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Research Article

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Early Indication of Long-Term Impact of COVID Injections

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Abstract

The latest Australian mortality data provide the first clear statistical indication that COVID-19 injections are doing long-term harm to the population, where further injections are likely to cause greater proportionate harm. The causal relationship between COVID injections and excess deaths discovered in earlier studies, is shown to be accurately predictive, because Australia is arguably an excellent natural "controlled" experiment on the effects of the intervention. Significantly, this bad news about the injections is also relevant for the rest of the world.

Keywords: COVID injections, Australian Mortality, Vaccination

Introduction

Most evidence from many reports of adverse effects of COVID "vaccines" has been dismissed by authorities as anecdotal and rare, with statements such as "the vaccines have been effective and successful". More new ones have been approved and future ones have been planned by the World Health Organization (WHO) to be mandated globally through international health treaties.

The truth about the COVID-19 pandemic as revealed by real-world data, has been obfuscated by complicated official reporting with flawed and inconsistent definitions of cases, deaths and vaccination status. In the confusion, it has been difficult to use the same data to dispute official claims of success.

A different approach [1,2] using basic raw data has been shown to yield statistically significant findings that Australian government national vaccination campaigns caused most of the excess deaths in the Australian pandemic, including up to 30,000 in 2022 alone [3].

Recently, there have been observations [4,5] of long-term survival of synthetic spike proteins, which are the pathogens [6] of the COVID-19 disease. Also, there has been detection of foreign DNA contamination in the COVID injections [7], which are well-known to increase the probability of pathogenic alterations of the human genome. These potentially long-term pathogenicities warrant an update on the evidence of the possible long-term epidemiological impact of the injections, using the most recent mortality data published [8] by the Australian Bureau of Statistics (ABS). The Australian evidence is particularly relevant, because Australia may well be the best real-world epidemiological experiment in the world, as explained below.

Our approach, using only the most reliable data [8,9], is so simple and direct that its validity has been overlooked by authorities and the literature. A made-up "gedanken" experiment may be helpful to illustrate the causal inference available to the approach.

Gedanken Experiment

Imagine we have a small vial of unknown liquid, which needs to be tested for safety. Upon feeding one drop to a rat, it was observed that it became weak and died one week later. Trying two drops on another lab rat resulted in its demise in five days. To rule out coincidence, four drops were given to a third rat, and it died in three days.

To verify that the liquid is poisonous and to establish a dose-response relationship, it was predicted that eight drops would cause death in less than two days and one millilitre (20 drops) would kill instantly. With fulfilment of the prediction upon conducting the experiment, it was concluded that the liquid is poisonous and caused the deaths of the rats in a time inversely related to dosage, even though nothing else is known about the liquid.

The fact established in the gedanken experiment is that the liquid has caused deaths in the rats. Exactly what is the composition of liquid and how its dosages determine the time to death are further details which do not alter the fact that the liquid has caused death. Were this evidence presented in a court of law, it would be highly probative on the issue of causation.

Epidemiological Causality

A standard measure in epidemiology is all-cause mortality. A pandemic is defined and measured by how significant are the excess deaths above expectation. The expectation, usually called the baseline, is defined by calculating [3] the all-cause mortality averaged over the previous five years, which is 2015 to 2019 for the COVID-19 pandemic.

Much research has considered how different biological mechanisms could explain the injuries and deaths induced by COVID injections, but few papers have considered that most excess deaths have been caused by the same injections in Australia. Indeed, COVID deaths of the "unvaccinated", defined arbitrarily by health authorities, have been the explanation for the excess deaths to obviate the adverse impacts of the COVID injections.

Our approach in showing epidemiological causality by COVID injections has famous historical precedents, including John Snow's proof that cholera was a water-born contagious disease, not air-born through the "miasma", and Ignaz Semmelweis's observation that contact with cadavers by doctors who also delivered babies (without washing hands) caused postpartum infection and mortality. There is also the example of "smoking causes lung cancer".

In a similar vein, the main fact discovered in earlier studies [1,2] about the Australian pandemic was that the first two mass vaccination drives were each followed, five months or 21 weeks, later by corresponding and proportionate increases in excess mortality, as shown in Figure 1 below, where the dose curve in green has been shifted temporally forward.

