

The elephant in the room



Steve Kirsch
Executive Director
Vaccine Safety Research Foundation

June 11, 2022

The most important takeaways



Andrew Wakefield, the original vaccine truth-teller

You can't trust the CDC, FDA, WHO, NIH, or your doctor

1. Andrew Wakefield: No vaccine has ever shown to have a positive risk-benefit. They never do the post-marketing studies because they know. It's why ESP:VAERS was killed.
2. You should never take a vaccine until you see the data. The COVID vaccines are horrible. The deadliest vaccine in human history by 1000X.
3. **Masks never worked** and never will work. They make things worse.
4. All of the interventions from the government have made things worse. No exceptions.
5. You are actually better off listening to the CDC's advice and doing the opposite. How sad is that?

OVERCOMING THE COVID DARKNESS



**How Two Doctors
Successfully
Treated
7000 Patients**

**BRIAN TYSON, M.D.
& GEORGE FAREED, M.D.**

The **3 most important**
(life-saving) things you
should know:

1. Always treat all COVID infections seriously
2. Always have the drugs and supplements “on hand” for immediate deployment
3. If you screw up and are hospitalized, check out ASAP. Hospitals are “death camps” if you have COVID.

We could end the pandemic instantly anytime we wanted:

1. Identify the best early and late treatment protocols. All should be near 100% effective.
2. Deploy them, e.g., offer early treatment kits for free or at nominal cost. Require hospitals to deploy practices with the best outcomes.
3. Tell people, “if you are sick, stay home and start treatment”



Nobody will debate any
of us on any of this.

That tells you
everything you need to
know.

WARM-UP EXERCISES



Which **singer** does not belong?



Correct!



Now for something a little
harder ...

Have you lost a family member to COVID **virus**?
To the COVID **vaccine**?



Which one is more deadly?



The elephant in the room

The vaccines have killed more people than COVID

Q22

TYPE: SINGLE SELECTION

Did any members of your household die from the COVID vaccine?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	91.38%	403	93.71%	408.26
A2	Yes	8.62%	38	6.29%	27.39

Q24

TYPE: SINGLE SELECTION

Did any of your household members die from having a COVID infection?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	90.86%	179	93.53%	180.52
A2	Yes	9.14%	18	6.47%	12.5

COMPLETES 197

Over **0.5%** of vaccinated report that they are “now unable to hold a job.” That’s **>1M people**.

Q7

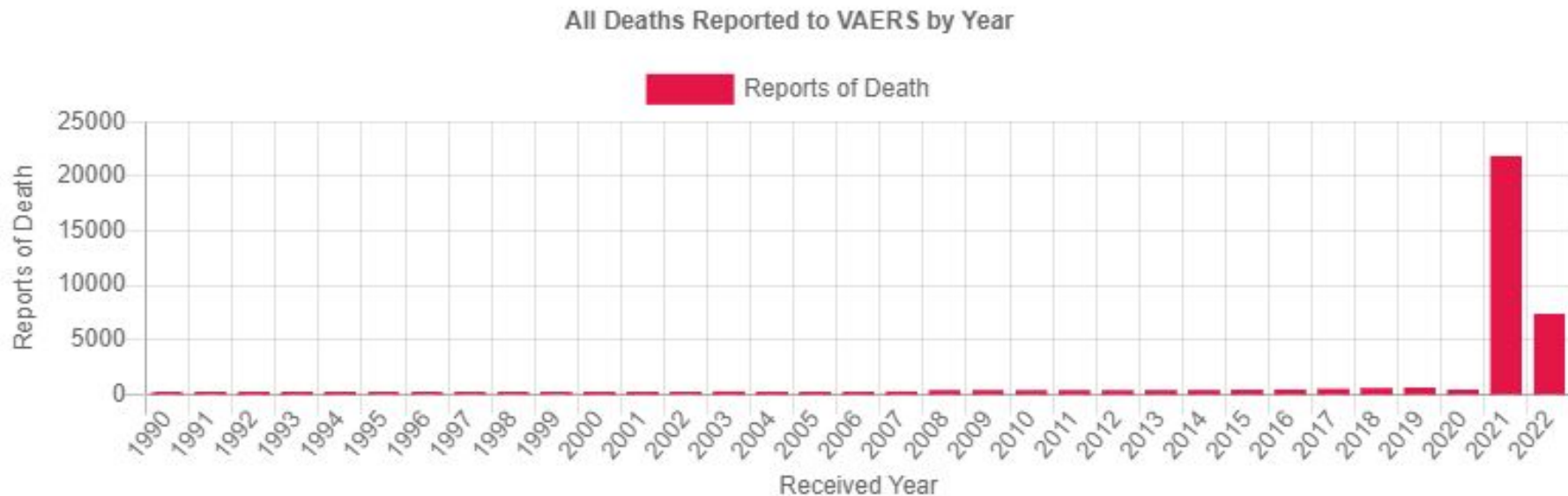
TYPE: MULTIPLE SELECTION

Which of the following are true about your COVID vaccine injury? (check all that apply)

#	ANSWERS	RESPONDENTS(%)	ANSWERS(%)	COUNT	STRATIFIED RESPONDENTS(%)	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	It will likely shorten my lifespan	35.38%	22.12%	23	31.76%	19.88%	20.23
A2	I am now unable to hold a job	15.38%	9.62%	10	16.37%	10.25%	10.43
A3	I am now unable to work a full day	27.69%	17.31%	18	25.28%	15.82%	16.11
A4	It impacts my personal life	26.15%	16.35%	17	26.76%	16.75%	17.05
A5	It is a minor annoyance	35.38%	22.12%	23	40.13%	25.12%	25.56
A6	None of the above	20.00%	12.50%	13	19.47%	12.19%	12.4

Now for something much
more **challenging...**

Can you spot the **unsafe** vaccine?



Do you know that **nobody at the CDC** got that question right?

They all thought they all
looked safe

They all thought it was just
100X over-reporting
in 2021 and beyond!

Because that “hand-waving”
argument fit their narrative
(the evidence in VAERS didn’t support their
argument but they didn’t bother to check that
and neither do the fact checkers)

But I **know** their argument is
wrong

Do you know **how I know** it
isn't over-reporting?

It's because I did something
nobody at the CDC will **ever**
do...



I asked the doctors!

They all told me that they've **never seen any deaths after a vaccine before in their career until these vaccines.**

Avg: 1 death per 1,000 vaccinated.

That makes sense since it's comparable to our VAERS estimates of >250,000 dead. Isn't that interesting!

BREAKING: Fifth largest life insurance company in the US paid out 163% more for deaths of working people ages 18-64 in 2021 - Total claims/benefits up \$6 BILLION

Company cites "non-pandemic-related morbidity" and "unusual claims adjustments" in explanation of losses from group life insurance business: Stock falling, replaces CEO



Margaret Menge
Jun 15

134

75



HOME OFFICE
THE LINCOLN NATIONAL LIFE INSURANCE CO.

If it's just over-reporting to VAERS then how do you explain life insurance deaths 18-64 are 2.6X normal in 2021 (@ Lincoln National, fifth largest in US)

That is the **BIGGEST KILLER OF ALL TIME**

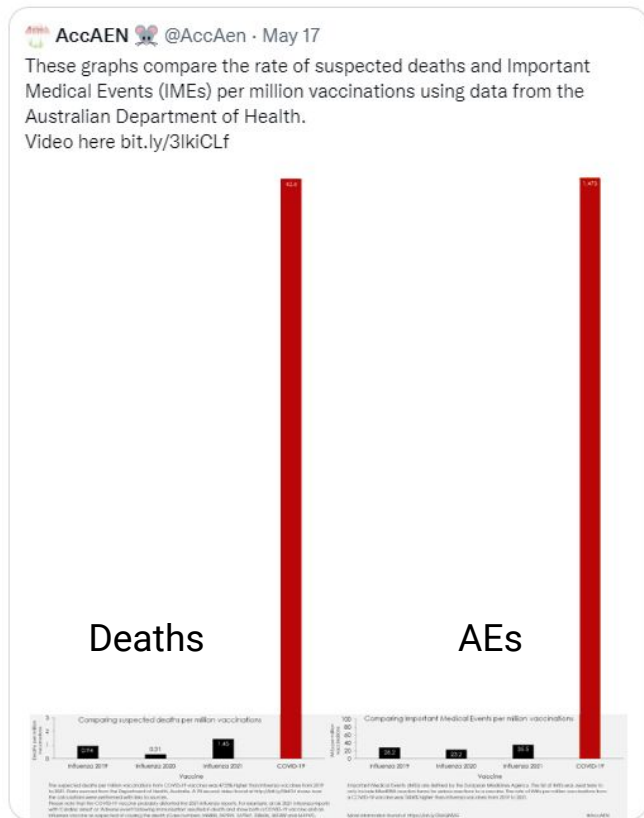
This new "disease" kills @ 6.5X the rate of heart disease (the former champ).

CDC is silent on what it might be. They do not have a clue.



Replying to @joshg99 @TexasLindsay and 4 others

I found similar numbers comparing flu deaths and IMEs to #safeandeffective in Australia with 48x and 51x the rate of deaths and IMEs respectively per person vaccinated.



... and because it's not just happening here

This is data from the Australian government.

Red=COVID. Other bars are influenza.



All 602 symptoms; 185 dead
(2019 all vaccines)



All 438 symptoms; 137 dead
(2020 Jan 1 - Dec 1 all vaccines)



All 5,080 symptoms; 14,174 dead
(COVID vax only)

... and because the symptoms of deaths reported in VAERS do NOT match “normal background death” profile.

Look at how tall the “grass” is relative to the DEATH bar for the COVID vax. It’s VERY broad. That is a **DISASTER**.

Nobody ever checked that (except me).
WHOOPS!




Symptom	COVID vax count	vs. 2019 (x factor)	vs 2020 (x factor)
Pulmonary embolism	857	214	857
Drug ineffective	832	832	832
Cerebrovascular accident	768	384	768
C-reactive protein	636	#N/A	636
Hypotension	606	606	606
Chest X-ray abnormal	601	150	601
Vaccine breakthrough infection	564	564	564
Confusional state	511	511	511
Thrombosis	503	#N/A	503
Atrial fibrillation	472	472	472
Thrombocytopenia	276	138	276
Myocarditis	273	#N/A	273
Myocardial infarction	1,023	1023	256
Cardiac failure	627	157	209
Haemoglobin	412	412	206
Sepsis	601	100	200
Aphasia	146	146	146
Subarachnoid haemorrhage	144	144	144
Ischaemic stroke	143	#N/A	143
Sudden cardiac death	137	#N/A	137
Cardio-respiratory arrest	959	137	120
Sudden death	1,002	100	111
Cardiac arrest	1,981	165	110
Death	14,174	77	103

Selected symptoms of DEATH reports




The X-factor is how many times greater the counts are with the COVID vaccines vs. all other vaccines in 2019 and 2020 VAERS reports.

As you can see, **even if all deaths were reported 100X more often this year**, these symptoms cannot be explained. **How can PE be 857X higher than in 2020?**

How can thrombosis and thrombocytopenia both be so elevated this year? What's the cause of that? The most likely explanation is [VITT](#), which can ONLY be caused by a vaccine.

	 	
Age	Count	Percent
< 6 Months	19	22.89%
6-11 Months	2	2.41%
1-2 Years	5	6.02%
3-5 Years	1	1.2%
6-17 Years	2	2.41%
18-29 Years	1	1.2%
30-39 Years	2	2.41%
40-49 Years	3	3.61%
50-59 Years	4	4.82%
60-64 Years	7	8.43%
65-79 Years	25	30.12%
80+ Years	12	14.46%
TOTAL	83	100%

US Deaths in 2021 from all known vaccines EXCEPT COVID

	 	
Age	Count	Percent
1-2 Years	1	0.01%
3-5 Years	1	0.01%
6-17 Years	34	0.38%
18-29 Years	131	1.46%
30-39 Years	189	2.11%
40-49 Years	356	3.98%
50-59 Years	805	8.99%
60-64 Years	764	8.53%
65-79 Years	3,349	37.4%
80+ Years	3,227	36.04%
Unknown	98	1.09%
TOTAL	8,955	100%

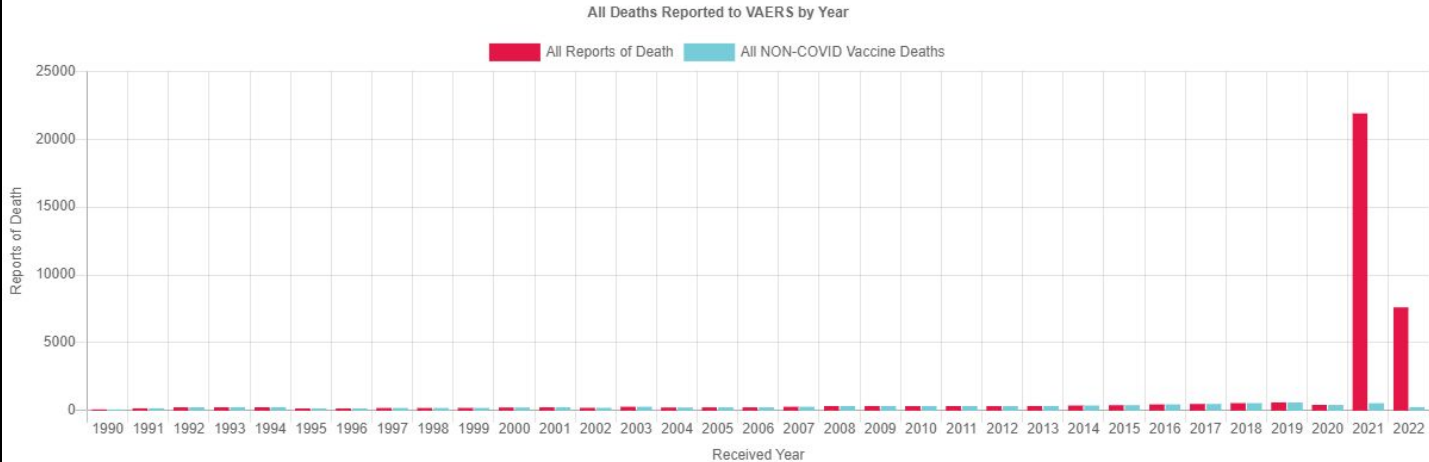
If VAERS was over-reported by 100X in 2021, then why are there only 83 US deaths from all other known vaccines **combined** in 2021 (which is lower than average), but 8,955 deaths from the COVID vaccines over the same time period. It can't be selective over-reporting. So how do you explain that?

[It sure wasn't because we delivered 100X more COVID shots](#)

US Deaths in 2021 from the COVID vaccine were >100X higher

VAERS COVID Vaccine Mortality Reports

Through June 3, 2022



The new charting option at OpenVAERS makes this easy to see.

It is **only** the COVID vaccines that have “a problem.” Nothing else.

But Pfizer told the FDA that there are fewer SAEs for the placebo than the vaccine!

7. Safety and Pharmacovigilance

The most commonly reported ($\geq 10\%$) solicited adverse reactions in COMIRNATY recipients 16 through 55 years of age following any dose were pain at the injection site (88.6%), fatigue (70.1%), headache (64.9%), muscle pain (45.5%), chills (41.5%), joint pain (27.5%), fever (17.8%), and injection site swelling (10.6%). The most commonly reported ($\geq 10\%$) solicited adverse reactions in COMIRNATY recipients 56 years of age and older following any dose were pain at the injection site (78.2%), fatigue (56.9%), headache, (45.9%), muscle pain (32.5%), chills (24.8%), joint pain (21.5%), injection site swelling (11.8%), fever (11.5%), and injection site redness (10.4%).

Among participants 16 through 55 years of age who had received at least 1 dose of COMIRNATY (N=12,995) or placebo (N=13,026), serious adverse events from Dose 1 up to the participant unblinding date in ongoing follow-up were reported by 103 (0.8%) COMIRNATY recipients and 117 (0.9%) placebo recipients. In a similar analysis in participants 56 years of age and older (COMIRNATY=8,931, placebo=8,895), serious adverse events were reported by 165 (1.8%) COMIRNATY recipients and 151 (1.7%) placebo recipients who received at least 1 dose of COMIRNATY or placebo, respectively. In these analyses, 58.2% of study participants had at least 4 months of

Someone is lying to you.

They can't both be right.

From the 5/27/2022 release of VAERS data:

Found 83 cases where Location is U.S. States and Vaccine is 6VAX-F or ADEN or ADEN_4_7 or ANTH or BCG or CEE or CHOL or DF or DPIPv or DPP or DT or DTAP or DTAPH or DTAPHEPBIP or DTAPIPV or DTAPIPVHIB or DTIPV or DTOX or DTP or DTPHEP or DTPHIB or DTPIHI or DTPIPV or DTPPHIB or DTPPVHBHPB or EBZR or FLU(H1N1) or FLU3 or FLU4 or FLUA3 or FLUA4 or FLUC3 or FLUC4 or FLUN(H1N1) or FLUN3 or FLUN4 or FLUR3 or FLUR4 or FLUX or FLUX(H1N1) or H5N1 or HBHEPB or HBPV or HEP or HEPA or HEPAB or HEPATYP or HIBV or HPV2 or HPV4 or HPV9 or HPVX or IPV or JEV or JEV1 or JEVX or LYME or MEA or MEN or MENB or MENHIB or MER or MM or MMR or MMRV or MNC or MNQ or MNQHIB or MU or MUR or OPV or PER or PLAGUE or PNC or PNC10 or PNC13 or PNC15 or PNC20 or PPV or RAB or RUB or RV or RV1 or RV5 or RVX or SMALL or SSEV or TBE or TD or TDAP or TDAPIPV or TTOX or TYP or VARCEL or VARZOS or YF and Patient Died and Vaccination Date from '2021-01-01' to '2021-12-31'

If anything doctors were assured THESE vaccines were VERY WELL tested, so doctors would be less likely to report an AE for the COVID vaccines. After all, the phase 3 trial proved there were fewer AEs after these vaccines than placebo!

And doctors did NOT want to create vaccine hesitancy since that is contrary to the national interest.

Also, I was unable to find a single doctor who over-reported this year compared to previous years. Did you find one?



Pfizer-to-Flu Reporting Ratios per Million Fully Vaccinated, Ages 12-17

MedDRA HLGT Category	COVID:Flu Ratio	MedDRA HLGT Category	COVID:Flu Ratio
Menstruation & uterine bleeding disorders	722	Coronary artery disorders	320
Vulvovaginal disorders	442	Cardiac valve disorders	154
Endocrine disorders of gonadal function	372	Myocardial disorders	3,584
Reproductive tract disorders NEC	77	Embolism and thrombosis	180
White blood cell disorders	130	Central nervous system vascular disorders	179
Hepatic and hepatobiliary disorders	68	Arteriosclerosis, stenosis, vascular insufficiency	95
Renal disorders	60	Coagulopathies and bleeding tendencies	33
Autoimmune disorders	13	Vascular haemorrhagic disorders	29

Note: COVID-19 cannot account for higher VAERS reporting rates because reports with indication of COVID-19 infection were excluded from analysis. Comparison includes all reports to VAERS from Pfizer COVID-19 Vaccines through Oct. 8, 2021 to total reports from 5 flu seasons: 2015/16-2019/20.

On Jun 17, I learned that I was
wrong.

They never spotted any safety signals because...

... they **never** looked!

New FOIA Release Shows CDC Lied About Its VAERS Safety Monitoring Efforts

They never found any safety signals, because they didn't look for them



Josh Guetzkow
8 hr ago



41



14

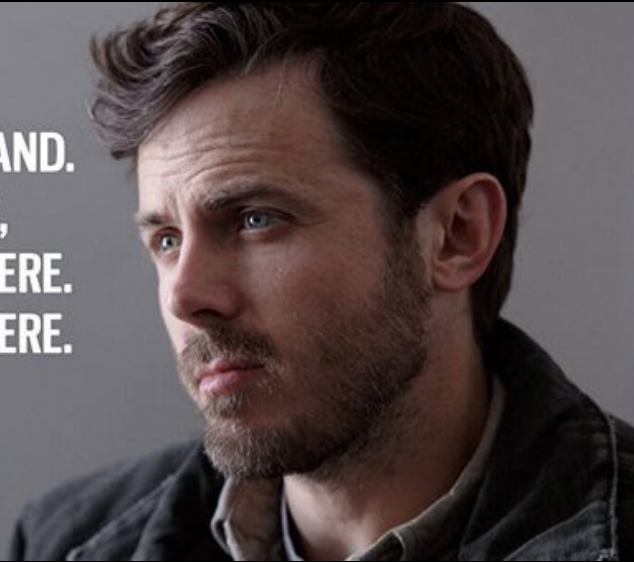


You can't make this stuff up

(you really can't)

“
YOU DON'T UNDERSTAND.
THERE'S NOTHING,
THERE'S NOTHING THERE.
THERE'S NOTHING THERE.

LEE CHANDLER



They claim,
**“You don’t understand how
VAERS works”**

Techniques used include:

1. Denial
2. Gaslighting
3. Hand-waving
4. Appeal to authority
5. Censorship
6. Refusal to debate/discuss
7. Deplatforming
8. Ignoring future questions
9. “We’ll get back to you on that”
10. “Your document isn’t peer-reviewed”
11. Myths: “You can’t prove causality in VAERS”

This is my cat

If you took the “blue pill” then this will be the last slide you will remember.

If anyone asks what I presented, you will tell people, “He has a cute cat.”

That is how mass formation works.

You will not remember anything that upsets your belief system.



Today

We are going to
let the cat out of the bag



All we ever needed:

1. If you are sick, stay home
2. COVID-positive? Treat yourself using a proven early treatment protocol

I'd love to debate any public health authority on this, but nobody will debate me.

The elephant in the room



They've been lying to
you.

**The cure is worse than
the disease.**



This poll has been replicated in live audience surveys



Could it be...??

that the vaccine is so effective that it reduced COVID death rates to near zero for everyone who took it?

If true, it might explain why the death rate from the COVID virus is now so low, e.g., we traded 100 COVID deaths for 1 COVID death and 10 vaccine deaths. That would be a huge win, but it would look like the vaccine was killing 10X more people than the virus!

So let's explore that possibility...

Let's give the vaccine the benefit of the doubt and assume it is perfect. Nobody dies who takes the vaccine.

The problem is: The vaccine only works on people who take it! And only 70% of Americans took 1 dose or more.

So at best, the vaccine "saved" $(23 * (7/3)) = 53$ COVID deaths cf. to the 63 lives lost from the vaccine.

So even if the vaccine was perfect, we're still killing more people with the vaccine (63) than we are saving (53).

So the vaccine is a non-starter.

But the vaccine isn't perfect. It's not even close.

I couldn't find any credible evidence of the vaccine having a net mortality benefit anywhere in the world, and neither could [Joel Smalley](#) (who spends full time on this). The [peer-reviewed literature](#) set it at ZERO.

In the Pfizer trial, they showed that at the very best, the vaccine might save 1 COVID life for every 22,000 fully vaccinated people. So <15,000 lives saved total. For a virus that has killed over 1M people, that's not impressive. **That's a 1.5% dent in the problem.** And it pales in comparison to the 200,000+ killed by the vaccine.

But the reality is actually far worse...

The vaccine makes you more likely to die from COVID, not less.



So the vaccine is a “double whammy”

↑ Deaths from COVID

↑ Deaths from everything else

Elephant #2

**The blue-pill people
can't replicate these
poll**

“Mass formation”



Our kids

This poll is the most important right now. It means we're killing at least **117 kids for every child we might save** with a perfect vaccine...



Vaccine Truth
@VaccineTruth2



Know any 5 to 11 year olds who died since 2020?
Please tell us when they died. Please retweet.

Died in 2020

30.8%

Died Jan - Oct 2021

19.2%

Died after Nov 2021

50%

52 votes · Final results

2:54 AM · May 19, 2022 · Twitter Web App

Details of that calculation

The same number of kids died in a 7 month period after the vax rolled out vs. a 22 month period before. This means post-vax, the all-cause mortality rate increased by a factor of 3. So if 100 kids died before, 300 kids now die, an increase of 200 kids. But 1.7% of kids who die will die from COVID per the CDC. So if we divide the 200 added deaths by the 1.7 max possible saved deaths, we get 117 killed per child saved if we had a perfect vaccine. This is **exactly** the same number Dr. Toby Rogers calculated 6 months ago using the VAERS data. Stunning.

Note: the CDC doesn't have accurate recent death data by age so we have to use estimates like these. The precautionary principle of medicine says that all available evidence shows **not** to approve the vaccine. The FDA will ignore that.



Think about it...

Have you ever seen the ACM data for 5 to 11 year olds BEFORE vs. AFTER the vaccine rolled out?

Of course not. Neither have they.

They approve the vaccine anyway, with no data. That's how corrupt the system is. **Kill 117 kids to maybe save 1 child. That is the biggest elephant in the room by far.**

The three most **important** slides
in this deck

We know the stats in Sonoma county

Zero pediatric COVID deaths.

One death of 15-year-old Odin Maximillian Robinson who died in his sleep in Santa Rosa just **two days after his second Pfizer shot** from pericarditis.

How is that consistent with 1) an emergency and 2) a safe vaccine?

