

Response to Elizabeth M. Bik, MSc, PhD, Regarding Our Study of Abnormal Clots and Medicare Deaths Linked to the COVID-19 Injections that Were Supposed to Prevent SARS-CoV-2 Infections and Deaths

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Abstract

In addition to attacking 6 other papers in the *IJVTPR* on about the same day along with Santiago and Oller (2023), Elizabeth M. Bik, MSc, PhD, has written 10,279 commentaries about what she sees as malpractice and fraud at PubPeer since its founding (“PubPeer,” 2025) in 2012. Given that only 12,940 items have appeared on PubPeer as of February 14, 2026 within minutes on either side of 1:30 PM CST, Bik is responsible for 79.4% of the whole output of PubPeer. We first saw her comments on our 2023 paper on January 24, 2026. While we appreciate attention to our work, Bik took no notice of our already published response to her principal complaint. On October 7, 2025 here in *IJVTPR* we vitiated her only valid objection to our statistical analyses of Medicare data in our 2023 paper. Her general assertion that no “very large excess mortality among older Americans” occurred after one or more doses of the COVID-19 shots is false. There were comments about literary sensibilities: e.g., that Bik regards the words “experiment” and “injectable” as “non-scientific” and argues that we are speculating in citing published documentation showing that the COVID-19 shots were bioweapons designed in gain-of-function research. She pointed out a broken hyperlink to research showing that after the COVID-19 rollout of shots “embalmers [were] seeing abnormal clots in 50–70% of corpses”. She implied that all the rest of the published documentation we cited, or referred to indirectly, about abnormal clotting does not actually exist. Bik made a valid point that analyses of deaths in the US Medicare population should have taken account of aging as survivors took additional doses. Finally, she implied a flawed or completely absent peer-review process at the *IJVTPR* because the two of us are also editors of the journal. We show that our works were peer-reviewed according to the published policy in the journal website and as noted in “Acknowledgments” to each *IJVTPR* publication beginning September 14, 2024.

Keywords: *abnormal clots, bioweapons, CDC recommended COVID-19 shots, excess mortality, Medicare data, mortality data, peer-review, PubPeer, weaponization of peer-review*

Introduction

To begin, perhaps we should thank Elizabeth M. Bik, MSc, PhD and her 30+ co-workers and AI assistants at PubPeer.com (2025) for their prolific work purportedly aiming to restore integrity to mainstream health science publishing. It is noteworthy that Bik herself is named as the primary respondent accounting for 10,279 (Figure 1) of the 12,940 critiques (Figure 2) published at PubPeer — up to today’s date (February 14, 2026 between 1:19 PM and 1:33 PM CST).

We welcome the opportunity to clarify points that we believe were misinterpreted, or insufficiently contextualized, or completely overlooked in Bik’s remarks about the paper (Santiago & Oller) published in 2023. Before addressing Bik’s specific remarks, we commend to readers the recent Substack essay, “[Correlation Is Not Causation, Except When It Is,](#)” which outlines historical cases where correlations played a meaningful role in identifying causal associations. We believe our 2023 work critiqued by Bik is one of the instances where causation is demonstrated by the systematic correlation of measured outcomes. Specifically, the number of days-left-to-live for Medicare patients is correlated with quantitative records of critical inputs, particularly the number of COVID-19 shots received by those same individuals.

The context of statistical correlation is relevant, though not foundational, to the methodologies we have applied in our published work about the COVID-19 injectables and their empirical outcomes. The foundational basis for our understanding of the harm being done is grounded in the logic and

