Dr. Jessica Rose and Robert F. Kennedy, Jr. - The VAERS System

Mr. Robert F Kennedy Jr 00:07
Hey everybody, my guest today is Dr. Jessica Rose, a Canadian researcher with a master's degree in immunology, a Ph.D. in computational biology, and two post-doctoral degrees - one in molecular biology and one in biochemistry. Her most recent efforts are aimed at learning to analyze the VAERS data - the Vaccine Adverse Event Reporting Systemdata - and to make it more accessible to the public and more comprehensible. And you have brought and **[inaudible 0:40]**helped behind yourself in the US and Canada butthe entire medical cartel that wants to silence you. Tell us how you got involved and what did you find?

Dr. Jessica Rose 00:55
Sure! Well, first of all, thank you for having me. I'm really honored to be here, and thanks for the lovely introduction. Well, it started, I suppose, at the end of 2019. I had just completed my most recent postdoc at the Technion Institute of Technology. After three years of hard work, I decided that it was time to take a trip to Australia and start my career as a professional longboarder.And because I'm a surfer as well, my trip was planned to start and continue in February -March 2020. So, that's just about the time when they declared this pandemic. So, my plans were changed, canceled. So, me being the constructive soul that I am, I decided, well, I need a project now to keep myself busy. I'd always wanted to learn. I'm still trying to figure out how to become a computer programmer who's actually good, but I decided to start with R. So, I wanted a data set that I could use to help myself, to teach myself how to useR. So, I decided to look at VAERS. Because based on my background, based on what I was seeing, based on things that weren't adding up, I figured that the data in VAERS would start to accumulate with rapidity, and I was not wrong. So, that's my involvement here. But interestingly enough, I also have an immunology background, and biochemistry, molecular biology. So, I come from many different points of view, and it seems like any point of view you look at this from, things don't make any sense. So, the vaccine adverse event reporting system in the US is telling a very, very, very frightening story.

Mr. Robert F Kennedy Jr 03:03
Tell us what VAERS is telling us now? Let me, you know --I think most of us know that the vaccine adverse event reporting system is notorious as a dysfunctional system.And the HHS, in a study of that system in 2010, it's called the Lazarus study, got the Agency for Healthcare Research, which is a sub-agency tothe HHS, to design a machine counting system that can accurately assess how many people are actually getting injured by vaccines. It compared that to the results in VAERS in one HMO, andthey concluded that fewer than 1% of vaccine injuries are reported.What that means in another way, it is

obvious, is that more than 99% of vaccine injuries are missed. There have been other analyses of VAERSthat have a similar dysfunction and undercounting.The best performance is that maybe 10 to 20% of injuries are reported. But that means that there are five times that number are not reported. Nevertheless, this, again,is part of the background. We've seen this extraordinary rise in deaths and injuries during that15-month period since they released vaccines since they rolled out the COVID vaccines.We've seen more injuries, more deaths during that period reported in VAERS than all of the billions of other vaccines combined since 1986. So, I think most of the people who follow this podcast are aware of those deficiencies. How can you add to that knowledge?

Dr. Jessica Rose 05:22
Okay, I can add to that. I published a paper that was a critical appraisal of the pharmacovigilance-ness of VAERS. So, VAERS is designed… this is the brainchild of the FDA and the CDC, as you probably all know, that is designed to detect safety signals that weren't detected in pre-market testing. So, it is effective that way. What's really strong about what we're seeing in VAERS in the context of the COVID-19 products are the numbers in contrast to what we've seen in the past, like you said. So, one of the things that I did in this paper - because I was very interested in this backlog that I was hearing about, like all of these VAERS reports that actually were reported that didn't make it to the publicly available data set -so, I wanted to figure out what's going on there? Is this backlog real and is there a way for me to show that it's real?

Mr. Robert F Kennedy Jr 06:23
People may wonder why there wouldbe any reports to VAERS that don't make it onto the official database.And there are good reasons for that because oftentimes, more than one person will reportthe same injury. So, the person who was injured may report it, the doctor may report it, a family member may report it, and there's some kind of screening that takes place, and it's kind of opaque, in whichsomebody makes a determination that this report is real, this report is not duplicate.Also, I think, if somebody says, somebody reports that they turn green and turn into a lizard or something like that, I think they get rid of those too. They get rid of those that are completely wahey. That's what saythey're doing. Let's hear what your findings were.