Sonoma County Sheriff's Office

Mark Essick, Sheriff-Coroner
Coroner Investigations Unit
3336 Chanate Road, Santa Rosa, CA 95404
(707) 565-5070



DEATH INVESTIGATION SYNOPSIS REPORT

CORONER CASE #
21-0006070

INCIDENT INFORMATION

LAW ENFORCEMENT AGENCY WITH JURISDICTION Santa Rosa Police Department	REPRESENTATIVE TITLE AND NAME Officer Jose Andrade #568	AGENCY OR # - Q R/A 21-0006115
REPORTER OF DEATH Undetermined	DATE/TIME RECEIVED 06/07/2021 14:35	

DECEDENT INFORMATION

DECEDENT'S NAME (FIRST, MIDDLE, LAST) [REDACTED]	AGE 15 yrs
---	---------------

DEATH INFORMATION

PLACE OF DEATH (if empty Name or Address Location) [REDACTED]	DATE OF DEATH 06/07/2021 [Found]	TIME OF DEATH 14:04 [Found]
--	-------------------------------------	--------------------------------

SYNOPSIS

The decedent was found unresponsive in his bedroom after his mother was checking on his welfare long after he was supposed to wake in the morning. The decedent was pronounced dead at the scene due to obvious death. The decedent had been in good health with no medical history and had received his second Pfizer COVID-19 Vaccination approximately two days before his death.

The decedent's body was transported to the Sonoma County Morgue Facility, where he was registered for a postmortem examination by a forensic pathologist.

After extensive research, additional testing, and collaboration with numerous other entities, the cause of death was determined to be: "STRESS CARDIOMYOPATHY WITH PERIVASCULAR CORONARY ARTERY INFLAMMATION (hours to days), due to, UNKNOWN ETIOLOGY IN SETTING OF RECENT PFIZER-BIONTECH COVID-19 VACCINATION (days)." There were no other significant conditions contributing to the death listed.

Since the etiology of the stress cardiomyopathy with perivascular coronary artery inflammation was unknown but was in the setting of a recent Pfizer-Biontech Covid-19 vaccination, I mannered this death as "UNDETERMINED," which was consistent with the circumstances and cause.

REPORTING EMPLOYEE M. PETERS / DETECTIVE	ID # 1102041	APPROVED BY J. HAUCEN / SERGEANT	DATE 9/13/2021
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Rev. 1.1 - 10/13/2020



Compare to the top 4 reasons for this age group in this [NEJM special report](#) (2018): cancer, car accident, congenital abnormality, and drowning. So vaccine deaths were 41+29+8 vs. COVID deaths at 2 → **We are killing 39 kids for every kid we might save.**

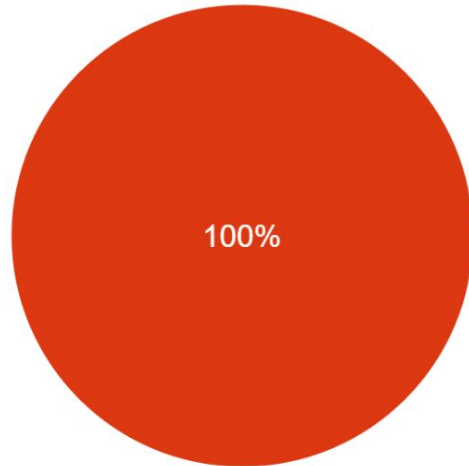
Child deaths, age 5 to 18, since 2020

16 from “cure” vs. 0 from “disease”

Do your own survey if you don't believe mine.

Primary cause of death

16 responses



- COVID-19, e.g., child was hospitalized for respiratory issues and died in the hospital
- COVID vaccine-related (i.e., vaccine either killed the child from cardiac, stroke, bleeding in the brain, or exacerbated a pre-existing condition)

These slides **confirm** we are
killing far more kids from
the vaccine than we are
saving from COVID.

Surveys



The following surveys and analyses are **hard to explain** if they are telling you the truth.



Steve Kirsch  @stkirsch

6d · 



This poll should make it crystal clear whether the COVID vaccines are safe or not. Which choice has killed more people that you know:

76%

COVID vaccine

3%

All other vaccines combined in the last 32 years

21%

Nobody I know has ever died from a vaccine

851 votes · 25 minutes left



91

33 replies 57 reposts



Like



Comment



Repost



Quote



Share



Steve Kirsch ✓ @stkirsch

1d · 🌐



Which one has KILLED more people who you personally know:

2%

COVID virus

32%

Hospital mistreatment for COVID

42%

COVID vaccine

3%

Can't decide

21%

No deaths for all categories

668 votes · Closed



40

21 replies 26 reposts 2 quotes



Like



Comment



Repost



Quote



Share



Steve Kirsch ✓ @stkirsch

1d · 🌐



Which one has ***INJURED*** more people who you personally know:

1%

COVID virus

19%

Hospital mistreatment for COVID

63%

COVID vaccine

5%

Toss up

12%

Don'r know anyone with COVID injury

861 votes · Closed



62

38 replies 36 reposts 2 quotes



Like



Comment



Repost



Quote



Share

Have you ever wondered why, **nearly everywhere** we look, the COVID vaccines have **NOT** reduced excess mortality?

Wasn't that the whole idea?

Dead Man Talking

[Home](#) [Archive](#) [About](#)

Italy - you also know how this story goes...

It's the same whichever country, state or province you choose. The cure is worse than the disease.

Joel Smalley Jun 5 101 39

Austria - you know how the story goes...

It turns out fascist discrimination based on experimental medical interventions is really bad for your health.

Joel Smalley Jun 4 144 48

Death in Ireland 2020 to 2022

A familiar tale of a virus that was deadly for the already moribund tackled with a "vaccine" that kills the healthy.

Joel Smalley Jun 3 180 55

Open letter to Governor Kristi Noem of South Dakota.

Comprehensive analysis of all-cause mortality in South Dakota proves the COVID mass vaccination program must be stopped immediately.

Joel Smalley Jun 2 86 27

Weird patterns of death across the Canadian provinces.

Excess life-years lost are significantly higher post-vax, especially the further west you go.

Joel Smalley Jun 2 153 52

Open letter to Governor Eric J. Holcomb of Indiana.

About me

MIT EECS '78. Kirsch Auditorium named in my honor.

Retired high-tech serial entrepreneur. Age 65.

Started CETF which supported fluvoxamine, HCQ, camostat, interferon lambda studies. Featured on *60 Minutes*.

Doubly vaxxed **before** learning of friends dead/disabled after vaccination. Driven by data, not “popular opinion.”

Quit my company to focus 100% on saving lives.

Not a doctor so not subject to intimidation tactics.

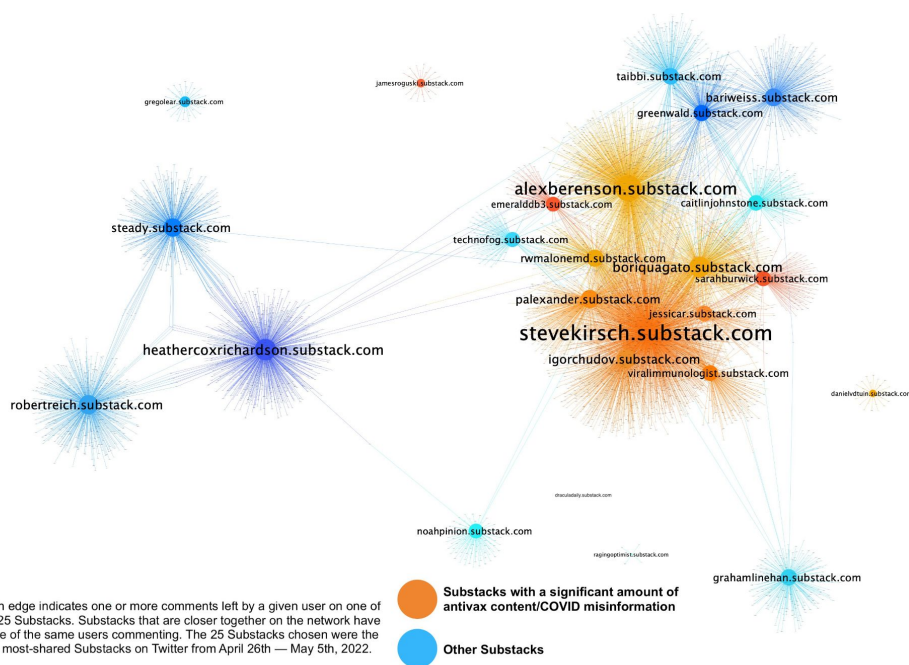
No conflicts of interest. No history of misinformation spreading or conspiracy theories < May 25, 2021.



I'm the world's #1 "misinformation spreader" on Substack

Substack comment network — 25 popular Substack blogs

2022-04-26 — 2022-05-05



Substacks most frequently linked on Twitter 2022-04-26 — 2022-05-05

substack	substack comments	tweets	retweets
heathercoxrichardson.substack.com	4006	1870	1391
stevekirsch.substack.com	7151	1860	3457
viralimmunologist.substack.com	300	809	2385
rwmalonemd.substack.com	1025	712	447
palexander.substack.com	1722	582	656
technofog.substack.com	417	577	3983
alexberenson.substack.com	3166	569	668
steady.substack.com	877	541	2305
igorchudov.substack.com	1632	529	1265
grahamlinehan.substack.com	1059	519	509
boriquagato.substack.com	2823	508	145
caitlinjohnstone.substack.com	531	508	2917
robertreich.substack.com	1206	440	1049
bariweiss.substack.com	1782	426	2478
jessicar.substack.com	403	411	2121
taibbi.substack.com	669	411	1909
danielvdtuin.substack.com	88	392	3949
emeralddb3.substack.com	221	342	145
draculadaily.substack.com	0	321	261
jamesroguski.substack.com	55	301	216
ragingoptimist.substack.com	5	297	181
gregolear.substack.com	116	274	728
greenwald.substack.com	891	271	812
sarahburwick.substack.com	186	261	1549
noahpinion.substack.com	161	241	504

"Substack comments", "tweets", and "retweets" columns include everything public from April 26th — May 5th, 2022. Orange text indicates a large amount of antivax content/COVID misinformation.

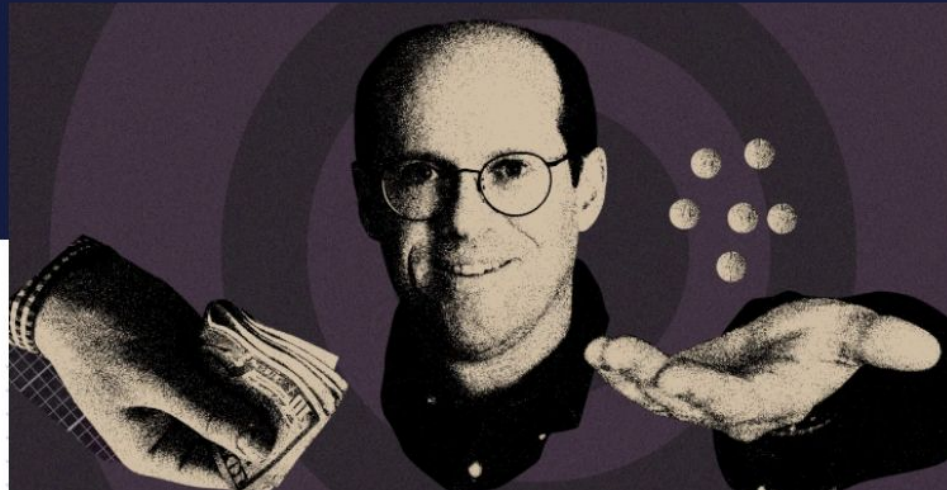
PANDEMIC TECHNOLOGY PROJECT

This tech millionaire went from covid trial funder to misinformation superspreader

After boosting unproven covid drugs and campaigning against vaccines, Steve Kirsch was abandoned by his team of scientific advisers—and left out of a job.

By Cat Ferguson

October 5, 2021



FAVORITES

I was exonerated in a peer-reviewed medical journal

... along with my fellow misinformation spreaders



Steve Kirsch
May 18

...

769

292



National Library of Medicine
National Center for Biotechnology Information



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[Journal List](#) > [Surg Neurol Int](#) > [v.13; 2022](#) > PMC9062939

SNI.

SURGICAL NEUROLOGY
INTERNATIONAL



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Knowledge is power
Publisher of Scientific Journals

[Surg Neurol Int](#), 2022; 13: 167.

Published online 2022 Apr 22. doi: [10.25259/SNI_150_2022](#)

PMCID: PMC9062939

PMID: [35509555](#)

COVID UPDATE: What is the truth?

[Russell L. Blaylock](#)

[Author information](#) > [Article notes](#) > [Copyright and License information](#) > [Disclaimer](#)

Surg Neurol Int

Woo hoo! We've been exonerated in [an article](#) published in a peer-reviewed medical journal that talks about all the medical mischief that has been going on. Finally!

The misconduct by the medical community is now [documented in the peer-reviewed scientific literature](#).

The press says I'm spreading "misinformation" **but the peer-reviewed scientific literature says I'm telling the truth.**

Who do you believe? The medical literature or the mainstream media?

Dictionary

Definitions from [Oxford Languages](#) · [Learn more](#)

Search for a word



mis·in·for·ma·tion superspreader

/ˌmɪsɪnfərˈmɑːʃ(ə)n/

noun

A person who **speaks the truth** when the official government mainstream **narrative fails to match the reality** in plain sight and has a large following.

**They do not want you to know
what I'm about to tell you...**

The **single** most important thing



**If you are open to questioning your beliefs,
“unexplainable” → easily explained**


**What if what they've been telling
you simply isn't true when you
check it out?**

**What if they've been lying to you
about pretty much everything
related to COVID and to vaccines
in general?**

“Safe and effective”

“Severe reactions
are rare”

Could these be
lies?

Centers for Disease
Control and Prevention

COVID-19

Q

MENU >

< Back to COVID-19 Home

Reported Adverse Events

Updated May 24, 2022 Languages ▾ Print

Safety of COVID-19 Vaccines

Some people have no side effects. Many people have reported side effects, such as headache, fatigue, and soreness at the injection site, that are generally mild to moderate and go away within a few days.

Are the Vaccines Safe?

What You Need to Know

- COVID-19 vaccines are **safe and effective** and **severe reactions after vaccination are rare.**
- CDC recommends everyone ages 5 years and older get vaccinated as soon as possible to protect against COVID-19 and its potentially severe complications.

Google search on vaccine deaths

 COVID-19 >

Common questions

Are there deaths related to the COVID-19 vaccine? ^

Reports of death after COVID-19 vaccination are rare. FDA requires healthcare providers to report any death after COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS), even if its unclear whether the vaccine was the cause.

<https://www.cdc.gov/coronavirus/2019-ncov/safety-...>

[Safety of COVID-19 Vaccines | CDC](#)

Dr. Peter Schirmacher

1. Chief pathologist at the University of Heidelberg
2. One of top 100 pathologists in the world
3. Member German National Academy of Sciences
4. h-index: 100 (38,730 citations)
5. Did autopsy on 40 people who died within 2 weeks of vaccine→ “30% to 40% died from the vaccine”

They threatened to kill his family if he spoke out. He has remained silent since the threat.

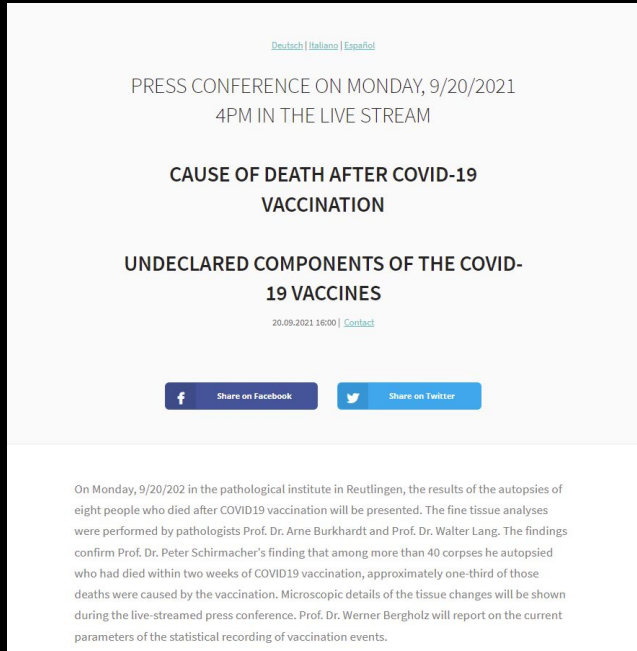
August 1, 2021, 9:53 a.m. Science - Heidelberg

Chief pathologist insists on more autopsies of vaccinated people



Peter Schirmacher, Managing Director of the Pathological Institute at Heidelberg University Hospital. Photo: Uli Deck / dpa (Photo: dpa)

Reference: [Chief pathologist insists on more autopsies of vaccinated people](#)



Schirmacher validated

"The fine tissue analyses were performed by pathologists Prof. Dr. Arne Burkhardt and Prof. Dr. Walter Lang. The findings confirm Prof. Dr. Peter Schirmacher's finding that among more than 40 corpses he autopsied who had died within two weeks of COVID19 vaccination, approximately one-third of those deaths were caused by the vaccination."

In this study, 70% of deaths probable to very likely caused by vaccine.

[Bhakdi and Burkhardt also found over 90% causality.](#)

Someone is lying to you and it isn't the Germans.

See

<https://twitter.com/DrJohnB2/status/1440083692857135111>

Original source

<https://www.pathologie-konferenz.de/>

<https://odysee.com/@de:d/Pressekonferenz--Tod-durch-Impfung-Und-eklarierte-Bestandteile-der-COVID-19-Impfstoffe:b>

Someone is lying to you. Big time.

**We have the medical records to
prove it.**

FACT CHECK THAT ONE

Vaccine injury survey comments

The comments below are taken **unedited** from the first 94 responses only to the [Vaccine Injury Survey](#).

The actual problem is at least 10,000 times greater than what is documented here. It could be 100,000 times greater. The [article](#) points out that there could be more than 10M vaccine injured in the US alone based on data from the Israeli government.

The CDC, FDA, and NIH do not want to know about any of the vaccine injured and they don't want you to know about them either.

You can [see all the response data here](#).

From the causality section

My injury was immediate and had to be taken to the hospital by ambulance.

Anaphylactic reaction immediately post vaccine. 17 days in hospital. 5 in ICU. Was not expected to survive. Legs swollen and went black, huge difficulty breathing.

Bells palsy for 3 days, 12"X6" rash on body side - never had anything like this before. Healthy female athlete.

My sister was a healthy 50 year old. Her employment at St. Alexuis hospital made the covid shot mandatory. she got the first 9 /7/21 and her 2nd 10/15/21. She had to have her second shot by the 6th of dec. to be fully "vaccinated" We buried her on December 6, 2021. She passed away on Nov. 29, 2021. She was in and out of the ER the week she passed. They sent home each time she went in. She died at home.

Before My Heart was always 100%okay. after the Second jab, my heartbeat was unregular. I was unable to do sports, climb the stairs, carry heavy stuff without Feeling Like my Heart would explode. Could Not concentrate on anything. My doctor Said coincidence,but i die Not See another cause..

When her doctor was asked if the vaccine caused her illness, he said he would plead the 5th.

My reactions started immediately, got progressively worse and I included almost all my bodily organs and systems. I have never experienced these in my life before and NO BODY knows or

There are **hundreds of thousands** of stories like the [ones documented here](#). We have full contact info for over **1,000 seriously** vaccine injured. **That alone is a stopping condition.** We stop baby formula for 3 injured and 1 death. We stop peanut butter for 10 people who got sick.

Would you like to hear them? Can you explain them? Do you think all these stories are coincidences? Perfectly healthy before the jab and share up to 80 or more symptoms post-jab? Just bad luck?

Will any newspaper reporter in the world investigate? **How can so many people share so many symptoms right after the**

**Is it possible that the press has
been lying to people about the
safety of the vaccine?**

**Not a single member of the
mainstream press who write
articles about the vaccines will
allow me to interview them.**

Do you want to know why?

TRUTH

does not mind
being questioned



A LIE

does not like
being challenged



Have you ever wondered...

Why didn't the ever publish the final numbers?

Why isn't anyone in the medical community calling for this?
Don't they want to know?

Table 6. Overall vaccine coverage in women giving birth, by month of delivery ¹

Month	Women giving birth	One or more doses by time of delivery	Two or more doses by time of delivery	Unvaccinated at delivery	Unvaccinated who went on to receive dose(s) after pregnancy to 24 May 2022
Jan 2021	41,949	18 (0.0%)	1 (0.0%)	41,775 (99.6%)	32,178 (77.0%)
Feb 2021	40,093	83 (0.2%)	0 (0.0%)	39,880 (99.5%)	30,749 (77.1%)
Mar 2021	44,589	296 (0.7%)	25 (0.1%)	44,174 (99.1%)	33,816 (76.6%)
Apr 2021	43,112	499 (1.2%)	96 (0.2%)	42,458 (98.5%)	32,108 (75.6%)
May 2021	44,438	1,261 (2.8%)	308 (0.7%)	43,009 (96.8%)	31,704 (73.7%)
Jun 2021	44,073	4,384 (9.9%)	654 (1.5%)	39,550 (89.7%)	27,852 (70.4%)
Jul 2021	47,582	7,728 (16.2%)	2,206 (4.6%)	39,675 (83.4%)	26,415 (66.6%)
Aug 2021	46,198	10,489 (22.7%)	6,127 (13.3%)	35,526 (76.9%)	22,057 (62.1%)
Sep 2021	46,723	15,101 (32.3%)	10,523 (22.5%)	31,443 (67.3%)	17,771 (56.5%)
Oct 2021	46,211	19,215 (41.6%)	14,659 (31.7%)	26,803 (58.0%)	13,475 (50.3%)
Nov 2021	42,844	20,857 (48.7%)	16,447 (38.4%)	21,824 (50.9%)	8,625 (39.5%)
Dec 2021	41,530	22,334 (53.8%)	18,016 (43.4%)	19,018 (45.8%)	5,330 (28.0%)
Jan 2022	39,276	23,382 (59.5%)	19,913 (50.7%)	15,745 (40.1%)	2,429 (15.4%)
Feb 2022	36,394	23,949 (65.8%)	21,062 (57.9%)	12,280 (33.7%)	950 (7.7%)

10% decline
Feb 21
Feb 22

Why is it that the more you vaccinate the lower the # of absolute births

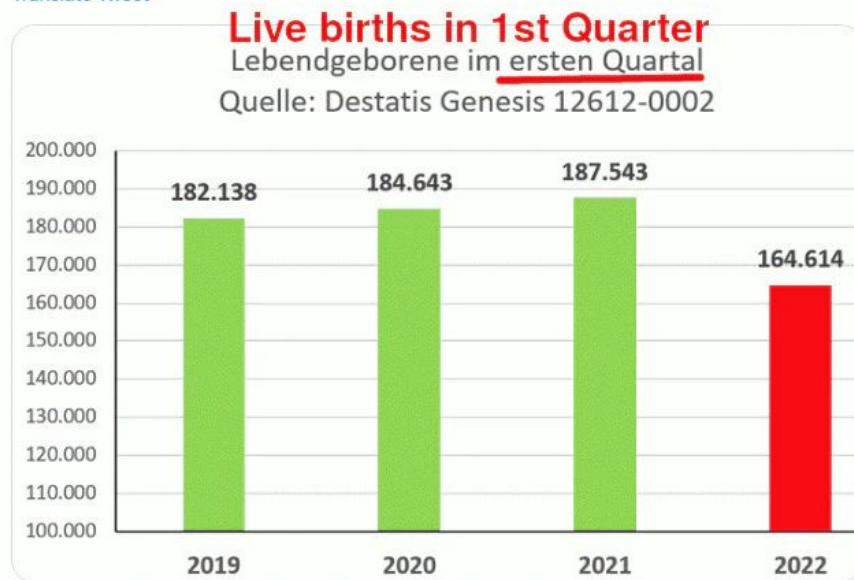
This the UK. They are starting to see the effect now that lots of women are vaccinated. It's so bad they stopped reporting it after Feb.



Stephen Homburg
@SHomburg

Unprecedented drop in births in Q1. In previous years, the births were quite constant, even the lockdown in 2020 left no noticeable traces. A possible explanation is here --> 1/3

[Translate Tweet](#)



11:45 AM · Jun 24, 2022 · Twitter Web App

In Germany, Q1 birth rates dropped 13% in one year.

That's a 9-sigma event.

🔄 Rounding the Earth Retweeted



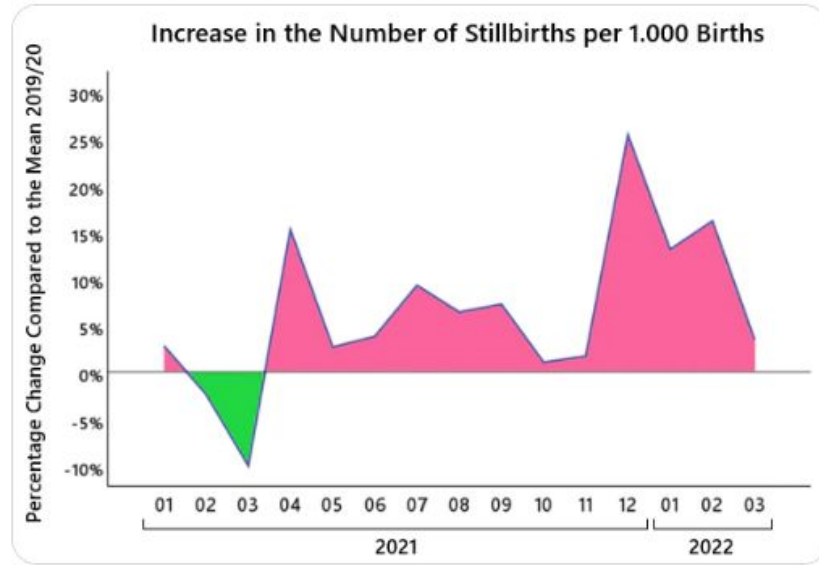
Josh Guetzkow 🧡 @joshg99 · 8h

HUGE increase in stillbirths in Germany in late 2021-2022 compared to 2019-2020 average, with peak of 25% increase in December.

