This is the most important document you will ever read

Source: www.canadiancovidcarealliance.org

See video and read: MORE HARM THAN GOOD

"Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent."

Batch 1
20 Dec 2021

Rob Roos MEP
Cristian Terhes MEP
Ivan Sincic MEP
Stasys Jakeliunas MEP
Francesca Donato MEP
Christine Anderson MEP
Constantin Fest MEP
Rob Rooker MEP
Anne Van Densky EuroReporter

Share widely and Good Luck

Ps All 700 MEP will receive this information so be the first to do the right thing NOW.
THE PFIZER INOCULATIONS FOR COVID-19

MORE HARM THAN GOOD

Canadian Covid Care Alliance
Alliance canadienne pour la prévention
et prise-en-charge de la covid
WHO WE ARE

Our alliance of **over 500 independent Canadian doctors, scientists, and health care practitioners** is committed to providing quality, balanced, evidence-based information to the Canadian public about COVID-19 so that hospitalizations can be reduced, lives saved, and our country safely restored to normal as quickly as possible.
WE SUPPORT

The doctor/patient relationship and personalized care

Informed consent and treatment options

Free and open scientific discourse

Safe & effective vaccines
FIRST, DO NO HARM

The federal, provincial and municipal governments in Canada have a responsibility to protect the health of Canadians as well as our Charter Rights and Freedoms. Any medical interventions approved by Health Canada must first be PROVEN SAFE.

Due diligence in research, as well as adherence to established protocols of the doctor/patient relationship, informed consent and scientific inquiry are essential to carrying out that responsibility.

Deviating from those practices, causing harm and failing to disclose risks of harm is negligent at best.
Hierarchical evidence
**Pfizer’s 2 month data report, Dec 31 2020**
- ARR vs RRR explained - VIDEO
- Early unblinding of Pfizer’s randomized control trial

**Pfizer’s 6 month data report, Sep 15 2021**
- Increased risk of illness
- Increased risk of death

**The Pfizer Trials - What went wrong**
- Pfizer did not follow established protocols
- Misleading demographics - Wrong age
d- Misleading demographics - Tested on healthy, given to sick
- Inadequate control groups
- Did not track biomarkers
- Wrong clinical endpoints
- Not tested for spread reduction
- Subjective testing
- Missing data - Lost to follow up and Suspected, but unconfirmed

- Failure to test - Why it matters
- 12 - 15 trial - All risk, no benefit
- 12 - 15 trial - Failure to report serious adverse events
- 5 - 11 year olds - Risking their health
- Myocarditis is serious
- The FDA abandons “First do no harm”
- 5 - 11 year olds - No informed consent
- The BMJ Pfizer trial whistleblower article

**A critical eye on the Sep 15 2020 report**
- 6 month data manipulation - Mixed cohorts
- The Pfizer trials did not prove safety - they proved harm

**How this is playing out in the real world**
- Roll out surveillance - You don’t find what you don’t look for
- Rising incidents of heart issues in young people [Ontario Public Health Report]
- This is not normal - High incidences of deaths in athletes [German, Israeli news articles]

**Recommended reading & viewing**
- This is supposed to be rare - VIDEO of athletes collapsing
- Pfizer’s post marketing pharmacovigilance report

**Considerable evidence of conflict of interest**
- Pfizer is making billions
- The public record of Pfizer’s corporate culture
- Links to articles on Pfizer’s past behaviour
- Conflicts of interest among Pfizer report authors
- The CDC has redefined “vaccine”
- The media has been captured - VIDEO

**This is no way to manage a supplier**
The inoculations should be withdrawn immediately
PFIZER'S ORIGINAL TRIAL REPORT
DECEMBER 31 2020

- Published in New England Journal of Medicine
- Showed **2 months worth of safety & efficacy data**
- Described starting with 43,548 people divided into:
  1. **Treatment group** (received inoculation)
  2. **Control group** (received saline)
    for 2 months to see who developed COVID-19
- The claim was that the inoculations were safe and showed **95% efficacy**
  7 days after the 2nd dose. But that 95% was actually **Relative Risk Reduction**.
  **Absolute Risk Reduction** was only **0.84%**.