Dr. Jessica Rose 07:25
So, what I did was I started downloading the data from VAERS from the onset of the rollout of the products in December, late December. So, I have every updated dataset from back then. So, what people should know is that every week, the VAERS data set is updated and made publicly available. As you said, there are people whose job it is to remove duplicates, to vet the data… We don't know much about it, but we just know that they're hired specifically to do this. So, these weekly updates overwrite the update from the previous week. So, that's why it's important to download the data as it's coming in, soyou can keep track of what's going on in terms of data entries that suddenly become missing, for

example.And you can compare and contrast an entry that, say in the following update, was removed.You can determine whether or not that entry was actually removed or if it was replaced with a new VAERS ID, for example. That's one of the things I looked at. So, just to follow through with what I did, I plotted a curve, a two-dimensional plot of the number of people who died, for example, per update date, based on these weekly update dates for, I think… I published this in May. So, it was something that looked like an exponential curve of the data from January through May based on these points.Nice increasing slopes. So, if you take the latest updated data set that you download from VAERS, you would expect to find all of those data points, those death data points, inside this updated data set. So, when I plotted the number of deaths per update date matched to those update dates, I imagined I would see the same curve, maybe a little higher, maybe a little lower. But I didn't see that at all. I saw a completely different curve with a different shape. So, what that does is, and we don't even have to go into interpretation,what it does, though, to a person who is monitoring VAERS looking for safety signals, it makes the safety signal disappear. So, visualize a two-dimensional plot.The number of deaths recorded in February, let's say, and it was still way over 50. These deaths have been off the charts in my book from the very beginning from January, what you would consider beyond the cutoff value historically, which was 50.

Mr. Robert F Kennedy Jr 10:20
If 50 people die from vaccine, they pull the vaccine.

Dr. Jessica Rose 10:24
That's right. Same thing with pharmaceuticals.

Mr. Robert F Kennedy Jr 10:27
There's no rule that says that that's historically during the **[Inaudible 10:31]**. There were 48 or 49 people who died,and they pulled the vaccine.

Dr. Jessica Rose 10:41
Right! So, they called a halt to that, because they determined that it was too many people to have died as a result or in association with this product. So, that begs the question, what's the cutoff number for these products, because- I'll get to that in a second - of where we're at. So, if you're watching VAERS data in February, for your grandma's or something, and you're trying to make a determination as to the risk-benefit analysis of how many people are dying in this age group that your grandma's in, you would have seen a number that wasn't too scary when you compare it to the number of people who have been injected in that age group. However, based on the updated data, that number was the real number, and this isn't the real number, either. This is just the number of reports that made it into the front-end system without the underreporting factor.It was very different, and it was much higher. So, that actual number of deaths or cardiac events or neurological events, or Guillain Barre or Bell's palsy,

or all these extraordinary numbers of adverse events that are being reported in association with these products, you wouldn't have seen them, because the data hadn't been entered at the time that you were looking at.The number was inaccurate. So, this is one of the things I found, I revealed from the data. And I haven't seen anybody else even say this, let alone do a proper analysis, like the owners of the data, for example. So, VAERS could be a better pharmacovigilance tool, but besides being extraordinarily ancient and imperfect, it's not being used as such. It might just be the byproduct of this enormous number of adverse event reports, both being filedand not making it into the system and not even being filed. When I start thinking about this, and I hear the stories from GPs and nurse practitioners saying, "after a 12-hour shift, I have 100 suspected injuries in the context of these COVID injections, and I don't have the physical time to enter them." You're supposed to do it, but it takes 30 minutes to file a single VAERS report.

13:13-14:00 – Technical malfunction

Dr. Jessica Rose 14:00
The list after 1990, there's the foreign data, and that's a little bit of a question mark for me. I only analyze the domestic data in my analysis because it's got more field entries, so I can do a more robust analysis, and it's enough. Even if I had half of the data entries from the domestic data set, it would still be alarming. The signals would still be flying.

