# Damning Report: Canadian COVID Care Alliance Explains Why Pfizer Shots Can Do More Harm than Good

By Jim Hoft Published December 31, 2021 Story source: Gateway Pundit

**The Canadian Covid Care Alliance, which consists of over 500 independent Canadian doctors, scientists, and health care practitioners, released an in-depth analysis of the Pfizer COVID-19 vaccine claiming that it can do more harm than good to people.**

**According to its website, the Pfizer 6 month data shows that Pfizer's COVID-19 vaccines cause more illness than they prevent.** Also, an overview of the Pfizer trial flaws in both design and execution.

"They have failed to prove that these inoculations are safe. It doesn't matter if you reduce case numbers. If you are endangering people by making them sicker than they would have been otherwise," they said on their analysis.

Below is the overview of their in-depth evaluation regarding the Pfizer COVID-19 vaccine.

PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

# OVERVIEW


**Hierarchy of 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
- 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)
- 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**

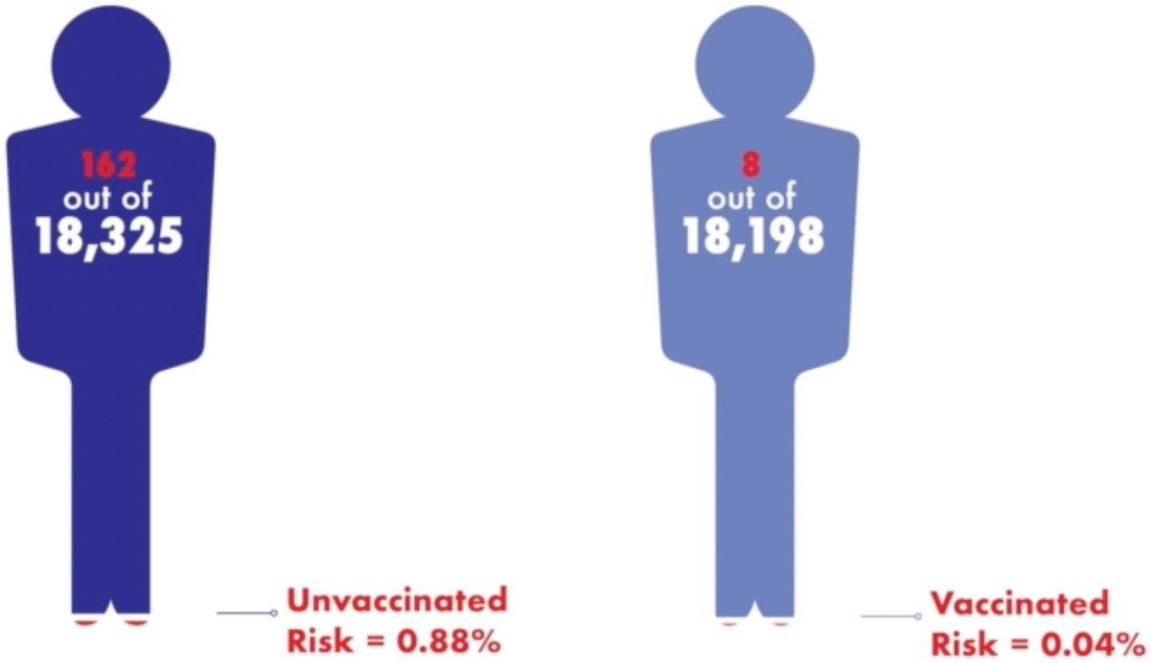
**Recommended reading & viewing**

According to their evaluation, Pfizer's original trial report claimed that the vaccines were safe and showed 95% efficacy seven days after the second dose, but that 95% was actually Relative Risk Reduction (RRR). Absolute Risk Reduction (ARR) was only 0.84%.