See substack article for raw data from FOIA request via Prof. Christof Kuhbänder.

1/6

jackanapes.substack.com/p/springtime-f...



💬 19

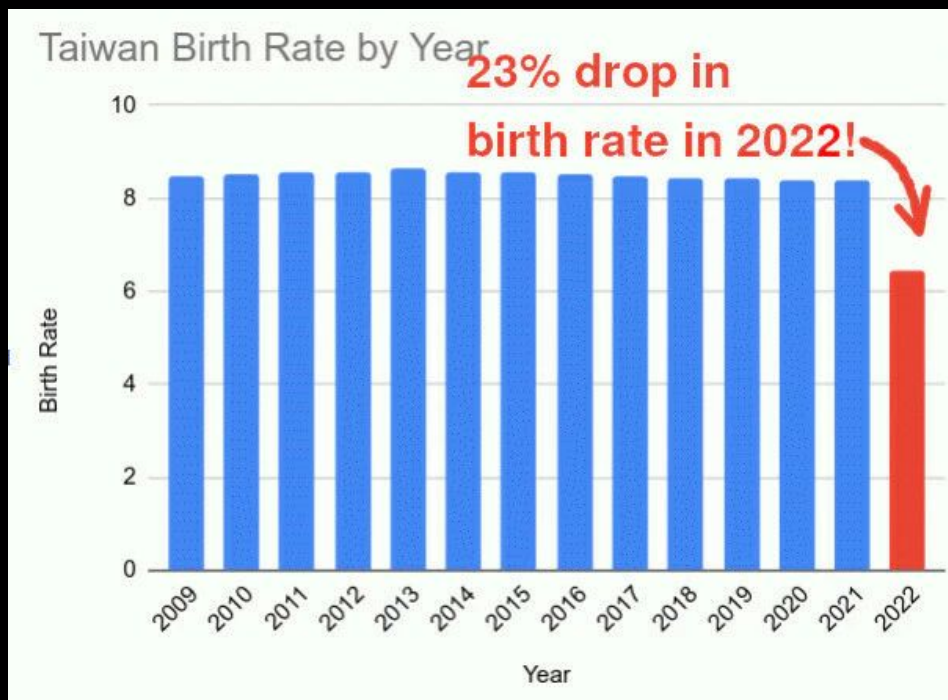
🔄 292

❤️ 473



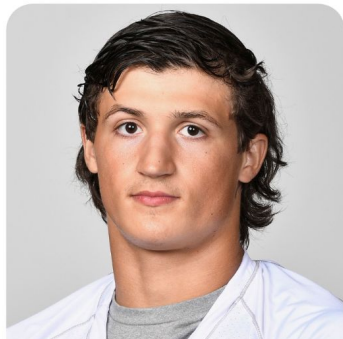
In Germany, stillbirths are way up.

This is tragic. How do they explain this?



In Taiwan, birth rates dropped 23% in one year.

That's a 26-sigma event.



Massachusetts men's lacrosse player Aidan Kaminska dies at 19

fxn.ws



Woman, 31, who went to gym and walked 10,000 steps a day dies suddenly in sleep

mirror.co.uk

So many young dropping dead.



iMessage



Have you ever wondered...

Why are so many young, healthy people dropping dead all of a sudden?

And why is it **only** happening to recently vaccinated people?

Hmmm... the medical community is baffled! They cannot explain it.



footmdrph @footmdrph · Jun 2

...

Excellent chance it's a side effect of the **vaccine** you forced him to get.
Massachusetts men's lacrosse player **Aidan Kaminska** dies at 19



Spirit Of Awareness @AwareSpirit369 · Jun 2

...

A 19 year-old Long Island lacrosse player **Aidan Kaminska** DIES
'UNEXPECTEDLY' while studying at University of Massachusetts Amherst.

WHY ARE SO MANY YOUNG ATHLETES DYING?

Something is wrong with the **vaccines**. Why are there no investigations?

The corruption mus



Jeff @fivedaysafox · Jun 2

...

Until we're willing to address the possibility that the forced **vaccines**
caused this nothing will change and no one will ever be held accountable.

Massachusetts men's lacrosse player **Aidan Kaminska** dies at 19



greg allegrezza @8pt138 · Jun 2

...

Massachusetts men's lacrosse player **Aidan Kaminska** dies at 19 | Fox
News. Another victim of the 'safe and effective' **#vaccine** most likely. How
many more @massdph @MassGovernor? @UMassAmherst
@P_McCulloughMD @MdBreathe



Catherine Keane died suddenly in her sleep

NEWS

POLITICS

FOOTBALL

CELEBS

TV

MONEY

TRAVEL

Woman, 31, who went to gym and walked 10,000 steps a day dies suddenly in sleep

Catherine Keane, 31, from Rathmines in Dublin, was found by her housemates after she failed to come down for breakfast. The cause of her death was put down to Sudden Adult Death Syndrome (SADS)

By Louise Walsh & Ryan Merrifield, News Reporter
10:08, 30 May 2022 | UPDATED 10:39, 30 May 2022



76 COMMENTS

A fit and healthy young woman died in her sleep without warning.

Catherine Keane's housemates didn't think much of it when she failed to come down for

They actually had to invent a new disease, Sudden Adult Death Syndrome (SADS), to cover the deaths of people who are killed by the vaccine.

Note: I'm 100% serious. You can't make this stuff up. Click the link. They really think we are THAT stupid.

You should get screened now for SADS. It is a new epidemic... no known cause!

Healthy Young People Are Dying Suddenly and Unexpectedly from Mysterious Syndrome in Australia – Doctors Baffled and Seek Answers

By Jim Hoft
Published June 8, 2022 at 8:58am
[Comment](#)

Now, the country is confronting an epidemic of Sudden Adult Death Syndrome. The syndrome is striking down healthy and active young people in Australia.

The Daily Mail reported:

TRENDING: Healthy Young People Are Dying Suddenly and Unexpectedly from Mysterious Syndrome in Australia - Doctors Baffled and Seek Answers

People aged under 40 are being urged to have their hearts checked because they may potentially be at risk of Sudden Adult Death Syndrome.

The syndrome, known as SADS, has been fatal for all kinds of people regardless of whether they maintain a fit and healthy lifestyle.



Dr. Urso @richardursomd · 15h



Stop Pretending to not see the obvious.

Actuaries have found 40% higher deaths rates in ages 18-64, since the beginning of 2021.



Aaron Kheriaty, MD @akheriaty · Jun 8

New levels of systematic mendacity. Sudden Adult Death Syndrome (SADS) is not a thing. These are cardiac deaths. Stop pretending we don't know why they are elevated. Just f***ing stop. Enough of this. It's only a mystery if you are blind. mol.im/a/10895067



1




615



1,415



THE U.S. Sun | HOME | NEWS | ENTERTAINMENT | LIFESTYLE | MONEY | HEALTH | SPORT | TECH | TRAVEL | MOTORS



WATCH THE VIDEO

News > UK News

MAN DOWN Drama as five soldiers collapse outside St Paul's for Thanksgiving service – as Royal fans all react the same way

Claudia Aoraha

5:47 ET, Jun 3 2022 | Updated: 10:52 ET, Jun 3 2022

How can five soldiers collapse in the UK for no reason?

Is this the new normal? If it wasn't the vaccine, what was it? **The press never asked.**

Did you know that 10% of the UK's national health service refused to be vaccinated? That's why there is no vax mandate there: too many jobs would be lost.

Think about it: **Why would 100,000 UK healthcare professionals refuse to be vaccinated if the vaccines are safe and effective?**



Why are we seeing so many **Black Swan** events like these since the vaccines rolled out?



Why did 75% of the radiology department at UCSF/Marin file religious exemptions?

This is statistically impossible to have happened “by pure chance.”

How do you explain it?



**Why are so many people
having cardiac problems
that nobody can explain?**

And why are these unexplained problems only
happening just to the vaccinated?



Mr ROBOT

@Elliot_MR__

The new normality 🙄, btw let's cut the crap of speaking how good she was on saving the kid and let's start talking about the main topic : why this is happening so often and htf this is normal so let's go and take lessons BCS someone in our family will be next 😡😡



8:31 AM · Jun 5, 2022 · Twitter for Android

A five-year-old suffers cardiac arrest while playing soccer

After he gets to the hospital, his heart stops 3 times in the hospital.

News reports silent on whether the 5-year-old was vaccinated.

Bad luck? An awful lot of “bad luck” lately, don’t you think?

Everyone is noticing “the new normal.”

Sarah @Sarah47178947 · 21h
Sorry, but I agree with her. 1000%

...

Socialist Peaky Blinders @BobbyTew_Pk · Jun 4
Replying to @MargyD16

208

539

2,620



Why are so many people
jeopardizing their career
speaking out?

These people were not
previously “anti-vaxxers.”



A 14-page autopsy report shows the vaccines kill people

Explain to me why the CDC isn't warning people that you can die from the vaccine. They have steadfastly denied admitting the link.

This is not the only such death. Here's [another case reported on TV news](#) you probably never heard about either. They claim such deaths are "rare," but that's not what the VAERS data or our surveys show or what Peter Schirmacher's study showed. Not even close.

Medical examiners are afraid to ascribe the cause of death to the vaccine. How do I know? Because I've talked with the Medical Examiners myself who admit it privately.



Despite this risk, Dr. Klein still recommends the vaccine.

“What is the risk of them developing the same problem without getting vaccinated? If you look at the same age group [young males] the risk of getting myocarditis from COVID is at least twice as high as getting myocarditis from the vaccine,” Dr. Klein continued.

For the Watts family, this rare side effect was life-changing.

“I don’t know what else to do, or where to even go from here,” George Sr. concluded.

A family is heartbroken. A young man was taken too soon for what doctors are calling a medical anomaly.

Dr. Liviu Klein, Chief of the Advanced Heart Failure and Transplant at UCSF, told 18 News that the risk of myocarditis is greater from COVID than from the vaccine.

Really? I tried calling his office to discuss his statistics. He didn’t return the call.

Despite this risk, Dr. Klein still recommends the vaccine.

“What is the risk of them developing the same problem without getting vaccinated? If you look at the same age group [young males] the risk of getting myocarditis from COVID is at least twice as high as getting myocarditis from the vaccine,” Dr. Klein continued.

For the Watts family, this rare side effect was life-changing.

“I don’t know what else to do, or where to even go from here,” George Sr. concluded.

A family is heartbroken. A young man was taken too soon for what doctors are calling a medical anomaly.

At least twice as high? Seriously?!?! So how come I couldn’t find a single cardiologist in America that is seeing that?

... and nobody else could either.
Call around and check for yourself.
We are making the problem worse.

 **Steve Kirsch** ✓ @stkirsch
3h · 🌐

Do you know of any cardiologists who are seeing FEWER cases of myocarditis AFTER the vaccines rolled out? If you have a cardiologist seeing FEWER cases, please note their contact info in the comments! Thanks!

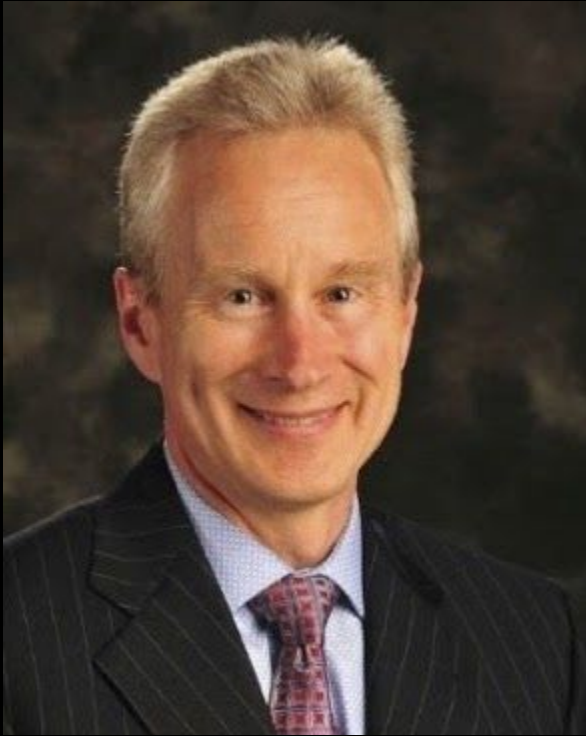
0% Yes, my cardiologist told me he's seeing FEWER myocarditis cases post-vax rollout

100% No, my cardiologist told me he's seeing MORE myocarditis cases since 2021

27 votes · 20 hours left

👍 24 14 replies 17 reposts

👍 Like 💬 Comment ↻ Repost 🗉 Quote 📤 Share

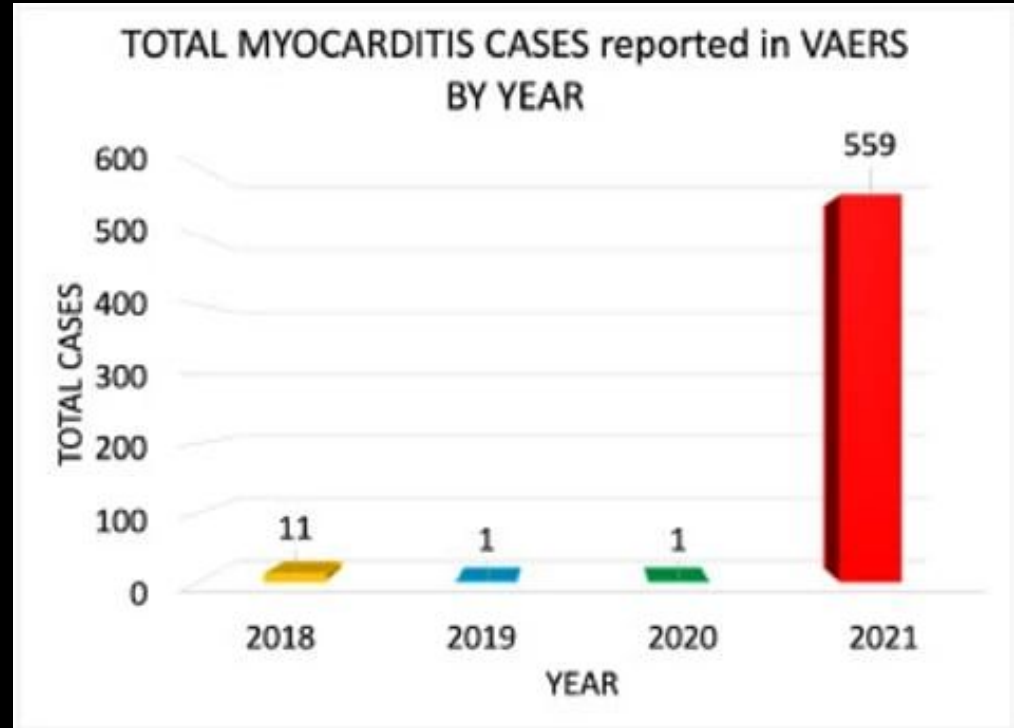


Peter McCullough, MD

“I don’t know any cardiologist who is seeing **fewer** cases of myocarditis after the vaccines rolled out. It’s just the opposite. Everything’s up.”

Is this what they mean by a “slightly elevated” risk of myocarditis?

The medical community didn't say a word when the publisher unilaterally WITHDREW the paper.



From the [Rose paper that was published in Current Problems in Cardiology which publisher unethically censored](#).

Do see now why it was censored? You can [read the full paper here](#). 112

Is this what they mean by a “slightly elevated” risk of myocarditis?

Serious Heart Inflammation 44 Times Higher After Covid Vaccination, Nature Study Finds

BY WILL JONES 27 JUNE 2022 7:00 AM

SHARE    



The risk of being hospitalised with heart inflammation is up to 44 times higher following Covid vaccination, a study in *Nature* has found.

When the findings are broken down by age, elevated risks are found in younger adults. In the week following a Moderna second dose, the risk for males aged 18-24 was 44 times higher (CI, 22–88) and for females was 41 times higher (CI, 12–140). The risk following a Pfizer second dose decreased with age, peaking at 18 times higher in males aged 12-17 (CI, 9–35), whereas the risk from the higher-dose Moderna vaccine did not decrease with age. The results by age are depicted in the chart below (note the logarithmic scale, which compresses the higher numbers).

Is this what they mean by a “slightly elevated” risk of myocarditis? 14/371 vaccinated = 3.7% risk of myocarditis

Q5

TYPE: SINGLE SELECTION

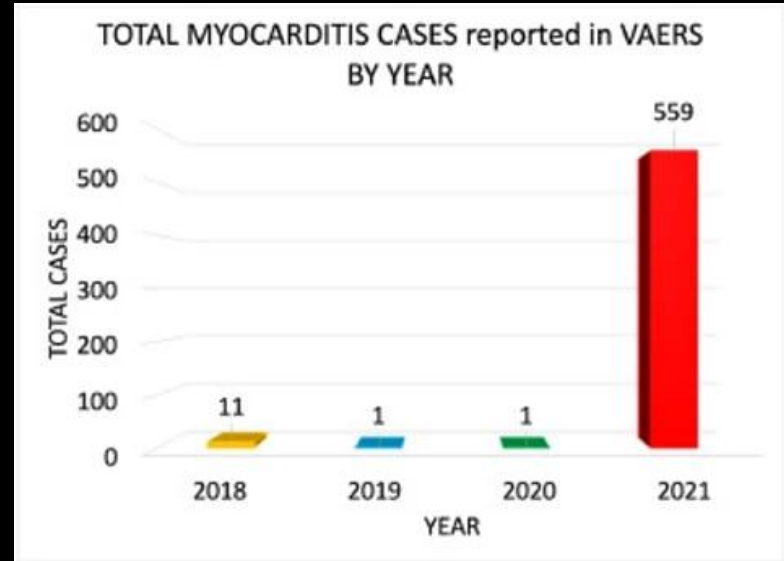
Did your COVID vaccine injury result in Myocarditis?

#	ANSWERS	ANSWERS(%)	COUNT	STRATIFIED ANSWERS(%)	STRATIFIED COUNT
A1	No	67.19%	43	70.25%	33.12
A2	Yes	32.81%	21	29.75%	14.03

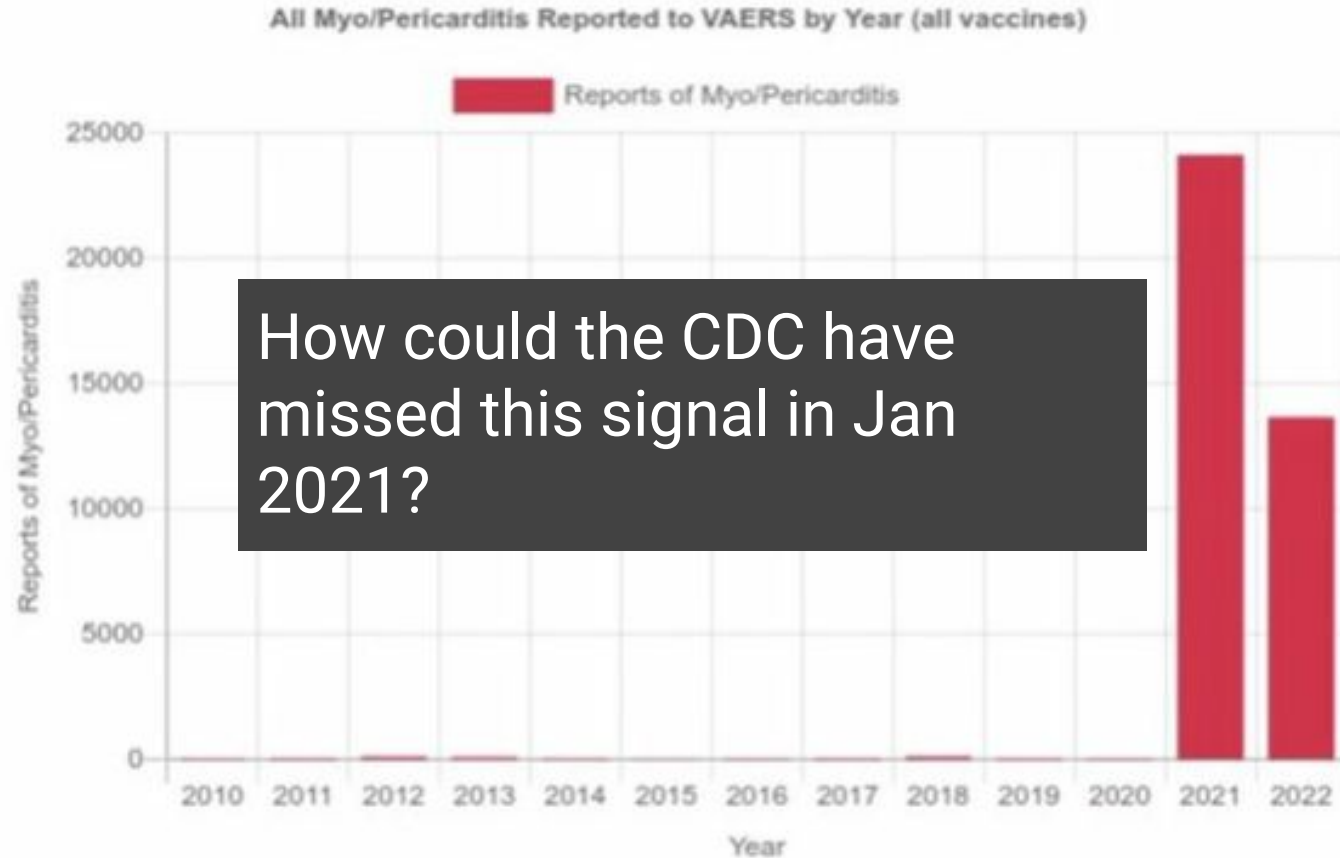
COMPLETES 64

Do you know any cardiologist in the world who has seen *fewer* cases of myocarditis AFTER the vaccines rolled out?!?!?

I haven't found one.
[I find the opposite.](#)



Most of the papers comparing myocarditis rates rely on VAERS. But the CDC deliberately does NOT compute the under-reporting factor (URF). When a former *NY Times* reporter asked the CDC for the URF, they refused to answer the question. They never got back to him.



CDC investigating rare myocarditis in teens, young adults; COVID-19 vaccine still advised for all who are eligible

Statement from the American Heart Association/American
Stroke Association



Updated June 23, 2021 - [HHS.gov](#) - [Statement Following CDC ACIP Meeting from Nation's Leading Doctors, Nurses and Public Health Leaders on Benefits of Vaccination](#)

There's ~ 6% rate of heart injury at one US Air Force base after the vax.

This is based on reports from one of the pilots who talks with the other pilots.

But if anyone finds out, they will be grounded.



**Is it possible that the vaccines
could be making things *worse*?**

That's what the data says...

NEWS > HEALTH • News

Why are COVID-19 rates higher for boosted than vaccinated Californians?

California health officials say data can be misleading



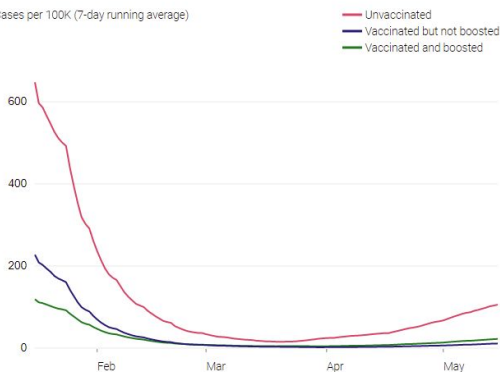
Cases

Hospitalizations

Deaths

From May 9, 2022 to May 15, 2022, unvaccinated people were **4.7 times more likely** to get COVID-19 than people who received their booster dose.

Cases per 100K (7-day running average)



[Unvaccinated and vaccinated cases, hospitalizations, and death source data](#) Data is updated on Fridays.

In Santa Clara County, when the COVID numbers showed that the boosters made you 2X more likely to be infected (22.5 vs. 11.3 for doubly vaccinated), the public health officials gave a “hand-waving” explanation for the “odd trend” that “Oh, that’s because older people got the booster first and they are more likely to get infected since they have weaker immune systems.”

SJ Mercury Reporter John Woolfolk ate it up without asking any questions. Hook, line, and sinker.

When the numbers fit the narrative, they need no scrutiny. When the numbers aren’t good, they find excuses for why the numbers are “unreliable.”

What it means is that the boosters make things worse. But it’s something they cannot admit. So they have to make up excuses and hope that you believe them. They are lying.

RATES OF COVID-19 CASES BY VACCINATION STATUS & BOOSTER DOSE

Source: CDC

- UNVACCINATED: **188.20**
- VACCINATED WITH A PRIMARY SERIES ONLY: **56.44**
- VACCINATED WITH A PRIMARY SERIES AND BOOSTER DOSE: **119.94**

• LIVE

CBS NEWS

cbsnews.com

48 HOURS: STREAMING WEDNESDAYS @ 8 PM ET

COVID-19

0:14 / 2:18

The CDC admits it now too
But the spin is different than the excuse Sara Cody gave: now it is because the triple vaxxed are taking more risks!

There is always an excuse **backed up with zero data.**

Table 14. Unadjusted rates of COVID-19 infection, hospitalisation and d

Please note that the following table should be read in conjunction with pages

	Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	
	[see i	
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}
Under 18	1,454.0	1,711.7
18 to 29	3,118.8	941.6
30 to 39	4,324.7	1,085.6
40 to 49	3,957.8	955.3
50 to 59	3,303.4	779.8
60 to 69	2,814.9	572.8
70 to 79	2,161.5	532.1
80 or over	2,023.7	775.6

Data from the UK government shows unvaccinated older people are less likely to be infected than younger people. Santa Clara is finding the same thing they found in the UK: vaccination makes things worse.