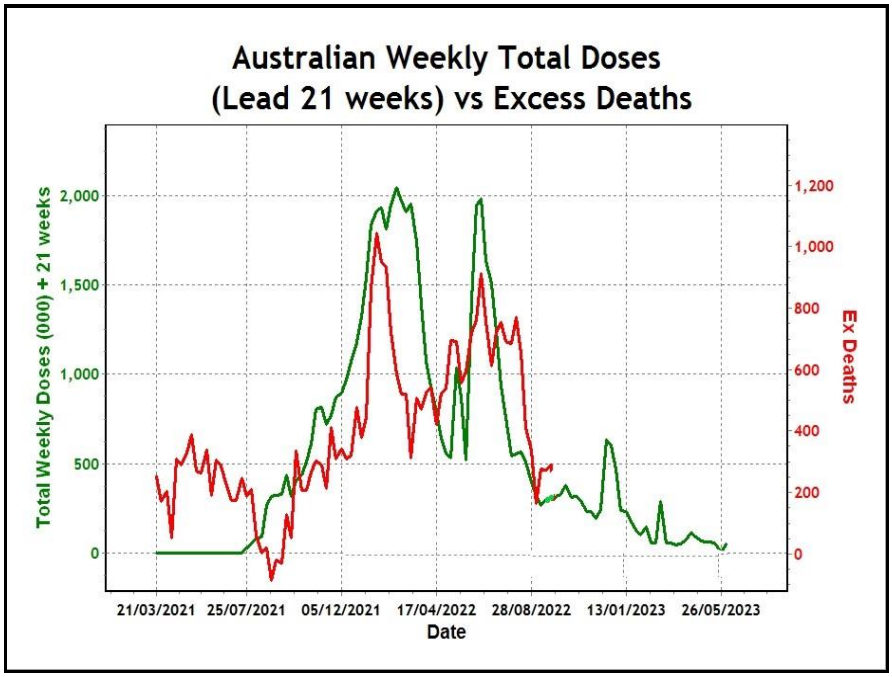

Figure 1: Australian weekly Total Doses (Lead 21 Weeks) vs Excess Deaths.

The relationship, derived from official sources cited in [1,2], satisfy the Bradford Hill criteria of medical causality, including strength of correlation, consistency (over the whole relevant dataset), temporality (consistent lag between cause and effect), biological gradient (dose-response relationship) and other aspects, proving that the COVID injections have caused the excess deaths, in the same sense as the above example of the rat experiment. See [1,2] for more detailed data analysis.

Prediction Fulfilled

The original monthly chart [1] was updated with weekly data to Figure 1 in the second paper [2], published in June 2023, with mortality data up to September 2022. Note that the green curve shows a third spike in COVID injections due to the second booster mass vaccination drive 21 weeks earlier in mid-July 2022. Therefore, this chart predicted a third wave of excess deaths at the end of 2022, well before the mortality data were available.

Further updating Figure 1 with the latest data to week 21 of 2023 (Figure 2 below), we show the implicit out-of-sample prediction by the previous chart was accurately fulfilled. Indeed, the second booster mass vaccination, in July 2022, to quell the second wave of excess deaths, perversely did cause the third wave of excess deaths at the end of 2022. This fulfillment of the out-of-sample prospective prediction is a validation of the methodology. Successful predictions are important in science.

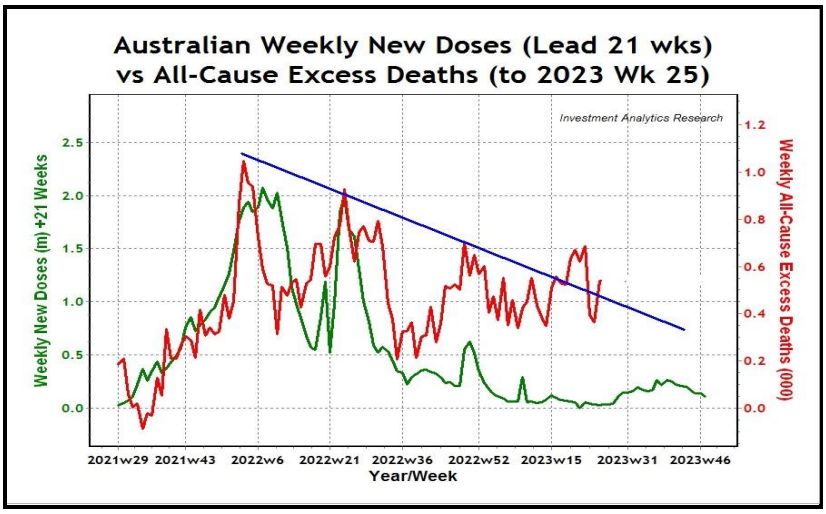

Figure 2: Australian weekly New Total Doses (Lead 21 Wks) vs All-Cause Excess Deaths (to 2023 wk 25).

Until the last two data releases by the ABS, the peaks of the excess death waves have trended downward, as indicated by the falling blue line, corresponding to lower peaks in mass vaccination 21 weeks earlier. The most recent data, unless revised away later, have broken the downtrend line, which suggests the long-term impact of the COVID injections is becoming more clearly evident. The downtrend line was broken by Week 16 of 2023. The breakout remained mostly above the trendline, even when COVID injections temporarily ceased 21 weeks earlier in January 2023. This suggests long-term harm will remain elevated even if all COVID injections were stopped immediately.