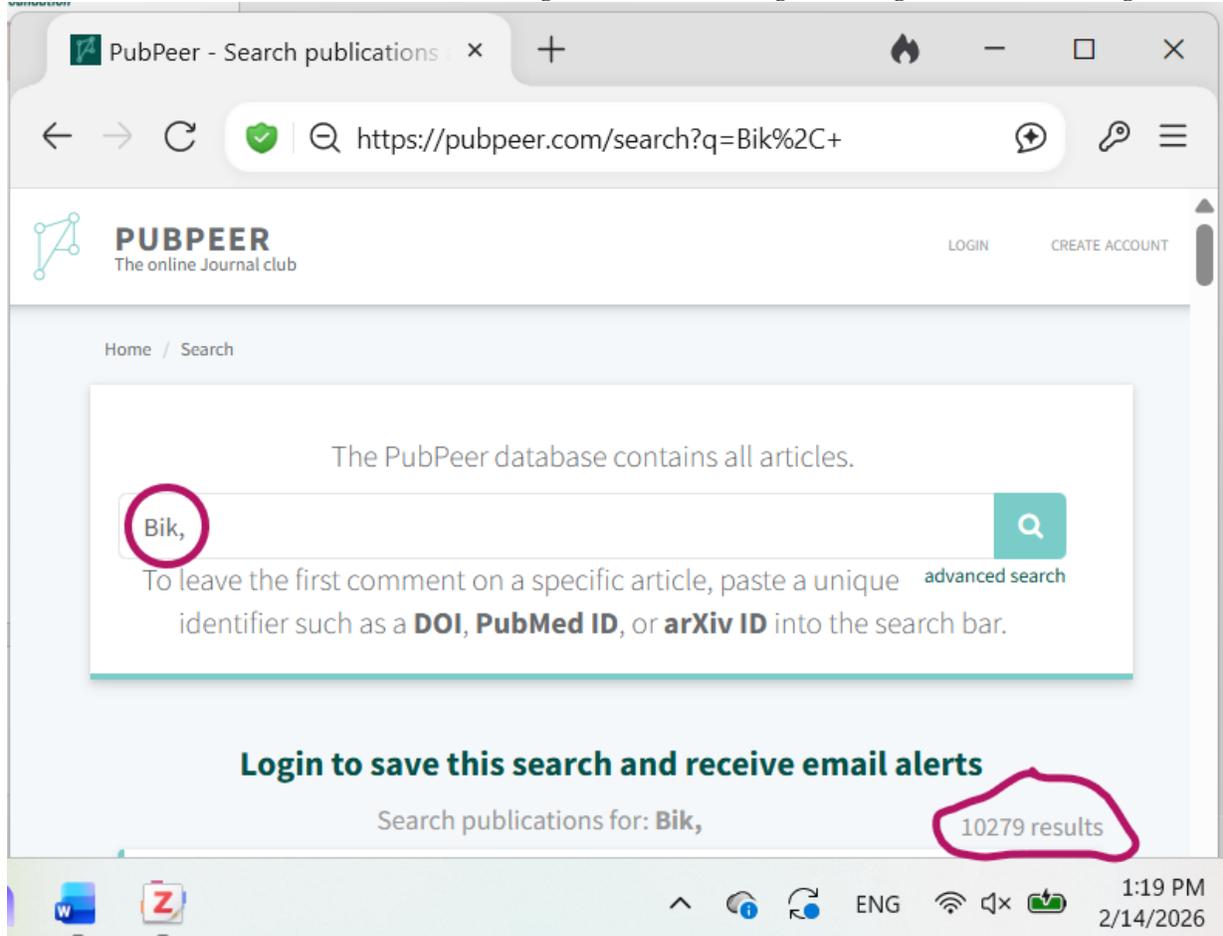


Figure 1. A search at PubPeer.com for “Bik,” showed 10,279 items by her as of 2/14/2026 at 1:19 PM CST.

