

Another week, another 71 Americans reported dead to VAERS (v 43 last week) amongst 1,909 adverse events (v 1,877 last week)



Peter Halligan
Mar 24

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From [here](#) and [here](#) there were 72 deaths amongst 1,909 adverse events (US only) reported for the week ended 17 March 2023. This lifts the cumulative number of US deaths reported to VAERS to 17,185 and the number of adverse events to 945,821. Adverse events and deaths reported to VAERS in any given week could have occurred days, weeks or months ago.

Note that no autopsies are being performed on those reported dead to VAERS and testing the contents of the doses is illegal in the US and elsewhere.

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It is a Federal offence NOT to report an adverse reaction to a “vaccine”.

[Reporting Adverse Events Following Vaccination | Vaccine Safety | CDC](#)

“The reporting requirements for COVID-19 vaccines are the same for those authorized under emergency use (EUA) or approved under a Biologics License Application (BLA). Healthcare providers who administer COVID-19 vaccines are required by FDA, and under the provider agreements for the CDC COVID-19 Vaccination Program to report the following to VAERS:..”

From [here](#), C19 “cases” have averaged around 271,000 a week over the course of 2023 and deaths with C19 present have averaged around 2,750 a week. Note that there is no data on the “vaccination status” of those that died. Even now anyone tested positive with the mild Omicron strain within 28 days of death is treated as a Covid19 death, as per WHO instructions.

The probability that C19 deaths were caused by the four major circulating Omicron variants is close to zero. The same applies to the chances that an Omicron variant causes severe (life altering) or serious (life threatening) illness.

Total reports to VAERS from all round the world (including the US) for doses made by US companies reporting to the FDA/CDC, were for another 94 deaths amongst 2,784 adverse events for the week, lifting cumulative reports of death to 34,819 amongst 1,535,966 adverse events.

The CDC/FDA have sub-contracted General Dynamics and Eagle Health Technology to process adverse events.

[CDC hired contractors to process VAERS records – Bivalent “boosters” were authorised on 31 August 2022 – lag time for reporting deaths is now – 6 months – something is off \(substack.com\)](#)

The latest update for deaths and injuries reported to the European adverse events reporting system maintained by the EMA, EUDRA, to 25 February 2023 is here:

[50,663 DEAD and 5,315,063 Injured Following COVID-19 Vaccines in European Database of Adverse Reactions - Vaccine Impact](#)

The sum of deaths reported to US VAERS (US only reports) and EU EUDRA now stands at 67,838 amongst 6.26 million adverse event reports.

The US + EU dead is the equivalent of 169 jumbo jets with 300 passengers and crew, that is, one crash every week for the last 2 years 3 months since the roll-out of injections. Not a peep of acknowledgement from the US and EU health authorities on the sheer murderous scale of the tragedy of the roll-out of experimental and toxic C19 mRNA or viral vector injections.



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Multiply those numbers by around 6-8 to imagine the global impact – based on proportionate share that the US+EU has of global doses. Then multiply that by around 20-40 to adjust for the under-reporting factor where those responsible for inflicting death and harm (not unsurprisingly because of their direct responsibility) do not report it to the vaccine harm reporting systems.

There have been 1.442 billion doses shipped and 975 million doses administered within the EU [here](#). There are a whopping 467 million unused doses, either already destroyed or approaching their “use by” dates.

For the US only, assuming an Under-Reporting Factor (URF) of 40, this would represent 687,400 deaths amongst 37.8 million adverse events. Globally, deaths for companies subject to CDC/FDA reporting to US VAERS would be 1.4 million amongst 61.4 million adverse events.

673.5 million doses have been administered [in the US](#) and 13.34 billion doses [globally](#) (10 million more than last week).

Note that 70% of the world's 8 billion people have now received at least one dose. This works out an average of 2.4 doses each for the 5.6 billion people that have received at least one dose.

The US VAERS plus EU EUDRA numbers can be multiplied by 6.3 to “globalize” estimated deaths and injuries from doses administered (13.34 billion global doses v 2.22 billion doses in EU+US) and then multiplied by 40 to adjust for the URF.

If the URF of 40 is applied, and EU+US deaths and adverse events are scaled from EU+US doses to global doses administered by multiplying by 6.3, a ball-park estimate of deaths would be around 17 million deaths and around 1.6 billion adverse events.

