

Adverse Events Caused by Pfizer's COVID-19 Vaccine Covered Up by Israeli Ministry of Health



A [leaked video](#) published on Sept. 10 showed Israeli researchers presenting concerning findings to Israel's Ministry of Health (MOH) establishing a causal relationship between long-term adverse events and Pfizer's COVID-19 vaccine – some of which had not been disclosed by the company. Yet, the MOH published a report telling the public no new safety signals were found and continued to perpetuate a false narrative the vaccine was safe.

Although COVID-19 vaccines rolled out in Israel in December 2020, the MOH did not put an adverse event reporting system in place for an entire year. In December 2021, the MOH [commissioned a research team](#) to analyze reports during a six-month period ending May 2022 from a newly established system.

The reason the MOH failed to track adverse events when the

vaccine rolled out, was because they claimed that although data was received from an online form, there was no ability to process and professionally validate the data.

Dr. Mati Berkowitz is a pediatric specialist, head of the clinical pharmacology and toxicology at Shamir Medical Center and led the research team appointed by the MOH to examine the safety of Pfizer/BioNTech's COVID-19 vaccine.

After analyzing reports to the system received from HMOs in Israel over the course of six months, researchers found that many serious side effects were long-term – including ones not listed by Pfizer – and established these side effects were causally related to the vaccine.

During an internal meeting held in June 2022, a recording of which was leaked to the press, Berkowitz told MOH senior officials they should think about how to present his study's findings to the public so it would not result in lawsuits – as people are encouraged to receive a vaccine under the assumption serious adverse events are rare or temporary.

In a leaked video, Berkowitz told officials:

“Here we will have to really think medico-legal. Why medico-legal? Because for quite a few adverse events we said, ‘OK, it exists. There is a report, but still get vaccinated.’ Meaning, we need to think about how to write it and how to present it correctly, so this will not yield court cases: ‘Wait, you said everything will pass and you can get vaccinated. And now look what happened to me.’”

Yet, the MOH did not publish the actual findings for nearly two months. Instead, they [withheld the findings](#) from the public and their own expert committee that decided on June 30

to authorize the vaccine for infants. When the document was finally released on Aug. 20, 2022, the MOH again claimed that no new safety signals had been found, minimized adverse events, and said the events that were detected were not necessarily caused by the vaccine.

They ignored the neurological injuries, which were not listed on Pfizer's label, the long-term injuries, and re-challenge phenomena (where symptoms resolve but reappear with subsequent vaccination, and often with more severity).

"[...] I felt all the time, that I see these materials and I felt a guilty conscience that we're not sharing this," one [researcher said](#).

The team examined seven categories of side effects set by the MOH and 22 other categories of side effects. Due to limited time and resources, the researchers decided to first analyze only the five most common side effects they identified, including neurological injuries, general side effects, menstrual irregularities, musculoskeletal system disorders, and digestive system/kidney and urinary system disorders.

When the researchers presented their findings to senior MOH officials in June, they identified new safety signals resulting from side effects that were not listed by Pfizer, including neurological side effects such as hypoesthesia, paresthesia, tinnitus and dizziness, and abdominal pain in children.

The team also said their findings indicated that in many cases, serious adverse events like menstrual irregularities, neurological side effects, muscular-skeletal injuries, and other problems lasted for weeks, months, a year and in some cases, were ongoing.

In the case of menstrual irregularities, researchers found "more than a few cases of menstrual cycle irregularities that lasted across several months." Some women reported not getting

their period or that their periods were heavy and long. Others said their periods had not been regular since vaccination. About 10% reported the problem was resolved but the same changes appeared after the second dose.

“I think that 10% starts to be quite significant, and the presence of rechallenges somewhat strengthens the link between what they report and the vaccines,” one researcher told the MOH.

Researchers identified the five most commonly reported menstrual irregularities, which constituted 80% of reports on menstrual irregularities. “We thought they were short-lived, which is what studies have shown, but we found that more than 90% of reports that characterize duration deal with long-term effects with 60% of that group reporting a change lasting for more than 3 months.”

In order to [promote the narrative](#) of “rare adverse events,” the MOH divided the number of reports received with a denominator of the total number of doses given in Israel for the entire year and a half since the beginning of the vaccine rollout instead of doses administered during the six month period of Dec. 2021 and May 2022.

They also didn’t compare total doses given during a 1.5-year period with all adverse events – only those from one small HMO that cooperated with researchers by sharing information from its system.

For menstrual irregularities, in an effort to downplay reports, the MOH used a denominator of the total number of all adult doses, which included men in the equation of how common menstrual irregularities are.

Using the denominator of total doses was used for each category of side effects analyzed in an effort to dilute the percentage of adverse events experienced after receiving Pfizer's COVID-19 vaccine.

How Israel's relationship with Pfizer began

Israel in Dec. 2020 signed an agreement with Pfizer to purchase enough doses to vaccinate its entire population. In the following months, the country became a world leader in vaccination rates.

Israel was [able to secure vaccines](#) by using its state power as a form of currency, also known as "infrastructural capital." Infrastructure capital is defined as "the resources a state can provide to an external capitalist actor by virtue of its power." In other words, Israel traded its people – and the data vaccinating them would provide – for access to Pfizer's COVID-19 vaccine.

According to an [article](#) published in the journal of Social Science & Medicine:

"The main reason Pfizer sold the doses to Israel was the state's ability to provide the company with important medical data about its population and the potential scientific and economic gains that data could produce. Thus, the Israel-Pfizer arrangement was a health-based exchange between the state and a capitalist enterprise, with state-power playing a major role in its consummation."

By the end of January 2021, about a third of the population had received their first dose of a COVID-19 vaccine before a legitimate safety monitoring system was ever implemented. For comparison, the U.S had fully vaccinated only 12% of its population by the end of January 2021.

Israel was also the first country to administer COVID-19 boosters, and data from Israel formed the basis for authorizing booster doses in the U.S. Israel was also one of the first countries in the world to start vaccinating pregnant women.

Since the beginning of Israel's vaccination campaign, experts expressed concerns about the inability of the MOH to monitor vaccine adverse events or provide reliable data. Despite concerns, MOH assured the public and [U.S. FDA](#) they had a surveillance system closely monitoring data.

In Dec. 2021, a system was finally implemented and based on non-anonymous digital reporting, which was distributed among all recipients after they had been vaccinated so that those who were vaccinated could report their side effects.

Three main limitations of the study

There were three main limitations mentioned by the research team during the leaked videos:

First, the most severe adverse cases of vaccine injury were excluded from the analysis. There were 173 cases of hospitalization and ER visits that were separately examined by an expert committee.

Second, researchers said they were only able to analyze the top five common side effects of 22 side effects identified. Cardiovascular events had not been analyzed yet.

Finally, Israel has four HMOs that could provide data, yet only one complied. Israel's two largest HMOs were "keeping data close to their chests," according to Berkowitz. The HMO that did comply represents only about 15% of the Israeli population and has a lower vaccination rate than the general population.

Leaked recordings on Rumble

[Israeleak part 1 – Medico-legal](#)

[Israeleak part 1B – Rechallenge](#)

[Israeleak part 1C](#)

[Israeleak Part 2 – Guilt](#)

[Israeleak part 3 – Menstrual cycle irregularities](#)

[Israeleak Part 4 – No new signals?](#)