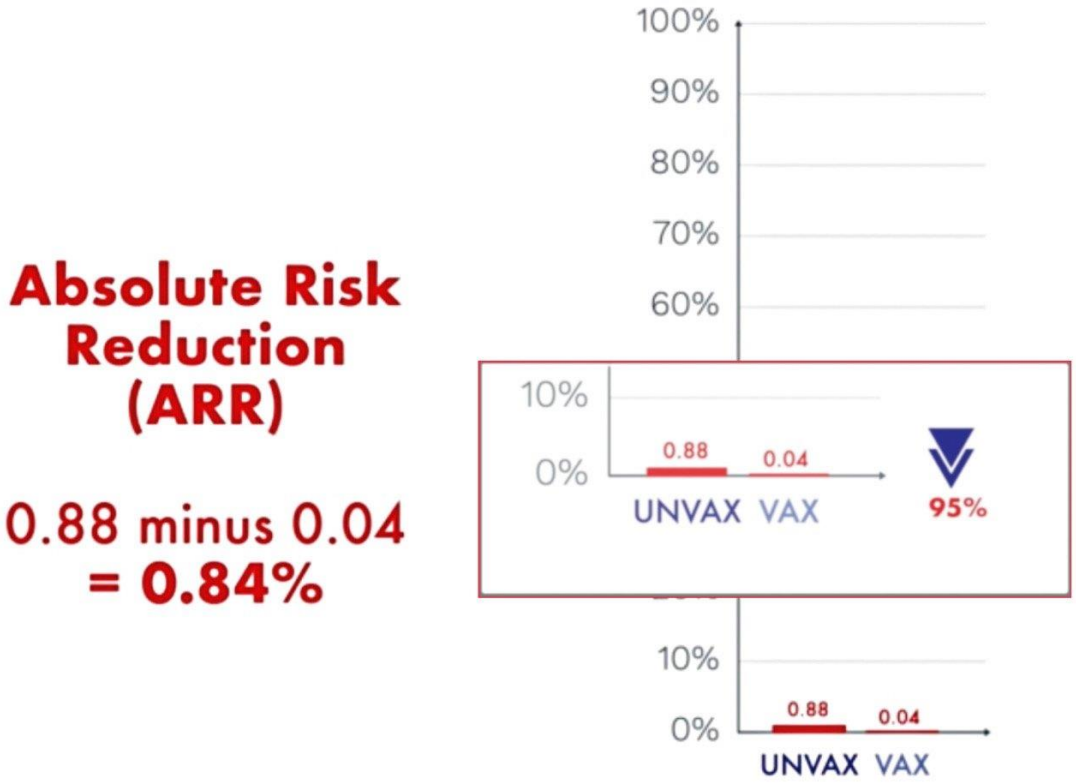
To further understand the difference between relative and absolute risk reduction, the Canadian Covid Care Alliance discussed their differences in their presentation:

Pfizer reported that its vaccine shows a 95% efficacy. That sounds like it protects you 95% of the time, right? But that's not actually what that number means. That 95% refers to the Relative Risk reduction, but it doesn't tell you how much your overall risk is reduced by vaccination. For that, we need Absolute Risk Reduction (ARR).

In the Pfizer trial, 8 out of 18,198 people who were given the vaccine developed COVID-19. In the unvaccinated placebo group 162 people got it, **which means that even without the vaccine, the risk of contracting COVID-19 was extremely low at 0.88%**, with the vaccine then reduced to 0.04%.




So the net benefit or the absolute risk reduction that you're being offered with a Pfizer vaccine is 0.84%. That 95% number refers to the relative difference between 0.88% (unvaccinated) and 0.04% (vaccinated) (0.88 – 0.04). That's what they call 95% Relative Risk Reduction (RRR).

