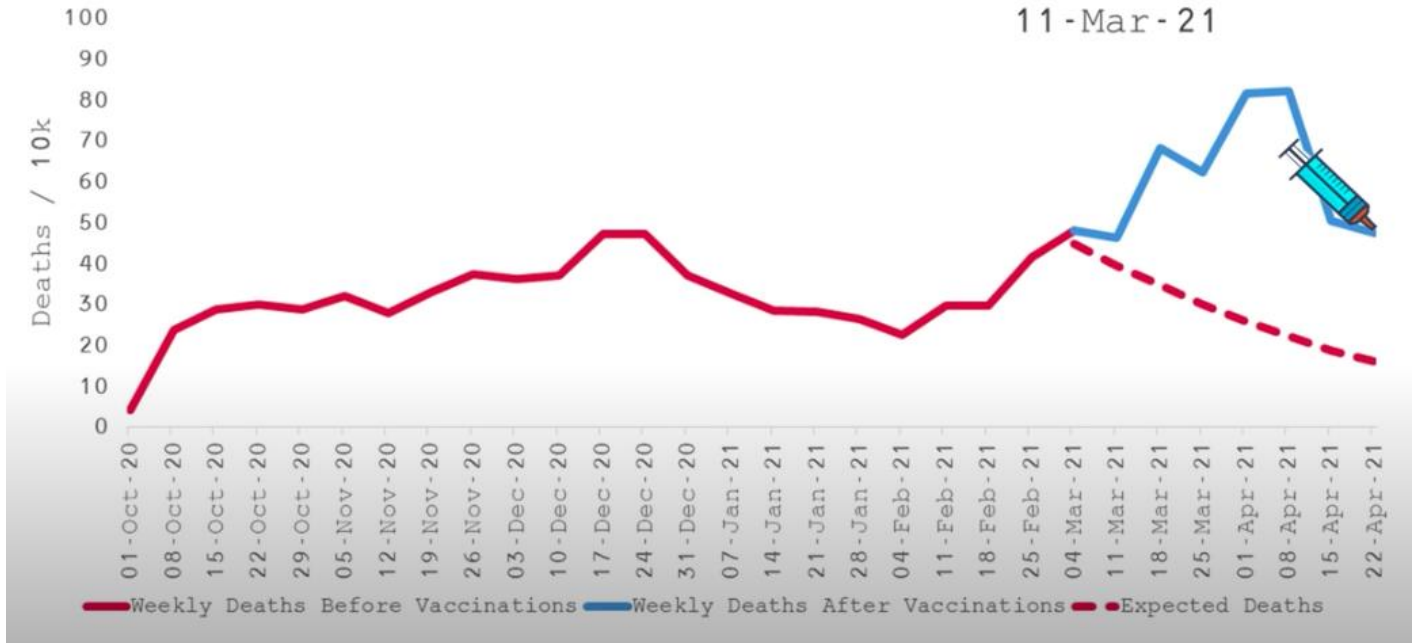
COVID-19 Vaccinations and Deaths, Kyrgyzstan
<https://covid19.healthdata.org>



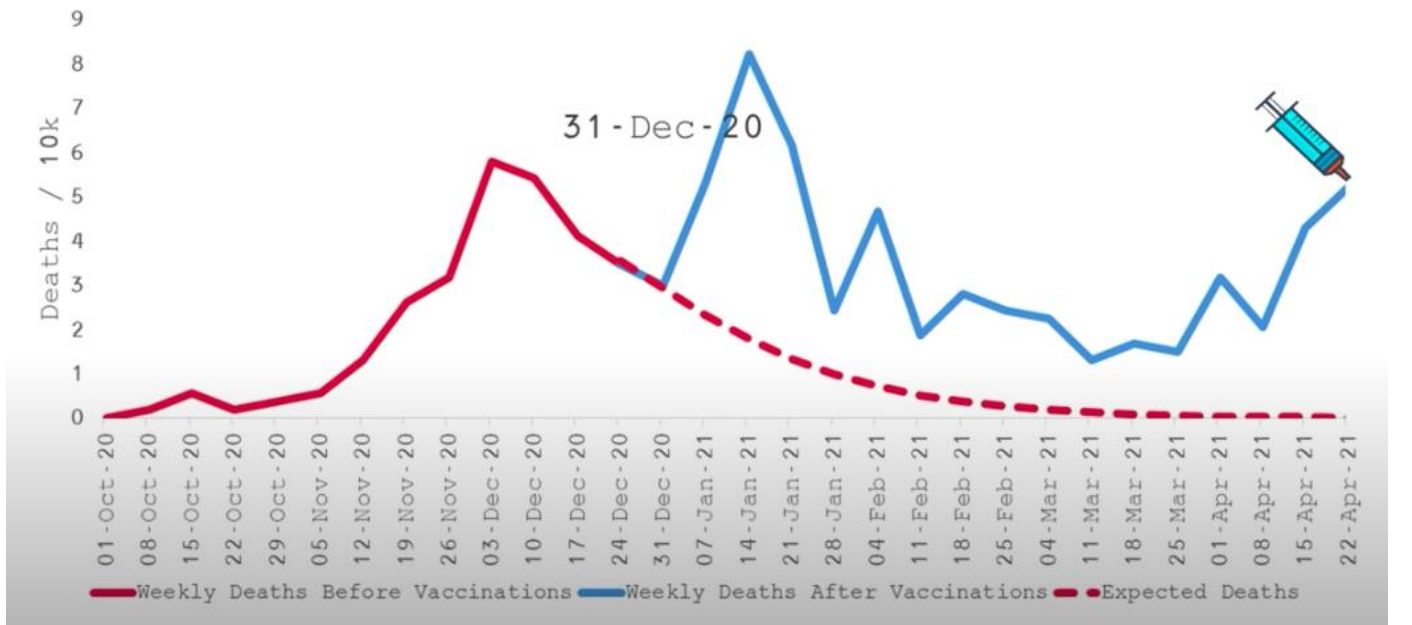
COVID-19 Vaccinations and Deaths, Mali
<https://covid19.healthdata.org>



