

# Evidence Has Accrued from Clinical Trials to Widespread Distribution to Histopathological Analysis: COVID-19 "Vaccine" Products Have Detrimental Effects on the Heart.

Robert W. Chandler, MD, MBA

1. Cardiovascular warning signs were present in clinical trial subjects at six months. The cohort that received Pfizer's BNT162b2 had more cardiac deaths than the non-BNT162b2 group.

preprints.org > medicine and pharmacology > cardiac and cardiovascular systems > doi: 10.20944/preprints202309.0131.v1

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## Forensic Analysis of the 38 Subject Deaths in the 6-Month Interim Report of the Pfizer/BioNTech BNT162b2 mRNA Vaccine Clinical Trial

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### Abstract

The analysis reported here is unique in that it is the first study of the original data from the Pfizer/BioNTech BNT162b2 mRNA vaccine clinical trial (CA4591001) to be carried out by a group unaffiliated with the trial sponsor. Our study is a forensic analysis of the 38 trial subjects who died between July 27, 2020, the start of Phase 2/3 of the clinical trial, and March 13, 2021, the data end date of their 6-Month Interim Report. Phase 2/3 of the trial involved 44,060 subjects who were equally distributed into two groups and received Dose 1 of either the BNT162b2 mRNA vaccinated or the Placebo control (0.9% normal saline). At Week 20, when the BNT162b2 mRNA vaccine received Emergency Use Authorization from the U.S. FDA, subjects in the placebo arm were given the option to be BNT162b2 vaccinated. All but a few accepted. Surprisingly, a comparison of the number of subject deaths per week during the 33 Weeks of this study found no significant difference between the number of deaths in the vaccinated versus placebo arms for the first 20 weeks of the trial, the placebo-controlled portion of the trial. After Week 20, as subjects in the Placebo were unblinded and vaccinated, deaths among this still unvaccinated cohort of this group slowed and eventually plateaued. Deaths in the BNT162b2 vaccinated subjects continued at the same rate. Our analysis revealed inconsistencies between the subject data listed in the 6-Month Interim Report and publications authored by Pfizer/BioNTech trial site administrators. Most importantly, we found evidence of an over 3.7-fold increase in number of deaths due to cardiovascular events in BNT162b2 vaccinated subjects compared to Placebo controls. This significant adverse event signal was not reported by Pfizer/BioNTech. Potential sources of these data inconsistencies are identified.

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2. Pfizer document 3.5.6 indicates autoimmunity as the etiology (cause) of myopericarditis following BNT162b2 vaccination.

**When Did Pfizer Identify Autoimmune Myo/pericarditis After BNT162b2?**

**Pfizer Confidential Document 5.3.6 2/28/2021**

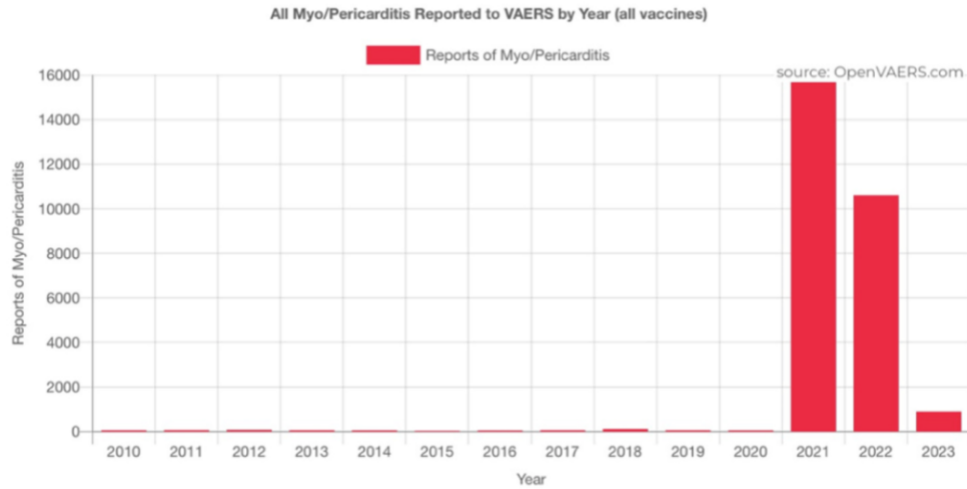
**Immune-Mediated/Autoimmune AEsIs**

Search criteria: *Immune-mediated/autoimmune disorders (SMQ) (Broad and Narrow) OR Autoimmune disorders HLGT (Primary Path) OR PPs Cytokine release syndrome; Cytokine storm; Hypersensitivity*