There's just one tiny little problem with their explanation
Older people are actually *less* likely to be infected, not *more* likely. Whoops.

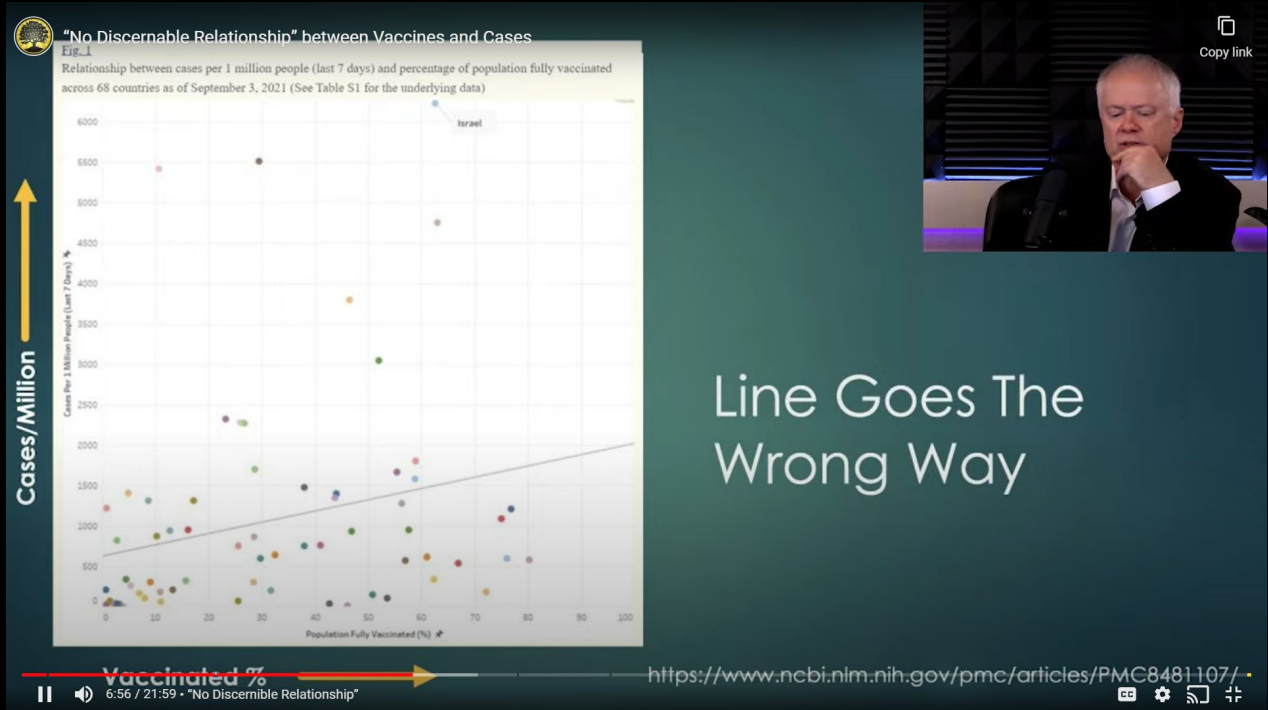
That's the problem with hand-waving explanations: you always have to verify them, but most people never do.

The line is supposed to slope the other way!

Data is from 68 countries and 2,947 American counties

The vaccines do not protect against infection,

they are making things worse, not better.



Source: ["No Discernible Relationship" between Vaccines and Cases](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/) and [Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/)

Overall, the vaccines
are killing more
people than they save

Killed: >200K¹

Saved: <25K²



¹[Estimating the number of vaccine deaths](#) and [Suvey shows](#) over 200,000 deaths.

²[Pfizer's 6 month phase 3 trials result](#) clearly shows 1 life saved for every 22,000 vaccinations. Since we've [partially vaccinated over 250M Americans](#), that's around 11K lives saved. But that's assuming the vaccines are as effective against the current variant as they are against Alpha. So it's probably < 10,000 lives saved using the Phase 3 trial as an estimator of benefit. Moderna claimed it saved 2 lives per 22,000 people vaccinated.

**They should be stopped
immediately for everyone**

**There is no credible
risk:benefit analysis
showing a net benefit**



Masks

**Is it possible that masks don't
work at all?**

The science says...

Masks can't protect you from COVID.

There isn't a single study that shows that they work: all the studies show they do nothing. If anything, they appear to make you more likely to be infected.

You can even do a simple experiment yourself.

So who are you going to believe?
The CDC? Or your own eyes?

Steve Kirsch's newsletter

We've asked Science to retract the Bangladesh mask study

The key study relied upon by the CDC and IDSA to justify mass mask wearing worldwide is wrong. We've asked the journal to retract the study. If they don't, we'll go after the journal.



Steve Kirsch
May 2

...

♡ 601

💬 246



People think masks work, even though they don't

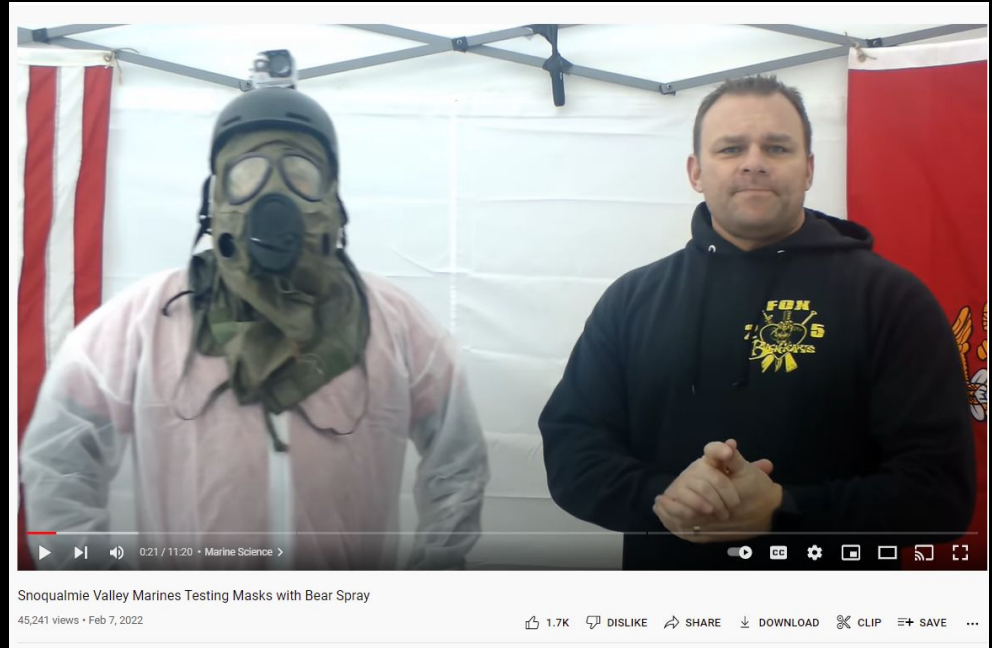
Have you ever wondered...

If masks protect us from a virus, how come they don't protect us from bear spray particles which are 10X larger?

These 2 marines wanted to find out. The military gas masks worked great. The KN95's? A total and instant failure.

So why do you think they will work to protect you against COVID?

You've been completely duped by the authorities.



**Is it possible that other things
you've been led to believe aren't
true either?**

**For example, government
reported statistics can be
manipulated to make the vax look
effective when it isn't**



Jikkyleaks (Fan account)

@Jikkyleaks

...

And the @ONS KNEW that there was a problem with confounding - making a zero efficacy vaccine APPEAR to have a positive effect.

@JesslovesMJK @profnfenton @joshg99 @MartinNeil9
@chrismartenson @ChrisCottonStat

Questions about deaths by vaccination status

any,

are looking further into this. We are undertaking analysis of confounding in 19 vaccination effectiveness estimates, looking at non-COVID-19 mortality. If there is no confounding, we should see no effect of the vaccine on non-COVID-19 mortality. However, after taking into account factors other than vaccination status, we can see that there is a reduction in deaths if you are attributing the changes to the vaccine. This is because of confounding and we are looking at ways to quantify the impact of any confounding. If we can account for the confounding, we can calculate the COVID-19 mortality and compare to unadjusted estimates to see the effect it has.

I spoke to Julie briefly before she went on leave, and she mentioned you were looking at some further work to consider the data on deaths by vaccination status. I think this was seeing if you could do anything to understanding the impact of the vaccination status on all cause mortality and how this was impacting on the COVID related deaths.

In addition I wanted to throw in a bit more detail from one of the enquiries we've had, that I'd be really interested in your views on. In summary they basically highlight that under the conditions which occur in the ONS analysis it will always show the intervention as working. To quote more directly, these conditions are:

- The effects you want to avoid are pooled towards the start of the date range and decrease over time
- The percentage of population with the intervention increases over time

And they say (which maybe arguable about highly effective, but is reasonably) in this scenario an intervention with zero efficacy will appear highly effective.

4:39 AM · May 13, 2022 · Twitter Web App

63 Retweets 5 Quote Tweets 208 Likes

Subject: More questions about deaths by vaccination status

Hi,

I spoke to Julie briefly before she went on leave, and she mentioned you were looking at some further work to consider the data on deaths by vaccination status. I think this was seeing if you could do anything to understanding the impact of the vaccination status on all cause mortality and how this was impacting on the COVID related deaths.

In addition I wanted to throw in a bit more detail from one of the enquiries we've had, that I'd be really interested in your views on. In summary they basically highlight that under the conditions which occur in the ONS analysis it will always show the intervention as working. To quote more directly, these conditions are:

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- The percentage of population with the intervention increases over time

And they say (which maybe arguable about highly effective, but is reasonably) in this scenario an intervention with zero efficacy will appear highly effective.

**Or data that isn't supportive from
Medicare, DMED, VSD, and BEST
can simply be “ignored”**

Dr. Meryl Nass

On how the FDA corrupts the data

FDA's new paper claiming myocarditis risk is surpassed by benefit



Meryl Nass <merylnass@gmail.com>

To martin.kulldorff

Cc Steve Kirsch; Robert F. Kennedy Jr.



4/28/2022

We can conclude that

- FDA published a bogus modelling study (they admit the problems in the discussion) while hiding data on Moderna and hiding data from the rest of its 'BEST' collection of databases.
- FDA deliberately withheld data on the Moderna vaccine myocarditis outcomes despite knowing this vaccine caused the highest rates of myocarditis
- FDA confabulated regarding the fact that essentially no one has received the licensed, brand-name Comirnaty vaccine and instead Americans received the indemnified EUA vaccine

Meryl

Could these all be true?

COVID has killed <700K in the US

Masks don't work at all

Early treatment with cheap repurposed drug combos prevent long-haul and death nearly 100%

All the interventions were bad (and never needed)



How can you explain ...

**Have you ever wondered why they
need liability protection if the
vaccines are so safe?**

Have you ever wondered why, if the vaccines are so safe and effective, the employees of Moderna and Pfizer are avoiding taking them?



Steve Kirsch ✓ @stkirsch

1d · 🔄 · Edited



Do you work at Pfizer or Moderna? If you do, please answer this poll: Are you vaccinated? (please repost so we can get answers)

4%

Yes

96%

No

52 votes · 5 days left



41

20 replies 62 reposts 1 quote



Like



Comment



Repost



Quote



Share

CEO of large Spanish pharma company bought a fake vaccine card

Why would someone pay a huge fee and risk a long prison sentence to avoid taking a perfectly safe vaccine that will keep him from dying from COVID? Answer: to avoid dying from the vaccine.



Steve Kirsch
Jun 1



1,082



402



José María Fernández Sousa-Faro, chief executive of PharmaMar, is among the 2,200 names of the network dismantled by the National Police

Why would a CEO of a big pharma company buy a fake vaccine card and risk going to jail?

There is only one answer: it is because he knows that the vaccine could kill him.

Deaths

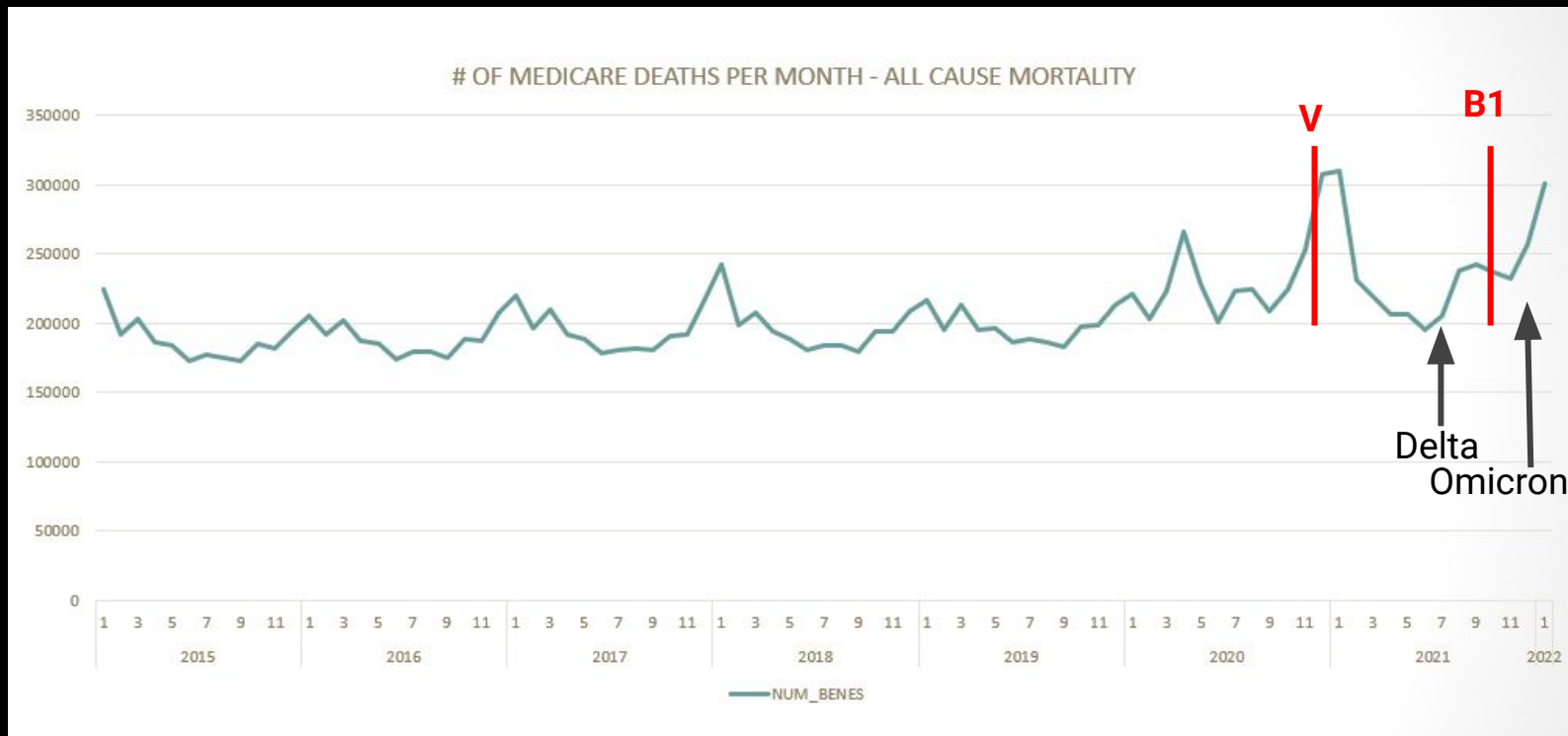
**Have you ever wondered why they
aren't showing you the Medicare
data?**

You are about to find out...

**Because I'm going to show you
data that the government has, but
they don't want to show you**
(because if they did, you'd realize they've
been lying to you)

Medicare: The most reliable database

How can you explain the 50% rise in ACM from baseline after the vaccines/boosters rolled out? Weren't they supposed to make things better?



That data I just showed you isn't publicly available. I got it from an HHS whistleblower.

**More importantly, how can ACM
now be at an all-time high?**

All the elderly have been vaccinated, the
Omicron variant isn't very deadly, and all the
susceptible elderly have died.

See? That's the big thing they cannot
explain no matter how hard they try.

Q: Why isn't that Medicare all-cause mortality (ACM) data publicly disclosed?

A: Because it shows people the truth about the vaccine. There is no other possible explanation for such a massive rise in ACM.

And if you ask the press WHY they aren't asking about the Medicare data, they will ignore you. I guarantee it.

That tells you everything you need to know, doesn't it?

THE PRESS (2021 and beyond)

It's no longer about telling both sides of the story. When was the last time the *NY Times* asked Robert Malone, Peter McCullough, ... for their opinion on the latest CDC/FDA recommendations?

As of 2021, the press is about telling America one-side of the COVID story and **censoring** the other side.

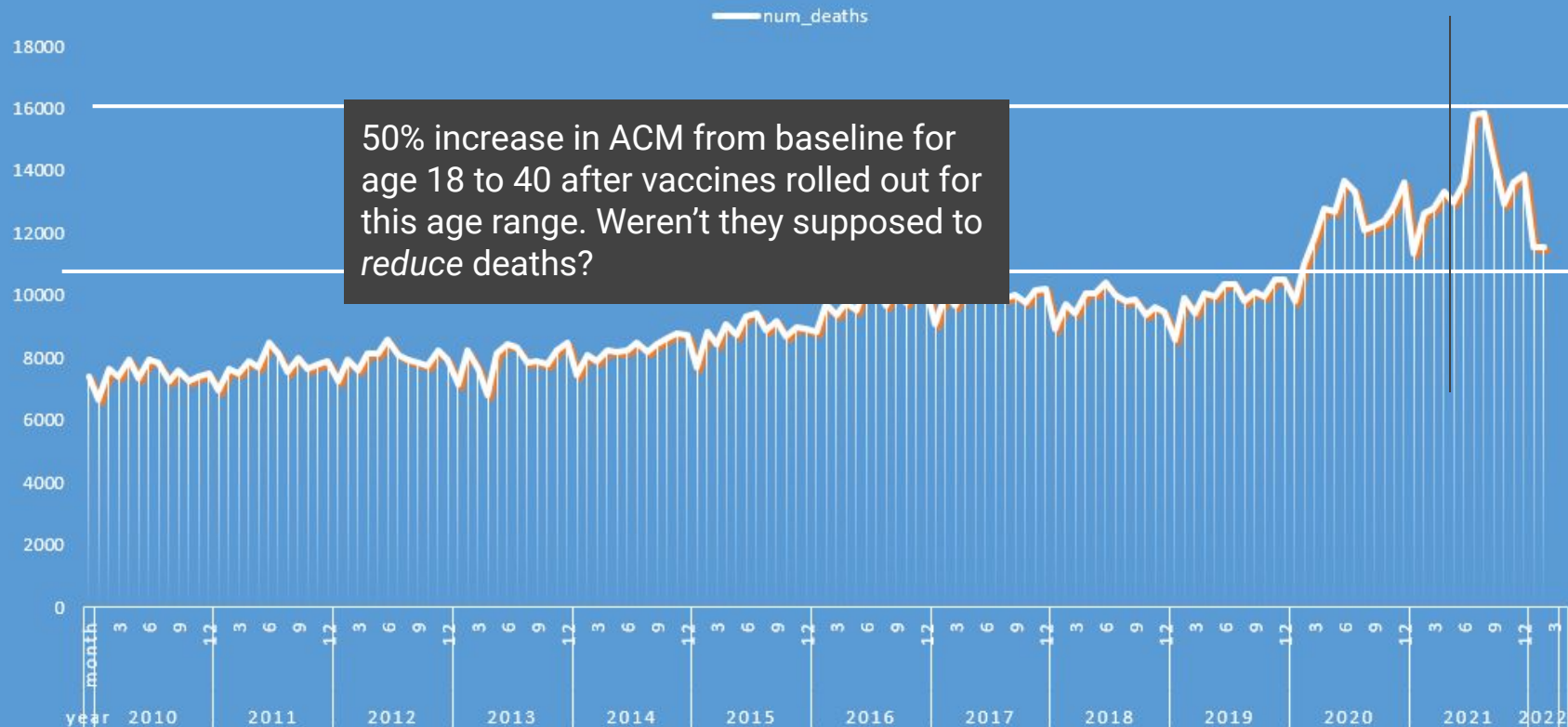
Here's the full Medicare data, broken out by age

If you are under 18, there is no emergency. There never was one

If you are over 18, the interventions made things worse since the peaks are higher than when you started.

Also, not the unique double peak Jan 2021. One peak was COVID, the second was the vaccine.

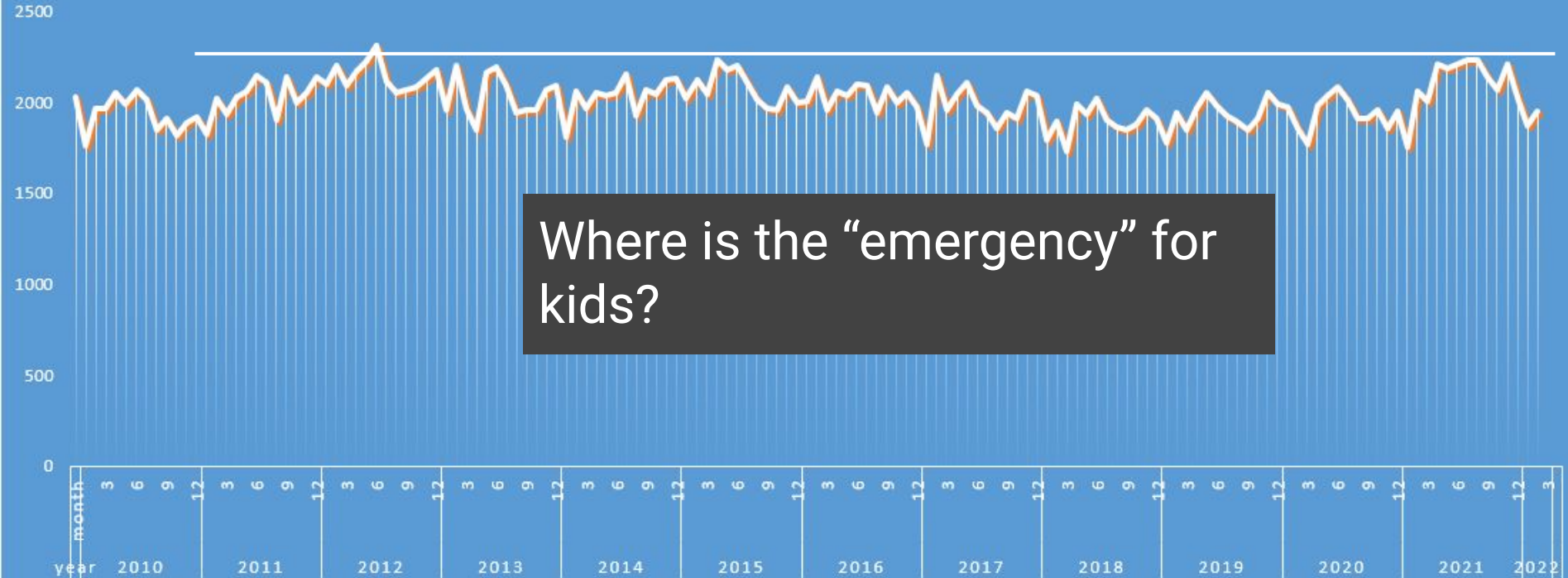
SOCIAL SECURITY ADMINISTRATION "DEATH MASTER FILE"
MONTHLY DEATHS FROM JAN 2010 TO MAR 2022
AGES 18 TO 40, ALL CAUSE MORTALITY



SOCIAL SECURITY ADMINISTRATION "DEATH MASTER FILE"
MONTHLY DEATHS JAN 2010 TO MAR 2022

< AGE 18, ALL CAUSE MORTALITY

— num_deaths



UK ONS data: They CANNOT explain this

The data on this slide is directly from the UK Government Office of National Statistics.

We plotted the data for you to make it clear.

UPenn's Jeffrey Morris thinks that the sickest people DON'T get the second dose. Prof. Fenton says it is obviously a data misclassification problem: they are putting the vaccine deaths from the new dose into the previous dose bucket to make the new dose look good.

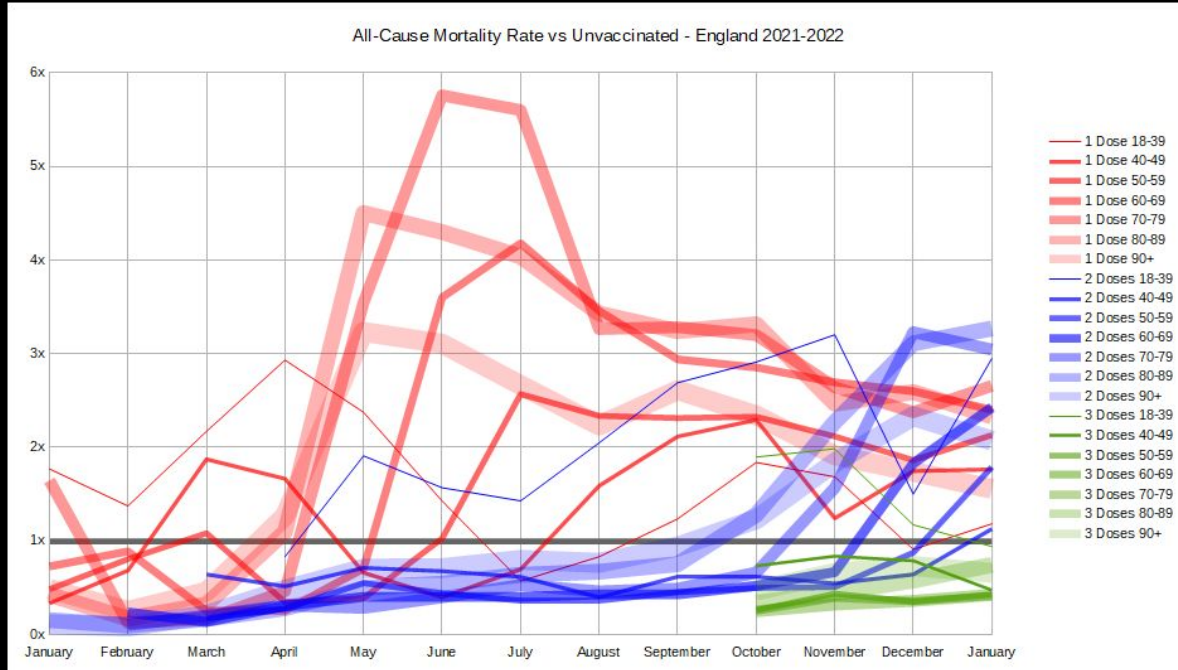
What do you think?