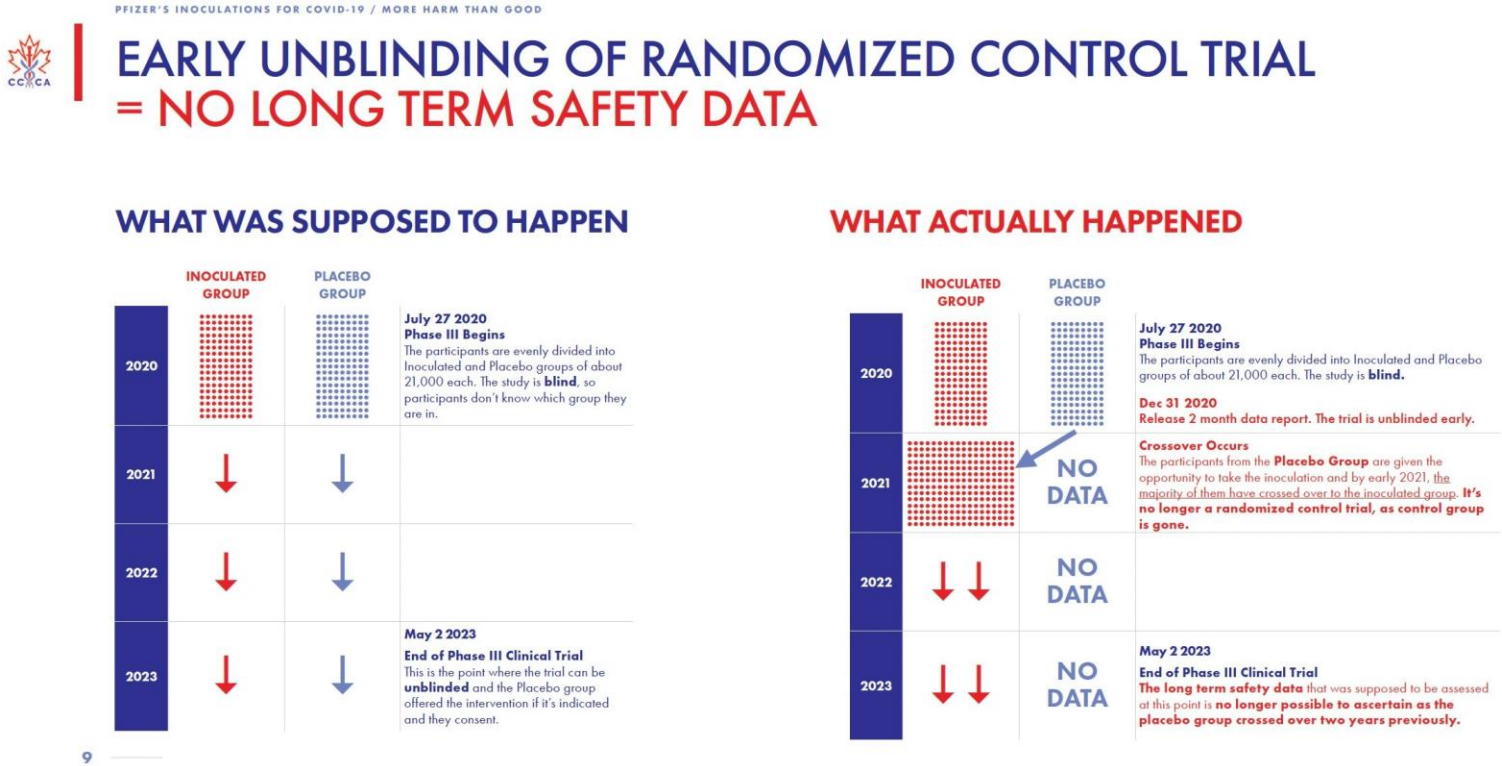



Relative Risk Reduction (RRR) is well known to be a misleading number, which is why the FDA recommends using Absolute Risk Reduction (ARR) instead, which begs the question of how many people would have chosen to take the COVID-19 vaccines had they understood that they offered less than 1% benefit?

**The evaluation continued by claiming that Pfizer's study didn't go according to its stated plan.**

There was an inoculated group and a placebo group of about 21,000 participants each, and they began the phase three trials in July of 2020. The study was blind, which means the participants didn't know which group they were in. This blinded trial was supposed to go on for three years until May 2, 2023, and that would mark the end of phase three of the clinical trial.