- Number of cases: 1050 (2.5 % of the total PM dataset), of which 760 medically confirmed and 290 non-medically confirmed;
- Country of incidence (>10 cases): UK (267), US (257), Italy (70), France and Germany (69 each), Mexico (36), Sweden (35), Spain (32), Greece (31), Israel (21), Denmark (18), Portugal (17), Austria and Czech Republic (16 each), Canada (12), Finland (10). The remaining 74 cases were from 24 different countries.
- Subjects' gender (n=682): female (526), male (156).
- Subjects' age group (n=944): Adult (746), Elderly (196), Adolescent (2).
- Number of relevant events: 1077, of which 780 serious, 297 non-serious.
- Most frequently reported relevant PTs (>10 occurrences): Hypersensitivity (596), Neuropathy peripheral (49), **Pericarditis (32)**, Myocarditis (25), Dermatitis (24), Diabetes mellitus and Excepallum (16 each), Psoriasis (14), Dermatitis Bullous (13), Autoimmune disorder and Raynaud's phenomenon (11 each);
- Relevant event onset latency (n = 807): Range from <24 hours to 30 days, median <24 hours.
- Relevant event outcome: resolved/resolving (517), not resolved (215), fatal (12), resolved with sequelae (22) and unknown (312).

**Conclusion:** This cumulative case review does not raise new safety issues. Surveillance will continue

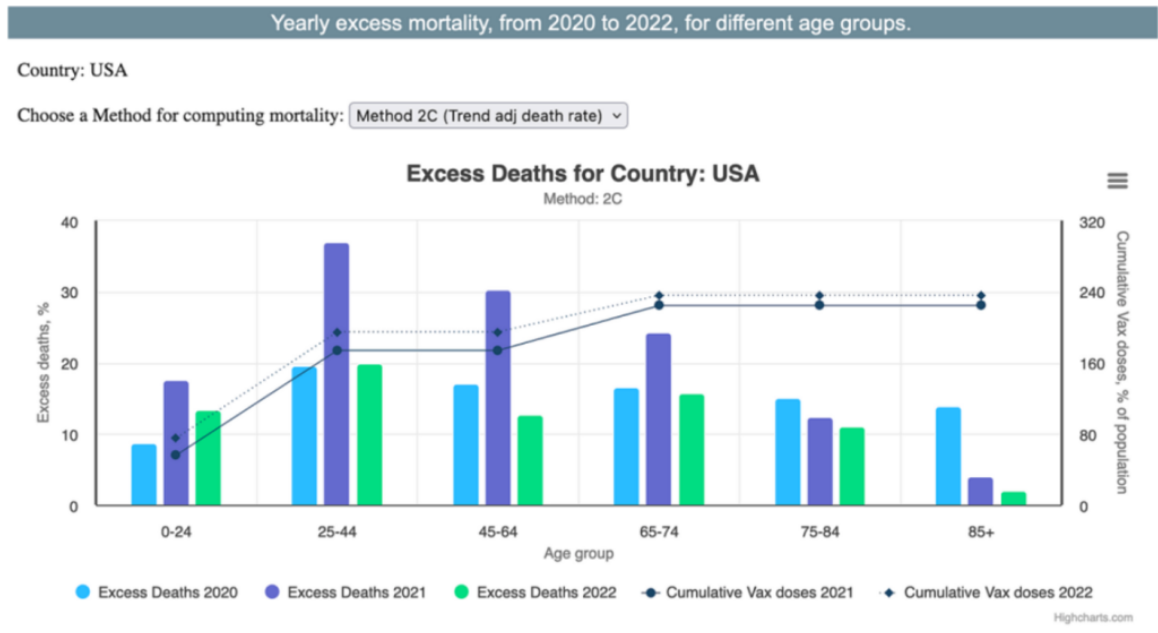
3. The government warning system signal has been and continues to be strong. Myopericarditis peaked in the year of maximum “vaccine” dosing and not in 2020 when the more potent SC2 variants accounted for COVID-19 illness.