**Note:** The text is a summary of the original Pfizer trial report. The actual data and graphs from the report are not included here. Further details can be found in the original journal publication.
**EARLY UNBLINDING OF RANDOMIZED CONTROL TRIAL = NO LONG TERM SAFETY DATA**

**WHAT WAS SUPPOSED TO HAPPEN**

<table>
<thead>
<tr>
<th>INOCULATED GROUP</th>
<th>PLACEBO GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>2023</td>
<td></td>
</tr>
</tbody>
</table>

- **July 27 2020**
  - Phase III Begins
  - The participants are evenly divided into Inoculated and Placebo groups of about 21,000 each. The study is **blind**, so participants don't know which group they are in.

**WHAT ACTUALLY HAPPENED**

<table>
<thead>
<tr>
<th>INOCULATED GROUP</th>
<th>PLACEBO GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>2023</td>
<td></td>
</tr>
</tbody>
</table>

- **July 27 2020**
  - Phase III Begins
  - The participants are evenly divided into Inoculated and Placebo groups of about 21,000 each. The study is **blind**.

- **Dec 31 2020**
  - Release 2 month data report. The trial is unblinded early.

- **Crossover Occurs**
  - The participants from the Placebo Group are given the opportunity to take the inoculation and by early 2021, the majority of them have crossed over to the inoculated group. It's no longer a randomized control trial, as control group is gone.

- **May 2 2023**
  - End of Phase III Clinical Trial
  - The long term safety data that was supposed to be assessed at this point is no longer possible to ascertain as the placebo group crossed over two years previously.
PFIZER’S 6 MONTH REPORT DATA LEVEL 1 EVIDENCE OF HARM

- Pfizer's most recent report indicates an **Efficacy of 91.3%**. (Which means a **reduction in positive cases** compared to placebo group.)

- **But it also showed**, compared to the placebo group, an **increase in illness and deaths.**

- There is **no benefit to a reduction in cases** if it comes at the cost of increased sickness and death.
**A significant increase in illness**, which the Pfizer inoculations were supposed to reduce.

<table>
<thead>
<tr>
<th>Efficacy (Meaning number of people diagnosed with COVID-19.)</th>
<th>BNT162b2</th>
<th>Placebo</th>
<th>Risk Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77</td>
<td>850</td>
<td>-91%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Adverse Event (Meaning an investigator has assessed it as related to the BNT162b2 injection.)</th>
<th>BNT162b2</th>
<th>Placebo</th>
<th>Risk Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,241</td>
<td>1,311</td>
<td>+300%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any Severe Adverse Event (Interferes significantly with normal function.)</th>
<th>BNT162b2</th>
<th>Placebo</th>
<th>Risk Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>262</td>
<td>150</td>
<td>+75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any Serious Adverse Event (Involves visit to ER or hospitalization.)</th>
<th>BNT162b2</th>
<th>Placebo</th>
<th>Risk Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>127</td>
<td>116</td>
<td>+10%</td>
</tr>
</tbody>
</table>
### INCREASED RISK OF DEATH

Screen capture from Pfizer 6 Month Supplementary Appendix

<table>
<thead>
<tr>
<th>Reported Cause of Death</th>
<th>BNT162b2 (N=21,252)</th>
<th>Placebo (N=21,231)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Diabetic mellitus</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Diabetic mellitus</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total Deaths</td>
<td>15</td>
<td>14</td>
</tr>
</tbody>
</table>

"After unblinding" means when the Placebo participants were given the opportunity to “cross over” and take the BNT162b2 inoculation.*

"...3 participants in the BNT162b2 group and 2 in the original placebo group who received BNT162b2 after unblinding died."