At that point, the trial would be unblinded, which means the placebo group would be offered the intervention if it were indicated and if they consented, but that's not what happened. Instead, after they had accumulated and released only two months worth of trial data, Pfizer unblinded the study. This means they told all of the placebo and inoculation group participants which group they were in and offered the placebo group participants the option of moving over to the inoculated group. Most of them took Pfizer up on that offer, and the vast majority of the placebo group moved into the inoculated group. Which means that quite early in 2021, there was no longer a control group to compare the inoculated group to. Which means that for the rest of the trial, there's no way to assess long term effectiveness or safety.




The Canadian Covid Care Alliance continued to discuss that Pfizer's six-month report data showed although there is a reduction in COVID-19 cases by the inoculated group compared to the placebo group**, the inoculated group also showed an increase in illness and deaths.**

On the right, you'll see Pfizer's efficacy numbers, which they present quite proudly in their report, and it shows a reduction of positive cases of 91% in favor of the inoculation arm of the trial. On the left is a table showing the adverse events from the trial.

You won't actually find it in the report itself. You have to dig into the supplementary appendix in order to find it. This table is really concerning because if you recall, the justification for the inoculations was to reduce illness and hospitalization. Yet here we see that the inoculation arm showed an increase in adverse events in almost every category.

For example, if you look at related adverse events, which are adverse events that the investigators determined to be caused by the investigational product, there were over 5000 in the experimental arm and just over 1000 in the placebo group. So that was a 300% increase for people who'd taken the inoculation.

And when we look at severe adverse events, things that significantly interfere with normal daily function, there was a 75% increase. And then if we look at serious adverse events, which is anything that involves a visit to the ER or the hospital or any long-term side effects, there's a 10% increase in the inoculated arm. So what we're looking at here is actual level one evidence from a randomized controlled trial that the Pfizer inoculations increase illness rather than reduce it.

This is the opposite of what governments need the inoculations to do, and it means that they have failed to prove that these inoculations are safe. It doesn't matter if you reduce case numbers. If you are endangering people by making them sicker than they would have been otherwise.

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# INCREASED RISK OF ILLNESS

Screen capture from Pfizer 6 Month Supplementary Appendix

| Adverse Event | BNT162b2 (N=21,926) n[b] (%) | Placebo (N=21,921) n[b] (%) |
|---|---|---|
| Any event | 6617 (30.2) | 3048 (13.9) |
| Related[c] | 5241 (23.9) | 1311 (6.0) |
| Severe | 262 (1.2) | 150 (0.7) |
| Life-threatening | 21 (0.1) | 26 (0.1) |
| Any serious adverse event | 127 (0.6) | 116 (0.5) |
| Related[c,d] | 3 (0.0) | 0 |
| Severe | 71 (0.3) | 66 (0.3) |
| Life-threatening | 21 (0.1) | 26 (0.1) |
| Any adverse event leading to withdrawal | 32 (0.1) | 36 (0.2) |
| Related[c] | 13 (0.1) | 11 (0.1) |
| Severe | 10 (0.0) | 10 (0.0) |
| Life-threatening | 3 (0.0) | 7 (0.0) |
| Death | 3 (0.0) | 5 (0.0) |

**Table S3 | Participants Reporting at Least 1 Adverse Event from Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period.** The population included all ≥16-year-old participants who received ≥1 dose of vaccine irrespective of follow-up time. a. N=number of participants in the specified group. This value is the denominator for the percentage calculations. b. n=Number of participants reporting ≥1 occurrence of the specified event category. For 'any event', n=number of participants reporting ≥1 occurrence of any event. c. Assessed by the investigator as related to investigational product. d. Shoulder injury related to vaccine administration, right axillary lymphadenopathy, and paroxysmal ventricular arrhythmia (as previously reported). Adverse events for 12–15-year-old participants were reported previously.[11]