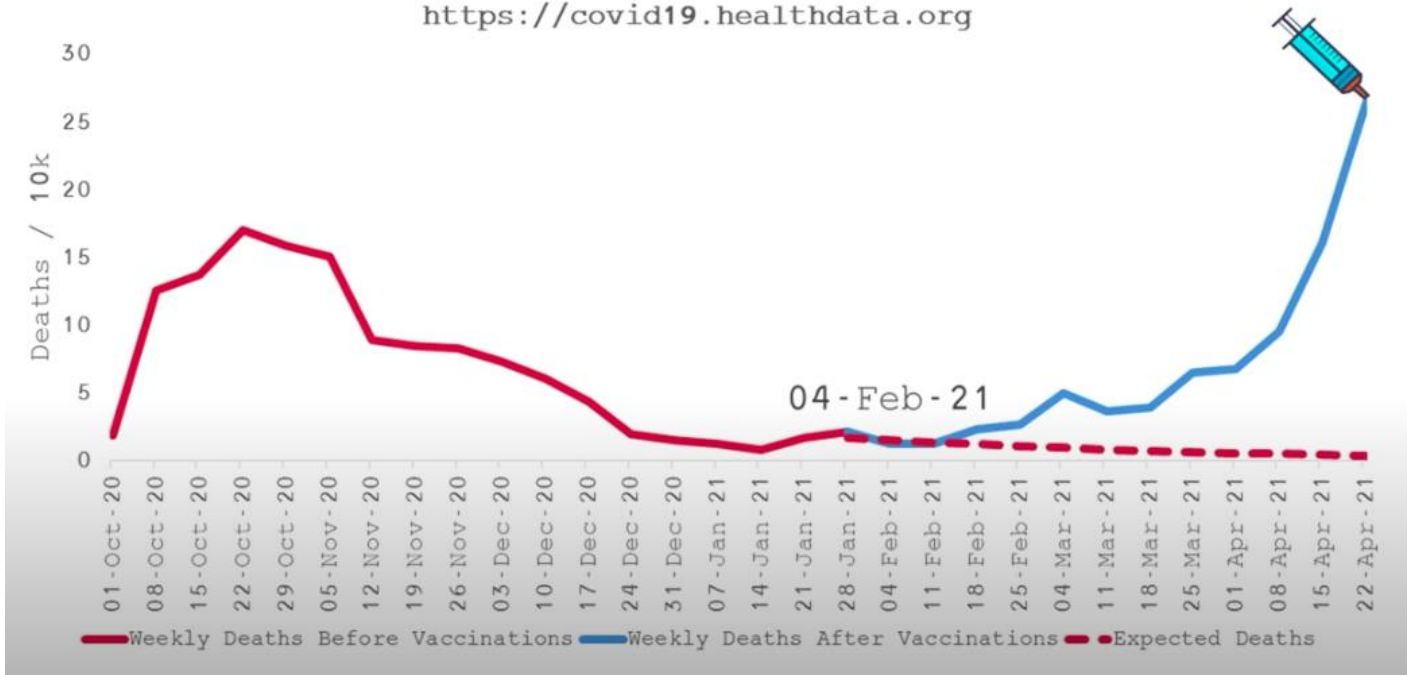
COVID-19 Vaccinations and Deaths, Republic of Moldova
<https://covid19.healthdata.org>