Long-Term Harm

The long-term harm of COVID injections is evident from the fact that the same dosage results, over time, in greater response in excess deaths. The evidence for this long-tern harm can be analyzed by doing a piece-wise linear regression of the three waves of excess deaths, as shown in Figure 3 below.

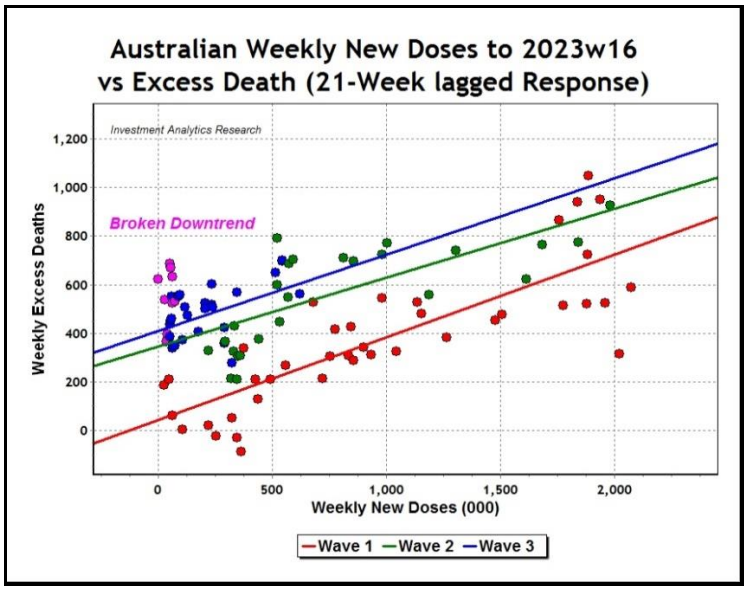

Figure 3: Australian weekly New Total Doses to 2023 w16 vs Excess Deaths (21-Week lagged Response).

Statistically significant linear regressions of the first, second and third waves are shown respectively in red, green and blue points and lines. Evidently, the regression lines which quantify the dose-response relationships, are higher for each successive wave due to higher intercepts and/or steeper slopes of the successive lines. Too few to analyze, the nine fuchsia points which broke the downtrend, would have even higher intercepts.

Unlike other correlation studies, here, the positive correlation and consistent dose-response relationship apply to the *whole* dataset, without selection bias, as discussed in [2] on Simpson's Paradox. A summary of the statistical analysis for the three waves is provided in Table 1.

	Wave 1	Wave 2	Wave 3
Period Start	2021w29	2022w17	2022w43
Sample (Weeks)	40	26	26
Intercept *(t-value)*	39.4(0.856)	341(6.6)	413(14.2)
Slope per Weekly Doses (000) (*t-value*)	0.342(8.67)	0.286(5.12)	0.312(2.77)
Correlation (%)	81.5	72.3	49.2
R-Squared	0.664	0.523	0.242
F-Stats	75.2	26.3	7.66
p-value	<0.0001	<0.0001	0.01
Excess Deaths for million Doses	381	627	725

Table 1: Statistical Analysis for the Three Waves.

The dose-response relationships are characterized by the intercepts and slopes of the regression lines in the third and fourth rows of Table 1. The systematic increase in the intercepts of the regression lines of successive waves indicates a long-term effect of increased excess deaths response to given doses of COVID injections.

The systematic decrease in *R-squared* (see the sixth row) and the decrease in the *t-values* of the slope coefficients (see the fourth row) with each wave indicate short-term variabilities of the dose-response relationships are explaining less and less the regression lines, due to the gradual emergence of long-term impact, indicated by increasing values of the intercepts (see the third row). The *F-Stats* shows excellent to good fit to data and the *p-values* show a gradual decline from very high to high statistical significance.

The empirical data suggest that "short-term" should be defined as less than "about six months", whereas "long-term" should be defined as being about "two years or more". Our study shows the first early empirical evidence that COVID-19 injections could have long-term impact of two-years or more. This epidemiological finding complements clinical studies as well as pathologies from molecular biology (discussed below).

Based on about 70 million doses of injection already given, the total excess death toll from short-term side effects would be about 50,000. This toll could increase substantially if the early indication of long-term side effects were to persist, particularly if COVID injections continue. However, there are currently insufficient empirical data to make meaningful projections further ahead.

The excess deaths caused by any given number of doses of injection gradually increased over time, rising with successively more lethal consequences with each new wave. For example, a weekly million doses on the Australian population, on average, the first wave in 2021 would cause about 400 excess deaths (red line), the second wave in 2022 would cause 600 (green line), while the third 700 (blue line) about six months later. What could be the explanation?

