

# How Many Have Died from COVID Vaccines?

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*Between mid-December 2020 and April 23, 2021, at which point between 95 million and 100 million Americans had received their COVID-19 shots, there were 3,544 reported deaths following COVID vaccination, or about 30 per day*

*In just four months, the COVID-19 vaccines have killed more people than all available vaccines combined from mid-1997 until the end of 2013 — a period of 15.5 years*

*As of April 23, 2021, VAERS had also received 12,618 reports of serious adverse events. In total, 118,902 adverse event reports had been filed*

*In the European Union, the EudraVigilance system had as of April 17, 2021, received 330,218 injury reports after vaccination with one of the four available COVID vaccines, including 7,766 deaths*

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In a May 5, 2021, Fox News report, Tucker Carlson asked the question no one is really allowed to ask: “How many Americans have died after taking the COVID vaccine?”<sup>1</sup>

If you haven’t paid attention, the answer to this verboten (forbidden) question may shock you. Carlson points out (inaccurately, if you ask me) that vaccines have been shown to be generally safe, citing statistics on how many Americans have died after the seasonal influenza vaccine in recent years.

Each year, more than 165 million Americans get the flu shot, and according to the U.S. vaccine adverse event reporting system (VAERS), there were 85 reported deaths following influenza vaccination in 2017; 119 deaths in 2018; and 203 deaths in 2019. “How do those rates compare to the death rates from the coronavirus vaccine?” Carlson asks. The answer is, there’s really no comparison.

How Many Have Died From COVID Vaccines?

Between mid-December 2020, when the first COVID-19 shots were rolled out, and April 23, 2021, at which point between 95 million and 100 million Americans had received their COVID-19 shots, there were 3,544 reported deaths following COVID vaccination.<sup>2</sup>

That's 182 more deaths than cited by Carlson. As of April 23, 2021, VAERS had also received 12,618 reports of serious adverse events. In total, 118,902 adverse event reports had been filed. If, like Carlson estimates, about 30 people per day are dying from the shots, these numbers will grow by the hundreds each week.

Carlson also cites data from an investigation by the U.S. Department of Health and Human Services, which found that VAERS catches a mere 1% of vaccine injuries,<sup>3,4</sup> primarily because it's a passive system and reports are filed voluntarily.

Many Americans don't even know that the system exists, or that they can file a report, and most doctors won't file reports when injuries are brought to their attention because the medical system doesn't reward such fastidiousness. At most, 10% of vaccine side effects are ever reported to VAERS, according to a 2005 study in the BMJ.<sup>5</sup>

What this means is that side effects may actually be 10 times or even 100 times higher than reported. We could, in reality, be looking at anywhere from 126,000 to 1.2 million serious side effects, and anywhere from 35,440 to 354,400 vaccine-related deaths.

While Carlson refuses to speculate about what the actual death toll might be, he does stress that what we're seeing is clearly out of the norm, and by a tremendous margin. In just four months, the COVID-19 vaccines have killed more people than all available vaccines combined from mid-1997 until the end of 2013 — a period of 15.5 years.

#### Gamble Your Life or Lose Your Freedom?

While the data show there are clear risks, Americans are urged, cajoled, shamed and threatened into getting the shot in any number of ways. President Biden recently warned that people who are not fully vaccinated against COVID-19 "can still die every day" from the infection, adding "This is your choice: It's life and death."

Carlson accurately points out that while unvaccinated people can indeed die of COVID-19, not everyone is at equal risk of complications and death. Old and chronically ill individuals are at greatest risk, while young and/or healthy individuals have a very low risk, and those who have had COVID-19 and recovered are immune.

For those who are young and/or healthy and/or immune, risking death or injury from the "vaccine" doesn't make much sense. I would argue it makes no sense whatsoever, as there are also several proven-effective treatments, both early at-home treatments and in-hospital treatments. So, there's no need to risk your health and life by taking COVID gene therapy.

As noted by Carlson, the young, healthy and already immune can add up to hundreds of millions of people in the U.S., yet policy makers are "not even acknowledging that these categories of people exist," he says.

They're pretending that everyone's risk is the same and, therefore, everyone must get vaccinated, or at bare minimum, they want 70% of the American adult population vaccinated by July 4, 2021.