*Myopericarditis from COVID-19 Vaccines*

[\[https://openvaers.com/covid-data/myo-pericarditis\]](https://openvaers.com/covid-data/myo-pericarditis)

4. The excess mortality signal from population-level data is disconcerting.



<https://phinancetechnologies.com/HumanityProjects/Projects.htm>

5. Sudden Adult Death Syndrome (SADS) has become almost a daily news event.

## **Fitness enthusiasts are dying suddenly - 16 sudden deaths examined (personal trainers, fitness instructors & influencers, jiu-jitsu, crossfit, gym goers) - high risk of sudden death!**



DR. WILLIAM MAKIS MD  
4 SEPT 2023 · PAID

<https://open.substack.com/pub/makismd/p/fitness-enthusiasts-are-dying-suddenly>

### **News from Underground by Mark Crispin Miller**

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## **In memory of those who "died suddenly" in India, Nepal, Vietnam, Indonesia, Malaysia, Philippines, Australia and New Zealand, August 21-August 28, 2023**

Indian TV actor Pawan; Vietnamese deputy PM Le Van Thanh; Filipino TikToker Leslie Beltran Fernandez; Aussie teen William Pfeiffer (14), 3 on vacation in Bali; NZ raconteur John McGrath; & more



MARK CRISPIN MILLER  
30 AUG 2023

<https://open.substack.com/pub/markcrispinmiller/p/in-memory-of-those-who-died-suddenly-96a>

## 6. Histopathology data from multiple sources identified the causal relationship between the COVID-19 “vaccine” products and sudden death from heart disease.

Clinical Research in Cardiology (2023) 112:431–440  
<https://doi.org/10.1007/s00392-022-02129-5>

ORIGINAL PAPER

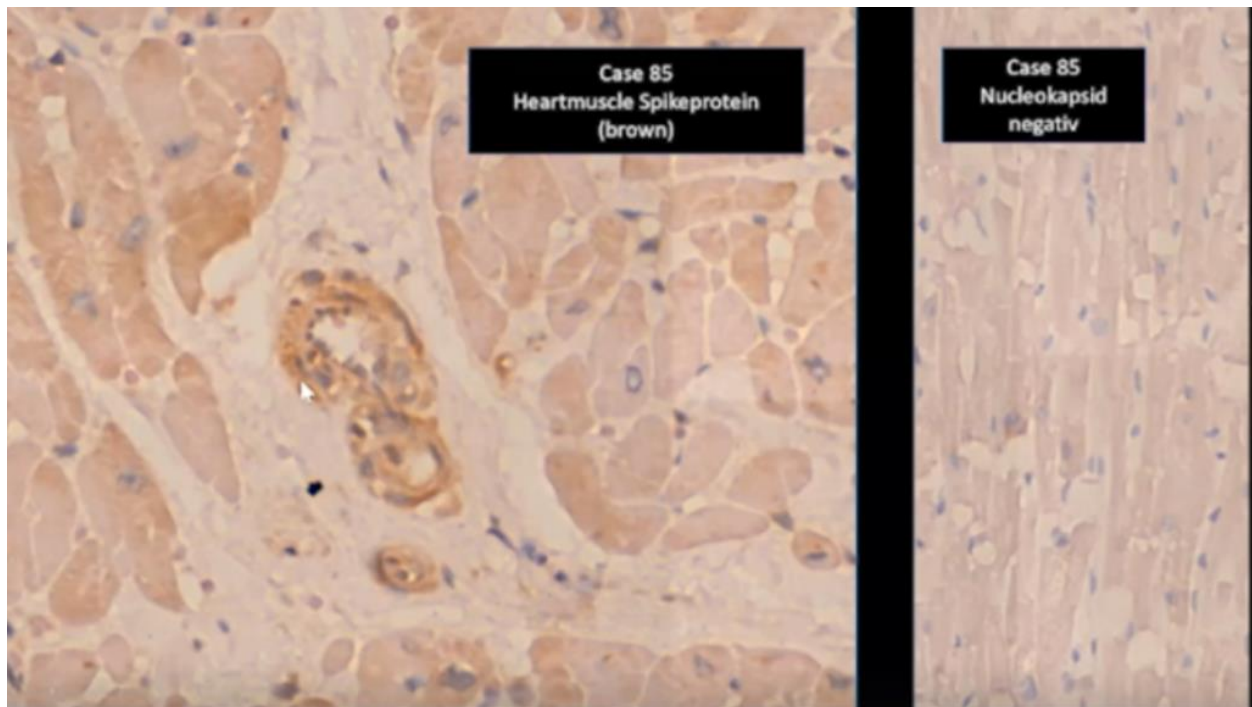
### Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination

Constantin Schwab<sup>1</sup> · Lisa Maria Domke<sup>1,2</sup> · Laura Hartmann<sup>1,2</sup> · Albrecht Stenzinger<sup>1</sup> · Thomas Longerich<sup>1</sup> · Peter Schirmacher<sup>1</sup>

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<https://link.springer.com/article/10.1007/s00392-022-02129-5>

The pathological mechanisms of injury have been defined by Dr. Burkhardt’s Group using specialized post-mortem analysis.