The URF is crucial to estimates of global deaths from injections, as is actually reporting deaths to adverse events reporting systems in every country. It may be that “spontaneous” deaths are reported at around 20, rather than 40. Here is an article detailing many different methods for calculating the URF.

[Refresher on the Under Reporting Factor \(URF\) – The Giant Syringe in the Room \(substack.com\)](#)

This assumes that Chinese traditional vaccines and other countries viral vector vaccines have the same lethality as C19 mRNA injections. The Oxford/Astra Zeneca viral vector vaccine had 4-5 times the reports of adverse events as the C19 mRNA injections.

It is my belief that the “scaling up” factor for US+EU to global doses is closer to 8 because the lethality of C19 viral vector “vaccines” is far higher than the already toxic C19 mRNA injections.

Denis Rancourt estimates that the lethality of doses is closer to one death per thousand doses, which would result in 13.34 million deaths for the 13.34 billion doses administered globally.

The Oxford/Astra Zeneca vaccine has been dropped all over the world, but not in India.

[Has India – the world’s largest manufacturer of vaccines – suffered the world’s largest number of “vaccine” deaths numbering around 20 million? \(substack.com\)](#)

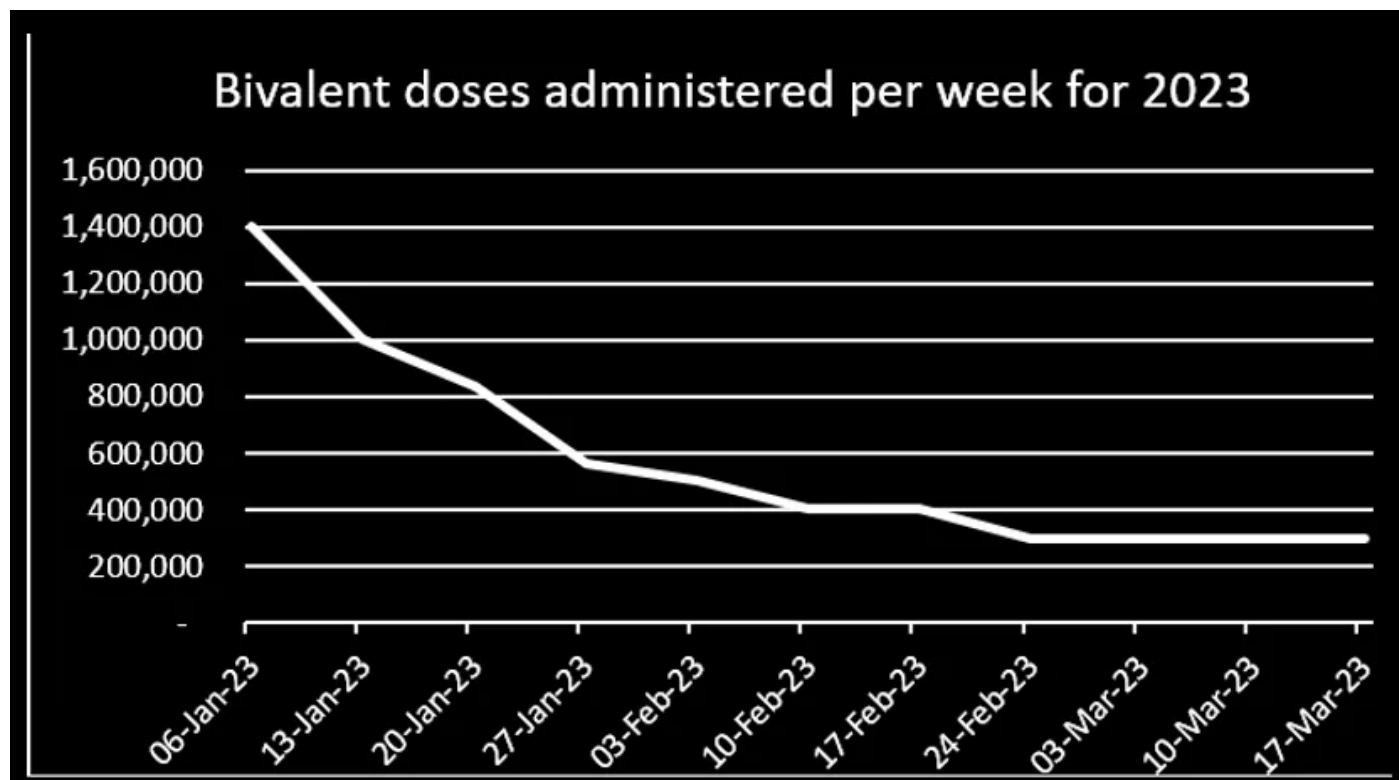
India mostly uses viral vector injections ([EUDRA shows these to be even more deadly than mRNA](#)). China does not publish adverse event data – but I doubt that it would be backward in coming forward if China’s vaccines were more effective and safer than either viral vector or mRNA injections. [India and China](#) are far the biggest “injectors” of C19 vaccines with around 6.7 billion doses administered between them out of 13.3 billion doses administered, in total, globally. [Coronavirus \(COVID-19\) Vaccinations - Our World in Data](#)