Carlson points out that this policy might be deemed acceptable if it could be conclusively shown that the “vaccines” are safe, and if we had a thorough understanding of the long-term effects of these mRNA and viral vector DNA shots. However, we can’t and we don’t.

Thousands have died, and many of the side effects reported defy easy explanation. For example, COVID shots now account for one-third of all [tinnitus](#) side effects in VAERS. Oxford and UCLA researchers, who are now tracking side effects across eight different countries, report finding that “women aged 18 to 34 years had a higher rate of deep vein thrombosis than men of the same age,” Carlson says. Why? No one knows.

### Stunning Lack of Reaction to Mounting Death Toll

Perhaps most stunning of all is that these thousands of deaths and serious reactions are receiving no attention whatsoever. In 1976, the U.S. government vaccinated an estimated 45 million people against pandemic swine flu.

The 1976 pandemic swine flu mass vaccination campaign was canceled after 53 people died. Authorities decided the vaccine was too risky to continue the campaign. Now, health authorities are shrugging off more than 3,500 deaths following COVID-19 vaccination as either coincidental or inconsequential.

The program was canceled, Carlson reports, after only 53 people died. Authorities decided the vaccine was too risky to continue the campaign. Now, health authorities are shrugging off more than 3,500 deaths after COVID-19 vaccination as either coincidental or inconsequential.

Folks, this is 70 times more deaths than the swine flu vaccine, which was halted. If this isn’t insanity on steroids, please tell me what is. Maybe murder? This doesn’t even include the deaths of thousands, and potentially tens of thousands of miscarriages, which is now becoming rapidly recognized as a possible complication of COVID-19 “vaccines.”

In fact, an April 2021 report in The New England Journal of Medicine<sup>6</sup> said that miscarriage was the most common condition reported after a COVID vaccine, and that “there is probably substantial underreporting of pregnancy- and neonatal-specific adverse events” connected with the vaccine. But rather than posting a warning that the vaccine may be causing miscarriages, health officials simply urged “continued monitoring” of the issue.

### EU Reports Hundreds of Thousands of Side Effects

In the European Union, we find more of the same. Its EudraVigilance system, to which suspected drug reactions are reported, had as of April 17, 2021, received 330,218 injury reports after vaccination with one of the four available COVID vaccines (Moderna, Pfizer, AstraZeneca and Johnson & Johnson), including 7,766 deaths.<sup>7</sup>

Of these, Pfizer’s mRNA injection accounted for the largest number of deaths at 4,293, followed by Moderna with 2,094 deaths, AstraZeneca with 1,360 deaths and Johnson & Johnson with 19 deaths. The most commonly reported injuries were cardiac-related problems and blood/lymphatic disorders.

In related news, the Israeli People Committee (IPC), a civilian body of health experts, has published a report detailing side effects from the Pfizer vaccine, concluding “there has never

been a vaccine that has harmed as many people.” The Committee received 288 reports of death, 90% of which occurred within 10 days after the vaccination; 64% of them were men.

This contradicts data from the Israeli Ministry of Health, which claims only 45 deaths were vaccine related. According to this report (translated from Hebrew):<sup>8</sup>

*“According to Central Bureau of Statistics data during January-February 2021, at the peak of the Israeli mass vaccination campaign, there was a 22% increase in overall mortality in Israel compared with the previous year.*

*In fact, January-February 2021 have been the deadliest months in the last decade, with the highest overall mortality rates compared to corresponding months in the last 10 years.*

*Amongst the 20-29 age group the increase in overall mortality has been most dramatic. In this age group, we detect an increase of 32% in overall mortality in comparison with previous year.*

*Statistical analysis of information from the Central Bureau of Statistics, combined with information from the Ministry of Health, leads to the conclusion that the mortality rate amongst the vaccinated is estimated at about 1: 5000 (1: 13000 at ages 20-49, 1: 6000 at ages 50-69, 1: 1600 at ages 70+).*

*According to this estimate, it is possible to estimate the number of deaths in Israel in proximity of the vaccine, as of today, at about 1000-1100 people.”*

