The Most Devastating COVID Report So Far

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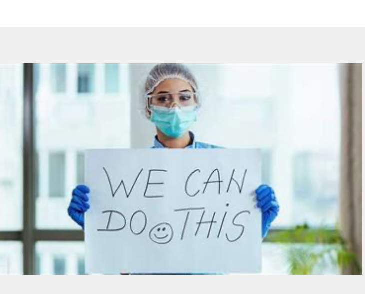


- A House committee report revealed the U.S. Department of Health and Human Services' $900 million "We Can Do This" COVID campaign was flawed and claimed COVID shots prevented transmission despite FDA stating there was no such evidence
- CDC's shifting mask guidelines and reversals on recommendations damaged public trust, with changes appearing politically motivated rather than based on scientific evidence
- The government aggressively promoted COVID shots for children despite low risk levels, using emotional manipulation and fear-based messaging through the Fors Marsh Group PR firm
- Clinical trial studies showed significant bias in measuring COVID shot effectiveness, with case-counting window bias making ineffective shots appear 50% to 70% effective
- Pfizer and Moderna vaccine trials revealed higher risks of serious adverse events than initially reported, with Pfizer showing 36% higher risk compared to placebo groups

The U.S. House of Representatives Energy and Commerce committee released an assessment of the U.S. Department of Health and Human Services' (HHS) COVID-19 public health campaign, revealing it was fraught with miscalculations that set the stage for widespread public distrust.[1]

In December 2020, the U.S. Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) to the first COVID-19 shots, yet these authorizations clearly stated there was no evidence the shots prevented viral transmission. Despite this, the administration launched the "We Can Do This" Campaign, spending over $900 million to promote vaccine uptake and public health measures.

However, foundational issues plagued the campaign from the beginning. Past contracts and fiscal mismanagement within HHS raised red flags about the effectiveness and integrity of their public relations efforts. As the campaign aimed to shape public behavior around masking, social distancing and vaccination, the reliance on flawed Centers for Disease Control and Prevention (CDC) guidance undermined its credibility.

By allowing CDC recommendations to drive public messaging, the administration sowed confusion and mistrust. These early failures were not isolated incidents but part of a broader pattern of inconsistent and politically influenced public health strategies that ultimately eroded the very trust needed to effectively manage a public health crisis.

Shifting Mask Guidelines Undermined Public Trust

Initially, masks were deemed unnecessary for the general public, with prominent figures like Dr. Anthony Fauci advocating against their widespread use. However, by April 2020, the CDC had completely reversed its stance, recommending masks for everyone outside the home. This flip-flop was not just confusing but also seemed politically motivated, influenced by factors such as teachers' unions pushing for prolonged school closures.[2]

The subsequent inconsistent messaging continued, with masks being recommended, then downplayed again as the shots rolled out. Each reversal rightfully fostered skepticism and resistance, while undermining the credibility of public health institutions. This erosion of trust was further exacerbated when breakthrough infections and variants like Delta emerged, proving that earlier mask guidance had been incorrect.

Overstating COVID-19 Shot Efficacy — A Critical Misstep

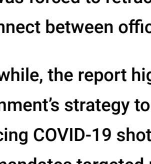
When COVID-19 shots were introduced, Americans were told to believe they were not only preventing illness but also halting the virus' transmission. However, this narrative quickly unraveled, as there was no evidence that vaccines prevented transmission. Despite this, the CDC and the "We Can Do This" campaign promoted the idea that only vaccinated individuals could safely forego masks and social distancing.

This overstated efficacy became a significant issue as breakthrough infections began to rise, especially with the emergence of more transmissible variants like Delta. The administration's insistence that vaccines stopped transmission contradicted the FDA's original EUA terms and created a false sense of security.

When real-world data began to show that vaccinated individuals could still spread the virus, the CDC was forced to retract and revise its messaging, further damaging its credibility. This disconnect between official statements and emerging evidence betrayed the public's trust.

Meanwhile, the report highlights how vaccine mandates became a contentious tool in the government's strategy to control the pandemic.[3] You saw federal, state and private employers enforcing COVID-19 shot requirements, often without clear, evidence-based justification. These shot mandates targeted millions, demonstrating the extent of overreach and coercion.