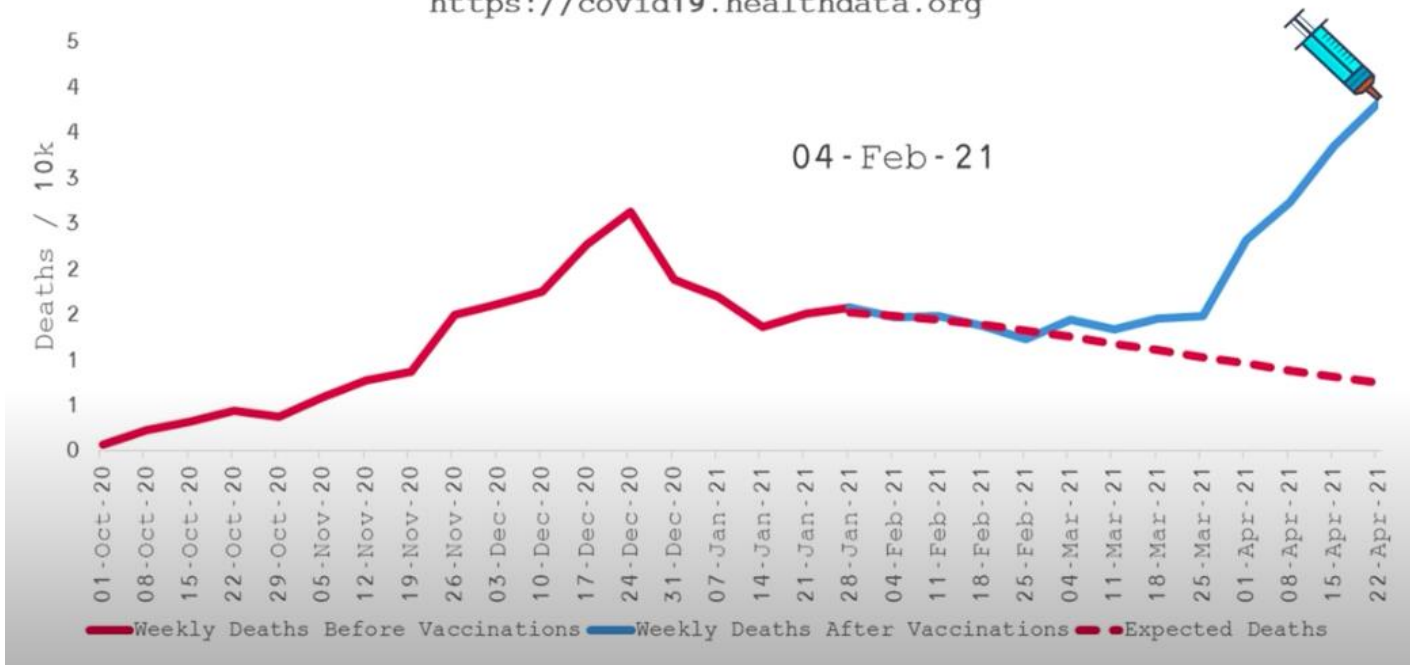
COVID-19 Vaccinations and Deaths, Norway
<https://covid19.healthdata.org>



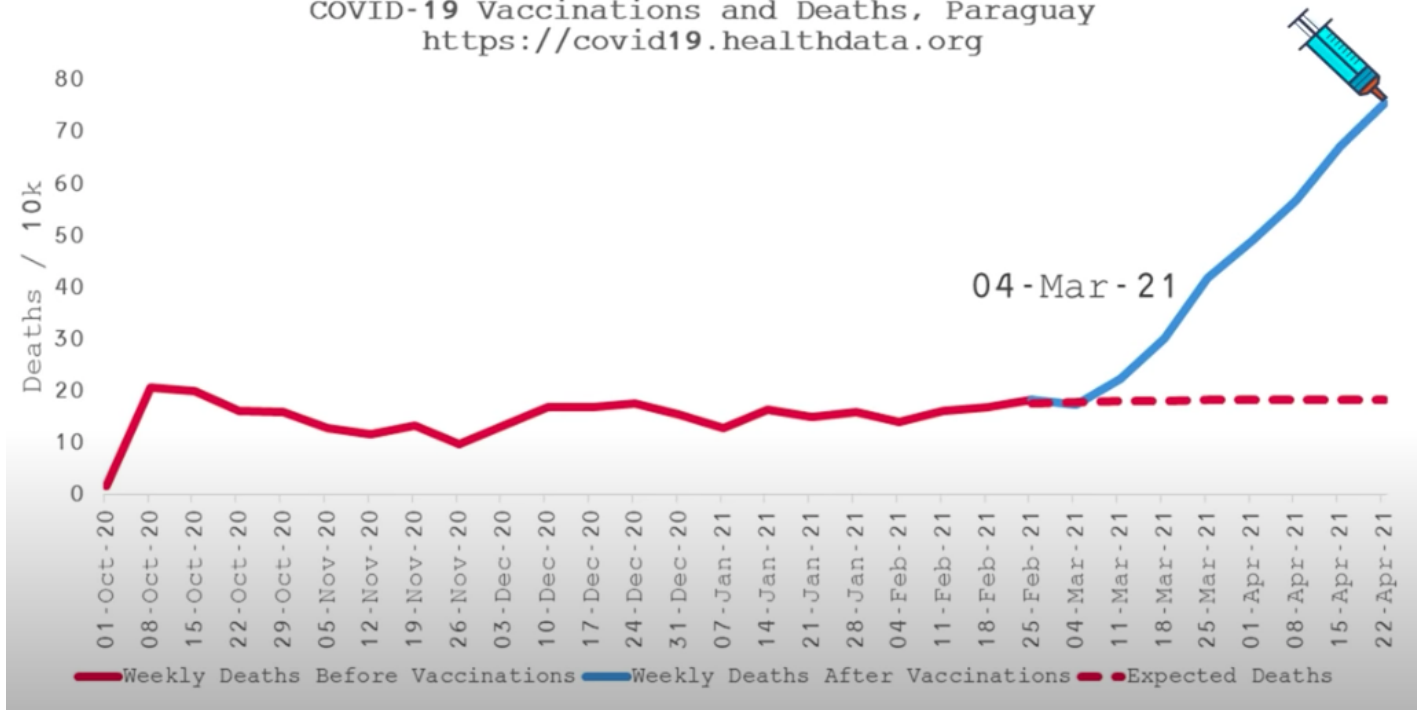
COVID-19 Vaccinations and Deaths, Oman
<https://covid19.healthdata.org>



