

CHANCES OF A BAD DOSE

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Article

“Batch-dependent safety of the BNT162b2 mRNA COVID- 19 vaccine”

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/eci.13998>

<https://howbad.info/schmeling.pdf>

Population Sample

Danish researchers examined rates of suspected adverse events (SAEs) between different BNT162b2 vaccine batches administered in Denmark (population 5.8 million) from 27 December 2020 to 11 January 2022.

A total of 7,835,280 doses were administered to 3,748,215 persons. The doses were Pfizer BNT162b2 vaccine. There were 52 batches with 2340 – 814,320 doses per batch. 43,496 adverse reactions were registered for 13,635 persons.

High, Medium or Low

Danish researchers found three separate trends in batch toxicity as indexed by adverse events per dose and serious adverse events per dose.

These three trends can be labelled High, Medium and Low toxicity.

The highly toxic batches were smaller than the low toxicity batches. My take on this is that high toxicity batches were used to target small populations with the toxin in order to induce fear (false flag event) and in order to keep toxin detection below the radar of the wider public.

Machine Learning

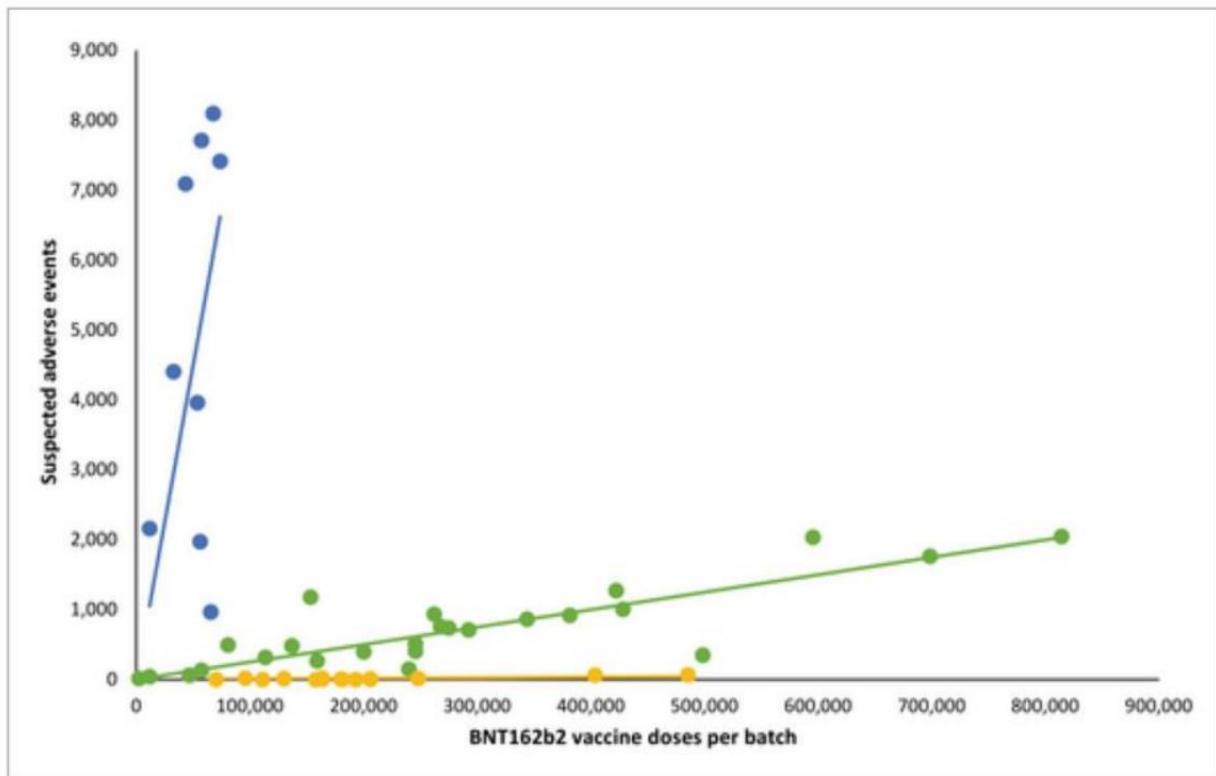
To detect the three separate trends they used cluster analysis which is a method of machine learning whereby proximity of data points is used to identify groupings and separate classifications.