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

**Concerning Causes of Death**

<table>
<thead>
<tr>
<th>Total COVID-19 Related Deaths</th>
<th>BNT162b2</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

---

* A total of 19,375 subjects originally randomized to placebo received at least one dose of BNT162b2 after unblinding (Dose 3 and Dose 4) and before the March 13, 2021 data cutoff.
THE PFIZER TRIALS

WHAT WENT WRONG
PFIZER DID NOT FOLLOW ESTABLISHED PROTOCOLS

NORMALLY, VACCINE DEVELOPMENT LOOKS LIKE THIS, WITH A TIMELINE OF 5 TO 10 YEARS.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Vitro &amp; Animal Models</td>
<td>Human Trials PHASE I Safety, dosing, immune responses</td>
<td>Human Trials PHASE II Safety &amp; immune responses</td>
<td>Human Trials PHASE III Safety &amp; efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RARELY, IT CAN BE DONE IN AS LITTLE AS 5 YEARS.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Vitro &amp; Animal Models</td>
<td>Human Trials PHASE I</td>
<td>Human Trials PHASE II</td>
<td>Human Trials PHASE III</td>
<td></td>
</tr>
</tbody>
</table>

FOR THE COVID-19 INOCULATIONS, IT WAS DONE IN 1 YEAR.

- Animal testing was skipped
- Phases II/III were combined
- After 2 months of Phase II/III, Emergency Use Authorized
- The trials were unblinded
- Phase III trials are ongoing until 2023

ROLLOUT BEGINS

Regarding the persistent claim that the COVID-19 inoculation products do not need to be tested, because mRNA technology has already undergone testing: mRNA technology is the delivery mechanism, not the inoculation. That’s like saying that since we’ve used syringes safely before, anything injected via syringe is safe. (And in fact, there are still a lot of unknowns about the effects of the mRNA delivery mechanism.)
PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

MISLEADING DEMOGRAPHICS
WRONG AGE FOR TARGET POPULATION

When designing a trial for the efficacy and safety of a potential treatment, the focus should be on the target population who could most benefit from that treatment. Instead Pfizer chose participants from younger demographic that would be a) less likely to need a vaccine, b) less likely to suffer an adverse event during a trial, c) more likely to respond well to a vaccine, as the elderly have comparatively poor immune responses.

### Actual Risk of Death by Age from COVID-19

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>COVID-19 Deaths per Capita (1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>0</td>
</tr>
<tr>
<td>15-24</td>
<td>0</td>
</tr>
<tr>
<td>25-34</td>
<td>0</td>
</tr>
<tr>
<td>35-44</td>
<td>0</td>
</tr>
<tr>
<td>45-54</td>
<td>0</td>
</tr>
<tr>
<td>55-64</td>
<td>0</td>
</tr>
<tr>
<td>65-74</td>
<td>0</td>
</tr>
<tr>
<td>75-84</td>
<td>3000</td>
</tr>
<tr>
<td>≥85</td>
<td>9000</td>
</tr>
</tbody>
</table>

*85% of the people most at risk from COVID-19 are over 75.*

### Pfizer Trial Demographics

Demographics (population for the primary efficacy endpoint). The number of participants who received vaccine and placebo, stratified by age.

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>Pfizer-BioNTech COVID-19 Vaccine (N = 18,242) n (%)</th>
<th>Placebo (N = 18,379) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥12 through 15 years</td>
<td>46 (0.3 %)</td>
<td>42 (0.2 %)</td>
</tr>
<tr>
<td>≥16 through 17 years</td>
<td>66 (0.4 %)</td>
<td>68 (0.4 %)</td>
</tr>
<tr>
<td>≥16 through 64 years</td>
<td>14,216 (77.9 %)</td>
<td>14,299 (77.8 %)</td>
</tr>
<tr>
<td>≥65 through 74 years</td>
<td>3176 (17.4 %)</td>
<td>3226 (17.6 %)</td>
</tr>
<tr>
<td>≥75 years</td>
<td>804 (4.4 %)</td>
<td>812 (4.4 %)</td>
</tr>
</tbody>
</table>