## Reproductive Effects

In the U.S., we’re now starting to see thousands of reports of menstrual problems among women who have received the COVID-19 vaccine. As reported by The Defender:<sup>9</sup>

*“Women have reported hemorrhagic bleeding with clots, delayed or absent periods, sudden pre-menopausal symptoms, month-long periods and heavy irregular bleeding after being vaccinated with one or both doses of a COVID vaccine.*

*There’s no data linking COVID vaccines to changes in menstruation because clinical trials omit tracking menstrual cycles. But two Yale University experts wrote in The New York Times ... there could be a connection.*

*‘There are many reasons vaccination could alter menstruation,’ wrote Alice Lu-Culligan, an M.D./Ph.D. student at Yale School of Medicine, and Dr. Randi Epstein, writer in residence at Yale School of Medicine.*

*‘Periods involve the immune system, as the thickening and thinning of the uterine lining are facilitated by different teams of immune cells and signals moving in and out of the reproductive tract,’ Lu-Culligan and Epstein explained.*

*‘Vaccines are designed to ignite an immune response, and the female cycle is supported by the immune system, so it’s possible vaccines could temporarily change the normal course of events.’”*

Even more bizarre, there are hundreds of anecdotal reports of women who have not gotten the vaccine, but spent time in close proximity to someone who did, who are experiencing the same kind of abnormal menses and bleeding irregularities. Some doctors are hypothesizing that some sort of shedding may be taking place, although the mechanism is unknown. As yet, it's too early to speculate further.

Interestingly, a Chinese study<sup>10</sup> published in Reproductive BioMedicine Online, which looked at sex hormones and menstruation in unvaccinated women of reproductive age who were diagnosed with COVID-19, found 28% had a change in the length of their cycle, 19% had prolonged cycles and 25% had a change in menstrual blood volume.

The researchers hypothesize that “the menstruation changes of these patients might be the consequence of transient sex hormone changes” caused by a temporary suppression of ovarian function during infection.

Dr. Natalie Crawford, a fertility specialist, told The Defender<sup>11</sup> that the menstrual irregularities seen in female COVID-19 patients may be linked to a cellular immunity response, and since the vaccine instructs your body to make the SARS-CoV-2 spike protein, which your immune system then responds to, the effects of the vaccine may be similar to the natural infection.

#### Death Tally May Spike During Fall and Winter

While the death toll from COVID-19 vaccines is already at a historical level, I fear it may shoot far higher as we move through fall and winter. The reason for this is because one of the greatest risk factors and wild cards of these vaccines is antibody-dependent enhancement (ADE) or paradoxical immune enhancement (PIE).

I've detailed this issue in several articles, including [“How COVID-19 Vaccine Can Destroy Your Immune System”](#) and [“Will Vaccinated People Be More Vulnerable to Variants?”](#) In summary, ADE means that rather than enhance your immunity against the infection, the vaccine actually enhances the virus' ability to enter and infect your cells, resulting in more severe disease than had you not been vaccinated.<sup>12</sup>

The 2003 review paper “Antibody-Dependent Enhancement of Virus Infection and Disease” explains it this way:<sup>13</sup>

*“In general, virus-specific antibodies are considered antiviral and play an important role in the control of virus infections in a number of ways. However, in some instances, the presence of specific antibodies can be beneficial to the virus. This activity is known as antibody-dependent enhancement (ADE) of virus infection.*

*The ADE of virus infection is a phenomenon in which virus-specific antibodies enhance the entry of virus, and in some cases the replication of virus, into monocytes/macrophages and granulocytic cells through interaction with Fc and/or complement receptors.*

*This phenomenon has been reported in vitro and in vivo for viruses representing numerous families and genera of public health and veterinary importance ... For some viruses, ADE of infection has become a great concern to disease control by*

*vaccination.”*

Fall and winter are the seasons in which most coronavirus infections occur, be it SARS-CoV-2 or other coronaviruses responsible for the common cold. If ADE does turn out to be a common problem with these injections, then vaccinated individuals may be at significantly higher risk of severe COVID-19 and a potentially lethal immune reaction due to pathogenic priming.