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

*A **significant increase in illness,** which the Pfizer inoculations were supposed to reduce.*

| | BNT162b2 | Placebo | Risk Change |
|---|---|---|---|
| **Efficacy** (Meaning number of people diagnosed with COVID-19.) | 77 | 850 | **-91%** |
| **Related Adverse Event** (Meaning an investigator has assessed it as related to the BNT162b2 injection.) | 5,241 | 1,311 | **+300%** |
| **Any Severe Adverse Event** (Interferes significantly with normal function.) | 262 | 150 | **+75%** |
| **Any Serious Adverse Event** (Involves visit to ER or hospitalization.) | 127 | 116 | **+10%** |

**Not only is there an increased risk of illness with the inoculations, but there's also an increased risk of death.**

On the left, you'll see a table that shows deaths and causes of deaths that occurred prior to unblinding, meaning deaths that occurred in the first two months of the trial. As one of the justifications for the inoculations was to protect people from death, you would expect to see a reduction in deaths on the inoculation arm.

Instead, their deaths are actually slightly higher at 15 deaths for the inoculation arm versus 14 for the placebo arm.

So that already looks bad for the Pfizer inoculation, but it actually gets worse in the months after on blinding, which is when placebo participants started crossing over and getting the inoculation because five more people died and all of them had received the inoculation. Pfizer didn't put these

deaths in a table like the others. We actually found them buried in the text of the report, three people from the original inoculation and two people who had originally been in the placebo arm but had crossed over and taken the inoculation died.

So that gives us 20 total deaths in the inoculation arm versus 14 in the placebo. This increase in deaths is level one evidence of harm because it comes from a randomized control trial.

And again, these trials were supposed to prove the inoculation safe, but they didn't. Instead, they prove that the inoculations cause harm, including death and the kinds of deaths we see here are also concerning.

PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

# INCREASED RISK OF DEATH

Screen capture from Pfizer 6 Month Supplementary Appendix

| Reported Cause of Death[a] | BNT162b2 (N=21,926) n | Placebo (N=21,921) n |
|---|---|---|
| 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.

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

| | BNT162b2 | Placebo |
|---|---|---|
| **Deaths before unblinding** (In Table S4 of Supplementary Appendix) | 15 | 14 |
| **Deaths after unblinding** (Not in table, but mentioned in text of 6 month report. See quote below.) | 5 | |
| **Total Deaths** | **20** | **14** |