UK ONS: Up to 6X ACM in the vaccinated elderly

It means it's more likely to kill you than save you, just like the Pfizer trial showed.

This is the data nobody wants to talk about. Think about it. How can your chance of death drop to 0 immediately after you take dose 2 (blue line in Jan)? It's called "miscategorization," i.e., fraud.

Unvaxxed



Excess mortality data (CDC website)

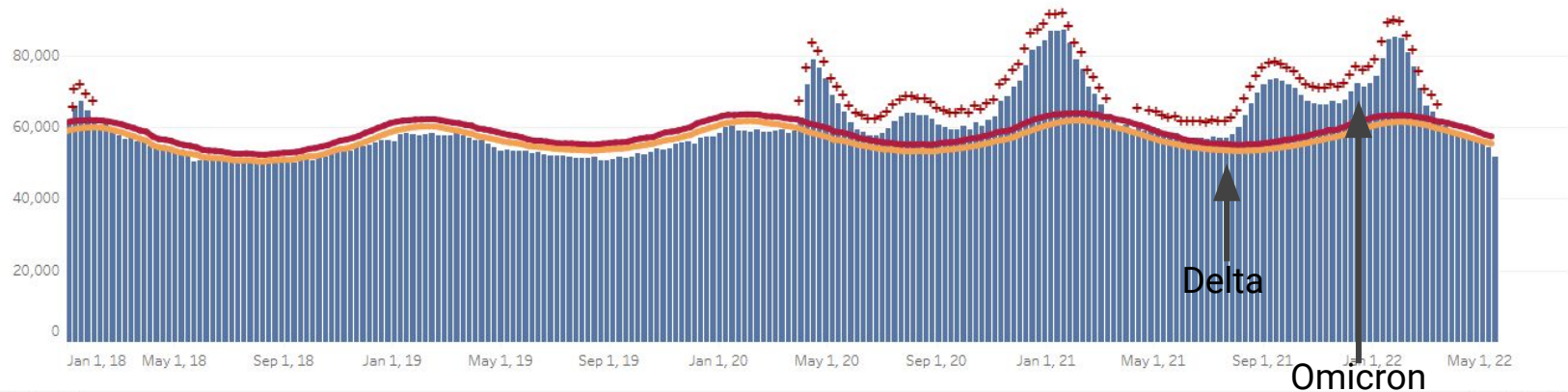
It's really hard to see the excess deaths due to the vaccine vs. COVID. They don't break out the excess deaths by vaccinated vs. unvaccinated. Why not?

Select a jurisdiction:

United States

- + indicates observed count above threshold
- Predicted number of deaths from all causes
- average expected number of deaths
- upper bound threshold for excess deaths

Weekly number of deaths (from all causes)



+ a b l e a u

🔗 📄 🖨



Pierre Kory, MD MPA
@PierreKory

U.S Group Life Insurance Mortality Survey. P. 23 data on Q3 is terrifying. Am told Q4 looking the same. Some CEO's speaking out. How many more have to die for states to revolt against Federal HHS by stopping vax & allowing access to early Rx like TN & NH?

soa.org/48ff80/globala...

Table 5.6
EXCESS MORTALITY BY DETAILED AGE BAND

Age	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
0-24	119%	127%	108%	102%	121%	129%
25-34	129%	135%	124%	120%	131%	181%
35-44	124%	136%	129%	129%	132%	217%
45-54	123%	127%	130%	133%	121%	208%
55-64	117%	123%	130%	129%	116%	170%
65-74	116%	115%	133%	130%	108%	133%
75-84	113%	113%	132%	122%	105%	116%
85+	111%	102%	123%	110%	90%	98%
All¹⁰	116%	115%	128%	122%	107%	139%

How do you explain the huge rise in excess deaths in Q3, Q4 in US, Germany, Cyprus, ...?

How do you explain how the deaths in Massachusetts changed from J→I ICD10 codes? (respiratory in 2020 → circulatory in 2021)

J

ICD Code	ICD Description						2020 AVERAGE method Δ	2021 AVERAGE method Δ	2020 AVERAGE EXCESS	2021 AVERAGE EXCESS
Raw Data 2015	Raw Data 2016	Raw Data 2017	Raw Data 2018	Raw Data 2019	Raw Data 2020	Raw Data 2021	2020 TREND method Δ	2021 TREND method Δ	2020 TREND EXCESS	2021 TREND EXCESS
J	Diseases of the respiratory system						40.6%	21.0%	6,421.2	3,325.2
15,905	14,956	15,926	16,063	16,234	22,238	19,142	36.0%	15.9%	5,891.7	2,619.2
J10	influenza due to identified zoonotic or pandemic influenza virus						41.7%	(88.3%)	25.0	-53.0
2	23	86	127	62	85	7	(33.2%)	(95.3%)	-42.2	-142.6

I

I269	Pulmonary embolism without mention of acute cor pulmonale						27.7%	45.6%	192.4	316.4
707	642	707	687	730	887	1,011	22.9%	38.3%	165.1	280.0
I272	Other secondary pulmonary hypertension						21.3%	26.5%	91.2	113.2
413	424	407	432	463	519	541	12.8%	14.9%	58.8	70.0
I312	Hemopericardium, not elsewhere classified						35.4%	56.3%	3.4	5.4
11	7	11	12	7	13	15	49.4%	78.6%	4.3	6.6

In plain English, the main cause of excess deaths:

2020: COVID

2021: COVID vaccines


Don't take my word for it. You can do your own survey of people you know.

People were 4X more likely to die a month after the shot than a month before the shot. Isn't that interesting?



Survey shows over 500,000 killed by the COVID vaccines so far

A simple survey anyone can do provides convincing evidence that the COVID vaccines have killed over 500,000 Americans. They should be halted. Now.

Steve Kirsch 7 hr ago  147  101  

Mysterious spike in N.B. deaths in 2021 not due to COVID, health minister says



Health Department unsure what caused 636 'excess' deaths over 20 weeks



Robert Jones · CBC News · Posted: May 13, 2022 7:00 AM AT | Last Updated: May 13



New Brunswick Health Minister Dorothy Shephard told MLAs Wednesday she does not know why deaths spiked in the province last summer, but doubted they were undetected COVID fatalities. (Shane Magee/CBC)

Huge excess deaths in New Brunswick

A mysterious spike in "excess" deaths in New Brunswick ... saw 636 more deaths than normal over a 20-week period.

That's **8X** what **COVID** killed.

It's a **22% increase** in expected ACM (it matches our estimate of the effect of the vaccine on ACM).

It wasn't COVID. What was caused it?

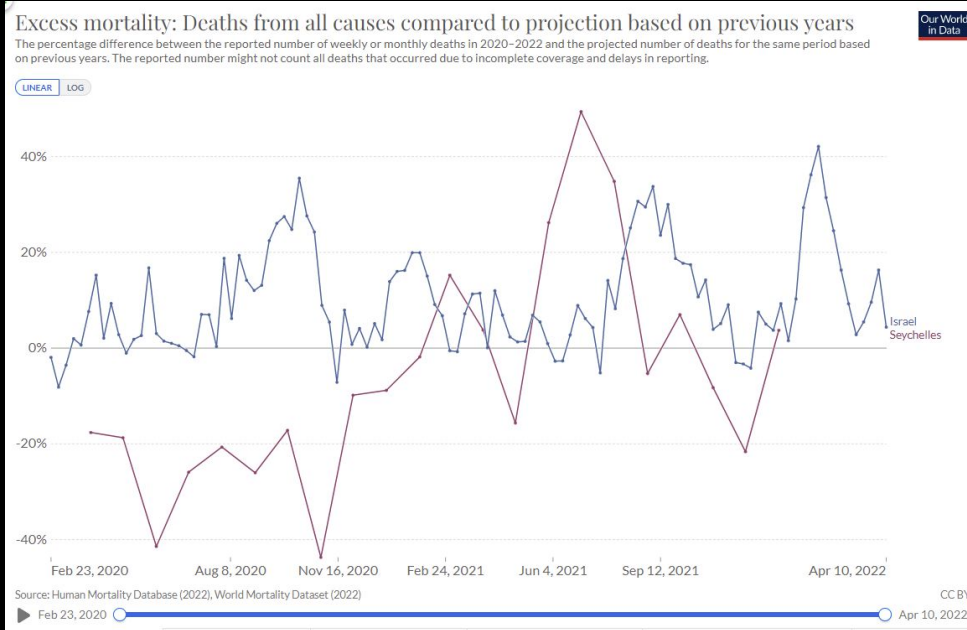
Health officials are mystified.

Why did excess ACM go up after the vaccines rolled out?

The CDC VSD study claimed ACM goes down dramatically after vaccination.

The Seychelles and Israel are the two most heavily vaccinated nations on earth.

So why are ACM peaks and valleys shifted higher after the vaccines rolled out?





Why is it more likely you'll die from the latest variant if you are vaccinated?

Farid is strongly pro-vax so this is not "misinformation."

Pierre recently saw his first 14-year old with full-blown ARDS. He was fully vaccinated.

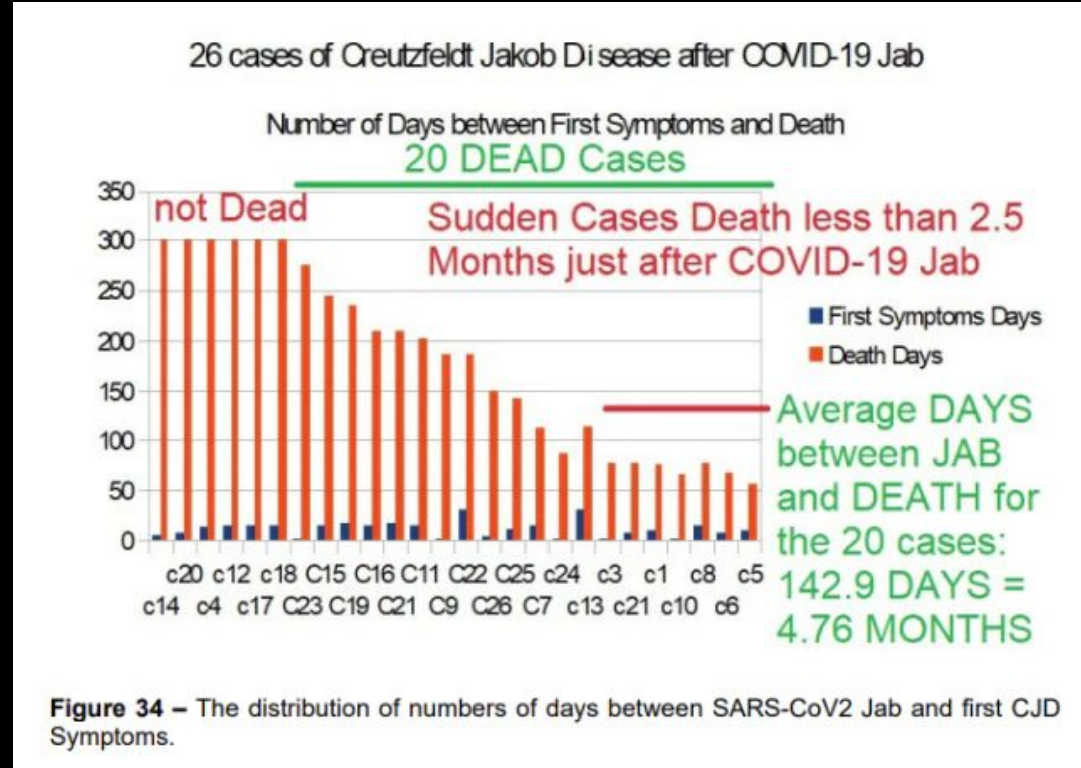
**Just one adverse event, prion
diseases, justifies stopping the
vaccine**

Just one adverse event, prion diseases, justifies stopping the vaccine.

Kills at least 1 per million vaccinated.

Causality is obvious (blue bars are low). So it isn't random.

X-axis are the PatientID.



Vaccine injuries

**The NIH has said they haven't
found any proof that the vaccine
causes injuries.**

ARE YOU SERIOUS?

#0% ^*

makeameme.org

Meet Marsha Gee

Top ICU nurse at UCSD who was honored to be one of the first people to get the vaccine.

She was a perfectly healthy 37-year-old before the shot.

Less than 1 hour later, half her face was paralyzed.

But that was just the beginning... today, 1 year later, she can't even get on a zoom call.

She has **over 80 symptoms** in common with vaccine injured like "bleeding behind the eyes," "had to crawl to the bathroom," ...

UCSD knew the vaccines were dangerous at the very start and they said and did **NOTHING**.

Steve Kirsch's newsletter

Meet Marsha Gee, a former top ICU nurse at UCSD who is today one of the most COVID-vaccine-injured people on Earth

Marsha was selected to be one of the first people at UCSD to receive the COVID vaccine. Today, she is one of the most severely vaccine injured people on Earth and nobody wants to help her recover.



Steve Kirsch
May 29



596



336



How can they explain 1.8M newly disabled after the rollout?

☆ Population - With a Disability, 16 Years and over (LNU00074597)

[DOWNLOAD](#)

Observation:
May 2022: **32,686** (+ more)
Updated: Jun 3, 2022

Units:
Thousands of Persons,
Not Seasonally Adjusted

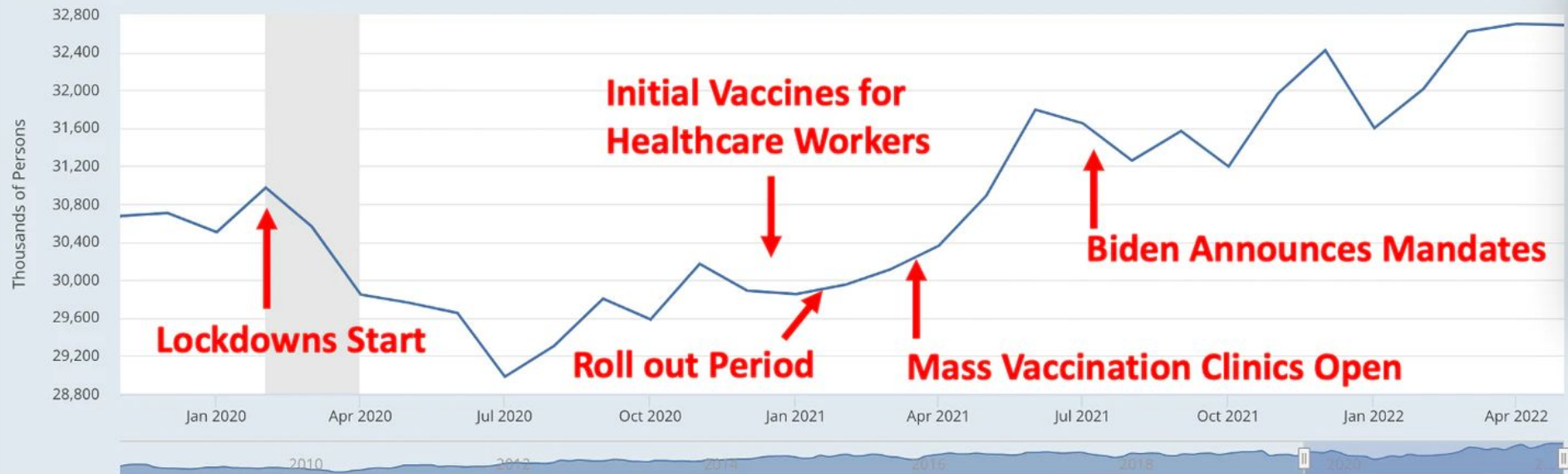
Frequency:
Monthly

1Y | 5Y | 10Y | Max

2019-11-01 to 2022-05-01

[EDIT GRAPH](#)

FRED — Population - With a Disability, 16 Years and over



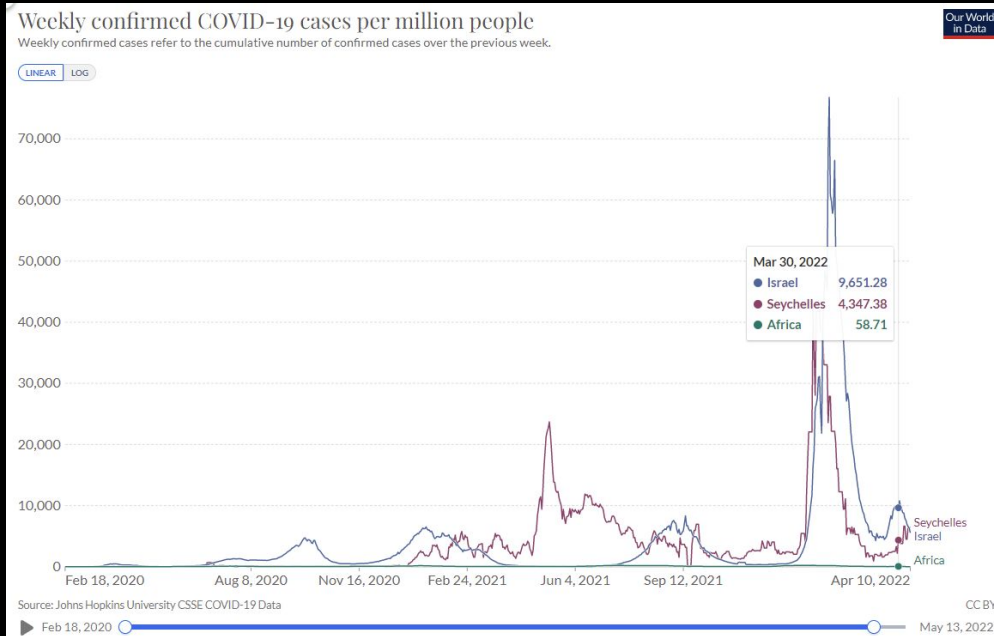
Shaded areas indicate U.S. recessions.

Source: U.S. Bureau of Labor Statistics

fred.stlouisfed.org



Cases



Why are cases sky high in the most heavily vaccinated countries?

The Seychelles and Israel.

Africa is shown for comparison in **green**. It is flat line.

See the difference?

Forbes

BUSINESS • EDITORS' PICK

Covid Surges In 4 Of 5 Most Vaccinated Countries—Here's Why The U.S. Should Worry

Robert Hart Forbes Staff
I cover breaking news.

Follow

May 11, 2021, 01:32pm EDT

Wait a second...
Isn't the surge
supposed to be
happening in the
most unvaccinated
countries?!?

Table 14. Unadjusted rates of COVID-19 infection, hospitalisation and death
Please note that the following table should be read in conjunction with pages

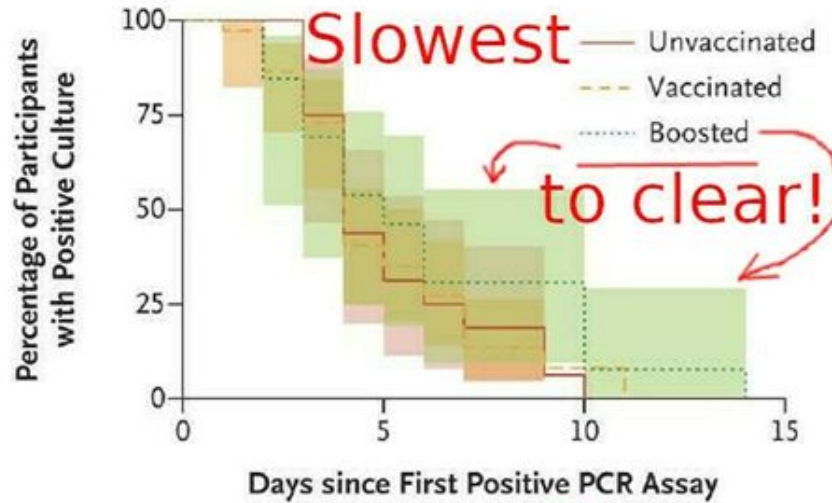
	Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	
	[see it]	
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}
Under 18	1,454.0	1,711.7
18 to 29	3,118.8	941.6
30 to 39	4,324.7	1,085.6
40 to 49	3,957.8	955.3
50 to 59	3,303.4	779.8
60 to 69	2,814.9	572.8
70 to 79	2,161.5	532.1
80 or over	2,023.7	775.6

Triple dose → 3X more likely to be infected

UK government data (before they stopped publishing it).

How do you explain that?

E Time to Culture Conversion



No. at Risk

Unvaccinated	16	7	1	6%	0
Vaccinated	37	15	3	8%	0
Boosted	13	7	4	31%	0

How come the boosted are the slowest to clear the virus?

**Yet in the least vaccinated
countries, cases are way down.**

**The “experts” says that’s because
their reporting is deficient.**

**But when you actually talk to the
doctors in Africa, you hear a
different story.**



Keletso Nyathi, MD

Namibia

Very low vaccination rate.

COVID cases through roof in early 2021.

Dropped to near zero in Sept 2021.

Remained very low since then.

Very small numbers are dying now.

Vaccines started in July 2021.

They stopped breaking out cases and deaths by
vax status shortly thereafter because the
numbers showed the vaccines made things
worse. The trends never reversed.

Vax rate: 20%

Cases: 159,503

Deaths: 4,028 (.16% of pop)

2.5M population

Efficacy

The science says the vaccines harm your immune system, possibly irreparably. Was that the effect you wanted?



[Comment](#) | [Open Access](#) | [Published: 05 June 2022](#)

Adverse effects of COVID-19 vaccines and measures to prevent them

[Kenji Yamamoto](#)

[Virology Journal](#) **19**, Article number: 100 (2022) | [Cite this article](#)

71k Accesses | **4252** Altmetric | [Metrics](#)

Abstract

Recently, *The Lancet* published a study on the effectiveness of COVID-19 vaccines and the waning of immunity with time. The study showed that immune function among vaccinated individuals 8 months after the administration of two doses of COVID-19 vaccine was lower than that among the unvaccinated individuals. According to European Medicines Agency recommendations, frequent COVID-19 booster shots could adversely affect the immune response and may not be feasible. The decrease in immunity can be caused by several factors such as N1-methylpseudouridine, the spike protein, lipid nanoparticles, antibody-dependent enhancement, and the original antigenic stimulus. These clinical alterations may explain the association reported between COVID-19 vaccination and shingles. As a safety measure, further booster vaccinations should be discontinued. In addition, the date of vaccination should be recorded in the medical record of patients. Several practical measures to prevent a decrease in immunity have been reported. These include limiting the use of non-steroidal anti-inflammatory drugs, including acetaminophen to maintain deep body temperature, appropriate use of antibiotics, smoking cessation, stress control, and limiting the use of lipid emulsions, including propofol, which may cause perioperative immunosuppression. In conclusion, COVID-19 vaccination is a major risk factor for infections in critically ill patients.

The science says the vaccines create more harm than benefit.

WHOOOPS!!!

Study from UCLA, Stanford. Peter Doshi is an author.

Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials

[JVAC-D-22-01206](#)

22 Pages • Posted: 1 Jun 2022

[Joseph Fraiman](#)

Louisiana State University - Lallie Kemp Regional Medical Center

[Juan Erviti](#)

Navarre Health Service

[Mark Jones](#)

Bond University - Institute for Evidence-Based Healthcare

[Sander Greenland](#)

University of California, Los Angeles (UCLA) - Jonathan and Karin Fielding School of Public Health

[Patrick Whelan](#)

University of California at Los Angeles

[Robert M. Kaplan](#)

Stanford University

[Peter Doshi](#)

University of Maryland - School of Pharmacy

Abstract

Introduction: In 2020, prior to COVID-19 vaccine rollout, the Coalition for Epidemic Preparedness Innovations and Brighton Collaboration created a priority list, endorsed by the World Health Organization, of potential adverse events relevant to COVID-19 vaccines. We leveraged the Brighton Collaboration list to evaluate serious adverse events of special interest observed in phase III randomized trials of mRNA COVID-19 vaccines.