Yet 75+ year olds represent only 4% of trial subjects.
MISLEADING DEMOGRAPHICS TESTED ON HEALTHY, GIVEN TO SICK

REAL WORLD CO-MORBIDITIES

95% of people who have died with COVID-19 have had at least 1 co-morbidity listed as cause of death. The average is 4 co-morbidities.

http://www.scientificamerican.com/article/what-along-mall-people-die-from/

PFIZER TRIAL CO-CONDITIONS

Only 21% had a co-existing condition.

http://www.fda.gov/Drugs/DrugSafety/ucm514527.htm

IMPPLICATIONS FOR ROLL OUT

- We are told the inoculations are “safe.” Yet many health conditions - in fact a list several pages long - were excluded from the trials, including pregnant or breastfeeding women, people with allergies, with psychiatric conditions, immunocompromised people, people with bleeding disorders, people who had previously tested positive for COVID-19, people who had been prescribed steroids, etc., so there has never been any data to make safety claims about those people. Yet they are also not excluded from mandates and vaccine passports.

- The vaccines were tested on the healthy, and then immediately given to the frailest members of the society - the elderly with multiple health conditions. This is unscientific and unethical.
INADEQUATE CONTROL GROUPS

Pfizer only observed 2 groups:
- **UNEXPOSED & INOCULATED**
- **UNEXPOSED & NOT INOCULATED**

They should have included two more groups:
- **EXPOSED & INOCULATED**, people who had recovered, then got the inoculation, to see if the inoculation was safe for them
- **EXPOSED & NOT INOCULATED**, people who were recovered and not inoculated to see how the inoculations stacked up against natural immunity
LOW QUALITY SAFETY SCIENCE DIDN'T TRACK BIOMARKERS

As Kostoff et al. highlighted in a recent paper, "Why are we vaccinating children against COVID-19?" (highly recommended), that while the Pfizer trials tested for antibodies and tracked adverse events in terms of symptoms, they didn't test for adverse events at the subclinical (pre-symptom) level.

This was extremely unsafe, because symptoms/diseases are typically end points of processes that can take months, years, or decades to surface. By the time you get to symptoms, things can have gone pretty wrong. (Think diabetes or high blood pressure, where the disease can be quite advanced before any symptoms occur.) Pfizer should have been tracking biomarkers that would have been early warning indicators for disease caused by the inoculations.

High quality safety science would have meant they should have tested before & after inoculation for:
- d-dimers for evidence of enhanced coagulation/clotting (several of our doctors have noticed increased levels of d-dimers in inoculated patients presenting with stroke like symptoms - video available here)
- C-reactive protein for evidence of enhanced inflammation
- troponins for evidence of cardiac damage
- occludin and claudin for evidence of enhanced barrier permeability
- blood oxygen levels for evidence of enhanced hypoxia
- amyloid-beta and phosphorylated tau for evidence of increased predisposition to Alzheimer's disease
- Serum HMGB1, CXCL13, Dickkopf-1 for evidence of an increased disposition to autoimmune disease, etc.
The fear with COVID-19, was that it was going to a) kill people, b) make them sick.

So any COVID-19 vaccine clinical trial should set out to ask the question “Do people who take the vaccines have less illness and death than those who don’t?”

**Illness + Death should be the CLINICAL ENDPOINTS.** And not just illness + death with COVID-19, but *any and all illness and death*, in order to make sure that the vaccines are not causing harm.