"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*

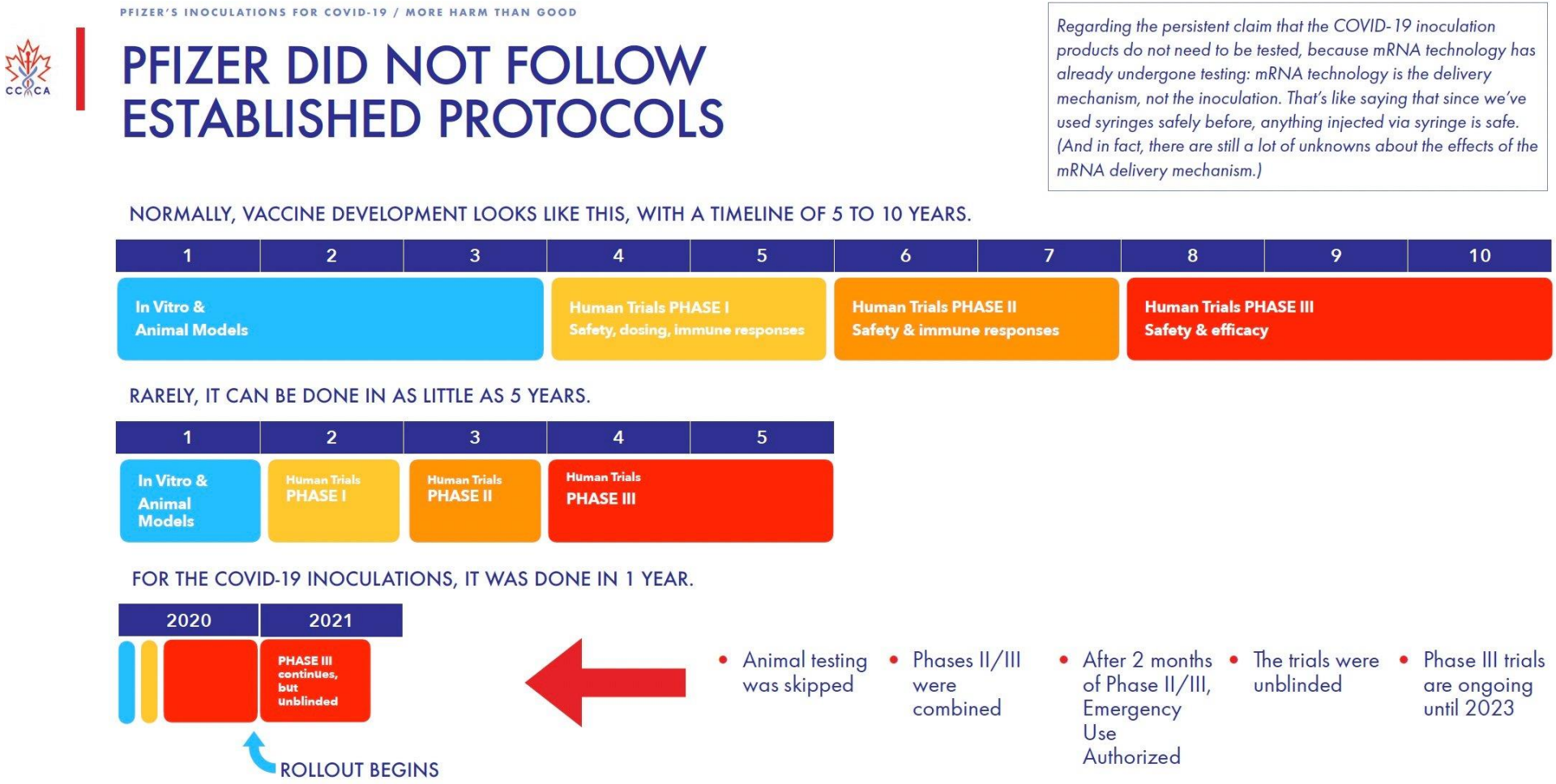
## Concerning Causes of Death

| | BNT162b2 | Placebo |
|---|---|---|
| Total COVID-19 Related Deaths | 1 | 2 |
| Deaths Related to Cardiovascular Events | 9 | 5 |

**Their analysis continued and claimed that Pfizer failed to follow established, high-quality safety and efficacy protocols for vaccine development. Everything was done in under a year and animal testing was skipped.**

So at this point, we have to ask ourselves what went wrong. And if you look at how the trials were designed and executed, you can actually see how this could happen. The failures to follow established, high quality safety and efficacy protocols were evident right from the beginning. Pfizer did not follow established protocols for vaccine development. Normally, vaccine development looks like this with a timeline of ten years.

And as you can see, safety is a key focus. Rarely, a vaccine can be developed in as little as five years, but there's still a lot of time devoted to safety for the COVID-19 inoculations. Everything was done in under a year. Animal testing was skipped. Phases two and three were combined, and after two months of the combined phase two and three emergency use was authorized, the trials were unblinded and the rollout began.




**Additionally, they tested people who are much healthier and they have excluded pregnant women, breastfeeding women, people with allergies with psychiatric conditions, immunocompromised people, and etc.**

They tested the inoculation on people who were much healthier than those most affected by COVID-19 in the real world. In the real world, 95% of people who have died with COVID-19 have had at least one comorbidity listed as a cause of death, and the average is actually four comorbidities. But in the FISA trial, only 21% of the participants had a coexisting condition. This has major implications for the rollout because we're being told that the inoculations are safe yet many health conditions. In fact, a list several pages long in the Pfizer trial protocols were actually excluded from the

They excluded pregnant women, 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 recently taken prescribed steroids, etc. E. So there has never been any data to make safety claims about those people and the inoculations, and yet they haven't been excluded from mandates and vaccine passports.