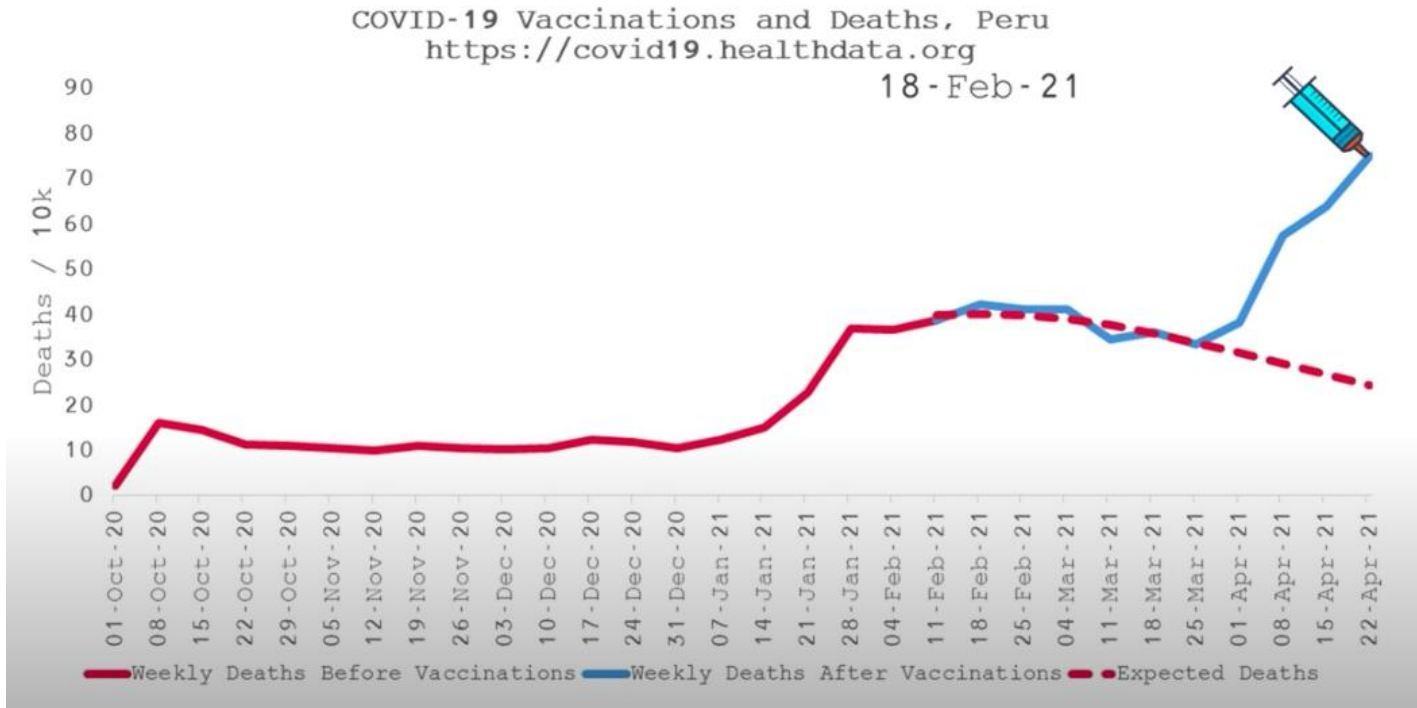
COVID-19 Vaccinations and Deaths, Pakistan
<https://covid19.healthdata.org>