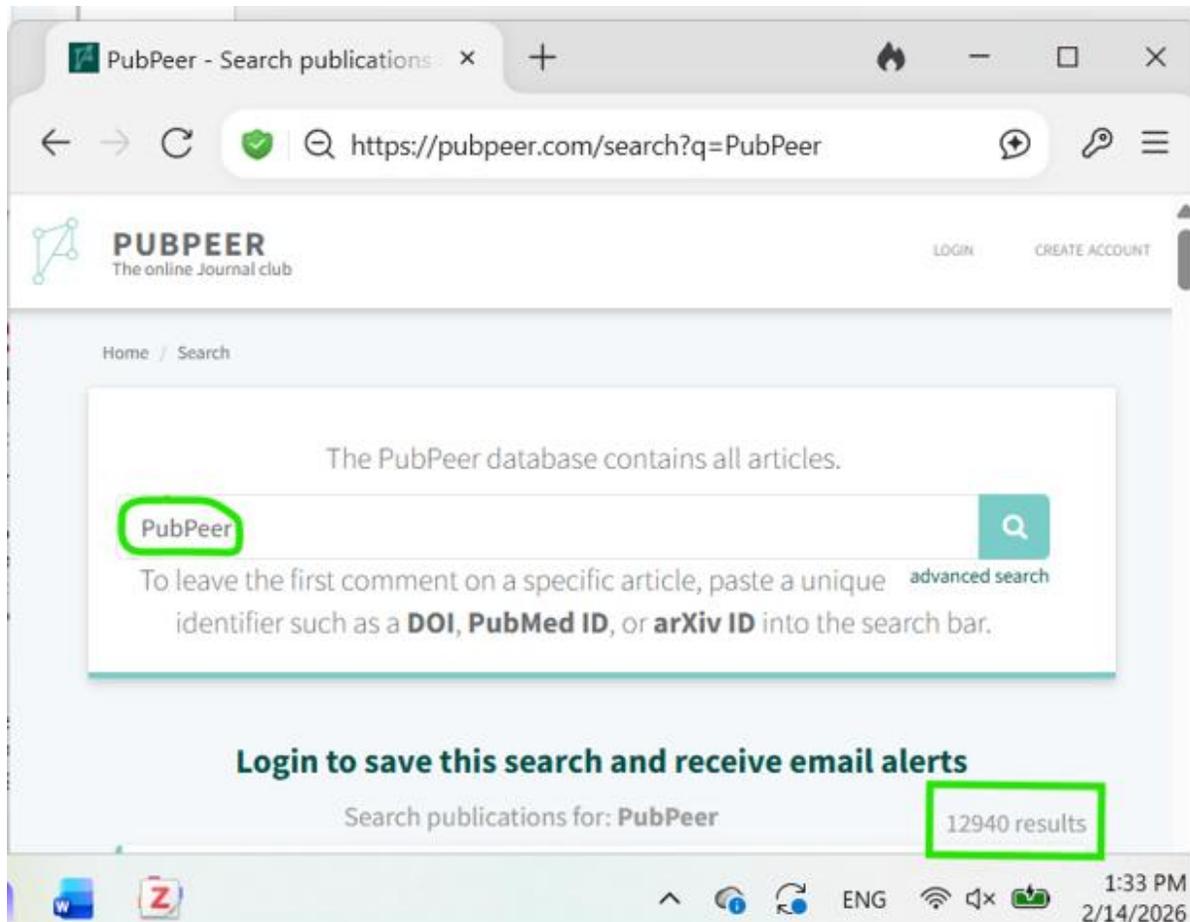


Figure 2. A search at PubPeer.com for “PubPeer,” showed 12,940 items as of 2/14/2026 at 1:33 PM CST.

mathematics of how meaningful sign systems have to work if they are to work at all (see Peirce, 1897; Tarski, 1944, 1956; Oller, 2010, 2014) The bedrock mathematical proofs have been discussed in many places including most recently in the response to critics, including Bik, regarding the recent re-analysis by Oller, Broudy, and Hulscher (2025) of data from Lamerato et al. (2022-2025). That data showed unequivocally that vaccinated individuals are much more prone to chronic diseases, including the autism diagnosis, than unvaccinated. In our refutation of critics including what appeared to be an anonymous AI ‘bot, along with the ubiquitous poster-person, Bik, at PubPeer (Oller, Broudy, & Hulscher, 2026), we said “simple logic . . . shows that we cannot introduce toxicants and deliberate lies (false strings of signs) into discursive systems, including biological ones, without doing downstream harm” (p. 1652). To be meaningful in any material context, actual strings of signs must conform to grammatical constraints. Chaotic strings, or ones that lead to false interpretations, cannot sustain successful communications. Lies, errors, and unpredictable strings can only lead to breakdowns in biological systems just as they do in ordinary discourse. In biological systems such breakdowns lead to death if they are catastrophic, or to disorders, diseases, and all kinds of undesirable consequences if they are not fatal.

In our follow-up analyses to our 2023 work that Bik critiqued — the followup being published as Oller and Santiago (2025) on October 7, 2025, almost 4 months prior to her remarks on PubPeer that were published January 23, 2026 — we offered additional context in which we expanded on the original findings and had already disposed of the most telling of her alleged concerns. Specifically,

Bik argued that as US Medicare patients took additional COVID-19 shots, they must have been also aging. Therefore, she inferred that those getting more doses of the COVID-19 concoctions recommended by the CDC were more likely to die simply because of advancing in age. The inferred causal relation with the shots might be spurious if the reduction in life expectancy could be accounted for merely by aging. It is true, of course, that as people get older, according to the Gompertz Mortality Law (Gompertz, 1825), they do become more prone to death, and they become less capable of fighting off diseases, or healing from injuries.

Interestingly, this objection had been raised earlier by Stephanie Seneff, PhD, during the original peer-review process of our paper. Later, the same objection was reiterated by Pantazatos and Seligman (2025). Because of the peer-review process both before our 2023 paper was published and after it appeared in print, we revisited the statistical analyses in our followup paper (Oller & Santiago, 2025). In that followup report, we summed up our findings in our Abstract on page 1583:

The harmful impact of those [COVID-19 gene] therapies [falsely represented as “vaccines”] compounded the ordinary aging factor accounted for in the Gompertz Law of Mortality in the respective datasets we analyzed in 2022 and 2023. It did so with such strength and consistency that the harmful effects of 1 to 3 doses of the COVID-19 concoctions accounted for 18.6% of the total variance in 31,478 all-cause deaths reported to Public Health England in the 28-week period ending early in 2021 (yielding a huge F -ratio = 5,127,572, with $p \approx 0$), and also accounted for 13.9% of the total variance in 53,061 all-cause deaths recorded in the US Medicare dataset from the announced “pandemic” in 2020 to the last day of 2022. The ordinary aging-effect summed up in the Gompertz Law accounted for 81.6% of the total reliable variance in the dataset from 28-weeks of 2020-2021 and it accounted for 74.6% of the total reliable variance in the 2020-2022 Medicare dataset. The harmful impact of every dose of COVID-19 “vaccine(s)” in the Medicare dataset ruled out chance at a vanishing $p < 4.3454E-34$. While it was confirmed, as suggested by Pantazatos and Seligman, also Stephanie Seneff, that the intervals between the successive doses of COVID-19 injectables in the Medicare dataset cumulatively increased the age of the persons taking each successive dose accounting for 74.6% of the total reliable variance in all-cause deaths for the entire dataset, the harmful impact of the cumulative doses of COVID-19 “vaccine(s)” accounted for an additional 13.9% of the variance in days-left-to-live after the last shot.

We showed in our 2025 paper that after removal of the Gompertz aging factor which accounted for approximately 74.6% of the total reliable variance in the Medicare dataset, an additional 13.9% of the reliable variance in days-left-to-live after the last shot could had to be attributed to the shots themselves. In our dataset for the 28-weeks focused on in our UK study, because of a greater range in ages among the hospitalized individuals, aging accounted for 81.6% of the total reliable variance, but still left an orthogonalized 18.6% of the reliable variance which could only be explained by people who got from 0 to 3 COVID-19 shots.