Mr. Robert F Kennedy Jr 14:27
Let me ask you something. By foreign data, do you mean that somebody in France is reporting to VAERS, or is foreign simply someone coming from the States where theydo not know which state is it coming from?

Dr. Jessica Rose 14:48
Okay, so it could be; that's why I don't analyze it. I've heard two things. I've heard that it's people living abroad who are American citizensfiling their adverse event through VAERS, which you can do, it's an online thing. I've also heard that these are reports that might have been made in the Eudra system or the Yellow Card System that are being pushed into VAERS. I've heard these two things, but I don't know.There are no field data for the country or the state, the location; it's just "FR." So, and it's just foreign. So, there's no way to know. And the number of missing fields… VAERS is comprised of many different variable fields. So, it could be really good, I mean,they collect so much, they have so many variables for which they could collect data from.But for the foreign data set, most of them are empty. So, there's nothing you can really say.You have gender, I think, you might have the product, you do have, I think, the symptom measure codes listed. But anyway, I only use the domestic data. But like I said, it's enough. So, by my count, when you merge the three files that you download, which are data, symptoms, and vaccine data, we are at 618,548 reports. Now, if you consider the underreporting

factor, you have to multiply it by something, whatever you believe the underreporting factor is. I've made a calculation of this based on the Pfizer phase three clinical data, which is probably questionable data anyway. But based on their own data and their rate of occurrence of severe adverse events, the underreporting factor isat 31. This is the lowest underreporting factor estimate of three that have recently been calculated. So, even if you take the lowest, the most conservative estimate, you have to multiply 618,000 by 31. I mean, it's staggering. It's staggering. We're in the millions, people.Deaths are all at 9315, hospitalizations and emergency room visits are well over 110,000, no underreporting factor here.

Mr. Robert F Kennedy Jr 17:28
You say there's no underreporting in hospitalizations.

Dr. Jessica Rose 17:31
I'm not considering underreporting. The numbers I'm giving you here are the absolute numbers from VAERS. I'm not considering the underreporting factor. So, multiply every number I'm giving you by least 31. That's the lower bound of the estimate.

Mr. Robert F Kennedy Jr 17:48
If there were 31 times the deaths or hospitalizations, wouldn't we see that out in their databases?In themortality, morbidity?Are there unusual numbers of deaths occurring at this point?

Dr. Jessica Rose 18:08
From what I know, yes, but I'm not analyzing those. So, I'm not the best person to ask. Tess Lawrie is the most knowledgeable in the Yellow Card System so, she would be a good one to askto confirm that.But I've heard that all the systems that are somewhat functioning are telling the same story. Another problem is there are many places that don't even have an adverse event data collection system so, yeah.But the story is repeating itself across the world, which is another strong piece of evidence if you ask me.

Mr. Robert F Kennedy Jr 18:48
Are there any countries that have a functioning system?

Dr. Jessica Rose 18:53
That have a functioning system?

Mr. Robert F Kennedy Jr 18:55
A functioning post-licensing surveillance.

Dr. Jessica Rose 18:59
It's a very good question. As sad as it is, I would say that the VAERS system is one of the best of a bad lot.That would be my opinion, although I haven't done a deep dive into any of these other systems for various reasons. I mean, some of them are just really hard to access. The reason I chose VAERS in the first place was because it's easy to download.The Eudra system was like a nightmare. I didn't go anywhere near that. The Australian system is weird. I don't think you can download CSV files. They just give you a screenshot. So, you don't have the data;you have a picture of the data, which is weird.

Mr. Robert F Kennedy Jr 19:46
How about Israel?

Dr. Jessica Rose 19:47
Israel has nothing.Nothing. They report hospitalizations in cases, and they did not have an adverse event data collection system which is appalling considering that, you know, they're the first country to have steamrolledthe Pfizer product into the population. So, I guess they just assumed there wouldn't be any adverse events. So, there was no need to collect the data. It's a mystery. But the severe adverse event count, this is really important that people know… To qualify as a severe adverse event, you have to have died, undergone a life-threatening event, birth defect, hospitalization, emergency room visit, or become debilitated. So, this collection of severe adverse events has consistently been above what the VAERS system handbook says is the average percentage of severe adverse events historically. So, they say 15% of all reports will be severe adverse events based on whatever model they chose to use. So, since the beginning, since January, we've been above that.We peaked in February at 57%, which is wild, and we're still at 18%.And it hasn't dropped below that in months. So, we're still consistently above what is considered normal by, again, by their own data. So, this is alarming. 3% might not seem like a lot, but it is when you're considering what we're talking about here.