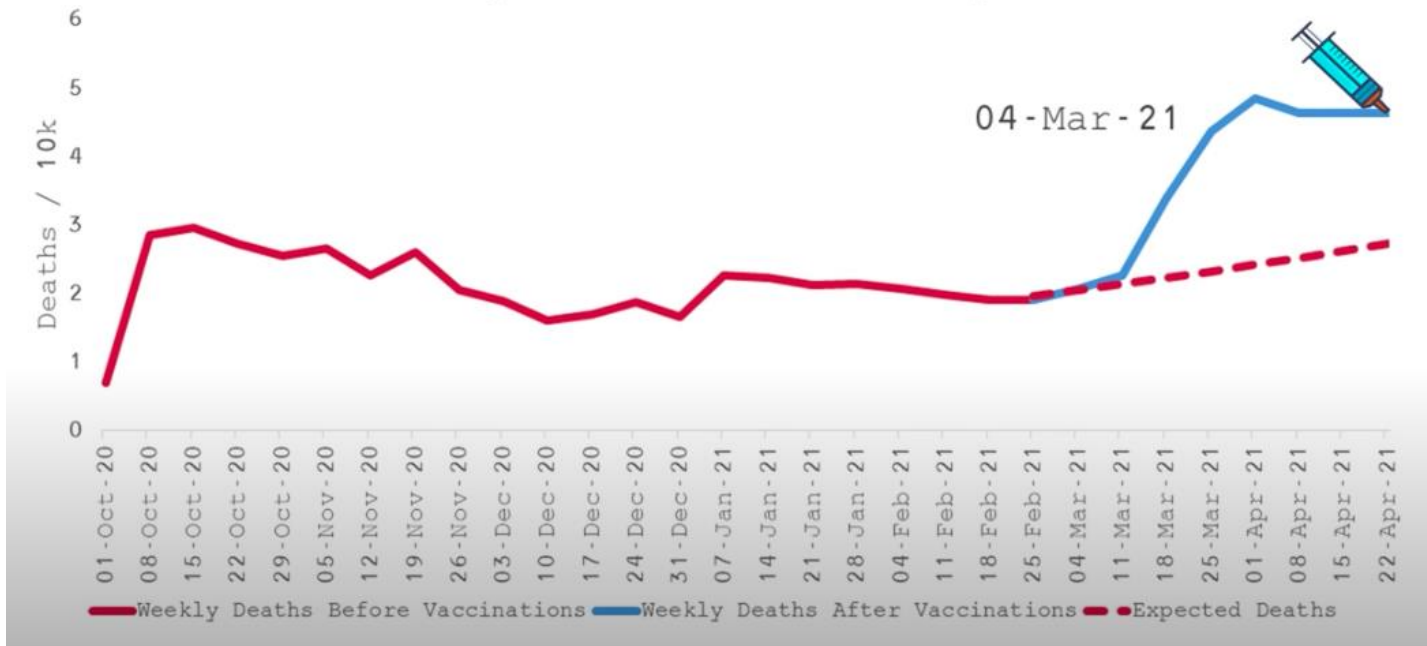
COVID-19 Vaccinations and Deaths, Paraguay
<https://covid19.healthdata.org>



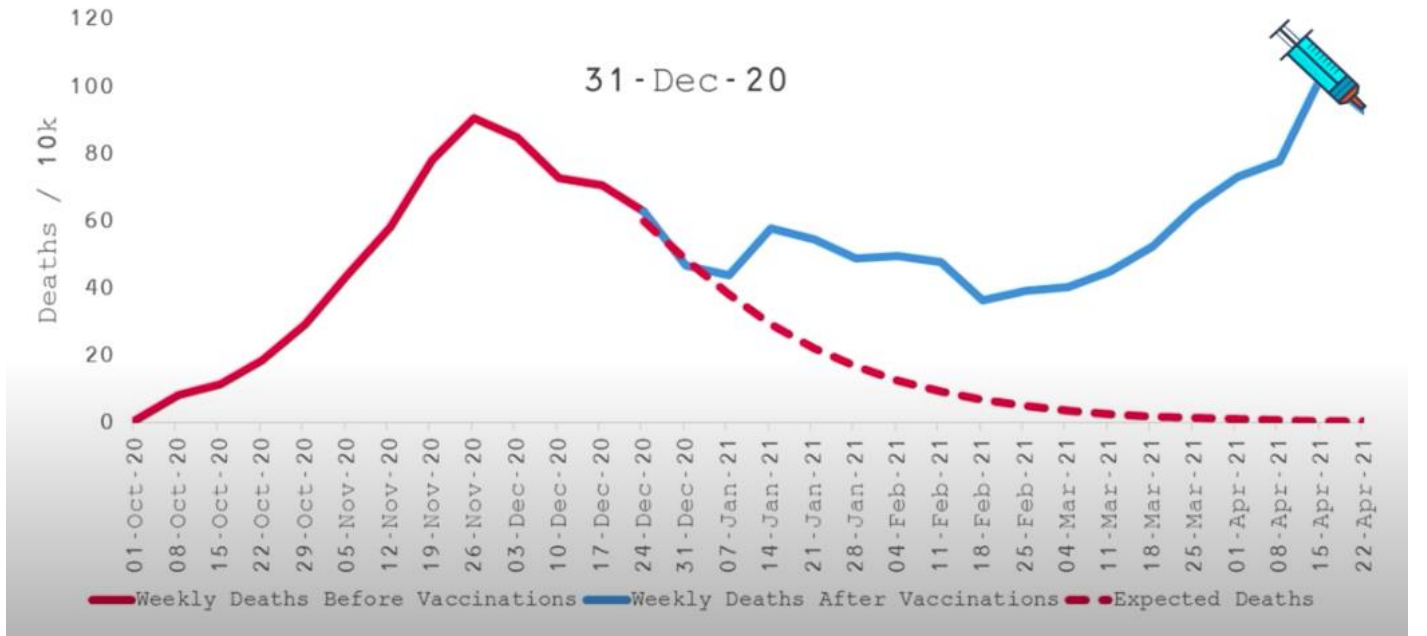
COVID-19 Vaccinations and Deaths, Peru
<https://covid19.healthdata.org>