Bik is the one speculating in supposing that mere aging could fully account for the increasing likelihood of deaths among our Medicare participants as they took additional doses of the COVID-19 concoctions. Likewise, the impact of the shots on the 31,748 people hospitalized in the UK during the 28-week period in focus in our 2022 paper was also substantial and statistically impossible to account for on the basis of mere chance.

It is indicative of a weak and inadequate level of scholarship that her research, and that of whatever AI ‘bots and the 30+ other humans besides herself at PubPeer that supposedly reviewed her critique before it was published, that the entire cadre failed to examine the full scope of the published work Bik claimed to be re-examining. Furthermore, now that we know that Bik’s contributions at PubPeer account for nearly 80% of all the reviews published on that platform ($12,940/10,279 = .794$; as shown in Figures 1 and 2), it is unsurprising that such a profoundly prolific producer could hardly have sufficient bandwidth to actually consult the references in our 2022, or 2023 work, much less the

enhanced followup analyses that were published in our 2025 paper responding to Seneff and also to Pantazatos and Seligman (2025).

A Large Excess Mortality Did Occur and Is Still Occurring

All the foregoing being said, it seems strange that Bik would deny at the top of her critique that “a very large excess mortality” after the rollout of the COVID-19 shots has occurred and seems still to be going on. The fact that the excess all-cause mortality occurred world-wide wherever the shots were administered aggressively, and wherever reliable records were kept, has been very well documented from many different angles, e.g., by Beattie (2021, et seq.) from Our World in Data for 145 different countries; by Ed Dowd et al. (2024) mainly relying on insurance statistics; also by Rancourt (2022; Rancourt et al., 2022, 2023) using sophisticated methods of detailed statistical analysis; as well as by ourselves looking at 28 weeks in the UK data (Oller & Santiago, 2022). It is well-known that excess mortality followed on a massive scale after the rollout of the COVID-19 shots.

In addition to showing the truth of our claims about excess mortality attributable to the COVID-19 shots across all age groups where they were administered, in what follows we respond point-by-point to Bik’s other remarks, providing context and data to support our core hypothesis: that COVID-19 vaccines exhibit a dose-dependent association with reduced days-left-to-live and increased all-cause mortality in the datasets analyzed, and all this was evidently connected in a causal fashion to abnormal clotting resulting from the unnatural synthetic coding for spike protein to be produced by the body’s native ribosomes.

REGARDING THE DE FACTO RISE IN ALL-CAUSE MORTALITY IN MEDICARE DATA

Bik suggested that the title of our 2023 paper implied a catastrophic mortality event among Medicare beneficiaries. This interpretation does not reflect our position. Our analysis did not describe an immediate, apocalyptic surge, but rather a gradual, compounded reduction in life expectancy, estimated at ~62 days per dose on average in the Medicare dataset (Santiago & Oller, 2023).

This interpretation aligns with persistent excess mortality observed in the United States into 2024–2025, which has not manifested as a single acute “event” but as a sustained elevation above expected baselines. Our theoretical work examining the basis for abnormal clotting pointed out a crucial potential contributor within the datasets examined. Contrary to Bik’s intimations, clotting might turn out to be the principal manifestation of the causal basis for the observed and sustained increases in all-cause mortality world-wide wherever the shots were aggressively promoted.

Real-world data suggests that the foregoing hunch may be correct. U.S. excess deaths remained elevated into 2024–2025 (Minhas et al., 2024; Tabassum et al., 2026), with over 1.5 million deaths in 2022–2023 compared to peer nations, with rates continuing to rise post pandemic peak (Van Beusekom, 2025). Our point is not to create fear; nor are we merely speculating. The fact is that recovery from the COVID-19 phenomena has not been as complete as predicted by policy-makers, and acknowledging this fact is important to future decisions in public health policy, and preparedness (Minhas et al., 2024). Evidence suggests that the acceleration of mortality in general and especially in early-adult mortality in the United States predates COVID-19. However, it was substantially accentuated by the rollout of the COVID-19 shots. The pandemic appears to have intensified longstanding cumulative problems in world-wide toxicity, ensuring long-term adverse mortality trends (Wrigley-Field, 2025). Such facts rule out the “no effect” null hypotheses and suggest that our dose-dependent model is suited to capture subtle, cumulative impacts, and that it

does not predict sudden lethality (Ibáñez-Soriano & Meier, 2024; Pallari et al., 2025; Morillas-Jurado & Ibáñez-Soriano, 2026; National Center for Health Statistics, 2026).

ADDRESSING LITERARY COMMENTS BY BIK

Terms such as “experiment” and “injectables” — objected to by Bik as “nonscientific” — were used to accurately represent the fact that the COVID-19 concoctions were and are not traditional “vaccines” but were experimental therapies deployed under Emergency Use Authorization. Their mRNA/LNP platform differs radically from traditional vaccines. She complained that our style was “rambling” and more suitable for a “blog” and that we included too many footnotes and contextual sections. Actually, all of that was intentional: the topics we were addressing spanned epidemiology, biostatistics, immunology, and risk-assessment. Our goal was to provide readers across many disciplines with sufficient background to evaluate our analyses. Scholarship, after all, demands precision, and if readers are keen to follow the evidence wherever it may lead, they will naturally follow the logic as offered.