**This is well known.** It was learned decades ago with cancer drug trials. At first, they used a clinical endpoint of “Did the drug shrink the cancer?” If it did, they called it effective. But it turned out the drugs were not only killing cancer, they were killing patients. They were forced to change the design of their trials and switch to “all cause mortality” as the primary endpoint instead and show that people receiving the drug actually live longer than those who don’t. (J.Bart Classen has written an excellent research article on the subject. Read here.)
FAILURE TO TEST
WHY IT MATTERS

The very high proportion of Suspected, but Unconfirmed participants. They had symptoms, but were never tested.

If you add the Suspected to the Confirmed Cases, the Relative Risk Reduction changes to 19%. Less than 50% is ineligible for EUA.
12-15 ADOLESCENT TRIAL ALL RISK, NO BENEFIT

- This study was severely underpowered, as a study this small will not show up risk.
  - Inoculated group - 1,005 (0 tested positive for COVID-19)
  - Placebo group - 978 (18 tested positive for COVID-19)

- Pfizer claimed these were great results, but since adolescents are at statistically 0% risk of death from COVID-19, and very low risk of severe illness, the inoculation is of little benefit to them. Instead, it presents a very real risk of adverse events.

- But the adolescent Pfizer study wasn’t actually designed to find those. A serious adverse event, including death, that occurred at a 1/800 rate might not even show up in a sample of 1,005 people.

- But in this case, it did. Among the 1,005 adolescents, there WAS at least one serious adverse event - Maddie de Garay.

“For children without a serious medical condition, the danger of severe Covid is so low as to be difficult to quantify.”
12-15 ADOLESCENT TRIAL FAILURE TO REPORT SERIOUS ADVERSE EVENTS

Maddie de Garay is a 12 year old trial participant who developed a serious reaction after her second dose and was hospitalized within 24 hours.

Maddie developed gastroparesis, nausea and vomiting, erratic blood pressure, memory loss, brain fog, headaches, dizziness, fainting, seizures, verbal and motor tics, menstrual cycle issues, lost feeling from the waist down, lost bowel and bladder control and had an nasogastric tube placed because she lost her ability to eat. She has been hospitalized many times, and for the past 10 months she has been wheelchair bound and fed via tube.

In their report to the FDA, Pfizer described her injuries as “functional abdominal pain.”

- One participant experienced an SAE reported as generalized neuralgia, and also reported 3 concurrent non-serious AEs (abdominal pain, abscess, gastritis) and 1 concurrent SAE (constipation) within the same week. The participant was eventually diagnosed with functional abdominal pain; the event was reported as ongoing at the time of the cutoff date.

Emergency Use Authorization Amendment
5 - 11 YEAR OLDS RISKING THEIR HEALTH

Re: the 5 to 11 year old cohort

In this table, Pfizer, using predictive modelling acknowledges that their inoculations WILL cause myocarditis, but optimistically claims there will be zero deaths from myocarditis in any of their modelled (speculation, level 5 evidence) scenarios.

But even if it were true, there is no justification for causing harm to children this way. FIRST, DO NO HARM.

There is now such a high expectation of heart problems from the inoculations among children that Sick Kids is putting out brochures on how to deal with them.
MYOCARDITIS IS SERIOUS

MYOCARDITIS

"Myocarditis is an inflammatory process of the myocardium. (Heart muscle.) Severe myocarditis weakens your heart so that the rest of your body doesn't get enough blood. Clots can form in your heart, leading to a stroke or heart attack."

THE US NATIONAL CENTRE FOR BIOTECHNOLOGY INFORMATION

"The mortality rate is up to 20% at 6.5 years."

PFIZER TRIALS DID NOT PROVE SAFETY
THEY PROVED HARM

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>BNT162b2</th>
<th>Placebo</th>
<th>Risk Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy (Number of people diagnosed with COVID-19)</td>
<td>77</td>
<td>850</td>
<td>-91%</td>
</tr>
<tr>
<td>Related Adverse Event (Investigator assessed as related to BNT162b2 injection)</td>
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<td>1,311</td>
<td>+300%</td>
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<td>127</td>
<td>116</td>
<td>+10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEATHS</th>
<th>BNT162b2</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

These are the results of Pfizer's own randomized control trial.