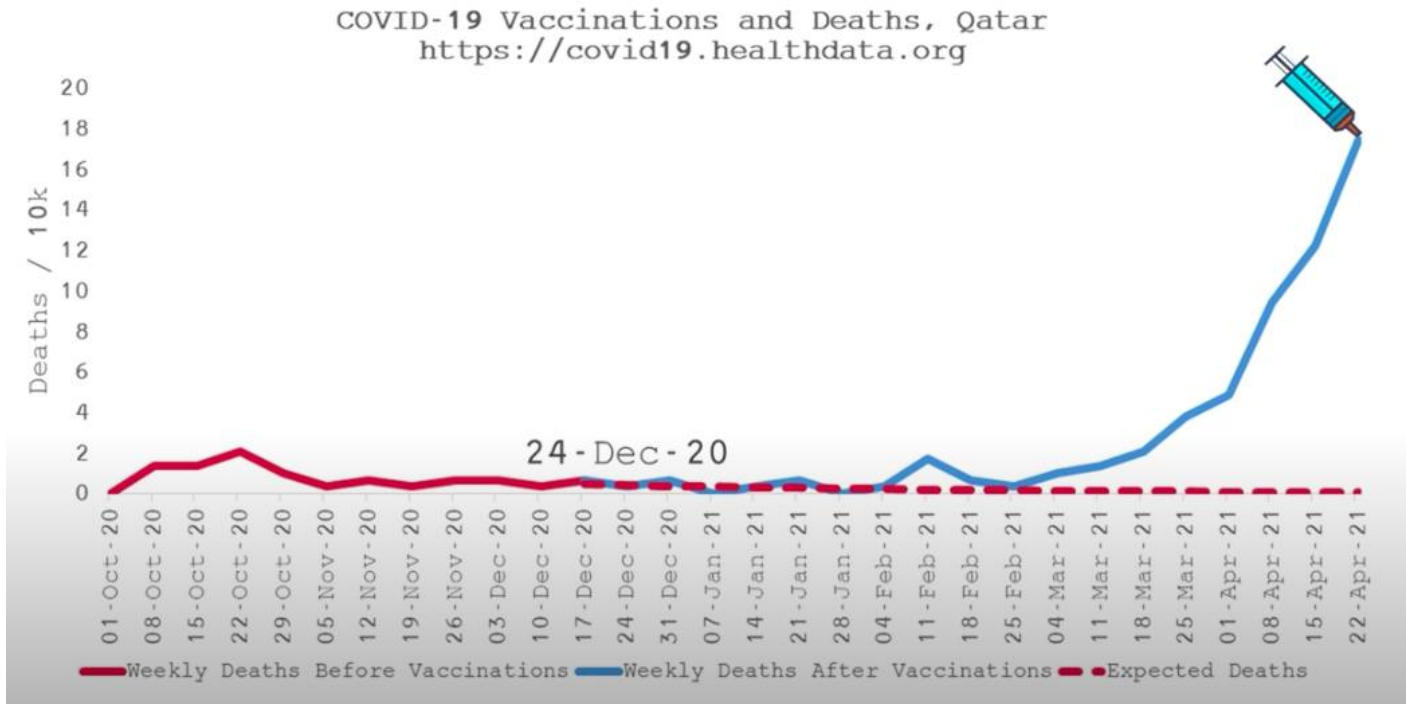


COVID-19 Vaccinations and Deaths, Philippines
<https://covid19.healthdata.org>



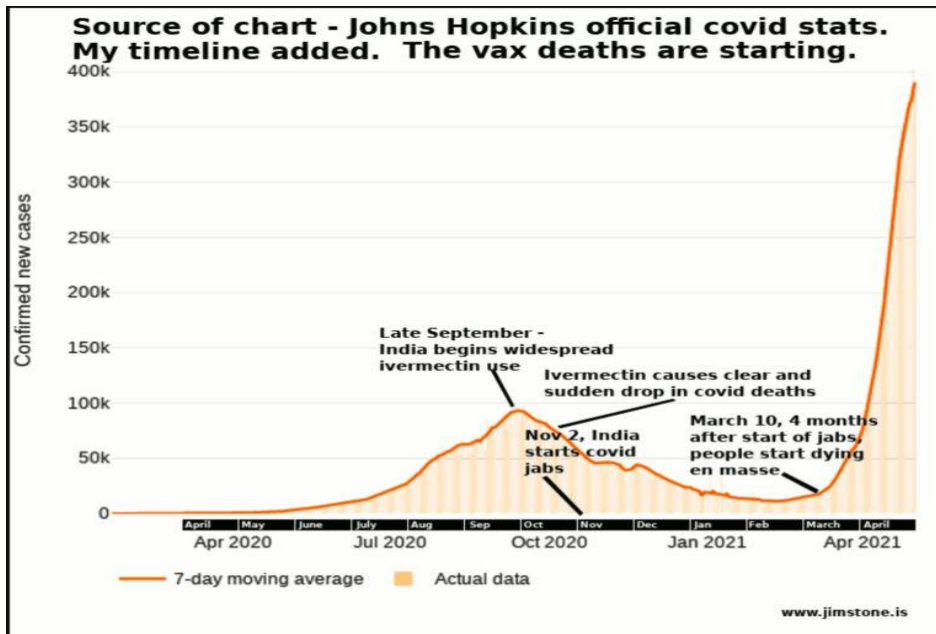
COVID-19 Vaccinations and Deaths, Poland
<https://covid19.healthdata.org>





More graphs for the remaining nations can be viewed at the following video.
<https://stateofthenation.co/?p=65419>. You can also view the movement of these graphs visually at the following URL:
https://www.youtube.com/watch?v=xSrc_s2Gqfw

Let’s take a moment to look at India in isolation. There has been a lot of press on the dire situation in India. India is an excellent case study that brings everything that we have discussed together. In September 2020, the Indian government rolled out very inexpensive Ivermectin Kits to the population to control the spread and severity of the virus. They made this decision based on the support of scientific studies that began in 2020. Some of those studies were referred to in this article. The following chart from John Hopkins demonstrates what happened after the Ivermectin Kits were rolled out vs. the vaccines.