On Speculative Statements Presented as Facts

We explicitly acknowledge that questions about SARS-CoV-2 origins are still being debated and known facts are being denied or ignored by the mainstream media. However, our own work (Oller, 2021b; Santiago, 2022) showed that the gain-of-function research thread denied by Fauci (see R. F. Kennedy, Jr., 2021, p. 418) is a reality (also see Huff, 2022; Huff & Lyons, 2023). There may be many unanswered questions remaining about all of it, but the issues merit close scrutiny and the most intensive possible investigation and debate.

Regarding reports from embalmers who began observing and reporting abnormal fibrous clots after the COVID-19 shots rollout, we are grateful to Bik (or her AI assistant) for pointing out the broken hyperlink and are glad to be able to correct that problem here and now: according to survey data in 2022, 67% of embalmer respondents noted “white fibrous clots”, typically in about 30% of cases and largely first observed in 2021. By 2023, 73% reported similar findings in roughly 20% of cases, with 79% noting micro-clotting and 21% reporting increased infant deaths compared with pre-pandemic baselines (Kasner, 2024). All these observations, though not on a par with bona fide medical diagnoses by qualified pathologists, are nonetheless credible testimonies from experts in a particular field — namely, professionals working as funeral directors and embalmers. Their testimonies cannot be dismissed as mere anecdotes because they are supported and, at least, plausibly predicted and explained in part by peer-reviewed scientific publications about amyloid-like protein aggregation phenomena (Nyström & Hammarström, 2022; McCairn & Bowden, 2025; Westman et al., 2025). The cumulative impact of the embalmers’ testimonies is difficult to set aside as some kind of hype given the fact that genetic analysis of the spike protein coding in the most widely administered COVID-19 concoctions shows how such foreign peptide aggregates are probably being produced.

The independent forensic examinations of “calamari” amyloidogenic fibrin aggregates recovered from postmortem cadavers by systems neuroscientist Kevin W. McCairn, PhD, further substantiate the existence of the anomalous, rubbery clots resistant to normal fibrinolysis, linked to spike protein exposure from mRNA vaccines (e.g., via fluorescence microscopy, SEM/EDX, and RT-QuIC prion-like activity; see McCairn & Bowden, 2025). McCairn’s work also documents prion-like amyloid fibrils in post-gestational cases of in-utero mRNA exposure, extending the known impact of the shots to transgenerational effects. These — quite simply — are not “dramatic claims” but rational calls for further investigation.

While Bik is correct in remarking that some of our contextual references are taken from non-academic sources — and this is characteristically true of more than a few entries in *IJVT* — the core analyses in all of our work rely on publicly available datasets, including the Public Health England reports referred to in Oller and Santiago (2022) and Medicare data. The methods used by Steve Kirsch are cross checked against CMS aggregates, and all raw data and code have been made available for independent re-examination and replication of findings already published — for instance, by Steve Kirsch. Dead links are unfortunate but they do not annihilate the material referred to which remains archived and accessible to anyone actually trying to find it. Peer-reviewed alternative explanations, like those of Pantazatos and Seligmann (2025) followed by our response to them, Oller and Santiago (2025) are, or should be, we believe, the norm for real empirical investigations that find their way into academic publications. The findings of such work should not be hidden from the public in any way.

For instance, with respect to sources that fall outside the scope of traditional peer-reviewed academic publications that we commend to our readers are the following that are pertinent to the presently ongoing discussion:

- Steve Kirsch's work: <https://open.substack.com/pub/stevekirsch/p/a-summary-of-the-evidence-against>, <https://open.substack.com/pub/stevekirsch/p/kcor-results-on-the-japan-record>, <https://open.substack.com/pub/stevekirsch/p/why-cant-anyone-show-us-the-study>
- Stanford study: <https://med.stanford.edu/news/all-news/2025/12/myocarditis-vaccine-covid.html>
- https://open.substack.com/pub/alexberenson/p/doctors-speak-out-about-the-crisis?r=11t26u&utm_medium=ios&shareImageVariant=overlay

On the Confounding Variable of Aging

Bik correctly noted that aging is a potential factor in time left-to-live for Medicare patients even though it was mitigated by the relatively compressed time frame of the COVID-19 catastrophe. Our follow-up paper (Oller & Santiago, 2022) addressed the central issue of aging very precisely. Based on the Gompertz Mortality Law, we partitioned the reliable variance attributable to natural aging from that which was owed to the cumulative dose-count of COVID-19 shots. In the Medicare dataset, aging explained 74.6% of variance in days-left-to-live, while cumulative doses explained an additional 13.9% which was completely orthogonal to the aging factor ($p < 4.3454E-34$; the statistical probability of finding such a large portion of reliable variance attributable only to the cumulating doses of the experimental injectables is such a minuscule vanishing quantity that it must be estimated with a decimal preceded by 34 leading zeros). Chance can be ruled out.