Three Trendlines

Rates of suspected adverse events (SAEs) per 1000 doses varied considerably between vaccine batches. Three predominant trendlines were discerned, with noticeable lower SAE rates in larger vaccine batches.

Placebo?

Note that batches in the low category generated essentially no adverse events and therefore were “placebo”.



The graph above shows numbers of suspected adverse events (SAEs) after BNT612b2 mRNA vaccination in Denmark (27 December 2020– 11 January 2022) according to the number of doses per vaccine batch. Each dot represents a single vaccine batch.

Trendlines are linear regression lines –

- Blue: $R^2 = 0.78$, $\beta = 0.0898$ (95% confidence interval [CI] 0.0514– 0.1281)
This blue line represents –
 - 4.22% of all vaccine doses
 - 70.78% of all adverse events
 - 27.49% of all serious adverse events
 - 47.15% of all adverse event related deaths
- Green: $R^2 = 0.89$, $\beta = 0.0025$ (95% CI 0.0021– 0.0029)
This green line represents –
 - 63.69% of all vaccine doses
 - 28.84% of all adverse events
 - 71.5% of all serious adverse events
 - 51.99% of all adverse event related deaths
- Yellow: $R^2 = 0.68$, $\beta = 0.000087$ (95% CI 0.000056– 0.000118)
The yellow line represents –
 - 32.09% of all vaccine doses
 - 0.38% of all adverse events
 - 1.01% of all serious adverse events
 - 0.86% of all adverse event related deaths

Toxicity Levels

From the graph you can see that –

- the high toxicity batches generated 1 adverse event report per 10 doses administered.
- the medium toxicity batches generated 1 adverse event per 400 doses administered
- the low toxicity batches generated 0 adverse events per doses administered

Overall statistics would therefore mask the high toxicity batches and we would end up with a mean of about 1 in 600.

Linear Distribution

The cluster analysis revealed that each separate cluster was distributed linearly - indicating that every batch within a particular cluster (high medium or low) generated the same ratio of injury per dose. In other words, each cluster had homogeneous toxicity.

Toxic Doses Given

The area under each line will give us the total number of adverse events for each cluster .

What are Your Chances?

The Danish study provides the percentages of all doses that are high, medium or low.

What are Your Chances of Getting a Placebo?

The chances of getting a low toxicity dose/placebo are **1 in 3** or 32.09%

What are Your Chances of Getting a Highly Toxic Dose?

The chances of getting a high toxicity dose are **1 in 20** or 4.22%

What are Your Chances of Getting a Medium Toxic Dose ?

The chances of getting a medium toxic dose are **2 in 3** or 63.69%

The Question of Intent

The homogenous toxicity of each cluster suggests that this is not an accident of manufacture or random but rather is the result of deliberation . Obtaining the batch numbers will no doubt reveal a code within the batch numbers identifying the toxicity level as high medium or low. Hopefully the Danish researchers will be able to furnish this information

Why Did They Choose 5% for the High Toxicity Batches ?

During the Second World War, the Allies cracked Enigma, but they didn't sink every U-boat. If they had done so, the Germans would have known that Enigma was compromised. Instead, the Allies only sunk 5%, to keep the deaths below the threshold of German perception.

In the same way, keeping serious vaccine injury at 5% ensures it occurs at the maximum possible frequency, whilst remaining just below the radar of public perception.

5% is the statistical level where chance occurrences are indistinguishable from deliberate causation.

What About the Medium and Low Toxicity Batches?

The neat division into one third of doses as placebo, and two thirds with medium toxic level seems contrived – a clean ratio of 1 : 2. They wanted a sizeable population to voice support for the vaccines – recruited from the placebo recipients. They also wanted lingering illness and below par health for the majority. The 1 : 2 ratio is just too neat to be an accident. The whole number division suggests human contrivance.

Labelling of Vials

Note that this division into high medium and low confirms the tripartite division claimed by a Slovenian nurse who said vials were actually labelled for use in this way. See [Slovenian Nurse](#) . She was right – the percentage of placebo really is 30%. See also here [Article](#). Slovenia is in southern Europe, bordering Italy and Austria.