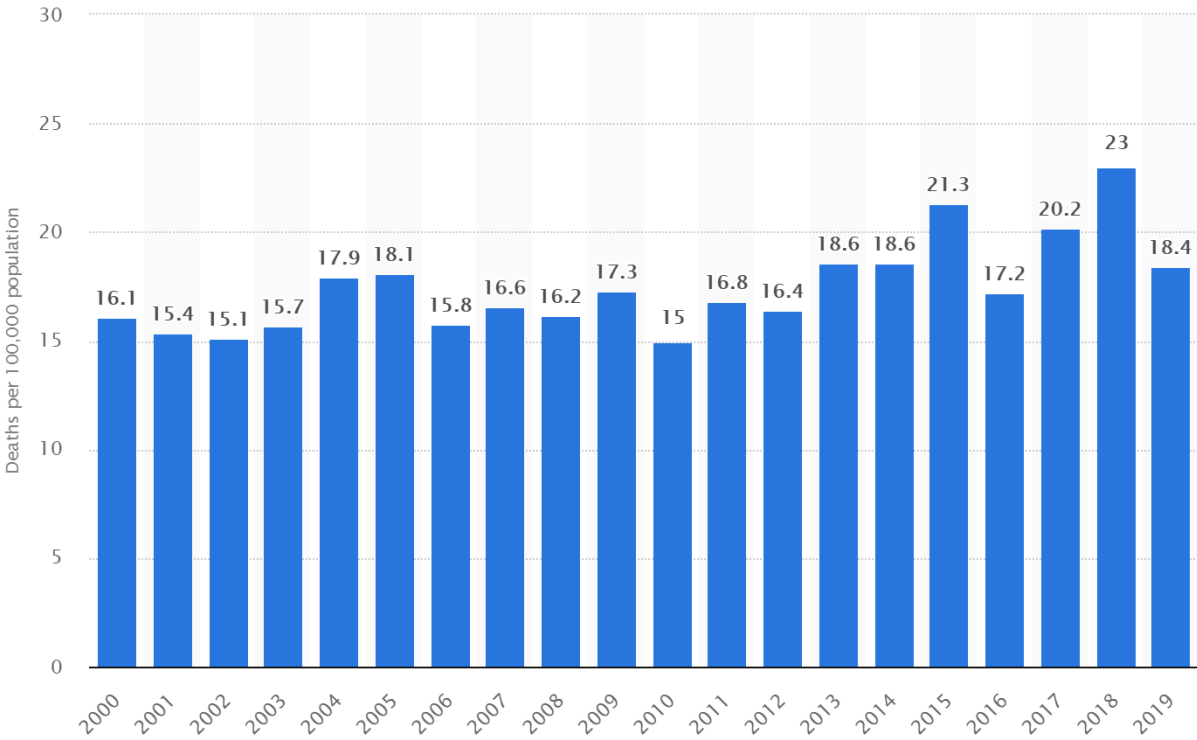


You can see from the chart that there was a clear drop in Covid cases after the Ivermectin Kits were rolled out. What is most startling is the massive increase in cases once the vaccinations began for the entire population. Prior to the decision by the Indian government to ramp up their vaccine program, The WHO, Big Pharma, CDC, NIH, FDA and other agencies of the US Government ran a massive campaign to compel every country to immediately discontinue the use of Ivermectin, Hydroxychloroquine, Azithromycin, Clarithromycin, Zinc and/or any other effective treatments and successful protocols being used for COVID-19 patients. As a result of the spike in Covid deaths that have occurred post vaccination, the India health ministry updated its guidelines on April 28 for quarantines, treating the asymptomatic and those with mild symptoms of COVID-19. The agency now says once again that asymptomatic patients should “consider Tab Ivermectin (200 mcg/kg once a day, to be taken empty stomach) for 3 to 5 days.” Caregivers of patients in quarantine are instructed to take Hydroxychloroquine prophylaxis as per protocol and as prescribed by the treating medical officer.

https://www.mohfw.gov.in/pdf/RevisedguidelinesforHomeIsolationofmildasymptomaticCOVID19cases.pdf?pfrom=home-coronavirus_coronavirus-drsadvice_live

The current narrative being pushed by the CDC and the WHO is that these “variants”, as they have been called, are the real culprit. They assert that the vaccinations are fine, but the virus is mutating which is causing the efficacy of the

vaccines to “evolve”. As discussed previously, Nobel Prize winning virologist Prof. Montagnier feels otherwise and is leading the charge to prove the vaccine’s hand in creating these “variants”. Meanwhile, Hydroxychloroquine, Ivermectin and other treatments discussed in this article continue to have a positive effect on all Covid variants according to the current studies. Does this sound like a circular argument in favour of annual vaccinations that may or may not have an effect on whatever the current strains are? Influenza is a coronavirus, and we are marketed to every year that we should get our flu vaccine in order to protect us from whatever the current strain might be. I say might be, because every year the scientists create a new batch of flu vaccines based on their best guess. In Canada in 2019 there were 18.4 deaths per 100,000 people from influenza and pneumonia and 67,000 inpatient hospitalizations for pneumonia. With a population of approximately 37 million people that represents almost 7,000 deaths from the flu in 2019. These figures have been relatively consistent year over year as below from Statistics Canada.