We also examined Welch's t -test, KCOR ratios, and survival projection methods to mitigate, and in fact to remove entirely the potential for confounding variables to change the outcomes we observed. In the UK dataset, dose count remained overwhelmingly a statistically significant predictor after controlling for age. The shots accounted for an additional 18.6% of the total reliable variance; $F = 5,127,572$; $p \approx 0$) orthogonal to the age variable.

Such results make a strong case for the theory that the association between doses of the COVID-19 injectables and the consequent increase in all-cause mortality cannot be dismissed as mere aging. That variable might be construed as a confounder except for the fact that our analytical approach

completely removes all the variance that is actually attributable to aging. What is left of the reliable variance, as we showed in our 2025 followup to the 2023 research, cannot possibly be explained by mere aging. A substantial portion of the reliable variance in the 2022 and 2023 studies can only be accounted for by the number of doses of COVID-19 “vaccines” received by the individuals who were injected with them.

On Conflicts of Interest and Peer-Review

Bik complained about our status as editors of the journal where the work she is attempting to draw into question is published. She further claims:

This raises concerns about the quality and rigor of the peer-review process, if any. The journal does not appear to be listed in DOAJ [Directory of Open Access Journals], PubMed, and is not a member of COPE [the Committee on Publication Ethics].”

With respect to “Conflicts of Interest” and the “peer-review process”, the *IJVTPR* aims higher than the DOAJ, PubMed, and COPE. At our website, we have said why and in what way we hold to a higher standard:

The *IJVTPR* aims for the higher standard of complete financial independence from the typical vested interests of the medical/pharmaceutical/governmental hegemony that for some years now, has dominated academic publishing especially in the multi-trillion dollar industry of the pharmaceuticals, genetic therapies, vaccines, and all that is associated with the subject-matter of this journal. We do not accept advertising of any kind and the minimal publication fees paid by contributors (that can be and are waived upon reasonable requests) only cover expenses for software, archiving, the Digital Object Identifiers, processing of meta-data, and other necessities.

We regard PubMed and similar indexes as part of the growing threat posed by the militarization of the medical/pharmaceutical-industrial-complex for reasons spelled out on the journal website:

Our aim is to avoid and/or expose pretentious “academic” work that is actually being shaped, cherry-picked, and tweaked to conform to the advertising slogans, mantras, and untruths of an industry increasingly dominated not by genuine inquiry and critical thinking, but by propaganda, marketing, profit-margins, and government protections that threaten the freedom of our nation and the people of the whole world.

With respect to the “**Conflict of Interest Policy of *IJVTPR***” we have asserted:

... our ... standard is higher, more intense, and stricter than that of the mainstream journals where editors and staff are generally bankrolled by vested interests that stand to gain monetarily from certain directed research outcomes and prior theoretical commitments that are commonly concealed rather than disclosed. We refer all of our users to the long-standing and irrefragable claims of Professor John Ioannidis of Stanford, and his collaborators, showing that much of what is published in the mainstream journals is false and in many cases is designed in such a manner as to obtain a particular marketing objective that covers up rather than reveals the truth of the issues supposedly at stake (Ioannidis, 2005; Fanelli et al., 2018). Much of what is published as academic “research” is actually known to be propaganda guided by the interests of advertising.

Our editorial roles at *IJVTPR* have always been fully disclosed, and since September 14, 2024, it has been journal policy to name the peer-reviewers who approved a particular paper for publication in the Acknowledgments section — as done, for instance, in the 2025 followup to the 2023 work that Bik has sought to call into question. The willingness of editors to be named as reviewers of any given piece of work, if it should end up being published, and of the authors to acknowledge whatever help the peer-reviewers may have provided in the peer-review process, are pre-conditions of the commitment of editors to review any given paper and of authors to submit such a paper to

be considered for publication. All of this has been codified on the journal website specifically in the detailed section at this URL: <https://ijvtp.com/index.php/IJVTTPR/about>.

A HIGHER STANDARD AND MORE INTENSE PROCESS OF PEER-REVIEW

For the paper under attack by Bik, given the fact that she has also recently targeted multiple other entries here in this journal, we are reminded of some of the reasons the *IJVTTPR* was created in the first place. Among them was the need to restore the concept of peer-review to its higher initial purposes. As noted by Shaw (2020), “peer-review” was intended for something higher than the level to which it fell during the decades since World War II. During that time frame, peer-review was being increasingly commandeered by the world’s power-brokers and the ultra-wealthy elite to serve the interests of what President Eisenhower called the “military industrial complex” — now that amorphous entity has become indistinguishable from the “medical/pharmaceutical industry” (Oller, et al., 2020, p. 28). In the same year, Shaw wrote:

The “peer review” process has in the last two decades especially, increasingly become a process to serve the interests of the manufacturers and promoters of drugs and medicines. Although it was conceived as a way to ensure quality in academic and scientific publications it has increasingly, especially in the health sciences, taken on a commercial aspect with power, momentum, and governmental support that enables it to be used to against unwanted outcomes that threaten the bottom line of those commercial interests [Shaw, 2020, p. 11].

