

EXPOSED: The Likelihood of Major Health Complications Following COVID Vaccination Is 13 Times That of Remaining Unvaxxed



Article Source: [“Comparing Risks: The Right and Wrong Way”](#) by Anette Stahel | [Brownstone Institute](#)

In her article on the [Brownstone Institute](#) website, Anette Stahel criticizes the methodology used in several large-scale studies sponsored by the American health authorities, particularly the CDC, to evaluate the risks and benefits of COVID-19 vaccination. Stahel argues that these studies make flawed comparisons that undervalue the risks associated with

vaccination and overstate the risks of remaining unvaccinated.

Stahel presents an incontrovertible case that when the proper (common sense) methodology is used, the risk of serious conditions after vaccination is about 13 times higher than if one abstained from taking the vaccine.

CLN EDITOR NOTE: Stahel's calculation is based on current data and does not include the vast number of people who will continue to experience major health issues after taking the jab (see the Swedish report below). Her calculation also does not consider the reality that physicians were barred from utilizing potential life-saving and COVID-mitigating treatments on the unvaxxed, including Ivermectin, Vitamin C, Vitamin D, Zinc, and Quercetin. Many hospitalized COVID patients were denied these treatments – even after the family specifically requested them – and instead were given ineffective and potentially harmful drugs like [Remdesivir](#).

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Stahel notes that while the COVID-19 pandemic appears to be ebbing worldwide, reports of serious symptoms and injuries following COVID-19 vaccination continue to rise. For example, [in Sweden, reports have increased steadily over the past year](#).

CLN EDITOR NOTE: This is NOT unexpected. Over two years ago, [virologist Geert Vanden Bossche warned that the COVID vaccine would compromise the immune system](#).

Stahel asserts that it is essential to compare the entire

vaccinated group with the entire unvaccinated group when investigating serious symptoms and injuries following vaccination or infection. However, she claims that the studies she analyzed instead compared the risks of various serious symptoms and injuries after COVID-19 vaccination with the risks of the same ailments after infection in the unvaccinated.

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This approach, Stahel argues, results in higher risk figures for the option to abstain from the vaccine than for the option to take the vaccine. She asserts that the researchers also chose to look at the risks after confirmed infection rather than estimated infection, which she says further skews the data in favor of vaccination.

Stahel alleges that both the American health authorities and the Swedish Public Health Authority have failed to correct these comparisons in their presentations of the studies. She argues that these authorities appear to consider the comparison between vaccinated and infected unvaccinated groups to be valid, as indicated by their reports, tables, and diagrams.

Stahel states that when she analyzed the results of the studies and used official statistics to make what she believes is the correct comparison, she found that the risk of serious symptoms and injuries after vaccination was many times higher than the risk of corresponding infection-related conditions in the unvaccinated state. She calculated that the risk of serious conditions after vaccination was about 13 times higher than if one abstained from the vaccine.

She argues that the alternative to vaccination is not necessarily infection, but remaining unvaccinated with a chance of contracting the infection. She points out that the

risk of contracting COVID-19 for the unvaccinated is not 100%, but significantly lower, varying between about 0.5% and 15% depending on location and timing.

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Stahel insists that the comparison between severe symptoms and injuries after vaccination and corresponding afflictions after infection in the unvaccinated should stop. She states that the correct comparison is between symptoms and injuries after vaccination and corresponding conditions in the entire group of unvaccinated people.

Stahel criticizes scientists and health authorities for making incorrect comparisons and for claiming that serious symptoms and injuries linked to vaccination are “very rare”, while failing to inform that the risk of corresponding infection-related afflictions in the unvaccinated state is lower.

In conclusion, Stahel calls into question the logic of vaccinating people if it increases their risk of developing serious afflictions.