Another point, which is a huge sore spot, are the children. There are children being inappropriately injected with these products. As a matter of fact, there's a measure code, which is the name given to how the VAERSreport is filed as per individual, called "product inappropriately given to person of wrong age" or something like this. More or less, that's what it says.The meaning is that"whoops, we gave it to someone who was underage." So, the proof is in the pudding. Between the ages of zero and 18, we have 5510 of those reports.It's actually the most frequently reported measure code, which is bizarre.And of those children, 60 of them have died, and 38% of those 60 were under two. Okay, so somebody has to explain that to me.Because they're not supposed to be injecting babies, right? They have barely gotten through to the five to 11-year-old age group, based on this FDA meeting that just occurred. So, that's my first point, there are a lot of kids being injected, and they shouldn't be injected by anybody's definition, no matter where you stand on this. In total, there are 26,077 reports filed for

kids, I think my age group is zero through 18 here again.It might actually be 12 through 18. In any case, it's an alarmingly high number.

Again, on the subject of children, the female reproductive issues which I think everybody has heard about from a family member, or a personal experience even, even in people who haven't been injected and just been in close proximity to someone, these are at over 10,000 reports now.And this is based on a limited keyword search. So, all of my numbers that I'm reporting are very conservative. So, you can multiply them by whatever you think you need to, but these are very baseline conservative numbers.And a lot of these reports are actually miscarriages. So, there are over 1000 of those reports, and that's just using one measure codename - abortions spontaneous. This is another weird thing about VAERS.As this is evolving over the months, the number of measure codes that mean miscarriage has increased.

Mr. Robert F Kennedy Jr 24:28
You've said that before. It is like, nowadays, the term SIDS. Originally,there was one sudden infant death syndrome which was, you know, if an infant died of unexplained causes between birth and two years old. Whereas now, they have half a dozen different codes. That's the way of amping that signal.

Dr. Jessica Rose 24:57
That's right, precisely. It's kind of shocking to see it happening in front of your eyes, though. I'm an unbiased data person. I'm not even a data person. It's just one of the things that I have to know how to do what I've done in my "career." But yeah, it's shocking to see it unfold right before your eyes. Because if you're tracking this, this is all I do now, I enjoy it in a morbid way. But it's something that somebody needs to explain. Another thing that people need to explain is why are VAERS IDs missing from VAERS? Where did they go? Because this was also part of my critical appraisal of pharmacovigilance - because there were a lot of people saying that there were a lot ofVAERS IDs going missing. So, I was like, huh, how many are actually going missing? So, I wrote this little algorithm that takes out the VAERS IDs that go missing from week to week. And there are a few. I mean, it's not a high percentage, but it is a percentage, and my question is- why is there even one? And where's the little marker from the person who's hired to vet this data as to where this person - because it's not a VAERS ID, it's a person -where did they go? They died. They died as a result of taking this product. Where did they go? They filed a VAERS report. They did everything right. They thought they were serving their community by getting these injections, they got COVID, and they died anyway. Then they put it into VAERS, and then they disappeared. People would be alarmed to find out how often that is happening. If it was my grandma or my relative or somebody that I know...I mean,it doesn't have to be. I'm already angry about this because I'm seeing it happen.It's not right, and it just lends itself to this whole weirdness that is the COVID story. I mean, everything about it is weird. From every way you look at it, none of it makes sense.

Mr. Robert F Kennedy Jr 27:24
Thank you very much. Dr. Jessica Rose. Thank you for all the extraordinary work you have been doing,and I hope you will continue to keep us informed on this.

Dr. Jessica Rose 27:35
I sure will. It's been an honor.

Mr. Robert F Kennedy Jr 27:39
The honor is all mine!