Briefly put, the process of peer-review became weaponized in the hands of the mainstream medical/pharmaceutical publishers in control of the medical schools, the mainstream academic publications, the universities, and the indexes recording and cross-referencing those publications. As a result, what was being published in the thousands of mainstream academic journals was slanted almost exclusively to promoting drugs and vaccines rather than being devoted to discovering and disclosing their contents and the effects of those contents.

With the advent of the COVID-19 injectables — along with its ever more rapidly evolving technologies, ones that can rewrite DNA with nanobots surreptitiously and without any trace of consent by the recipients (Oller et al., 2025), it seems the world has changed and will not be reverting to its former state. According to DARPA (Defense Advanced Research Projects Agency) spokesperson and director, James Giordano, that agency and its collaborators aim to pursue “an ambitious initiative aiming to develop [a] vast array of nanoscalar sensing and transmitting brain-computational interfaces (BCIs)” with the purpose of “ ‘mind reading’ and ‘mind control’ ” (Giordano, 2024). This same spokesperson for military interests of the US has made clear that the human brain is the battleground for DARPA’s “disruptive technologies” of warfare using magnetic nanoparticles delivered “intranasally, intravenously, or intraorally” all without surgery to achieve “mind-control”.¹

¹ As a result of the present realities of modern warfare, the seemingly distinct realms of pharmaceuticals, vaccines, and bioweapons have all converged so seamlessly as to become a singular entity that calls to mind the Beasts of Revelation:

And I stood upon the sand of the sea, and saw a beast rise up out of the sea [a symbol for the long look of history], having seven heads and ten horns, and upon his horns ten crowns, and upon his heads the name of blasphemy Revelation 13:1]. . . And I beheld another beast coming up out of the earth [symbolic of the present-tense as observed by the Apostle John]; and he had two horns like a lamb, and he spake as a dragon [Revelation 13:11]. . . . And he had power to give life unto the image of the beast, that the image of the beast should both speak, and cause that as many as would not worship the image of the beast should be killed

[13:14-15]. . . . And that no man might buy or sell, save he that had the mark [see Grapevine News, 2020]; and Oller, 2021a] or the name of the beast, or the number of his name [Revelation 13:17].

It is interesting that five years after its inception in 2008, ResearchGate received funding in 2013 from Bill Gates (Empson, 2013; Biosys Capital Partners, 2014, p. 10). Two of his principal advisors — specifically, Julie Sunderland, formerly the director of Program Related Investments for the \$1.5 billion dollar investment pool of the Bill & Melinda Gates Foundation, and, more importantly, Boris Nikolic, MD, who was the chief science and technology advisor to Gates from about 2004 until their falling out in 2017 — were involved in the ResearchGate investment (Loizos, 2017). Following ScienceGuardians, Nevradakis (2026) has suggested that a deeper connection, one which we have not been able to verify fully, exists between ResearchGate, RetractionWatch, and PubPeer. The connection supposedly took place through the Center for Open Science funded largely by the Laura and John Arnold Foundation but also contributed to by the Bill and Melinda Gates Foundation. All this is spelled out in a nine minute and nineteen second [video from ScienceGuardians](#) that is embedded in the Nevradakis piece for *The Defender*. We would be more inclined to take the ScienceGuardians as a legitimate entity if they were forthcoming with their own identities. Perhaps there is some good reason why they cannot afford to be out front about who they are, but their own anonymity makes them appear somewhat like the folks over at PubPeer.

With all of that in mind, there remains substantial evidence in recently released Epstein files to indirectly connect Epstein himself with Gates and their mutual advisor, Boris Nikolic. It can be inferred from that triadic linkage that all three of them were also involved directly or indirectly in using PubPeer and RetractionWatch for scare tactics with a whip while ResearchGate was apparently designed to dangle carrots in front of researchers to encourage some researchers while quashing the work of others. All this was being done in ways that would best serve the financial and control interests of the medical/pharmaceutical industry, now fully militarized by agencies like DARPA.

The connection of Gates with ResearchGate through Boris Nikolic has been sufficiently established by Nikolic himself on the website for Biomatics:

[Biomatics Capital Partners](#) [see Nikolic, 2026], a new healthcare and life sciences venture firm, has closed its debut fund with \$200 million, it's announcing this morning [9:16 AM PDT · March 15, 2017]. This new effort is particularly interesting given its two founders and managing directors. Boris Nikolic is a physician who previously served as chief advisor for science and technology to Bill Gates, investing in both for-profit and not-for-profit outfits. Those bets include [ResearchGate](#), the nine-year-old, Berlin-based professional network for the scientific community to connect with each other; and [Nimbus Therapeutics](#), a nine-year-old, Cambridge, Ma.-based clinical-stage biotech company.

Meanwhile, Julie Sunderland was previously director of Program Related Investments for the Bill & Melinda Gates Foundation, where she led the foundation's \$1.5 billion strategic investment pool, which focuses on global health, global development and education, and where Sunderland led 50 investments.