Another potential risk is that of Th2 immunopathology, especially among the elderly. As reported in a PNAS news feature:<sup>14</sup>

*“Since the 1960s, tests of vaccine candidates for diseases such as dengue, respiratory syncytial virus (RSV), and severe acute respiratory syndrome (SARS) have shown a paradoxical phenomenon: Some animals or people who received the vaccine and were later exposed to the virus developed more severe disease than those who had not been vaccinated.*

*The vaccine-primed immune system, in certain cases, seemed to launch a shoddy response to the natural infection ...*

*This immune backfiring, or so-called immune enhancement, may manifest in different ways such as antibody-dependent enhancement (ADE), a process in which a virus leverages antibodies to aid infection; or cell-based enhancement, a category that includes allergic inflammation caused by Th2 immunopathology.*

*In some cases, the enhancement processes might overlap ... Some researchers argue that although ADE has received the most attention to date, it is less likely than the other immune enhancement pathways to cause a dysregulated response to COVID-19, given what is known about the epidemiology of the virus and its behavior in the human body.*

*‘There is the potential for ADE, but the bigger problem is probably Th2 immunopathology,’ says Ralph Baric, an epidemiologist and expert in coronaviruses ... at the University of North Carolina at Chapel Hill.*

*In previous studies of SARS, aged mice were found to have particularly high risks of life-threatening Th2 immunopathology ... in which a faulty T cell response triggers allergic inflammation, and poorly functional antibodies that form immune complexes, activating the complement system and potentially damaging the airways.”*

Recognize Cheap Brainwashing Propaganda for What It Is

Carlson ends his segment with a crude, cuss-filled ad “brought to you by people who are smarter than we are,” in which people who are supposedly doctors and nurses belittle those who read about side effects online or hear about risks from friends, and demand, while giving you the finger, that you just “grow up and get the vaccine.”

If you did not watch Carlson’s report, you need to STOP now and watch the video below to see this unbelievable ad. It is queued up to start at the ad. It is beyond shocking that they believe they can get away with this type of abuse.

*“It doesn’t make you laugh,” Carlson says. “It makes you nervous. Why are they talking*



*to you that way? Why are they giving you the finger on TV? No matter how many fingers they give you, it doesn't change what remains true for the country.*

*If American citizens are going to be forced to take this vaccine, or any other medicine, they have the absolute right to know what it is and what its effects might be.*

*And they have an absolute right to ask that question, without being silenced or mocked or given the finger. And no amount of happy talk or coercion or appeals to false patriotism can change that. Period."*



[Watch the video here.](#)

In my view, there are still so many potential avenues of harm and so many uncertainties, I would encourage everyone to do your homework, keep reading and learning, weigh the potential pros and cons, ignore all pressure tactics and take your time when deciding whether to get any of these [COVID-19 gene therapies](#).

Last but not least, if you or someone you love has already received a COVID-19 vaccine and are experiencing side effects, be sure to report it, preferably to all three of these locations:<sup>15</sup>

1. If you live in the U.S., [file a report on VAERS](#)
2. Report the injury on [VaxxTracker.com](#), which is a nongovernmental adverse event tracker (you can file anonymously if you like)
3. [Report the injury on the Children's Health Defense website](#)

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Notes

- <sup>1</sup> [The Defender May 6, 2021](#)
- <sup>2, 9</sup> [The Defender April 30, 2021](#)
- <sup>3</sup> [AHRQ December 7, 2007](#)
- <sup>4</sup> [The Vaccine Reaction January 9, 2020](#)
- <sup>5</sup> [BMJ 2005;330:433](#)
- <sup>6</sup> [NEJM April 21, 2021](#)
- <sup>7</sup> [The Defender April 29, 2021](#)
- <sup>8</sup> [Aletho News April 21, 2021](#)
- <sup>10</sup> [Reproductive BioMedicine 2021 Jan; 42\(1\): 260–267](#)
- <sup>11</sup> [The Defender April 28, 2021](#)
- <sup>12</sup> [PNAS.org April 14, 2020 117 \(15\) 8218-8221](#)
- <sup>13</sup> [Viral Immunology 2003;16\(1\):69-86](#)
- <sup>14</sup> [PNAS April 14, 2020 117 \(15\) 8218-8221](#)
- <sup>15</sup> [The Defender January 25, 2021](#)

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