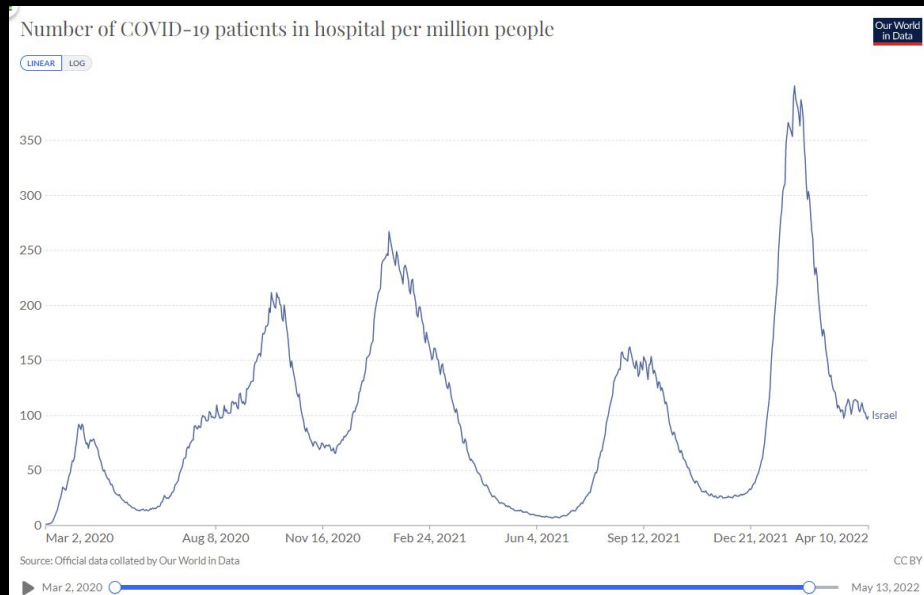
Methods: Secondary analysis of serious adverse events reported in the placebo-controlled, phase III randomized clinical trials of Pfizer and Moderna mRNA COVID-19 vaccines (NCT04368728 and NCT04470427), focusing analysis on potential adverse events of special interest identified by the Brighton Collaboration.

Results: Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8), respectively. Combined, the mRNA vaccines were associated with an absolute risk increase of serious adverse events of special interest of 12.5 per 10,000

(95% CI 2.1 to 22.9). The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively).

Discussion: The excess risk of serious adverse events found in our study points to the need for formal harm-benefit analyses, particularly those that are stratified according to risk of serious COVID-19 outcomes such as hospitalization or death.

Hospitalizations



Why are hospitalizations going up in Israel and not in Africa?

I thought the vaccines kept you OUT of the hospital?

**Is it possible that our data isn't
being captured accurately?**



Check one

☐

Vaccinated

☐

Unknown

Shouldn't there be an "unvaccinated" box? Whoops!

So unknowns are considered "unvaccinated." That's part of the reason for the "pandemic of the unvaccinated" myth.

**The peer-reviewed scientific
literature says the vaccines
should be stopped**

CAUTION: Twitter has determined that JAMA contains unsafe material.

Warning: this link may be unsafe

<https://jamanetwork.com/journals/jama/fullarticle/2792524>

The link you are trying to access has been identified by Twitter or our partners as being potentially spammy or unsafe, in accordance with Twitter's [URL Policy](#). This link could fall into any of the below categories:

- malicious links that could steal personal information or harm electronic devices
- spammy links that mislead people or disrupt their experience
- violent or misleading content that could lead to real-world harm
- certain categories of content that, if posted directly on Twitter, are a violation of the [Twitter Rules](#)

[Back to previous page](#)

Ignore this warning and [continue](#)

Here's the article Twitter doesn't want anyone to see. You aren't supposed to know that the vax didn't work very well and went downhill rapidly thereafter.

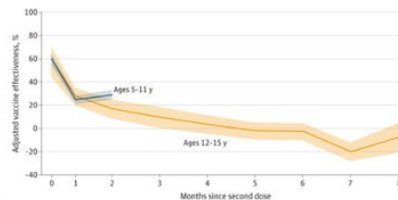
The CDC study examined the effectiveness of the two-dose Pfizer COVID-19 injection in children (ages 5 to 11) and adolescents (ages 12 to 15) between December 2021 and February 2022 during the Omicron variant predominance.

The authors found that the estimated effectiveness of the Pfizer shot declined significantly in the two groups by the second month after dose two: 29 percent in children and 17 percent in adolescents. When the mRNA shots were issued emergency use authorization prior to any predominant variant, the effectiveness of two doses was 100 percent in children and 91 percent in adolescents.

"Among children and adolescents, estimated VE [vaccine effectiveness] for 2 doses of BNT162b2 against symptomatic infection was modest and decreased rapidly," the authors wrote.

In the graph provided in the study, near the fifth month after dose two, the vaccine's effectiveness was negative in the adolescent group, meaning the vaccinated were more likely to have symptomatic COVID-19 than the unvaccinated.



Figure 2. BNT162b2 2-Dose Adjusted Estimated Vaccine Effectiveness Against Symptomatic SARS-CoV-2 Infection In Children and Adolescents



A screenshot of a graph showing the effectiveness of the Pfizer COVID-19 shot in children and adolescents after dose two. ([ajphnetwork.com](https://www.ajph.org/ajph-aphipublications/special-reports/2022/20220202-pfizer-covid-19-vaccine-effectiveness-children-adolescents)/Screenshot by The Epoch Times)

Data beyond two months was not available for children as the vaccine's effectiveness was only assessed for that short period of time.

Whoops. The vaccines can really mess up your immune system. CDC is silent. (Seneff paper)



Food and Chemical Toxicology

Volume 164, June 2022, 113008

Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs

Stephanie Seneff ^a, Greg Nigh ^b, Anthony M. Kyriakopoulos ^c, Peter A. McCullough ^d

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<https://doi.org/10.1016/j.fct.2022.113008> [Get rights and content](#)

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Highlights

- mRNA vaccines promote sustained synthesis of the SARS-CoV-2 spike protein.
- The spike protein is neurotoxic, and it impairs DNA repair mechanisms.
- Suppression of type I interferon responses results in impaired innate immunity.
- The mRNA vaccines potentially cause increased risk to infectious diseases and cancer.
- Codon optimization results in G-rich mRNA that has unpredictable complex effects.

In this paper, we call attention to three very important aspects of the safety profile of these vaccinations. First is the extensively documented subversion of innate immunity, primarily via suppression of IFN- α and its associated signaling cascade. This suppression will have a wide range of consequences, not the least of which include the reactivation of latent viral infections and the reduced ability to effectively combat future infections. Second is the dysregulation of the system for both preventing and detecting genetically driven malignant transformation within cells and the consequent potential for vaccination to promote those transformations. Third, mRNA vaccination potentially disrupts intracellular communication carried out by exosomes, and induces cells taking up spike glycoprotein mRNA to produce high levels of spike-glycoprotein-carrying exosomes, with potentially serious inflammatory consequences. Should any of these potentials be fully realized, the impact on billions of people around the world could be enormous and could contribute to both the short-term and long-term disease burden our health care system faces.

500 papers on COVID vaccine side effects

Questions to ask yourself:

1. Why hasn't the CDC warned us about any of these?
2. How can the NIH not be able to ascertain whether the vaccine causes injury after 500 published papers?

They are doing the same thing to us that they did to Andy Wakefield

[illegible]

Moderna and NIH paper says the vaccine can inhibit your ability to create antibodies against the virus.

Whoops! We forgot to warn you that you're 13X less likely to develop full immunity to the virus if you take the jab. Sorry!

3. The vaccines impair our ability to resist future variants of the virus. The more we vaccinate, the more vulnerable we become.

This paper is extremely troubling: Anti-nucleocapsid antibodies following SARS-CoV-2 infection in the blinded phase of the mRNA-1273 Covid-19 vaccine efficacy clinical trial. It points out that the more times people are vaccinated, the less likely they are to develop broad-based immunity when they get the actual virus. What this means is the more vaccines you get, the less likely you are to develop full immunity from the virus when you get it (which you will since the vaccines are going to make that more likely).

Igor's newsletter has a great writeup of the paper. Here is the most important image from his article:

seropositivity at the PDV (odds ratio 1.90 per 1- \log_{10} increase; 95% confidence interval 1.59, 2.28). And yet, viral copies at the illness visit did not fully explain the large difference in PDV seropositivity between arms: for any given viral copy number, the odds of anti-N seropositivity were 13.67 times higher for the placebo arm than the vaccine arm (95% CI 5.17, 36.16). For example, a vaccine recipient with 2.0 \log_{10} viral copies/ml on illness visit has an estimated probability of PDV anti-N seropositivity of 0.15, while for a placebo recipient with the same illness visit viral copy number, the estimated probability is 0.71.


In plain English, you are more than 13X less likely to develop full natural immunity to a breakthrough infection after your initial two jabs.

“In plain English, people in the 65+ demographic are **five times as likely to die** from the inoculation as from COVID-19 under the most favorable assumptions!”


(it's even worse if you are younger)

The [publisher unilaterally retracted the paper](#) because if the vaccines were deadly, the CDC would have stopped it. The Journal Editor resigned 3 weeks after the decision to pull the paper.

Source: [Why are we vaccinating children against COVID-19?](#), Kostoff



Toxicology Reports
Volume 8, 2021, Pages 1665-1684



Why are we vaccinating children against COVID-19?

Ronald N. Kostoff^{a,*,}, Daniela Calina^{b,}, Darja Kanduc^{c,}, Michael B. Briggs^{d,}, Panayiotis Vlachoyiannopoulos^{e,}, Andrey A. Svistunov^{f,}, Aristidis Tsatsakis^{g,}

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<https://doi.org/10.1016/j.toxrep.2021.08.010> Get rights and content
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Highlights

- Bulk of COVID-19 per capita deaths occur in elderly with high comorbidities.
- Per capita COVID-19 deaths are negligible in children.
- Clinical trials for these inoculations were very short-term.
- Clinical trials did not address long-term effects most relevant to children.
- High post-inoculation deaths reported in VAERS (very short-term).

205,809 dead and 212,69 disabled. Does that sound like a safe vaccine to you?

Thus, the ratio of E_{SAE} to O_{SAE} is 31 to 1,
suggesting a **URF of 31**
($N_{SAE_Pfizer_trial} / N_{SAE_Pfizer_VAERS} = \sim 1.4M / 43,948$).

Using this URF for all VAERS-classified SAEs,
estimates to date are as follows: **205,809 dead**,
818,462 hospitalizations, 1,830,891 ER visits,
230,113 life-threatening events, **212,691 disabled**
and 7,998 birth defects to date [38].

Since the URF for MAEs is very likely larger than
for SAEs, it is satisfactory to assume that 31 is a
humble estimate URF for all AEs (refer to
Supplementary Table 2). ”

Source: [Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System \(VAERS\) a Functioning Pharmacovigilance System?](#), Jessica Rose

Science, Public Health Policy,
and the Law
Volume 3:100-129
September, 2021
Clinical and Translational
Research

An Institute for Pure
and Applied Knowledge (IPAK)
Public Health Policy
Initiative (PHPI)



Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?

Jessica Rose, PhD, MSc, BSc
The Institute for Pure and Applied Knowledge

“Patterns of adverse events, or an unusually high number of adverse events reported after a particular vaccine, are called ‘signals.’ If a signal is identified through VAERS, scientist[s] may conduct further studies to find out if the signal represents an actual risk.”

CDC on Vaccine Safety

Abstract

Following the initiation of the global rollout and administration of the COVID-19 vaccines^{1,2} on December 17, 2020, in the United States, hundreds of thousands of individuals have reported Adverse Events (AEs) using the Vaccine Adverse Events Reporting System (VAERS). To date, approximately 50% of the population of the United States have received 2 doses of the COVID-19 products with 427,831 AEs reported into VAERS as of August 7th, 2021.

Pharmacovigilance (PV) is the process of collecting, monitoring, and evaluating AEs for safety signals to reduce harm to the public in the context of pharmaceutical and biological agents. Many of the issues with VAERS are becoming well known – especially with regards to reporting and recording of data – in light of the extensive use of this system this year, challenging its functionality as a pharmacovigilance system.

This appraisal assesses three issues that respond to the question of VAERS pharmacovigilance by analyzing VAERS data: 1. Deleted reports, 2. delayed entry of reports and 3. recoding of Medical Dictionary for Regulatory Activities (MedDRA) terms from severe to mild. The most recently updated publicly available VAERS dataset was found to have N=1516 (0.4%) VAERS IDs removed (“missing”).

- 1 The Brand Name: Pfizer-BioNTech COVID-19 Vaccine, the Previous Name: BNT162b2 or the Company Name: Pfizer Inc. and BioNTech SE. can be used in the case of the Pfizer/BioNTech COVID-19 products. The Brand Name: mRNA-1273 and/or Company Name: Moderna, Inc. can be used in the case of the Moderna COVID-19 products.
- 2 mRNA biologicals are not true vaccines. True vaccines undergo time-dependent testing protocols to ensure safety and efficacy, typically enduring between 10 and 15 years. True vaccines are a preparation of a weakened or killed pathogen, such as a bacterium or virus, or of a portion of the pathogen’s structure that, upon administration to an individual, stimulates antibody production or cellular immunity against the pathogen but is incapable of causing severe infection. The mRNA biologicals do not satisfy either these requirements and as such are more akin to experimental treatments than vaccines.

“Results prove that **none of the vaccines provide a health benefit** and all pivotal trials show a statically significant increase in “all cause severe morbidity” in the vaccinated group compared to the placebo group.

Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general.

Scientific principles dictate that the **mass immunization with COVID-19 vaccines must be halted immediately ...**”

Source: [US COVID-19 Vaccines Proven to Cause More Harm than Good...](#) by J. Bart Classen, MD

Research Article

Trends in Internal Medicine

US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”

J. Bart Classen, MD*

Classen Immunotherapies, Inc, 3637 Rockdale Road, Manchester, MD

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Received: 24 July 2021; Accepted: 25 August 2021

Citation: Classen B. US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”. Trends Int Med. 2021; 1(1): 1-6.

ABSTRACT

Three COVID-19 vaccines in the US have been released for sale by the FDA under Emergency Use Authorization (EUA) based on a clinical trial design employing a surrogate primary endpoint for health, severe infections with COVID-19. This clinical trial design has been proven dangerously misleading. Many fields of medicine, oncology for example, have abandoned the use of disease specific endpoints for the primary endpoint of pivotal clinical trials (cancer deaths for example) and have adopted “all cause mortality or morbidity” as the proper scientific endpoint of a clinical trial. Pivotal clinical trial data from the 3 marketed COVID-19 vaccines was reanalyzed using “all cause severe morbidity”, a scientific measure of health, as the primary endpoint. “All cause severe morbidity” in the treatment group and control group was calculated by adding all severe events reported in the clinical trials. Severe events included both severe infections with COVID-19 and all other severe adverse events in the treatment arm and control arm respectively. This analysis gives reduction in severe COVID-19 infections the same weight as adverse events of equivalent severity. Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically significant increase in “all cause severe morbidity” in the vaccinated group compared to the placebo group. The Moderna immunized group suffered 3,042 more severe events than the control group ($p=0.00001$). The Pfizer data was grossly incomplete but data provided showed the vaccination group suffered 90 more severe events than the control group ($p=0.000014$), when only including “unsolicited” adverse events. The Janssen immunized group suffered 264 more severe events than the control group ($p=0.00001$). These findings contrast the manufacturers’ inappropriate surrogate endpoints: Janssen claims that their vaccine prevents 6 cases of severe COVID-19 requiring medical attention out of 19,630 immunized; Pfizer claims their vaccine prevents 8 cases of severe COVID-19 out of 21,720 immunized; Moderna claims its vaccine prevents 30 cases of severe COVID-19 out of 15,210 immunized. Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe.

Keywords

Clinical trial, Vaccines, COVID-19.

Introduction

For decades, true scientists have warned that pivotal clinical trial designs for vaccines are dangerously flawed and outdated

[1]. Vaccines have been promoted and widely utilized under the false claim they have been shown to improve health. However, this claim is only a philosophical argument and not science based.

In a true scientific fashion to show a health benefit one would need to show fewer overall deaths during an extended period in the vaccinated group compared to a control group. Less stringent

8 months after 2 doses your immune system is worse than an unvaccinated person.

Whoops!

This is why we see **shingles** come back in vaccinated but not in unvaccinated.

Adverse effects of COVID-19 vaccines and measures to prevent them

[Kenji Yamamoto](#) 

[Virology Journal](#) **19**, Article number: 100 (2022) | [Cite this article](#)

5501 Accesses | **1132** Altmetric | [Metrics](#)

Abstract

Recently, *The Lancet* published a study on the effectiveness of COVID-19 vaccines and the waning of immunity with time. The study showed that immune function among vaccinated individuals 8 months after the administration of two doses of COVID-19 vaccine was lower than that among the unvaccinated individuals. According to European Medicines Agency recommendations, frequent COVID-19 booster shots could adversely affect the immune response and may not be feasible. The decrease in immunity can be caused by several factors such as N1-methylpseudouridine, the spike protein, lipid nanoparticles, antibody-dependent enhancement, and the original antigenic stimulus. These clinical alterations may explain the association reported between COVID-19 vaccination and shingles. As a safety measure, further booster vaccinations should be discontinued. In addition, the date of vaccination should be recorded in the medical record of patients. Several practical measures to prevent a decrease in immunity have been reported. These include limiting the use of non-steroidal anti-inflammatory drugs, including acetaminophen to maintain deep body temperature, appropriate use of antibiotics, smoking cessation, stress control, and limiting the use of lipid emulsions, including propofol, which may cause perioperative immunosuppression. In conclusion, COVID-19 vaccination is a major risk factor for infections in critically ill patients.

But according to Jonathan Jarry, the “Pseudoscience Buster” at McGill, I am a misinformation spreader for pointing out the high rate of shingles recurrence as acknowledged in the peer-reviewed literature.

In my defense, according to VAERS, there were 54 shingles reports following the COVID vaccines in the US and associated with death. There was 0 cases in 2020 for all vaccines combined. 54/0 is infinity which is off the charts for most charts I’m aware of.

Demonizing vaccines is very fashionable these days in contrarian circles. All they need do is zero in on a bit of fragmentary data and blow it out of proportion.

On *The Dr. Drew Show*, Kirsch said that “shingles is something that the FDA knows is caused by the [COVID-19] vaccine, sort of the retriggering of shingles,” before boldly claiming that “shingles numbers are off the charts for this particular vaccine.”

“Off the charts?”

Shingles is caused by the awakening of a dormant virus, varicella-zoster, in the human body. This virus causes chickenpox when we’re young. It can lay low for decades and then wake up to cause painful inflammation. Given that nearly 582 million doses of a COVID-19 vaccine have been given in the United States alone (where Kirsch’s conversation with Dr. Drew was taking place), an “off the charts” number of people who suddenly develop shingles after receiving the vaccine would surely be in the six digits at least, right?

A systematic review of published cases of shingles following (though not necessarily caused by) COVID vaccination identified 54 cases. Another found 91. Both concluded that, while it was possible the vaccine had somehow awakened the varicella-zoster virus in these people, this cause-and-effect link could not be established. As it turns out, a lot of bad things can happen after receiving a vaccine for no other reason than bad things happen regularly. If we cherry-pick these reports to scare people, we should also share post-vaccination reports claiming nose bleeds, anal leakages, and the unbelievable swelling of the male reproductive apparatus.

Selected non peer-reviewed scientific literature

Preprint

File available

Worldwide Bayesian Causal Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A BigData Analysis of 145 Countries

November 2021

DOI: [10.13140/RG.2.2.34214.65605](https://doi.org/10.13140/RG.2.2.34214.65605)
 Kyle Beattie

Research Interest ⓘ

184.3

Citations ⓘ

3

Recommendations ⓘ

0 new 9

Reads ⓘ

663 new 278,529

[See details](#)

Worldwide Bayesian Causal Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A Big Data Analysis of 145 Countries

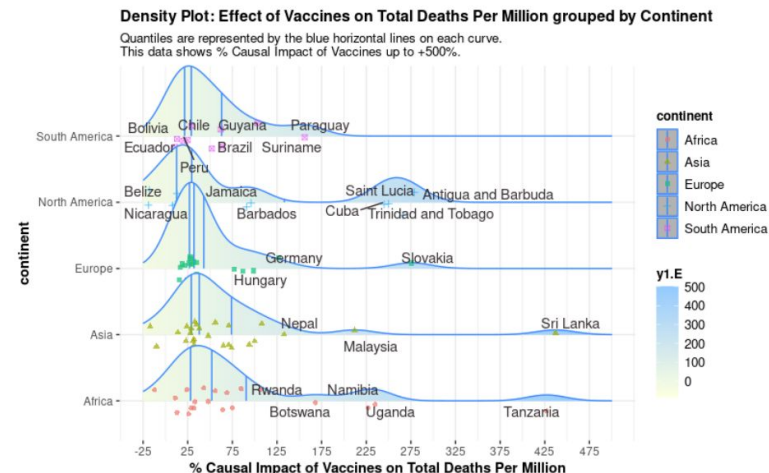
"The statistically significant and overwhelmingly positive causal impact after vaccine deployment on... total deaths and total cases per million should be highly worrisome for policy makers. They indicate a marked **increase** in both COVID-19 related cases and death due directly to a vaccine deployment that was originally sold to the public as the "key to gain back our freedoms."

In other words, the data shows the interventions are making things worse, not better.

Please read all the comments. Different comparators tested didn't change the outcome.

8.4 Density Plots

The following density plots and tables present a larger view of the results. The density plots present data for each continent for all countries with results up to +500%.



Source: Data collected from OWID, analyzed and plotted by Kyle Beattie using RStudio as of Sat Oct 30 11:27:15 2021

Figure 1: Density Plot 1: Effect of Vaccines on Total Deaths Per Million grouped by Continent

**Why are the most vaccinated
countries getting the most
number of cases and deaths?**

Should you get vaccinated?



Consider...

There is plenty of **data that cannot be explained if the vaccines are safe.**

There is no all-cause mortality (ACM) analysis provided by the US government **or any other government.**

The medical community worldwide **refuses to demand such an analysis.**

Are you feeling lucky?

Why don't we have the risk-benefit data for *any* vaccine?

What we want is to follow 100,000 people starting on Jan 1, 2021.

Half get the vaccines on schedule.

Half stay unvaccinated.

How many are alive at the end of the year in each group?

Does anyone know the answer to that question?
Doesn't it trouble anyone that nobody knows the answer?



Think about it...

Why would the CDC **not** want to release the data?

The *only* reason they wouldn't want to release a study like this is if either 1) they don't have the source data or 2) the result was unfavorable and would expose that they killed people.

Which one is it? Either option has to be very troubling.

**Fraud in the Phase 3 clinical trials
used to justify the EUA approval**

Serious adverse event data was gamed in the trials

The total number of serious adverse events reported among the placebo and vaccine group were comparable, with 103 events reported among the vaccine group and 117 among the control group, though a break-down and comparison of serious adverse events was not provided.

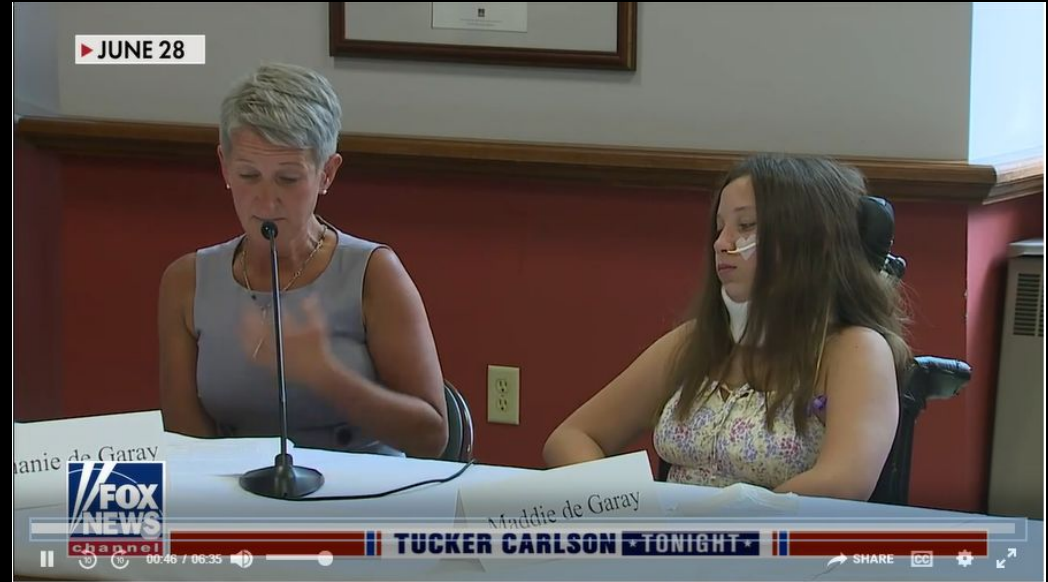
Vaccine safer than placebo?!? Are you serious? How can anyone believe that?

**The VAERS numbers are impossible if this statement is true.
THEY ARE LYING. THEY HIDING THE SAE's in the phase 3 trial.
This is corruption at the highest levels and nobody in the medical community is speaking out about the fraud.**

How can a kid who was in the Pfizer 12-15 year-old trial be paralyzed (**likely for life**) and **not** have that reported in the trial report to the FDA?

How can you approve a vaccine for < 12 when you haven't yet investigated the 12-15 year old safety signal?

The FDA promised to investigate. **They did nothing.** Nobody investigated. Why?



Maddie De Garay and her mother Stephanie

Why didn't anyone ask any questions about the gaming in the Pfizer Phase 3 trial?!? This didn't happen by chance ($p < 0.00001$). Number excluded >> effect size! Nobody said a word except my team members. Ask "them" to explain to you how this can happen if the trial wasn't gamed.

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Table 2. Efficacy Populations, Treatment Groups as Randomized

	BNT162b2 (30 µg) n ^a (%)	Placebo n ^a (%)	Total n ^a (%)
Randomized ^b	21823 (100.0)	21828 (100.0)	43651 (100.0)
Participants <u>excluded</u> from evaluable efficacy (14 days) population	1790 (8.2)	1585 (7.3)	3375 (7.7)
Reason for exclusion ^c			
Randomized but did not meet all eligibility criteria	36 (0.2)	26 (0.1)	62 (0.1)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19- 42 days after Dose 1)	1550 (7.1)	1561 (7.2)	3111 (7.1)
Had other important protocol deviations on or prior to 7 days after Dose 2	311 (1.4)	60 (0.3)	371 (0.8)
Had other important protocol deviations on or prior to 14 days after Dose 2	311 (1.4)	61 (0.3)	372 (0.9)

^an = Number of participants with the specified characteristic.