The resignation of top FDA officials over booster shot policies underscored the internal conflict and raised questions about the government's motives. Even vaccine proponents like Dr. Paul Offit criticized the mandates as politically driven rather than grounded in solid public health needs. The mandates disproportionately affected younger populations who were already at lower risk of severe illness and represented an infringement on personal autonomy.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Targeting Children with Fearmongering and Misinformation

One of the most alarming aspects of the COVID-19 response was the aggressive push to vaccinate children, despite mounting evidence that COVID-19 posed minimal risk to this age group.[4]

The CDC and HHS launched extensive campaigns targeting parents, using emotionally charged messaging to persuade them to get COVID-19 injections for their young children. Ads featuring celebrity parents and medical professionals painted a dire picture of COVID-19's impact on children, despite studies showing that severe illness and death in this demographic were exceedingly rare.[5]

By emphasizing the need for COVID-19 shots to keep schools open and protect community health, the government leveraged fear and misinformation to drive vaccine uptake. This approach not only misrepresented the actual risk but also disregarded the developmental and social impacts of prolonged masking and school closures on children.

Parents were left feeling manipulated, as the narrative suggested that vaccination was the only way to ensure their children's safety, ignoring the broader context of low transmission and minimal severe outcomes in young populations, along with the unknown side effects of the experimental shots.

The Fors Marsh Group Was Hired to Orchestrate the Propaganda Campaign

Behind the scenes of the HHS' public health messaging was the Fors Marsh Group (FMG), a PR firm contracted to manage the "We Can Do This" campaign. Engaging FMG, HHS aimed to craft a nationwide multimedia propaganda effort to shape public perception and behavior regarding COVID-19.[6]

FMG deployed a strategic mix of paid and earned media, leveraging influencers, celebrities and targeted advertisements to promote vaccination, mask-wearing and social distancing. This partnership raised significant concerns about the politicization of public health messaging. Past contracts with FMG had already been scrutinized for fiscal mismanagement, and this massive investment in a single campaign further highlighted conflicts of interest and inefficiencies.

FMG's approach relied heavily on emotional manipulation and fearmongering, often overstating the risks of COVID-19 to justify stringent public health measures. By prioritizing persuasive messaging over transparent, evidence-based communication, FMG and HHS effectively prioritized political agendas over scientific integrity.

This collaboration not only amplified mixed messages but also deepened public distrust as the true motives behind the campaign became increasingly opaque. The use of a private PR firm to drive national health policies exemplified a troubling shift toward prioritizing image over substance, undermining the credibility of public health institutions tasked with presenting accurate information.

Data Manipulation Included Overcounting Deaths

The final blow to public trust came when the CDC admitted to overcounting COVID-19 deaths due to a faulty algorithm.[7] This admission affected all age groups, including children, and exposed significant flaws in the data tracking system. The recalculation led to a 24% decrease in reported pediatric deaths, revealing that the initial numbers had been significantly inflated.

This revelation shattered any remaining credibility the CDC had, as it became clear that the pandemic response was built on inaccurate data. The CDC's admission that 80% of reported errors exaggerated the severity of the COVID-19 situation further eroded trust. This manipulation of data undermined the entire public health narrative.

Overall, the report underscores a troubling pattern of inconsistent messaging, overstated claims and data mismanagement by key public health authorities during the COVID-19 pandemic.

Clinical Trial Bias Inflated COVID-19 Shot Effectiveness

Based on a study published in the Journal of Evaluation in Clinical Practice, case-counting window bias dramatically distorted COVID-19 shot effectiveness estimates.[8] In randomized controlled trials (RCTs), both vaccine and placebo groups have synchronized case-counting windows, ensuring a fair comparison. However, in real-world observational studies, this window often applies only to the vaccinated group.

This asymmetry means that cases occurring shortly after vaccination in the unvaccinated group are counted, while similar cases in the vaccinated group are excluded. Consequently, an entirely ineffective vaccine could misleadingly appear to have substantial effectiveness — sometimes showing 50% to 70% efficacy when, in reality, the vaccine has zero effectiveness.[9]

This bias arises because the early post-vaccination period, when individuals are not yet fully protected, is treated differently between groups. Understanding this flaw is crucial for interpreting vaccine effectiveness accurately and recognizing that observational studies may overstate the true benefits of vaccination due to methodological inconsistencies.

The study also highlighted the impact of age bias on COVID-19 effectiveness estimates. In observational studies, vaccinated individuals are often older and may be less healthy than their unvaccinated counterparts because vaccines were prioritized for those at higher risk. This imbalance skews results, making vaccines appear more effective than they truly are.