Spike protein from the “vaccine” was differentiated from COVID-19 infection spike protein using special staining procedures.

## „Cardiac Failure“

31 Cases: natural death due to

Cardiac failure, rythmogenic heart failure, myocardial infarct,  
cardial decompensation, myocardiopathia

Second Opinion:

15 Peri-myocarditis

16 microangiopathy with stenosis and dissection

The Burkhardt group tied the COVID-19 “vaccine” products to heart disease and Sudden Adult Death Syndrome.

Cardiac failure has now been tied to destructive cellular processes that occur in phases from inflammation to destruction to scarring.

## SADS – Sudden Adult Death Syndrom

Death without conventionally detectable cause  
(„Rhythmogenic heart failure“)

Focal medianecrosis of coronary arteries with swelling luminal constriction  
with or without thrombosis

Spikeexpression / T-lymphocyte – makrophage - myofibroblast Reaction

Lymphozytic perivasculitis (Vasa Vasorum)

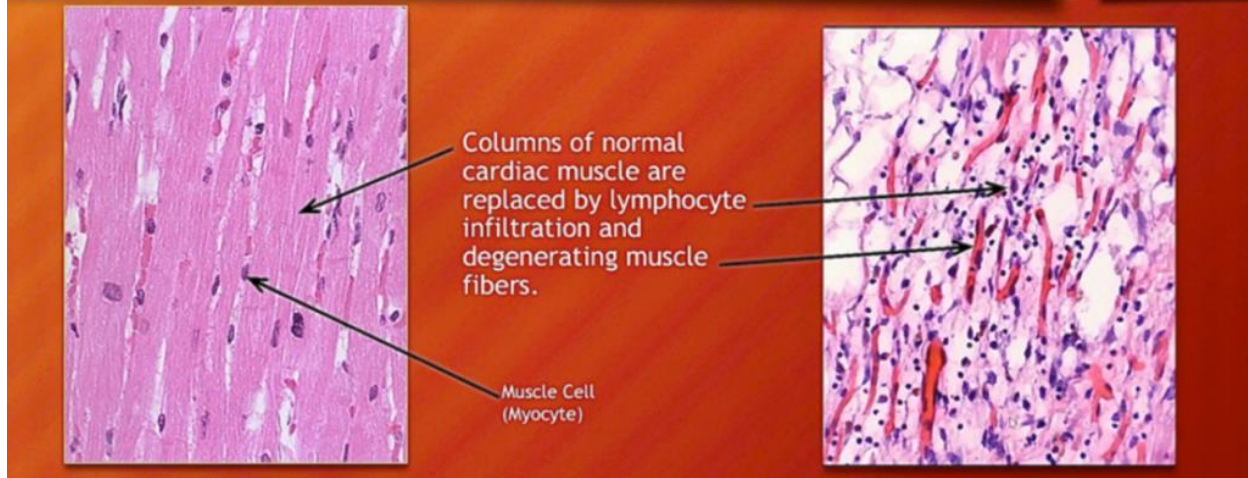
Acute heart failure without microscopic manifestation of necrosis

**„acute coronary syndrome“**

Four pathological processes were identified.

## Normal Heart Muscle (Left) compared with Myocarditis from LNP/mRNA (Right)

280



Normal heart muscle is on the left and is characterized by orderly fiber bundles with a single cell nucleus. A late acute/subacute case of myocarditis is seen on the right in which the muscle bundles have been destroyed and abnormal cells have invaded the tissue.

At one year, the inflammation lingers, but most of the damaged heart muscle has been replaced by scar tissue causing loss of cardiac output (ejection fraction) in some cases or irregularity (adynamic) in the contractility of the scarred areas.

### 7. Myopericarditis should not be ignored or minimized.

Start > Für Ärzte und Fachpersonal > News

## Spätfolgen einer Virus-Myokarditis: Viele sterben binnen 10 Jahre

Von: Veronika Schlimpert  
14.08.2020

Die 10-Jahres-Sterblichkeit nach einer durch Viren ausgelösten Myokarditis ist hoch. Deutsche Kardiologen haben nun untersucht, welche Patienten besonders gefährdet sind.