^bThese values are the denominators for the percentage calculations.

^cParticipants may have been excluded for more than 1 reason.

Note: 100 participants 12 through 15 years of age with limited follow-up are included in the randomized population (49 in the vaccine

The CDC knew in January 2021 that the vaccines were unsafe, but they said NOTHING

The huge spike in pulmonary embolisms (1,219X above normal) was in public view in January 2021 in VAERS. To this day, the CDC has never acknowledged this safety signal. Wow. That's really corrupt.



Steve Kirsch

Mar 16

717 619

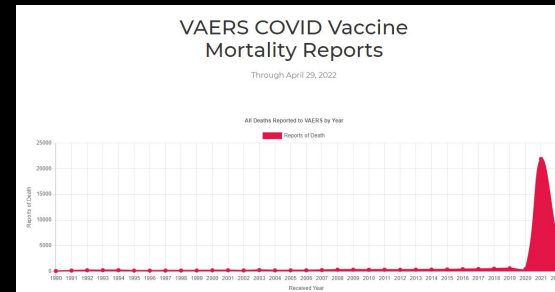
Remember Sgt. Schultz on Hogan's Heroes? "I know nothing, nothing!" was his iconic line (see the [video](#) for the 3 second clip of this; see [this video for a 30 sec clip](#)).



CDC can't see any safety signals in VAERS

Pulmonary Embolism was up 1,219X right after roll out in VAERS. The CDC is still silent a year and half later. How is that possible?

The CDC refuses to compute or disclose the VAERS under-reporting factor (URF) even though this is easy to calculate and is needed for safety monitoring. VAERS is THE **only** adverse event reporting system that the CDC directs people to who experience adverse events.



© Amy Faith reposted

 **ULTRAMAGA** follow back @vixens 19h · 

israelnationalnews.com/news/328529




CORONAVIRUS

Full coverage on Arutz Sheva >

New study links COVID vaccines to 25% increase in cardiac arrest for both males & females

Study based on data from emergency services. COVID infection itself not linked to significant increase in cardiovascular complications.

 **Y Rabinovitz** / 31.05.22 / 16:20

Heart Attack Vaccination Coronavirus vaccines

7INN
ARUTZ SHEVA

Whoops!

A **25% increase in cardiac arrest** is a HUGE serious adverse event.

How come the CDC never warned us about the association?

How could that **not** have showed up in the clinical trials?!?

Why isn't this news in the US?

Why isn't anyone being warned?

If this wasn't caused by the vaccine, then what is the cause?

Dramatic, unexplained rise in cardiac arrests in ICU



Lotus Fire 10 days ago

The amount of cardiac arrests in the ICU is absolutely unbelievable! I have never seen so many in my career as a ICU RN!



1.6K



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Article | [Open Access](#) | Published: 28 April 2022

Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave

[Christopher L. F. Sun](#), [Eli Jaffe](#) & [Retsef Levi](#)

[Scientific Reports](#) 12, Article number: 6978 (2022) | [Cite this article](#)

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Seriously?!?



05 May 2022 Editor's Note: Readers are alerted that the conclusions of this article are subject to criticisms that are being considered by the Editors. A further editorial response will follow once all parties have been given an opportunity to respond in full.

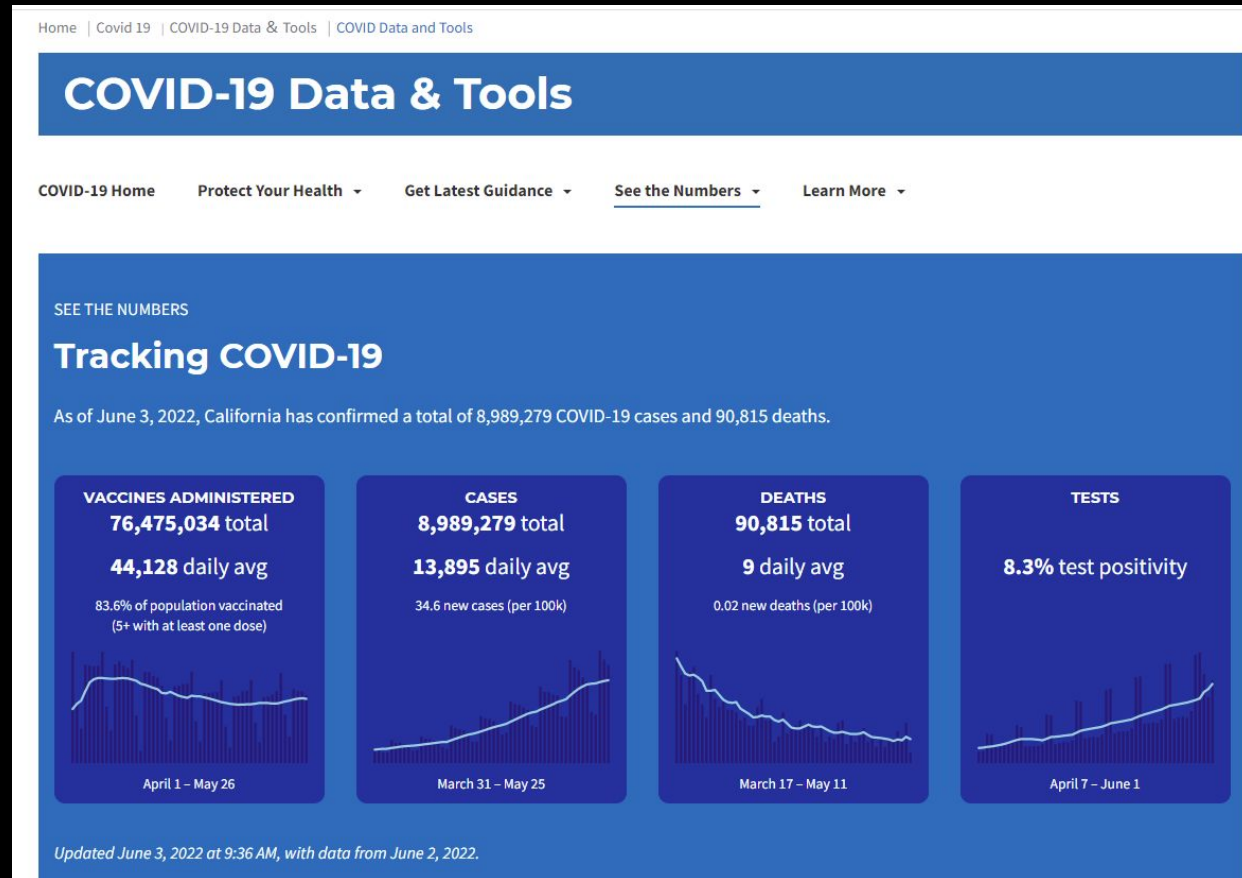
EMS calls in the 16–39-year-old population with potential factors including COVID-19 infection and vaccination rates. An increase of over 25% was detected in both call types during January–May 2021, compared with the years 2019–2020. Using Negative Binomial regression models, the weekly emergency call counts were significantly associated with the rates of 1st and 2nd vaccine doses administered to this age group but were not with COVID-19 infection rates.

In California, COVID is a state emergency: 9 people per day are dying.

That's a 1.2% increase in mortality. At what point is it not an emergency?

But the vaccines are increasing mortality by 20% or more from life insurance company reports and other data. Why aren't *THEY* the emergency?

Nobody wants to answer that question.



**Why can't we discuss our
differences openly?**

Scientists who express different views on Covid-19 should be heard, not demonized

By Vinay Prasad and Jeffrey S. Flier April 27, 2020

[Reprints](#)



Sometimes the most important voices turn out to be those of independent thinkers whose views were initially doubted.

PAUL ELLIS/AFP VIA GETTY IMAGES

UCSF Professor Vinay Prasad wrote, “[Scientists who express different views on Covid-19 should be heard, not demonized.](#)” That was 2 years ago. There is no sign anyone is listening to his advice. In 2 years, there have been no debates. **Zero.**



Government officials are calling for censorship instead of open debate. That's anti-science.

If you disagree the narrative, you are censored. Doctors have had license revoked. Censorship and intimidation tactics are unamerican. Public health officials should be agreeing to OPEN PUBLIC DEBATES, not silencing the opposition. We do not request they be censored for spreading misinformation. Similarly, they shouldn't request we be censored for telling the truth.

No authority will debate
us “on camera”¹ about
any of these topics

...even for \$1M just to
come to the debate
table

Can you guess why?



¹Challenge to the Scientific Community – It's Time for Honest and Open Debate on Vaccine Safety

Because we have the data

Even when they say they will do ANYTHING to end vaccine hesitancy... they really mean “anything BUT debate the misinformation spreaders”

Steve Kirsch's newsletter

My offer to Peter Marks to end vaccine hesitancy

CNN quoted FDA's Dr. Marks as saying he is compelled to do ANYTHING to end vaccine hesitancy. I suggested he debate us. Do you think he will accept? Don't hold your breath.



Steve Kirsch
39 min ago



103



36



Dr. Peter Marks, Director of CBER at the FDA, says he's compelled to do anything to end vaccine hesitancy... except debate us.

**Vaccines are supposed
to have a positive
risk-benefit ratio.**

These don't.

The New York Times

The C.D.C. Isn't Publishing Large Portions of the Covid Data It Collects

The agency has withheld critical data on boosters, hospitalizations and, until recently, wastewater analyses.

Give this article



Dr. David Kessler, chief science officer of the White House Covid-19 response team, and Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention, at a House Select Subcommittee in 2021. Pool photo by Amr Alfiky



By Apoorva Mandavilli

Published Feb. 20, 2022 Updated Feb. 22, 2022

They've never produced a credible risk-benefit analysis **ever** for these vaccines

... comparing COVID death rate improvement vs. increase in non-COVID ACM (*including* accidents).

Why can't they provide a credible study? Their [VSD study was deeply flawed](#). It showed an IMPOSSIBLE result. The data from the [UK is also problematic](#).

Are they:

1. incompetent,
2. hiding the data (as [admitted to *The NY Times*](#))
3. don't have the data (they should admit it)

So which is it?

The sad truth is...
COVID vaccines
killed > saved
∀ ages



Source: [COVID cost-benefit by age computation](#)

killed per person saved

Age	VAERS	UK ONS
20-30	6.1	16.9
30-40	3.9	4.8
40-50	2.8	4.8
50-60	2.4	3.4
60-70	2.3	2.9
70-80	1.9	1.6
80+	1.8	n/a

Killed > Saved for all ages

The numbers match up **within a factor of 2** for all but one age range using two completely different methods and databases.

Think that was a coincidence?

**Why doesn't the CDC publish
this ratio, especially for kids?**

Risk = Non-COVID ACM ↑

Benefit = # COVID deaths ↓

Unbelievable blood clots: video from embalmer Richard Hirschman



stkirsch · Published April 20, 2022 · 96,841 Views

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+ - 504 rumbles

EMBED

This 53-second video has over 100,000 views. Watch it.

Telltale blood clots

Up to 93% of [embalmer cases](#) have telltale clots.

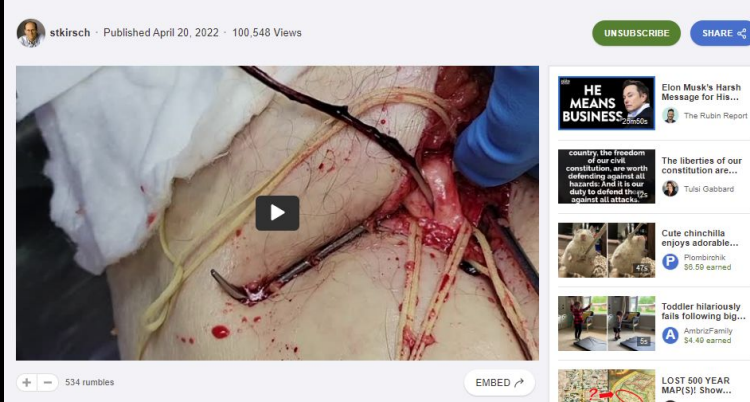
Watch the [video](#). Up to 93% of cases exhibit these unique clots.

These are NOT standard post-mortem clots that are found in people who are more susceptible to coagulation. [They are subtly different in texture.](#)

Some of these clots are formed post-mortem. But some large clots are formed while the patient is still alive. There are cases of people still alive with massive leg blood clots.

These clots are smoking guns that people are being harmed. No comment from the CDC. They do not want to see any tissue samples.

Unbelievable blood clots: video from embalmer Richard Hirschman



The CDC will not contact the embalmer to verify the claims. They won't ask for tissue sample either. Why? Because they do not want to know. Plausible deniability.

Have you ever wondered ...

1. Why isn't there a study showing D-dimer and troponin levels before the shot vs. after the shot?
2. Why aren't we documenting the rate of telltale blood clots (see the [53 second video](#)) and the vaccination status of the case?

There is a reason we aren't doing this: it's not a safe vaccine. Doing these studies would expose the fraud. So they aren't done.



**Mayo Clinic Doctor: The "Vaccine" Is
Useless Against New Variant**

shtfplan.com

Why we need regular risk-benefit assessments

Instead of "there's a new variant, get
vaccinated"

How do we explain all the failed pregnancies?



**Here is their (lame) attempt
to convince you the vaccines
work**

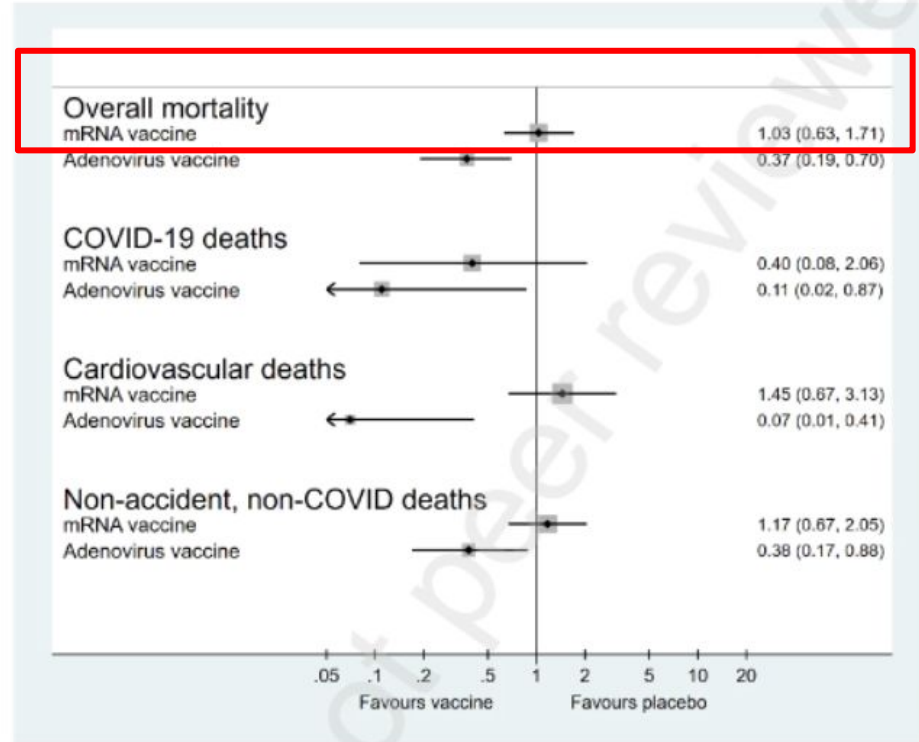
Lancet preprint

The clinical trials can't tell us whether ACM for mRNA is positive or negative. But they claim the adenovirus vaccine is clearly beneficial.

Yet the FDA halted the J&J adenovirus vaccine in the US for safety reasons!

Which implies **the mRNA vaccines are even more unsafe** since the "safer" vaccine per this paper was ruled unsafe).

Figure 1. Forest plot comparing estimated effects of mRNA COVID-19 vaccines versus placebo and of adenovirus-vector COVID-19 vaccines versus placebo/control vaccine with respect to impact on overall mortality, COVID-19 mortality, cardiovascular death and non-accident, non-COVID-19 mortality.



Source: Benn, [Randomised Clinical Trials of COVID-19 Vaccines: Do Adenovirus-Vector Vaccines Have Beneficial Non-Specific Effects?](#)



ORIGINAL ARTICLE

Obesity-Associated GNAS
Mutations and the Melanocortin
Pathway



Racial Disparities
in Clinical Medicine



EDITORIAL

Audio Interview: Are Covid-19
Vaccine Boosters Necessary?



ORIGINAL ARTICLE

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

Stephen J. Thomas, M.D., Edson D. Moreira, Jr., M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Gonzalo Pérez Marc, M.D., Fernando P. Polack, M.D., Cristiano Zerbini, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., et al., for the C4591001 Clinical Trial Group*

September 15, 2021

DOI: 10.1056/NEJMoa2110345

1 person's life was saved by the vaccine (2 died in unvaccinated group vs. 1 in vaxxed group), but at an estimated cost of 7 non-COVID ACM deaths. So the point estimate is we killed 7 people to save 1 person.

Both VAERS and the UK ONS data both show the vaccine kills more people than it saves as well. So while the trial death numbers weren't statistically significant, they were consistent with other data.

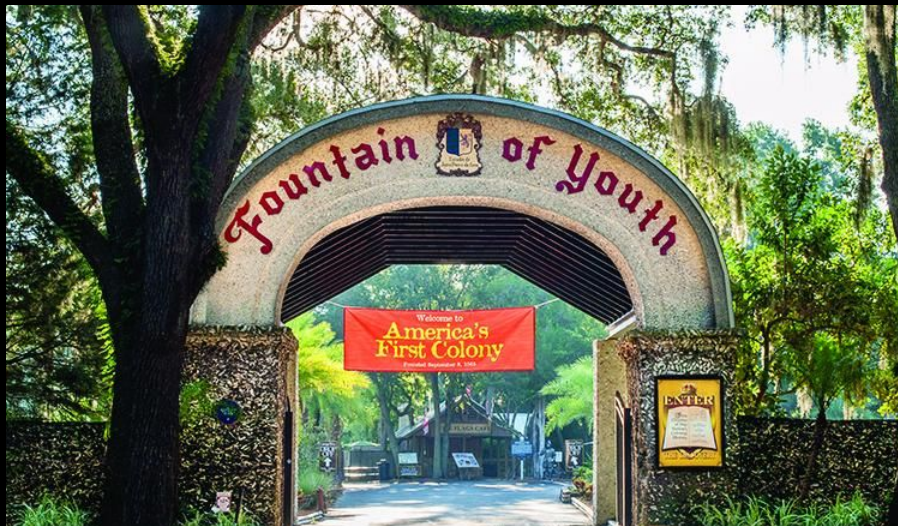
Pfizer Phase 3: 6 month study result

Shows **54%** increase in non-COVID
ACM of the vaccinated

	Vaccine	Placebo	Vax/Unvaxd
ACM	21	15	40%
Non-Covid ACM	20	13	54%

Source: [More people died in the key clinical trial for Pfizer's Covid vaccine than the company publicly reported](#) and [Did the Pfizer Trial Show the Vaccine Increases Heart Disease Deaths?](#) updated the counts.

Note: for the [Moderna vaccine](#), the **numbers claimed were 16 and 16**, showing **no ACM benefit as well**.



The flawed VSD study published by the CDC

Showed the vaccine **reduces non-COVID ACM** by 72%. That's impossible. The vaccine mimics the same response as the virus. Know anyone whose life got better after they got COVID? Also, if this were true, the government would be encouraging everyone to get COVID.

That's a huge effect!!! Impossibly huge!!! **Why didn't this show up in any RCTs?**

Reason: confounded by other factors, misclassification of vaxed ACM deaths as unvaxed deaths, or both.

There is no mechanism of action that can possibly reduce non-COVID ACM in the vaccinated. If there is, it is the most amazing medical discovery of all time.

The VAERS data, UK ONS data, life insurance company data, athlete deaths, etc. show the opposite.

See: [FDA discovers Fountain of Youth](#) and [Proof of Statistical Sieves in Vaccine Efficacy Data](#)

TABLE 2. Number of deaths and standardized mortality rate (deaths per 100 person-years) not associated with COVID-19 among COVID-19 vaccine recipients and unvaccinated comparison groups, by age, sex, and race/ethnicity — seven integrated health care organizations, United States, December 14, 2020–July 31, 2021

Characteristic	No. of deaths* (standardized mortality rate per 100 person-years)						
	mRNA vaccine					Janssen vaccine	
	Pfizer-BioNTech vaccine recipients†		Moderna vaccine recipients†		Unvaccinated comparison group‡	Vaccine recipients§	Unvaccinated comparison group§
	After dose 1	After dose 2	After dose 1	After dose 2			
Overall**	1,157 (0.42)	5,143 (0.35)	1,202 (0.37)	4,434 (0.34)	6,660 (1.11)	671 (0.84)	2,219 (1.47)
Age group,†† yrs							
12–17	2 (0.01)	3 (0.01)	NA	NA	7 (0.01)	NA	NA
18–44	20 (0.02)	73 (0.02)	24 (0.03)	57 (0.02)	161 (0.07)	19 (0.04)	63 (0.08)
45–64	117 (0.16)	409 (0.13)	123 (0.16)	421 (0.17)	910 (0.51)	130 (0.25)	497 (0.66)
65–74	235 (0.79)	994 (0.62)	249 (0.63)	920 (0.58)	1,407 (2.13)	144 (1.49)	466 (2.77)
75–84	338 (2.32)	1,591 (1.89)	376 (2.00)	1,425 (1.77)	1,861 (6.34)	176 (5.59)	549 (9.13)
≥85	445 (7.90)	2,073 (6.85)	430 (7.16)	1,611 (6.57)	2,314 (18.76)	202 (15.35)	644 (23.76)
Sex**							
Male	587 (0.49)	2,584 (0.41)	640 (0.45)	2,352 (0.42)	3,265 (1.30)	326 (0.96)	1,102 (1.68)
Female	570 (0.35)	2,559 (0.29)	562 (0.30)	2,082 (0.28)	3,395 (0.96)	345 (0.75)	1,117 (1.31)

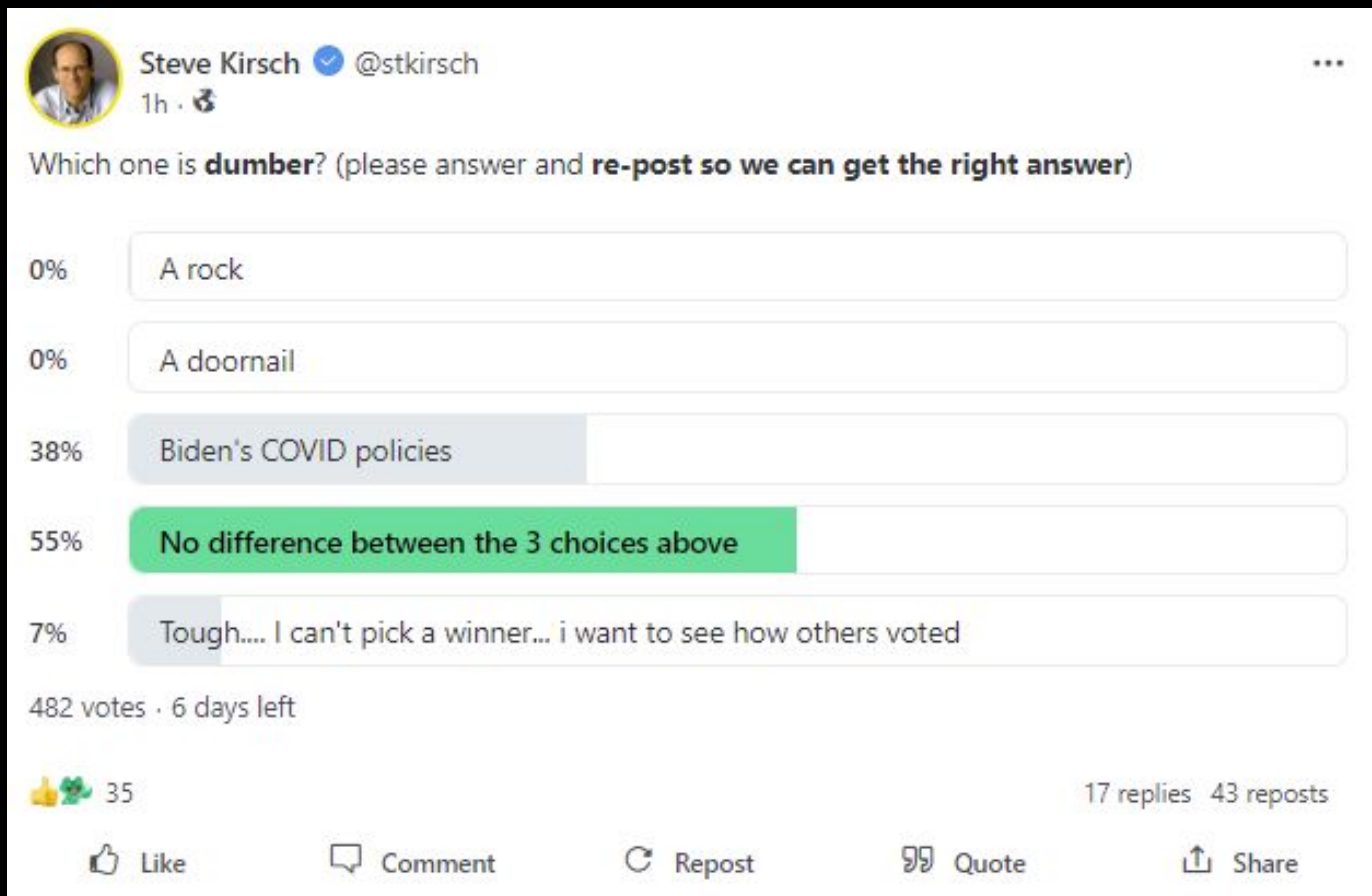
They can't explain any of this
(I have 100s of slides that nobody
can explain to me... even with a
“name your price” offer)

**Every single major intervention
that the government promoted
actually made the problem worse:**

- Vaccines
- Social distancing
- Masking
- Lockdowns
- Mandates
- Testing

I'd love to debate any public health authority on this, but nobody will debate me.