The study also sheds light on background infection rate bias, which significantly misrepresents the true impact of vaccines. During periods when overall COVID-19 infection rates are declining, vaccinated individuals may appear to have lower infection rates simply because they received the injection during a peak period.

Conversely, if infection rates rise, unvaccinated individuals might show higher rates not necessarily due to lack of protection but because they were exposed during a surge. This temporal mismatch creates a misleading picture of COVID-19 shot effectiveness. For instance, a decline in cases might be attributed to vaccination when, in fact, it could be due to other factors like natural immunity.

COVID Shot Safety Overstated in Observational Studies

A separate study published in the Journal of Evaluation in Clinical Practice further revealed how adverse effect counting windows significantly distorted the perceived safety of COVID-19 shots in observational studies.[10] This study highlights that methodological flaws, such as limited counting windows, lead to an underestimation of shot-related adverse events.

For instance, by excluding adverse effects occurring within the first two weeks post-shot, observational studies overlook critical data points, including severe reactions like anaphylaxis. This exclusion creates a skewed safety profile, making the shots appear safer than they actually are.

Moreover, the study points out that even when considering longer follow-up periods, the reliance on unsolicited adverse event reporting misses subtle yet significant health impacts. As a result, the true risk associated with vaccines, especially serious conditions like myocarditis, remains obscured. Myocarditis, an inflammation of the heart muscle, was linked to mRNA vaccines, especially in young males.

Within just three weeks post-vaccination, there was a noticeable uptick in myocarditis cases among this demographic. However, due to the limited adverse effect counting windows in both observational studies and clinical trials, many of these cases went unreported or were misclassified. Furthermore, rapid unblinding of trials compromises the ability to monitor long-term safety outcomes, leaving many important questions unanswered.

Excess Serious Adverse Events in Pfizer and Moderna Shot Trials

Research published in the journal Vaccine also uncovered alarming discrepancies in the safety profiles of Pfizer and Moderna mRNA COVID-19 shots.[11] The analysis revealed that both shots were associated with an excess risk of serious adverse events of special interest (AESIs) compared to their placebo groups.

Specifically, Pfizer's shot showed a 36% higher risk of serious adverse events, translating to 18 additional events per 10,000 vaccinated individuals. Moderna's vaccine exhibited a 6% higher risk, equating to seven additional events per 10,000. When combined, the mRNA vaccines presented a 16% higher risk of serious AESIs, with a risk difference of 13.2 per 10,000 vaccinated participants.

These findings are particularly concerning because they show the shots carry more serious risks than initially reported. There was also a stark contrast between its findings and the FDA's official safety reviews. While the study identified a significant excess risk of serious adverse events in the Pfizer trial, the FDA concluded that serious adverse events were "balanced between treatment groups."[12]

This discrepancy arises primarily from differences in data analysis methodologies. The FDA focused on the incidence of participants experiencing any serious adverse event, effectively masking the higher number of multiple adverse events in the shot group. In contrast, the study accounted for the total number of adverse events, revealing a more nuanced and concerning risk profile.

In short, the official narratives provided by regulatory bodies did not fully capture the true extent of shot-related risks.[13]

Government-Sponsored Disinformation Amplified COVID-19 Spread

Other research published in Social Science & Medicine unveiled the profound impact of government-sponsored disinformation on the severity of respiratory infection epidemics, including COVID-19.[14] The research analyzed data from 149 countries between 2001 and 2020, revealing a significant positive association between disinformation campaigns and the incidence of respiratory infections.

Specifically, countries with higher levels of government-driven misinformation experienced more severe outbreaks of COVID-19. This correlation underscores how deliberate dissemination of false information seriously undermines public health efforts, leading to increased transmission rates and higher case numbers.

The study also highlights the detrimental effects of internet censorship on the reporting and management of respiratory infections. Governments that actively censor information limit the public's access to accurate health data,[15] worsening outcomes as occurred during the pandemic. As Dr. Robert Malone put it, "Both the background summary and the study findings are prophetic, and almost completely aligned with the Energy and Commerce committee report."[16]

The Path Forward — Ensuring Transparency and Trust in Public Health

It's evident that the COVID-19 public health campaign was fraught with hidden dangers and systemic challenges. In the aftermath of these revelations, the need to advocate for transparency, accountability and evidence-based policies is clear. Only by addressing these foundational issues will we ensure more effective responses in future health emergencies.

The lessons learned from these failures should drive a fundamental rethinking of how public health campaigns are managed and communicated, prioritizing scientific data over propaganda to better serve and protect the public.

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