The Oxford/Astra Zeneca injection has been licensed to the Serum Institute of India and its brand name CoviShield has an 80% share of the entire Indian C19 vaccination market.

From [here](#), the number of US doses administered increased by around 0.45 million to 673.5 million.

As for last week, 0.3 million of this 0.5 million were bivalent doses, increasing the number of bivalent doses administered since authorization on 31 August 2022, to 54.5 million.

Numbers of bivalent doses administered have (suspiciously) flatlined in the last month.



The number of tots subject to attempted murder and maiming by their parents (suspiciously) increased by 20,000 over the week (from 10,000 last week) to 1.91 million, since authorization on 18 June 2022 (out of around 22.5 million tots in the US). Weekly doses flip from 10,000 to 20,000 every week.

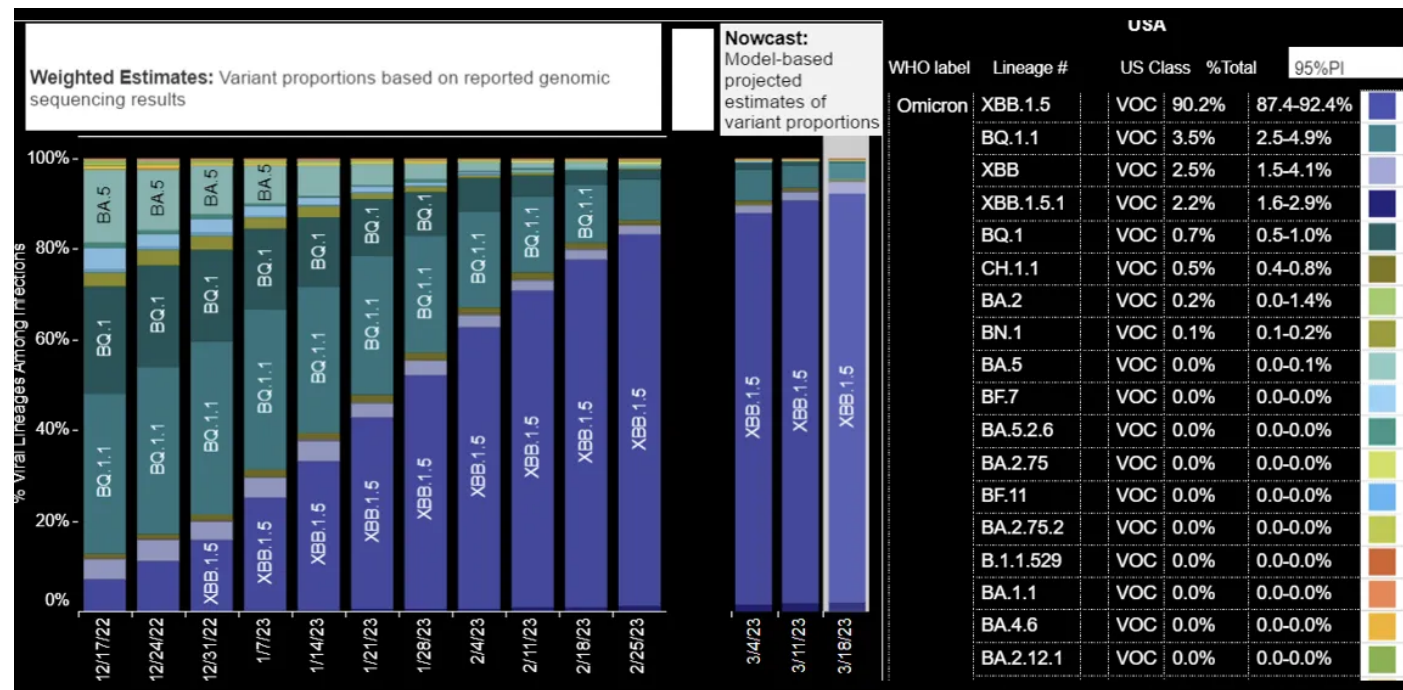
Out of another 1.8 million doses shipped around the US last week (down from 2.2 million last week) just 0.45 million were used (down a little from last week). The number of unused doses (disposed of or sitting in US freezers) rose to 298 million (v 297 million last week) almost all of which are obsolete as they have been replaced by bivalent doses – albeit with a growing number of bivalent doses, which are also obsolete as they target extinct variants.

