tkp The blog for science & politics

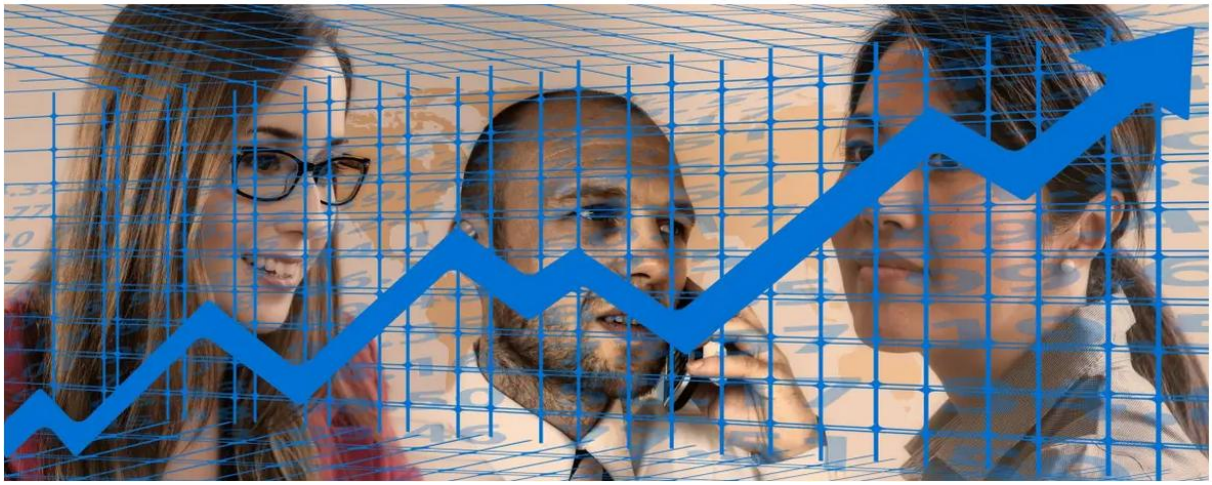

Image by Gerd Altmann on Pixabay

Christine Cotton's Legacy: A Biostatistical Reckoning with the Pfizer Vaccine

June 4, 2026 by Dr. Peter F. Mayer 8.6 minute read

When Christine Cotton began delving into the clinical trial data for the Pfizer vaccine in December 2020, she was an unknown biostatistician from France. Four and a half years later, on June 2, 2026, she ended her life—broken by unexplained pain and a medical system that couldn't or wouldn't help her. In between lies one of the most thorough and uncompromising analyses ever presented by an insider about an approved vaccine.

Since yesterday's article only addressed Cotton's last message on X/Twitter, the contents of her work are presented here. This article summarizes the key findings of her work—based on her VAERS data analysis from August 2021, her presentations to the *National Citizen's Inquiry* in Canada, and the results documented on her website. The sources cited in this report are linked and also explicitly listed again at the end.

Wer war Christine Cotton?

To understand the significance of her work, one must know her professional background. Christine Cotton was not an activist who retrospectively sought out numbers to support a preconceived opinion. She was an industry insider with 25 years of experience—22 of them as CEO of her own company, a Clinical Research Organization (CRO) that conducted clinical trials for the pharmaceutical industry [1].

Her work encompassed all phases of clinical trials and a broad spectrum of therapeutic areas: allergology, cardiology, dermatology, endocrinology, gastroenterology, gynecology, oncology, pulmonology, rheumatology, virology, and many more. She specialized in the

development of statistical study designs, the calculation of the required sample sizes for efficacy studies, and participation in independent data monitoring committees (IDMCs) [2].

In other words, Cotton knew exactly what a properly conducted clinical trial looks like — and how to spot a rigged one.

The VAERS Report: What the raw data reveals

Her first major public work was the analysis of the VAERS (Vaccine Adverse Event Reporting System) database — the American reporting system for vaccine adverse events. On August 8, 2021, she published a comprehensive report based on a data extract from July 23, 2021 [3].