Let's take this discussion up a notch and look at all deaths in Canada during the last two years as a comparison. Based on all of the media reporting about massive Covid deaths in Canada, one would expect to see the overall death numbers go up significantly. A logical person would surmise that there are a percentage of deaths every year due to heart disease, flu, stroke, etc..., that fluctuate mildly year over year. This should be a safe and accurate assumption. Therefore, when you add up the Covid deaths on top of the overall death rate, the numbers should spike proportionally. Let's have a look at the difference in overall deaths in Canada between 2019 and 2020. You can see clearly that the overall death rate in Canada for all ailments has only increased marginally with larger year over year increases from 2014 to 2018. In 2019 the death rate grew by only .580% over the previous year. Curiously, the growth rate in 2019 was .600%. This data is projecting the growth rate in Canada to be approximately the same as 2020. How can this be? How can the overall death rate in Canada continue to remain statistically insignificant during this massive "outbreak"?

| Canada - Historical Death Rate Data | | |
|-------------------------------------|------------|-------------|
| Year | Death Rate | Growth Rate |
| 2021 | 7.849 | 0.590% |
| 2020 | 7.803 | 0.580% |
| 2019 | 7.758 | 0.600% |
| 2018 | 7.712 | 1.070% |
| 2017 | 7.630 | 1.090% |
| 2016 | 7.548 | 1.110% |
| 2015 | 7.465 | 1.110% |
| 2014 | 7.383 | 1.120% |

<https://www.macrotrends.net/countries/CAN/canada/death-rate>

I know that this article included a lot of information, but it is just the tip of the iceberg. My hope is that the intellectual curiosity that drove you to this article will propel you to dig even further and find more reasons to step back from the canvas to question the prevailing narrative. Unfortunately, the media, politicians and global health institutions are turning this debate into a simple yes or no scenario. Truth vs Untruth. Neighbour vs Neighbour. Fact vs. Fake News. You are now either supporting vaccinations or you are an anti-vaxxer. You either agree that mask wearing and lockdowns work and that we are all in this together, or you are a pariah who doesn't love your fellow person. I am here to tell you that there are millions of people like you that have taken the opportunity to re-engage their minds and awoken to the possibility that there is more going on here than meets the eye. That the scientific answer is not linear and that the current approach to dealing with this virus is not necessarily the correct one. George



Orwell stated that “if you want to keep a secret, you must also hide it from yourself”. By reading this article, you have hopefully opened the Pandora’s box of your mind and can no longer sit idly by keeping your natural curiosity at bay. The secret is out!

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