For the US, in total, 971.5 million doses have been shipped with 673.5 million doses administered,, leaving 298 million unused. The percentage of unused doses out of those shipped remained at a whopping 30%.

The vast majority of these 298 million doses are obsolete and either past or approaching their “use by” dates. The US had ordered around 1.22 billion a few months ago, so there is, potentially, at least another quarter billion doses on the way, presumably NOT for the old monovalent doses, but all for the new and already obsolete bivalent doses.

Dominant variants according to the CDC are here:

[CDC COVID Data Tracker: Variant Proportions](#)



Note the bivalent C19 mRNA injections target the original and BA4/BA5 variants that do not exist.

From here, [Europe](#) has 466 million unused doses up 7 million since the last update. The US plus EU alone have over three quarters of a billion unused doses (765 million).

Assuming the US + EU represents 25% of the global C19 mRNA market by population, there could be a whopping 4 billion doses in freezers elsewhere that need to be incinerated – if they have not been already.

If you are still with me after all that, let's take a walk down the incompetence of the WHO in monitoring deaths and harms from these lethal injections.

The body that is responsible for collating data on global adverse events is the WHO. It operates a system called [VigiAccess](#).

If you type in BNT162b2 into the search bar here [VigiAccess](#) you will see that there are 4,949,624 reports. Click on “General disorders and administrative site conditions”, then scan a long way down the revealed list and you will see that the WHO has recorded 24,521 deaths associated with Pfizer/BioNTech's injection – with no entry for “Sudden Death”.

Screen shot:

COVID-19 mRNA Vaccine BNT162b2 contains the active ingredient **COVID-19 vaccine**
There are **4 949 624** reports with this active ingredient

Reported potential side effects

- Blood and lymphatic system disorders (2%, 215 084 ADRs)
- Cardiac disorders (3%, 299 319 ADRs)
- Congenital, familial and genetic disorders (0%, 3 559 ADRs)

Do the same for Moderna by typing in “Moderna Covid-19 vaccine” into the search bar, scoot to “General disorders..”, click on it to reveal the list, scoot down and you will see the same number of 4.95 million “reports” shown on the Pfizer entry – scroll down the list to Death – you will see the number 24,521 – the same number as for Pfizer - scroll down a little further and you will see “Sudden Death” and the number 2,224.

Screen shot:

Moderna COVID-19 vaccine contains the active ingredient **COVID-19 vaccine**
There are **4 949 624** reports with this active ingredient

Reported potential side effects

- › Blood and lymphatic system disorders (2%, 215 084 ADRs)
- › Cardiac disorders (3%, 299 319 ADRs)
- › Congenital, familial and genetic disorders (0%, 3 559 ADRs)

Spot the difference? The same numbers for each, except for Moderna which has an entry for “Sudden Death”.

There have been over 1.5 million reports made to VAERS and 5.3 million reports to EUDRA alone totalling almost 7 million reports for 1.6 billion doses.

13.4 billion doses have been administered globally, implying that, by scaling, there should be almost 60 million reports to VigAccess.

Keep in mind that Oxford/AstraZeneca viral vector injections resulted in 4-5 times MORE deaths and adverse event reports to EUDRA than the already toxic mRNA injections – before it was pulled from the market for killing and maiming people. Are you listening India – check out your CoviShield adverse events for 80% usage amongst India’s 1.4 billion people.

This is a scandal that has evaded all coverage and investigation anywhere in the world – potentially more than 20 million dead over the last two years or so in India and not a peep from anyone.

[Has India – the world’s largest manufacturer of vaccines – suffered the world’s largest number of “vaccine” deaths numbering around 20 million? \(substack.com\)](#)

This Is the same WHO that claims competence for handling all future pandemics – because it mishandled the C19 one so atrociously. It recommended and swill recommends experimental treatments and has had and will have no idea how and what any adverse events and deaths result. It does not and will not publish what treatments have worked and will work from successes and failures around the world and has failed and will fail to communicate what might look promising.