A Simple Classification System

It makes sense that they would use a simple tripartite classification system to enable easy deployment so the wrong people are not poisoned by accident. High, medium and low is a common simple classification that would be less vulnerable to human error.

It would enable politicians to provide public demonstrations of taking the vaccine without danger of adverse events .

A simple classification system (high medium and low batches) would also enable easy deployment to people of reproductive ages with minimal error.

Confirmation by V Safe and Health Insurance Company Data

Health Insurance companies have reported that 5% of vaccinated apply for medical costs due to vaccine injury. Similarly, V-Safe found that 7% seek medical help following the vaccination for COVID-19

See : <https://www.howbad.info/healthinsurance.pdf>

See : <https://www.howbad.info/vsafecdc.pdf>

The Three Toxicity Levels are Not Random

1. We have seen already that each of the three clusters of batches forms a straight line – showing that the toxicity is uniform and homogeneous within each cluster. This, in itself, suggests that the toxicity is not due to random chance.
2. We have also seen how the number of doses belonging to each cluster is very neatly partitioned into Low : Medium = 1 : 2 , suggesting human contrivance.
3. Thirdly we have seen how the high toxicity cluster comprises approximately 5% of the doses – just happening to be the ideal % for maximizing adverse effects while remaining indistinguishable from background chance.

Comparing Toxicities

The Danish study provides the % of all the doses that are high, medium or low as 4.22%, 63.69% and 32.09% respectively.

The Danish study also provides the % of all adverse reaction reports caused by each category of dose as 70.78%, 28.84% and 0.38% respectively

	Number of Doses	Number of Adverse Reactions
HIGH	0.0422 x Total Doses	0.7078 x Total Reactions
MEDIUM	0.6369 x Total Doses	0.2884 x Total Reactions
LOW	0.3209 x Total Doses	0.0038 x Total Reactions

So, the number of adverse reactions per dose is as follows –

HIGH	$0.7078 / 0.0422$	=	$16.77 \times \text{Total Reactions/Total Doses}$
MEDIUM	$0.2884 / 0.6369$	=	$0.45281 \times \text{Total Reactions/Total Doses}$
LOW	$0.0038 / 0.3209$	=	$0.01184 \times \text{Total Reactions/Total Doses}$

So we can compare toxicities between the High, Medium and Low toxicity batches quite easily in terms of number of adverse reactions per dose. For example

Ratio of High : Medium = $16.77/0.45281 = 37$

Ratio of Medium : Low = $0.4581/0.01184 = 38.2$

Reactions per Dose_{LOW} x 38.2 = Reactions per Dose_{MEDIUM} x 37 = Reactions per Dose_{HIGH}

Here, the clusters themselves have toxicities that follow a mathematical pattern, increasing by a factor of 37 each time.

Comparison of Toxic Levels

Adverse Reactions

A HIGH TOXICITY DOSE

causes **37 times** the number of **ADVERSE REACTIONS** compared to

A MEDIUM TOXICITY DOSE

A MEDIUM TOXICITY DOSE

causes **38.2 times** the number of **ADVERSE REACTIONS** compared to

A LOW TOXICITY DOSE

Serious Reactions

A HIGH TOXICITY DOSE

causes **5.8 times** the number of **SERIOUS REACTIONS** compared to

A MEDIUM TOXICITY DOSE

A MEDIUM TOXICITY DOSE

causes **35.6 times** the number of **SERIOUS REACTIONS** compared to

A LOW TOXICITY DOSE

Deaths

A HIGH TOXICITY DOSE

causes **13.68 times** the number of **DEATHS** compared to

A MEDIUM TOXICITY DOSE

A MEDIUM TOXICITY DOSE

causes **30.45 times** the number of **DEATHS** compared to

A LOW TOXICITY DOSE

I know what you're thinking – will it be a good shot or a bad one? Well, there's a 1 in 3 chance of getting a LOW TOXICITY DOSE, and a 1 in 20 chance of getting a HIGH TOXICITY DOSE.

This here is A HIGH TOXICITY DOSE. It causes 1400 times the number of adverse reactions, 200 times the number of serious reactions, and 400 times the number of deaths compared to a LOW TOXICITY DOSE.

So, ask yourself one question **"Do I feel lucky?"**