“...almost 40% of the affected patients died within the next ten years, most of them from a cardiac cause, one in ten suffered sudden cardiac death.”

“The current data is from the years 2002 to 2008, so it does not take into account infections with the SARS-CoV-2 virus. The virus most frequently detected in the biopsy at the time was parvovirus B19.”

It is not known whether mRNA/spike protein myopericarditis will prove to be better or worse than post-viral (not COVID-19) myopericarditis.

Early indications are that complications from COVID-19 “vaccines” will be significant. Cho, et al. reported 17.7% ICU admissions out of 480 “vaccine” myocarditis patients, 7.8% fulminant, 4.4% fatal, and one heart transplantation.

### Structured Graphical Abstract

#### Key Question

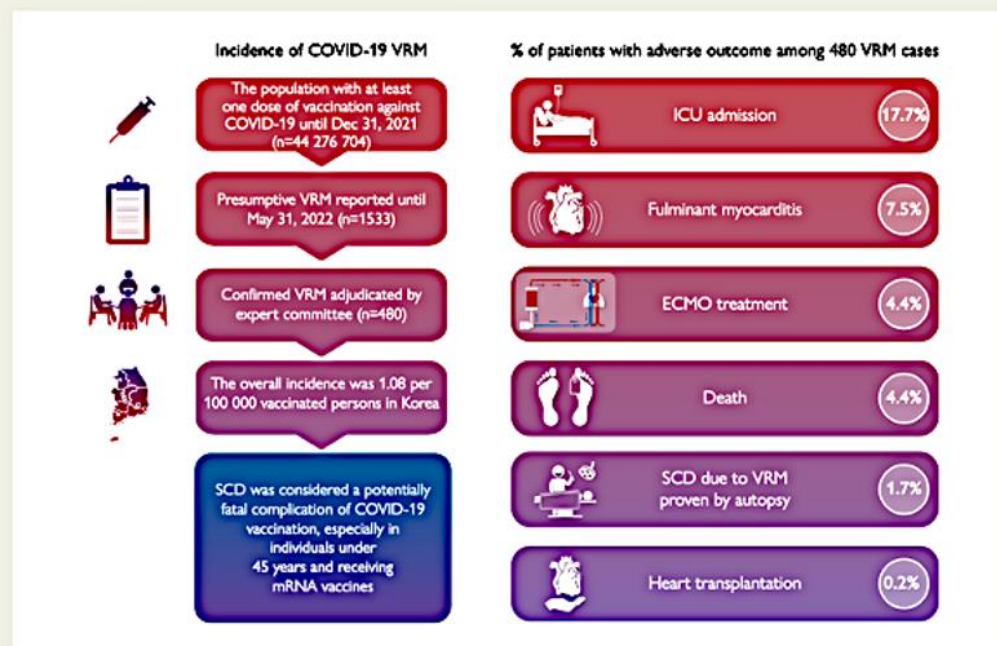
What are the nationwide incidence and clinical outcomes of COVID-19 vaccination-related myocarditis (VRM) in the entire vaccinated Korean population?

#### Key Finding

Severe VRM was found in 95 (19.8%) out of 480 VRM cases: 85 intensive care unit admissions (17.7%), 36 fulminant myocarditis (7.5%), 21 extracorporeal membrane oxygenation (4.4%), 21 deaths (4.4%) including 8 sudden cardiac deaths, and one heart transplantation (0.2%).

#### Take Home Message

COVID-19 VRM is very rare (1.08 cases per 100 000 vaccinated persons). Severe COVID-19 VRM is found in about one fifth of all VRM cases. Sudden cardiac death should be carefully monitored as a potentially fatal complication of COVID-19 vaccination, especially in individuals under 45 years who have received mRNA vaccines.



Study flowchart and summary of the percentage of patients with adverse outcomes among 480 cases of COVID-19 vaccination-related myocarditis. VRM, vaccine-related myocarditis; SCD, sudden cardiac death; ICU, intensive care unit; ECMO, extracorporeal membrane oxygenation

<https://pubmed.ncbi.nlm.nih.gov/37264895/>

8. Inexplicably, more modRNA (synthetic mRNA) “vaccines” are in the pipeline.



<https://open.substack.com/pub/petermcculloughmd/p/dr-mccullough-responds-to-bidens>



<https://www.modernatx.com/research/product-pipeline>