The WHO is simply not competent to monitor and solve ANY health issues ANYWHERE, yet claims it does have that quality. It does not and is seeking sovereignty over global health.

The WHO cannot even process data handed to them by US and EU medical agencies. Note my numbers exclude countries that have a semblance of adverse event reporting like the UK, Canada, Australia, New Zealand.

Does China have a working adverse event reporting system, or Brazil, or India? The odd 3 billion people with no public system. 40% of the worlds population. Meaning there is no way to tell whether any globally deployed “vaccine” is safe and effective. A complete farce.

The WHO wants 25% of every countries health budget allocated to pandemic preparedness. This means either triage of those usually treated for non-pandemic issues, or tax increases of the same amount to pay for the new (and uselessly unscientific) pandemic preparedness measures.

How do you like those apples, governments around the world? You already run fiscal deficits that have accumulated into piles of government debt that you have no intention of every paying back (i.e. you have stolen and continue to steal).

The WHO wants to, indirectly via undemocratic and covert means, mandate a minimum of a 10% spending increase in health budgets globally, beyond what countries already can't repay – countries are already unable to reduce hospital waiting lists and deal with volumes of elective (but life enhancing) surgeries./treatments.

Madness

Insanity to be overseen by egomaniacs with a fraction of the medical and scientific competence that is present outside of government and quasi government bureaucracies. There is a reason that people “gravitate” to institutions like the WHO – they cannot get employed elsewhere at the levels of responsibility they occupy in government and quasi government bureaucracies.

Keep in mind that the WHO also wants complete control of all medical manufacturing plants, deciding which plant in which country should supply what to any country. Russia injections to the USA, Chinese masks to Taiwan, Pakistani test kits to India, Japanese swabs to Hawaii and so and so forth. The WHO considers itself expert in every single part of the supply chain for every health product or diagnostic AND it seeks to determine what constitutes a health emergency, whether anyone agrees with them or points out logical fallacies or even if the medical and scientific community shows evidence that contradicts the ignorance of the WHO – just like WHO acted with the C19 pandemic.

The WHO will not only create more medical poverty – it will create shortages of quality medical treatment AND all other “temporary reliefs” from treatments as resources are diverted to

support the demonic ambitions of WEF, and the climate change eco-chicken littles. Vertical towers of Babel in every country in the world who will “have nothing and be happy” sucking on the government teat, who in turn monitors and controls their every move.

Whew! This took a few hours to put together! I would have earned thousands if I had been working in an office cubicle!



[One Man Band - Leo Sayer - YouTube](#)

Onwards!

Please subscribe or donate a coffee (I drink a lot of coffee) - “God Bless You!” if you can’t or don’t want to contribute. Coffee donations here: <https://ko-fi.com/peterhalligan>

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18 Comments



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J West Mar 25

Those who took the jabs have this happening ...

1. some have serious medical issues that they didn't have before
2. some will die outright

3. the rest will worry for years about what the vax may do to them in the future.

What I worry about is what will be done to those who forced their employees or family members to get the jab or hit the road. They are accomplices in thousands of unnecessary deaths and millions with damage to their health and well-being.

We need retribution for all that these drug-dealing bastards have done.

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Finchy74 Mar 25

No one at the FDA can pretend that the safety signal wasn't long ago exceeded. No one. If you work at the FDA and you are doing nothing to alert the public then you are simply an accessory to murder.

It is becoming increasingly difficult to reconcile my mundane, day to day life with the fact that an army of medical bureaucrats, politicians and 90% of doctors/nurses/techs is knowingly murdering and maiming countless people. Never in my most horrific nightmares did I ever imagine a world where our government is openly thinning out the population but those who are actively being culled are not only in a state of denial and disbelief, but often angrily defend those who are trying to remove them from this earth.

We are fighting against brainwashing and pride; two devilish enemies. The most credible reports show approximately 75% of the U.S. population has had at least one injection of the covid19 "vaccine". This is an enormous number of people to wake up when we desperately need their voices to stop this madness.

I say this to myself as much as I say it to any of you: Stay strong. Know your facts and data. Calmly and compassionately relay this data to the people in your life that are still asleep. This nightmare only ends when we get a majority of the population to awaken to the horrific reality we're living through.

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