The sheer volume of data was already a warning sign. Cotton documented:

- Of the **434,899** data records reported in 2021, **429,009 — or 98.9% —** concerned COVID vaccines.
- For comparison: The entire VAERS database for 2020 comprised only 11 megabytes. By the end of April 2021, it had grown to 16 MB. In the first week of June 2021, it had reached 67 MB. On July 23, 2021, it had reached **90 megabytes** .

This is an increase of more than eightfold within a few months — an explosion of adverse event reports unprecedented in the history of vaccine surveillance.

The cleanup: quality assurance, not whitewashing.

Cotton proceeded methodically. She cleaned the dataset by removing:

- Useless entries (“No adverse event”, “COVID vaccination”)
- Obviously false reports (“AAAAA”, “DHFOIDHFOIHDASOIH”)
- Application errors (incorrect vaccine mixtures, dilution problems, incorrect needles, expired products, incorrect injection sites)
- Deviations from the emergency authorization (vaccination of persons under 18 years of age)
- Inconsistencies in age, gender, vaccination date

After the cleaning process, **398,277** usable data records remained — more than enough to make reliable statistical statements.

What she found: Deaths and serious events

Cotton calculated the number of deaths not only based on the coded variables, but also searched the entire symptom text for terms such as "Death," "Patient died," "Pronounced dead," "Found dead," and "Patient expired." She added missing death dates where they were documented in the text.

The results were—and are—shocking. It identified thousands of deaths temporally linked to the vaccination, an unprecedented number of serious adverse events, and specific risk groups, including pregnant women with an alarming rate of miscarriages and fetal complications.

The detailed figures demonstrate a safety signal that, under normal circumstances — before 2020 — would have led to the immediate suspension of any vaccination campaign.

Clinical trial C4591001: The 95% fraud

But Cotton's main work went far beyond VAERS. She analyzed the Pfizer/BioNTech approval study C4591001 — the study on which the vaccine with the legendary "95% efficacy" was based.

Her findings, which she , *among other places, to the National Citizen's Inquiry* in Canada on May 12, 2023 presented , can be summarized in several key points [4].

1. Only three months of follow-up — for a product that has a lasting effect in the body

In each interim analysis—for adults, adolescents aged 12–15, children aged 5–11, and babies—the follow-up period was a maximum of three months. For 50% of the participants, it was even less than two months.

“You can’t draw any conclusions about medium- or long-term tolerability when the review period is a maximum of three months each time,” Cotton explained in her testimony.

This is not a minor point. It means that at the time of approval, nobody knew—and nobody could have known—what this novel mRNA product would do in the body six months, one year, or five years after injection.

2. The 95% effectiveness figure — a statistical construct

The central fraud—and Cotton uses this word deliberately—lies in the chosen efficacy criterion. The 95% figure referred exclusively to confirmed symptomatic COVID-19 cases that met a narrow case definition.

However, in the same study, Pfizer also measured antinucleocapsid serology—a marker that indicates who was actually infected during the study, regardless of symptoms. When Cotton calculated efficacy based on this comprehensive criterion, she arrived at **approximately 55%** —not 95%.

This is no small matter. It means that the actual infection prevention was less than two-thirds of the claimed value.

3. No proven effectiveness against severe cases

What's even more concerning: None of the interim analyses that led to the approvals demonstrated statistically significant efficacy against severe cases of COVID-19. Not in adults. Not in adolescents. Not in children. Not in babies.

Cotton demonstrated this using official data: In the adult study, there was one severe case in the vaccine group and three in the placebo group. The claimed "66% efficacy against severe cases" was not statistically significant—it could just as easily have been chance.

“Statistics means more than that. Statistics means checking the validity of my results. And as it turns out, I found no difference between the vaccine and placebo groups in terms of effectiveness in severe cases,” said Cotton.