A priori, it is possible that each batch of new injections are more pathogenic in each successive mass vaccination drive, but it is more likely that the effect of injections is cumulative, somewhat like taking higher doses of the same toxic medication, but spread over time.

The main reason for this interpretation of dose accumulation is that the mRNA injections for COVID-19 have been designed to be long lasting. The survival of the antigenic spike protein causing immune reaction has an unknown time limit, not yet determined clinically or theoretically. It is as though each new injection or booster adds to previous injections, resulting in a reservoir of spike proteins, which are mortally pathogenic [6].

Spike Protein Longevity

Spike protein production in host cells is instructed by nucleoside-modified mRNA delivered by lipid nano-particles (LNP) of mRNA injections, as officially disclosed by BioNTech document [10]. Spike proteins from mRNA injections last much longer than those from the SARS-CoV-2 virus, because the transfected modified mRNA from the injections last much longer in the cell than the mRNA from the virus.

Spike protein longevity is achieved synthetically by replacing uridine with pseudo uridine (N1-methylpseudouridine), because it has long been known [11] that the modified mRNA induces muted response from toll-like receptors, thus enhancing cell survival against innate immune scavengers, such as macrophages and prolonging spike protein production.

Still longer-term spike protein production is potentially possible if the modified mRNA were reverse-transcribed into the human DNA [12,13], in which case spike protein production may be endless. Spike proteins have been observed [4] up to 187 days, and potentially longer, after modified mRNA injection. Whole-body positron emission tomography (PET) has also observed [5] the persistence of SARS-CoV-2 RNA up to two years after infection and vaccination.

Other long-term pathology, unrelated to the spike protein is also possible, if foreign DNA detected [7] in contaminated injections

were to alter the human genome, leading to other mechanisms of pathology such as oncogenesis. However, actual alteration of the human genome by those contaminants has not yet been confirmed or officially recognized.

It is beyond the scope of this paper to discuss the fast-growing and abundant literature on the vaccinology relating to the durability and longevity of spike proteins from the mRNA injections, and other mechanisms of harm from adjuvants and contaminants (see [6] for more references). Our epidemiological observation on "time to excess deaths" of long duration complements clinical studies of shorter durations [14], providing parameters for further medical research.

The statistical facts presented in this paper stand alone, regardless of the underlying biology. However, mention is made here of the associated science merely to support some of the other Bradford Hill criteria for causality, including the existence of plausible biological mechanisms and observed corroborating facts which are coherent with current medical knowledge.

Uniqueness of Australia

The causal relationships presented here for Australia are likely to be unique because Australia may be a unique naturally "controlled" experiment, where confounding factors are minimized, leaving COVID injections to be the dominant factor in determining pandemic deaths.

Australia has a population of reasonable size, providing a statistically large sample size. It is remote, being isolated from the rest of the world by large distances. It is a large island continent with strict border control, both to prevent illegal immigration and to monitor travelers.

Most of Australia is located in low latitudes, being mostly less than 35 degrees from the equator and less susceptible to vitamin D deficiency. With comparatively low population density, Australia is inherently less prone to infectious respiratory diseases [15].

On top of these natural advantages, Australia was not hesitant in imposing strict public health measures during the pandemic. These factors may explain why in 2020 Australia had only 900 COVID deaths, which were likely reclassified wrongly from influenza and pneumonia deaths [1].

There was most probably no SARS-CoV-2 pandemic in Australia, until the SARS-CoV-2 spike proteins were introduced synthetically through mass vaccination, which has explained [1,2] most of the excess deaths, as discussed above. Australia is a unique controlled experiment of the COVID mRNA technology.

Other countries are uncontrolled experiments caused often by uncontrolled population movements, which are encouraged, for example, in the European Union for its citizens and contributed substantially also by legal and illegal immigration.

Mortality data were also confounded by iatrogenic interference with widespread use of drugs such as Remdesivir in the US and Midazolam in the UK. These confounding factors, among others, muddy the data obscuring the clear relationships we observe in Australia between COVID injections and excess deaths.

One should question the WHO assumption of the universal relevance and applicability of medication and vaccines. Much depends on idiosyncrasies of individual countries. Contradicting the WHO assumption are actual experiences of the COVID-19 pandemic which have been highly variable across the globe. Australia is a clear counterexample to the WHO assumption. Paradoxically, Australia's uniqueness has universal implications.

Conclusion

In conclusion, Australia may be the world's best natural laboratory experiment, with minimal confounding factors, to test COVID injections for their efficacy and side effects. On this supposition, the latest Australian data to June 2023 may be bad news for the world, because they provide evidence for an early warning of possibly persistent long-term harm from COVID injections, caused probably by the side effects of dose accumulation.

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