When PubPeer was being created in 2012, Nikolic was the key advisor to Gates concerning academic matters and remained such, until their falling out in 2017 (Loizos). Connections between the three principals — Nikolic, Gates, and Epstein — are also richly documented in emails between Gates and Epstein in which Nikolic is often copied. According to an article appearing in *USA TODAY* (Mansfield & Cuevas, 2026):

Newly released documents show that [Jeffrey Epstein](#) attempted to mediate a falling out between [Microsoft co-founder Bill Gates](#) and the billionaire's adviser, Boris Nikolic, in 2013. . . . Gates is mentioned in messages from at least 2010 to 2019, according to a *USA TODAY* review. From about 2011 to 2014, Gates emails Epstein directly, and often one of the pair copies [Larry] Cohen [“the head of the Microsoft co-founder's organization Gates Ventures”] or Nikolic.

Clinching the case connecting Nikolic to Epstein is the fact that, according to a Fox News release on August 20, 2019, it was learned just 10 days after Epstein's death in a [Metropolitan Correctional Center](#) jail cell in

In the final analysis, the front person who provides the public face for PubPeer, namely, the heretofore hardly known Elizabeth M. Bik, MSc, PhD, has failed on all counts to win her case against the *IJVT*. The evident objective of PubPeer is to build a firewall to guard mainstream marketing and propaganda that promotes and sells pharmaceuticals, especially those represented to be “vaccines” (Smith, 2003).

The absence of the *IJVT* from certain indexing services reflects its niche, scope, and the fact that it aspires to higher standards. We welcome external audits of our data, methods, and statistics. Unfortunately, it is apparent that Bik is beyond any normal person’s reasonable depth in trying to take responsibility for thousands of critiques of works — in the few cases we have examined closely — that neither she nor the team at PubPeer have evidently found time to study closely nor understand well. Her failure to discover or refer to our response to her only legitimate statistical complaint about the aging factor disqualifies her critique as thoroughgoing research because her only potentially valid complaint had been demolished about four months before she published her comments at PubPeer. A simple examination of citations easily accessible on the internet from a Google search would have turned up the published work that vaporized in advance her only reasonable complaint. She was correct in noting that the variance attributable to aging of the Medicare population that had to occur between COVID-19 shots needed to be orthogonalized from the measurable impact of the shots themselves. That was done, in fact, in our 2025 study and the COVID-19 shots were shown definitively, on the average, nevertheless, to diminish days-left-to-live for the cohort of recipients in the Medicare and UK data alike.

Conclusion

Our central hypothesis, that cumulative COVID-19 vaccine doses are associated with reduced life expectancy in the datasets analyzed, is supported by multiple independent lines of evidence, including persistent excess mortality trends and by our own enhanced statistical reasoning (Oller & Santiago, 2025). We never claimed any sudden universally lethal spike in all-cause mortality; rather, we showed that an undeniable increase occurred more or less in lockstep with the administration of more and more shots. Nor did the shots reduce the number of infections and deaths as promised by policy-makers. On the contrary, the evidence shows that the COVID-19 shots increased both. We invite the real people at PubPeer, and all genuinely interested and competent researchers, to re-analyze our publicly shared data, as well as the Kirsch KCOR code. Constructive scrutiny is essential for assuring genuine understanding, verifying, and, where possible, replicating, or, at least, confirming empirical findings and their implications. The combined import of the cumulative findings that are consistently being confirmed is that the experimental injectables of COVID-19 were an unmitigated disaster for the people who took them.

New York City, that he had named Boris Nikolic, as his third choice to be Executor of his Last Will and Testament (Leggate, 2019).

It is also evident that Biomaterials Capital, in addition to its connections to Gates and Epstein, throughout its existence has supported the interests of the pharmaceutical industry which has been linked unmistakably during and after the COVID-19 era with the pursuit of bioweapons aiming to surreptitiously control and manipulate the world’s population without the people of the world ever knowing what is happening to them — e.g., that they are being used in ongoing biowars between entities entirely concealed in the background of their experience (Oller, et al., 2025).

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We are grateful to our Editorial Board for reviewing this work under the direction of Christopher A. Shaw, PhD, acting as Editor-in-Chief, a role that he typically assumes whenever Oller is an author or co-author of a work submitted to *IJVT* for consideration. Reviewers approving the work for publication in addition to Shaw included Stephanie Seneff, PhD, and Daniel Broudy, PhD. Any errors or infelicities remaining belong to the authors alone.

Conflicts of Interest

This is a response to <https://pubpeer.com/publications/93B84CB05C375D57C1D58856B888B0>. Whereas our roles as editors for the *IJVT* were specifically called into question by Bik, they were disclosed from the beginning and are entirely consistent with the higher standard of peer-review plainly stated in the published policy of the *IJVT*. The essential qualifications for a real “conflicts of interest” do not apply to our work published in *IJVT*, but do apply to the 10,279 critiques credited by PubPeer to Elizabeth M. Bik, MSc, PhD, insofar as they are defenses of the mainstream narrative that vaccines are “safe and effective”, “do not cause autism”, etc. Although her review of our work fell short of a scholarly peer-review, it gave us an incentive to examine the PubPeer entity itself more closely, and for that we are indebted to Bik for allowing her name and image to provide a human presence to the PubPeer façade pretending to restore integrity to the deeply conflicted worldwide medical/pharmaceutical/military industry. That being said, we have no conflicts of interest to declare.

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