LEVEL 1 EVIDENCE OF HARM.
THE PUBLIC RECORD OF PFIZER’S CORPORATE CULTURE

Pfizer Unit to Settle Charges Of Lying About Heart Value

By Brian Patten
July 8, 2004

A suit of Pfizer Inc., has agreed to pay $117 million to settle
Justice Department claims that the company lied to get federal
approval for a heart-related drug that has threatened, killing
thousands of Americans.

US high court leaves intact $142 million verdict
against Pfizer

By Lanny Mcdonough
July 8, 2004

The US high court has left intact a $142 million
verdict against Pfizer, which was brought by
a lawyer who got $430 million for a drug patent
suit.

THE UNITED STATES DEPARTMENT OF JUSTICE

ABOUT OUR AGENCY TOPICS NEWS RESOURCES CAREERS

FOR IMMEDIATE RELEASE

Office of Public Affairs

Wednesday, September 22, 2009

Justice Department Announces Largest Health Care Fraud Settlement In Its History

Pfizer to Pay $2.3 Billion for Fraudulent Marketing

By Joe DiGenova
November 18, 2021

Pfizer paid $2.3 billion to settle charges of
fraudulent marketing.

Experts Conclude Pfizer Manipulated Studies

By Stephanie Saul
Oct. 8, 2008

The drug maker Pfizer earlier this decade manipulated
the publication of scientific studies to bolster the use
of its epilepsy drug Neurontin for other disorders, while
suppressing research that did not support those uses, according to
researchers who analyzed

$60 Million Deal In Pfizer Suit

By Reuters
July 1, 2004

Pfizer said yesterday that it had reached a
settlement of a class-action lawsuit over its
$60 million settlement from the market in March 2004,
who took it to have liver transplants in

Pfizer admits paying $35 million to doctors
over last 6 months

By Michaelasting
Aug. 13, 2018

Pfizer and other large pharmaceutical companies recently disclosed payments to
doctors and other medical professionals for consulting and speaking on its behalf, and
also some sponsorship of clinical trials. In Wednesday in an announcement the company
spokesperson revealed that they had paid $35 million to doctors and
other medical professionals in the last six months of 2008. Pfizer also accepted that they
paid $3.9 million to various medical centers and other research groups for
clinical trials in the same period. This disclosure is only about payments made within the US.
THE INOCULATIONS SHOULD BE WITHDRAWN IMMEDIATELY

- It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning.

- We have presented **Level 1 evidence of harm from Pfizer's own trial data.** Any government which has approved these inoculations, much less mandated them, **knew or should have known from the available data that harm would be caused to its citizens.**

- Any government that approved this medical intervention for its citizens should have ensured that the trial had used the **appropriate clinical endpoints and high quality safety science.**

- **Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent.**
WE NEED YOU TO HOLD THEM ACCOUNTABLE

• This evidence is a tool you can use. It represents a real opportunity to hold our leaders accountable as it is not opinion, or modelling, or real world evidence that can be dismissed or manipulated, but LEVEL 1 EVIDENCE from a randomized control trial. As such, it has high evidentiary value.

• We’re asking that you call your MP and MPP and that you ask for a 1 hour meeting. Preferably in person, but Zoom will work too.

• During the meeting, play them the video and provide them with the PDF version. Ask them questions, like whether or not they were aware of all the issues with the Pfizer trial. Or what they plan to do now that they are. Get them to agree to a follow up meeting where they will provide you with answers.

• Share this video with friends and family. Have group viewing sessions on Zoom and discuss it.

• Share this video and the PDF on social media. When you do, please use the hashtags #CCC and #MoreHarmThanGood

• Please join our mailing list at www.canadiancovidcarealliance.org and we will update you with additional evidence as we have it.

• Follow us on social media. This linktree has all our social accounts.

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