4. No proven effectiveness against death

Even after six months of follow-up—when Pfizer presented a publication with longer safety data—there was one COVID-19 death in the vaccine group and two in the placebo group. Statistically insignificant. No evidence of efficacy against COVID-19 mortality.

5. The two manufacturing processes: The vaccine used in the study was not the vaccine for the general population.

This is perhaps Cotton's most serious finding — and the one she focused on in her farewell letter.

Pfizer used a different manufacturing process in the clinical trial than in mass production. The EMA itself documented this in its product assessment report of February 19, 2021.

„Two active substance processes have been used during the development history; Process 1 (clinical trial material) and Process 2 (commercial process).“

The differences are substantial . In Process 1, the DNA template for mRNA transcription was prepared by PCR amplification. In Process 2, linearized plasmid DNA cultured in E. coli bacteria was used. Other (partially redacted) changes involved the reaction volume of the in vitro transcription, the batch size, and the purification method—from magnetic beads in Process 1 to proteinase K treatment and tangential flow filtration in Process 2 [5].

The Japanese PMDA confirmed that only about 250 subjects aged 16 to 55 received material from Process 2—the commercial process. All efficacy data and safety assessments for all other age groups were based on Process 1 material.

Cotton summed it up perfectly: **The vaccine the population received was not the vaccine from the clinical trial.** At the time of approval, no valid efficacy or tolerability data existed for the product actually administered.

Further shortcomings: deaths and deleted data

Cotton's analysis revealed further monstrosities:

- At the time of the emergency use authorization, Pfizer was **aware of eight deaths** in the study. However, only **six** were reported in the regulatory documentation. The two undisclosed deaths indicated a cardiac signal.
- An independent audit identified **209 adverse event codes** that had been deleted or suppressed from the case report forms.
- **767 test subjects** had “disappeared” from the security database — their data was missing from the analyzed datasets.

The cover-up by authorities

Cotton filed a lawsuit against the French health authorities — for abuse of power against the ANSM (National Agency for Medicines Safety) — as well as a criminal complaint for serious deception and administering a substance without consent.

The moment she initiated these legal steps, she fell ill — with pain that no doctor could explain and no medication could alleviate.

Cotton's entire work is publicly accessible:

- Their **VAERS analysis report** of 8 August 2021, archived via FranceSoir and the Wayback Machine of the Internet Archive [3].
- Their **detailed presentation** on their website [1].
- Her **testimony** before the National Citizen's Inquiry in Canada [4].
- The **final version of her report** on the Pfizer study, which formed the basis of her lawsuits and which she made available for download again a few days before her death [1].

She herself said:

"If you don't have the courage to read it in its entirety, at least read the conclusion, which is unequivocal. This product is the biggest scandal in the history of the pharmaceutical industry: lies, mass manipulation, refusal to acknowledge the victims..."

Conclusion

Christine Cotton's work is the legacy of a woman who dedicated her life to protecting life— and who was destroyed by the very system she set out to protect. Her analyses are not an opinion piece, but the methodologically sound, statistically validated work of a specialist with a quarter-century of industry experience.

Anyone still claiming that COVID vaccines are "safe and effective" must be measured against Cotton's work. The data is public. The methodology is documented. The conclusions are clear.

Sources:

[1] Christine Cotton — Official website with English presentation of her work and the latest version of her Pfizer report.

[2] Christine Cotton — Biographical information from the VAERS analysis report , p. 2.

[3] Christine Cotton: “VAERS Data Analysis Report” — 8 August 2021. Data extracted on 23 July 2021. Archived via FranceSoir/Internet Archive .

[4] Christine Cotton — Testimony before the National Citizen's Inquiry, Quebec City, 12 May 2023. https://nationalcitizensinquiry.ca/witness/christine-cotton/

[5] OpenVAET: “ Pfizer/BioNTech C4591001 Trial — Audit Report v1 ” — 31 May 2024. Independent review of the study data with the participation of Christine Cotton.

[6] EMA Product Assessment Report for Community , 19 February 2021. Documents the two manufacturing processes (Process 1 / Process 2).