Here's the proof



My 3-part COVID mitigation plan

1. If you are sick, stay home
2. COVID-positive? Treat yourself using a proven early treatment protocol
3. Doctors should suggest safe treatments from a recommended set and report results to a central database

That's it. That's the entire plan.

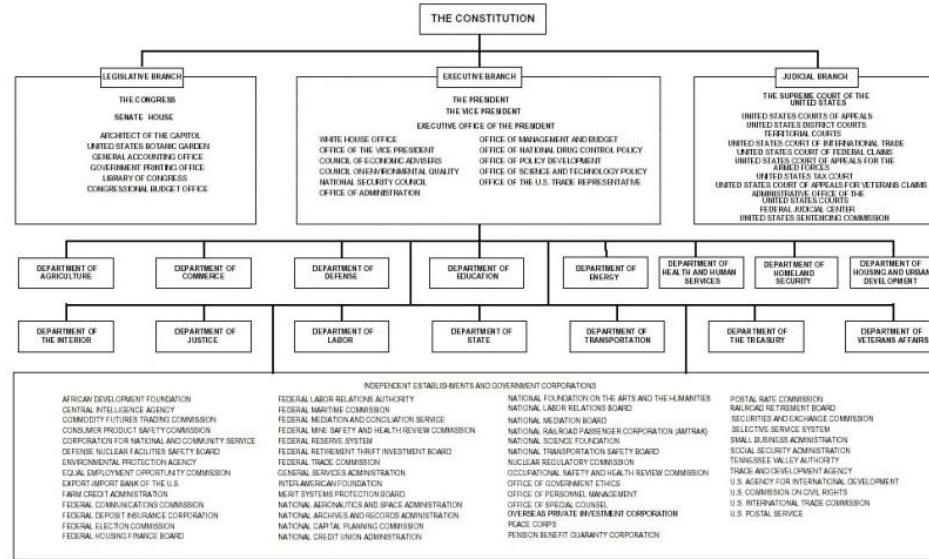
I'd love to debate any public health authority on this, but nobody will debate me.

How this can even happen

It is set up to fail with no accountability.

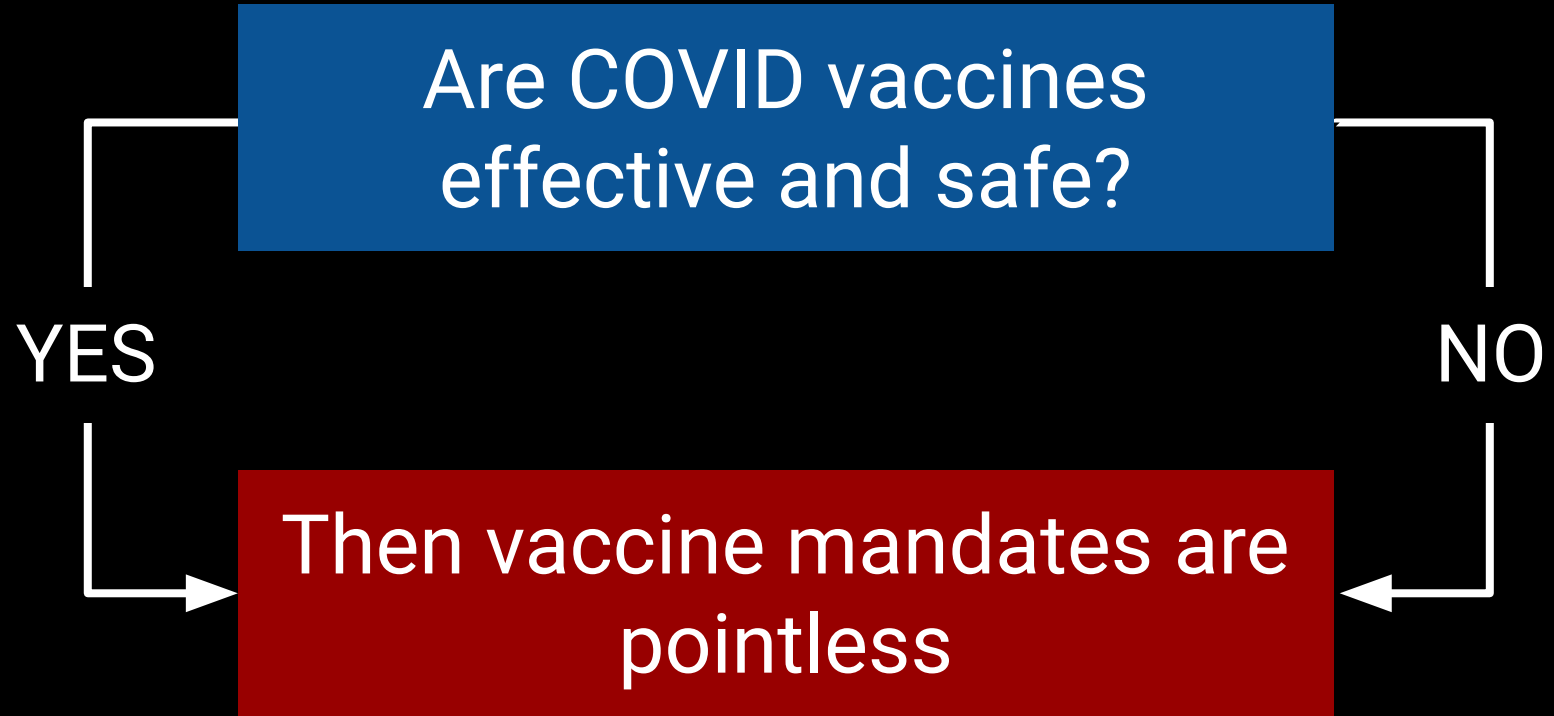
Elections won't fix this.

THE GOVERNMENT OF THE UNITED STATES



The lower two-thirds of this chart is increasingly the government as we know it, and its power is unaccountable to the president, to Congress, to the courts, or to the voters. From what we know about the operations of the FDA, DOL, CDC, HHS, DHS, DOT, DOE, HUD, FED, and so on throughout every combination of letters you can think of, is that they are typically captured by private interests powerful enough to buy themselves influence, complete with revolving doors in and out.

Mandates



54321

<https://www.dailymail.co.uk/news/article-10872895/2GBs-Ben-Fordham-exposes-Aussies-unable-work-Covid-vaccine-mandates-NSW.html>

Mail Online

Broke and suicidal: The desperate Aussies STILL unable to work due to draconian vaccine mandates that are destroying their l...
'Thousands' of out-of-work Australians who refused to get the Covid jab have revealed that vaccine mandates are 'destroying t...



6:08 PM

Were there any benefits to mandates?

I wasn't able to find any.

**Can anyone
explain this?**

Vaccine	# Killed/M vaccinated	Action
Smallpox	1	Halt
COVID-19	>1,000	Mandate for all

**“Where there is risk,
there must be
choice”**

“Once again publicly available data demonstrate that vaccines are not reducing infectivity or transmission, 2 of the main criteria for an injection to be considered a vaccine. Public health officials are brazenly proclaiming these embarrassing facts, while at the same time continuing to parrot the mantra to get vaccinated and stop the spread.

At this point, **anyone with a working brain** can see that whatever the vaccine mandate push is for, that it is not about public health and stopping the transmission of COVID.”

– Dr. Chris Martenson



Recovered immunity

CDC admits Recovered can't spread the virus.



CDC Admits Crushing Rights of Naturally Immune Without Proof They Transmit the Virus

After formal demand, the CDC concedes it does not have proof of a single instance of a naturally immune individual spreading the virus.

Aaron Siri

Nov 11 ❤️ 363 💬 261 ➦

**So why are we mandating
vaccination for those with
recovered immunity when
they can't infect anyone?**

**It's because the people
responsible for the mandates
refuse to listen to anyone
who disagrees with them.**

6 foot rule

Here is the science
behind that

<this space intentionally
left blank>

The reality is the
virus floats around
in the air for hours
to days

When you advance 6
feet in line, you step
right into the middle of
the storm that they set
for you



MIT found the same thing.

They used science to discover this.

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Learn about Hong Kong's ambition to become the world's most integrated transport and multi-function hub.







HEALTH AND SCIENCE

MIT researchers say time spent indoors increases risk of Covid at 6 feet or 60 feet in new study challenging social distancing policies

PUBLISHED FRI, APR 23 2021 12:15 PM EDT | UPDATED TUE, APR 27 2021 3:34 PM EDT

 **Rich Mendez**
@RICHMENDEZCNBC

SHARE    

KEY POINTS

- The risk of being exposed to Covid-19 indoors can be as great at 60 feet as it is at 6 feet in a room where the air is mixed.
- Existing safety guidelines have omitted too many factors to accurately quantify the risk of airborne transmission, such as time, mask use and ventilation rates.
- Bazant and Bush question long-held Covid-19 guidelines that recommend 6 feet of distance between people.

Shark Tank
UP NEXT | Shark Tank G

Early treatments



Dr. George Fareed

If you treat early with a combinations of drugs such as the [Fareed-Tyson protocol](#) you can

**reduce hospitalization by 99.76%
and death by 100%**

for all variants with no risk of death or disability. NIH totally ignores this. They refuse to look at the data.

Just taking **aspirin** after getting sick reduces your chance of being hospitalized by over 40%



NEWSLETTER

MEDICALNEWS**TODAY**



After these adjustments, aspirin use was associated with a **43%** reduced risk of intensive care unit admission, a **44%** reduced risk of mechanical ventilation, and a **47%** reduced risk of dying in the hospital.

Fluvoxamine alone

has far greater death benefit than any
of the vaccines or pills

Reduces risk of death by up to 92%...
Turns COVID into the flu.

By contrast, Pfizer's own study showed only a 50% death benefit. Fluvoxamine is 6X better. Biden promotes the Pfizer drug and ignores fluvoxamine entirely in his State of the Union speech.

Anecdotes



Ryan McMullin
@RyanMcMullin7



Replying to @hamptonsliz and @BuzzFeed

Here's another article stating she revived the vaccine and they believe it's what caused the blood clot. This woman is 26 years old. That is EXTREMELY uncommon and has increased 1000 fold post vaccine. It's just the facts. Here's another article for you



topinfoguide.com

Is Hailey Bieber Vaccinated: What Happened to Hailey Bieber? Covid Vaccine, ...

Is Hailey Bieber Vaccinated: What Happened to Hailey Bieber? Covid Vaccine, Blood Clot In Brain, Hospitalized With Stroke Symptoms? According to multiple...

Hailey Bieber 25 years old Suffers a stroke

March 12, 2022

Justin Bieber says he has facial paralysis due to Ramsay Hunt syndrome



By [Lisa Respers France](#), CNN

🕒 Updated 6:58 PM ET, Fri June 10, 2022



Justin Bieber 28 years old Suffers paralysis

June 10, 2022

[99% chance it was the vaccine.](#)

**Both events happened
< 90 days of each other**

**They shouldn't have
happened at all.**



Why aren't people connecting the dots?

Most people trust their doctors for advice. Doctors are too busy to verify, so they trust other doctors. The top doctors trust the authorities. The authorities are corrupt. If a doctor thinks independently, they get their license to practice medicine restricted or revoked. So everyone tows the line and does what they are told.

Anecdotes



Silicon Valley top neurologist (20,000 patients)
1,000 VAERS cases this year (vs. 0 in past 11 years). That's 5% with significant vaccine injuries. → AE rate for this vaccine is 10,000X higher than expected.

Dr. Ira Bernstein (700 patients)
25 AE reports this year vs. 0 in the past 29 years; 2 deaths from the vax. → AE rate up 725X.

Sunnycrest nursing home in Ontario, Canada with 136 beds

All residents given booster: 4 dead; 7 hospitalized. Might save ~[2 COVID deaths](#) over a year. Not even close to beneficial.

Germany found boosters were too deadly too... even for the elderly

This is a brief from a regional association of physicians in Germany to their members informing them about an incident in a nursing home where [90 inhabitants were given the third booster shot](#). Out of this resulted 1 death, 2 resuscitations, and 9 critically ill with cardiopulmonary symptoms.

"Given the fact that neither German authorities (PEI) nor European Medicines Agency EMA has approved this booster," the association is **urging the members to seriously reconsider the need for a booster as of now.**

07.09.2021-15:01

+49 211 5970 33125

KV Nordrhein Düsseldorf

S. 2/2



KV Nordrhein | Kreisstelle Mönchengladbach | Ludwig-Weber-Str. 15 | 41061 Mönchengladbach

An alle
zugelassenen Ärzte/-innen
Ermächtigte Ärzte/-innen

in Mönchengladbach

Kassenärztliche
Vereinigung
NORDRHEIN

Körperschaft des öffentlichen Rechts

Postadresse:
KV Nordrhein
40182 Düsseldorf

Ihr Ansprechpartner:
Kontakt: Kioppenburg, Birgit
Telefon: 02161 567492
Telefax: 02161 567856
E-Mail: kreis.moenchengladbach@kvno.de
Datum: 07.09.2021

Ihr Zeichen

Ihre Nachricht vom

Unser Zeichen

COVID-19 (Stand 07.09.2021)

Sehr geehrte, liebe Kolleginnen und Kollegen,

kurz eine sehr **wichtige Info** zum Impfgeschehen!

In Oberhausen hat es nach Durchführung von 90 Auffrischungsimpfungen in einem ASB Haus zahlreiche schwere Komplikationen, davon ein Todesfall und 2 Reanimationen gegeben.

Insgesamt sind von 90 Impfungen 9 heftig erkrankt, überwiegend mit kardiopulmonalen Problemen. Entsprechende Meldungen an das Paul-Ehrlich-Institut, das Gesundheitsamt und die KVNO sind erfolgt, die notwendigen Untersuchungen laufen.

Wir müssen Sie zeitnah über die Vorkommnisse informieren, zumal weder eine arzneimittelrechtliche Zulassung durch die EMA noch eine STIKO Empfehlung für diese Auffrischungsimpfungen derzeit existieren!

Ich möchte Sie herzlich bitten, selber ärztlich zu entscheiden, ob Sie nicht lieber auf die Zulassung oder Empfehlung warten wollen, oder Sie diese Auffrischungsimpfung tatsächlich für so dringlich halten, dass diese auch ohne Empfehlung der STIKO oder CoronaImpfV-konforme Zulassung durchgeführt werden müsste.

Wir halten Sie natürlich auf dem Laufenden.

Mit herzlichen Grüßen

Ihre

Dr. med. A. Theilmeier
Vorsitzender der KSMG
der Kassenärztlichen Vereinigung

Dr. med. H. Hüren
Vorsitzender der KSMG
der Ärztekammer

Email from a reader in Germany

Hi, Steve!

Greetings from Germany, Bonn.

I went on on a demonstration walk the 3rd of Jan. in Altenburg, Thüringen. I got to speak to a woman helping people with their taxes. She told me, she had have 12 pensioners she worked for. An 4 of theses DIED after the vax. I found it really toooo many!

She told me, the doctors around wouldn't like to vax any longer. Only people who were asking for it. They needed the persons alive.....

A 41-year old young mother of a 1 month old girl got vaxed after birth. On Dec. 22nd,21 she was at the parkingspace of a supermarket - al of the sudden fell and dead!!!! Horrible. But I expected such things to happen. As a pharmacist that became critical mid November.

Greetings to the States, thanks for your very important work!!!

“Staggering mortality rate” in Norway. 23 dead. 100% of the 13 deaths investigated so far implicated the vaccine.

COVID-19

Norway's nursing home residents die days after first COVID shot

By BNN Staff-Writer • June 6, 2022



Within days of receiving their first shot of the COVID-19 vaccination, nearly two dozen nursing home residents in Norway died, prompting a health warning for elderly patients above 80 years old.

The Norwegian Medicines Authority (NMA) announced the deaths of 23 patients who had been given the Pfizer/BioNTech vaccine for coronavirus on Friday. Thirteen of those victims have undergone postmortem examination, with findings indicating that common adverse effects from the vaccine were to blame for the staggering mortality rate.

Palo Alto Commons (PAC)



Joan Stevenson Brennan Passell
Former Federal Judge
(February 21, 1933 - Feb 20, 2021)

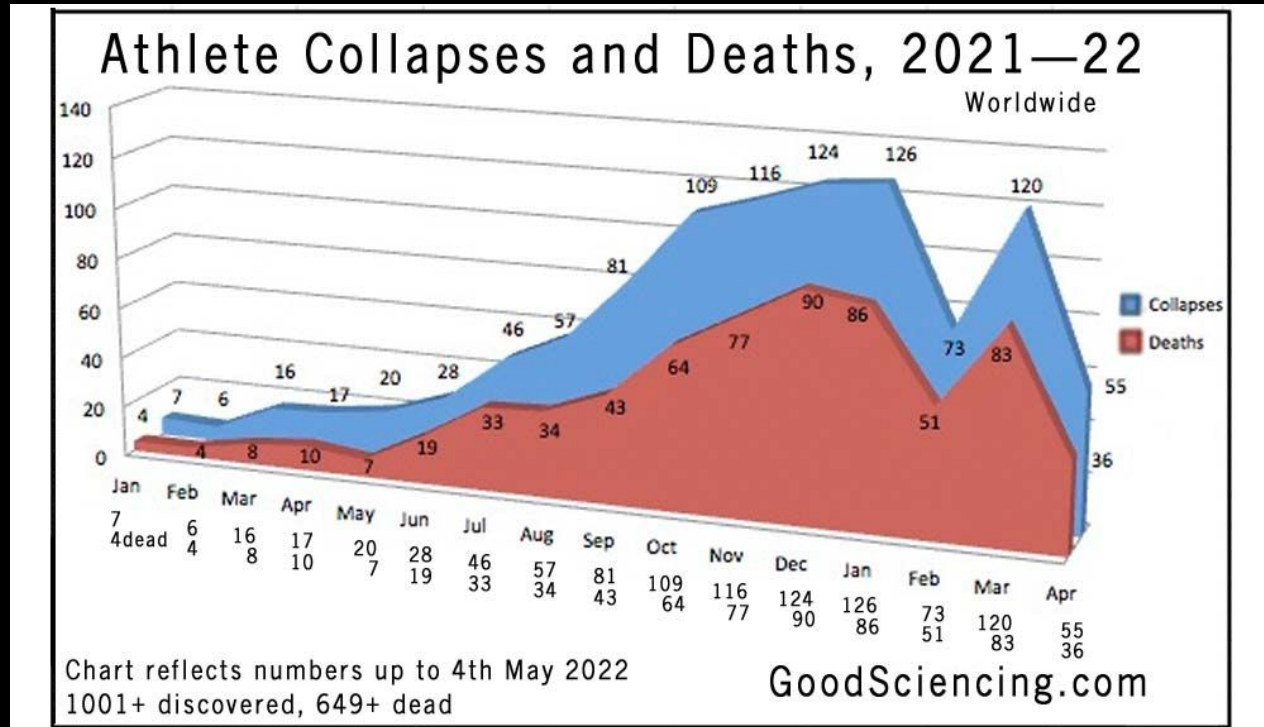
6 died <5 weeks after given shot, including a former Federal judge

No comment from PAC despite a promise to respond.

Medical Examiners (MEs) never see nursing home deaths like this because it isn't deemed worthy of investigation. In addition, they are overworked **and scared**. Most ME's are also blue pillers.

Furthermore, MEs are NOT permitted to call it a homicide because it is a consented medical intervention. So the police won't investigate and the DA won't prosecute.

How can you explain a 22X normal death rate for athletes dying **in plain sight**?



Massachusetts men's lacrosse player Aidan Kaminska dies at 19

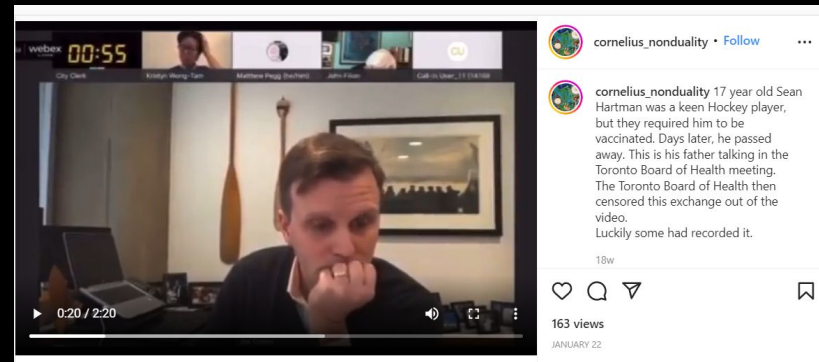
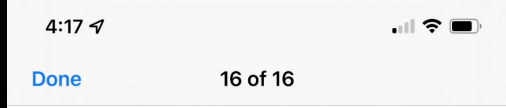
Kaminska was named CAA All-Rookie Team member in 2022 as a redshirted freshman at UMass



Aidan Kaminska
Age 19

“Passed away unexpectedly”

“The University of Massachusetts Amherst was left mourning the death of star lacrosse player Aidan Kaminska this week after the 19-year-old Long Island native “unexpectedly” passed away on Monday morning.” Here is the [UMass vax policy](#) requiring vaccination. **They are not liable for the death.** Read the [2,000 comments](#) on the news article.



Sean Hartman

Sean never made it to his 18th birthday. He passed away shortly after getting the Pfizer vaccine.

No known cause of death. He just died. Just like that. But it WASN'T the vaccine according to the press.

The Toronto Board of Health removed his father's comments asking for answers from the video record 269

Advocate Health Care

70,000 employees

1,000 unvaxed (required to do weekly testing)



~100% of cases were found in vaccinated (~600 in quarantine) who are *not* regularly tested

“But the company can’t complain about the waste of testing the unvaccinated — because politically it goes against the narrative. Politicians and vaccine companies want the public to believe the unvaccinated are at risk or pose a risk, and that the **vaccine gives some benefit. In this very large health company, it is the opposite.**”

- High level source in the company
<name withheld by request>

Censorship

How the authorities can INSTANTLY stop the spread of "COVID misinformation"

All they have to do is answer a bunch of questions we have. We have over 50 for them to choose from. But they can't even answer a single one.



Steve Kirsch

Apr 22

... 512 402

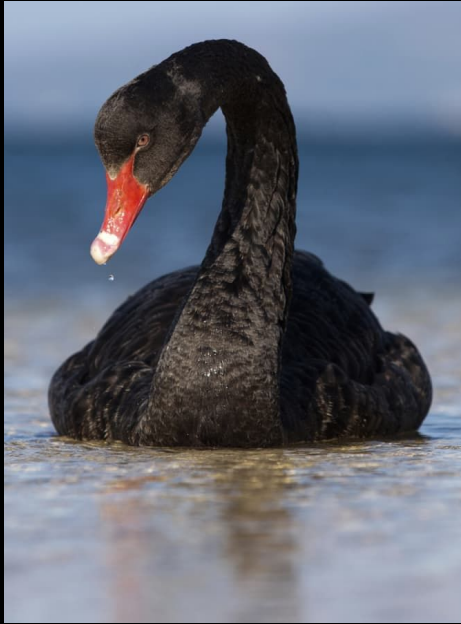


I have a list of >100 questions

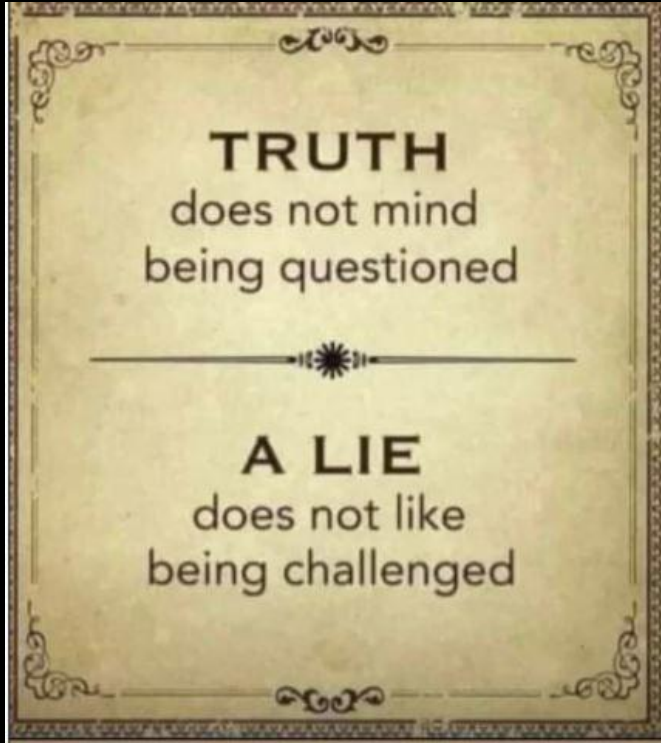
My first question: Can you answer any of the questions below?

I haven't met anyone yet who could answer the first question.

Too many Black Swans



1. Athletes dying at 22X normal rate after vax rollout
2. Q3-Q4 death rates off charts in US, Germany, Cyprus (40%... a 12 sigma deviation) → something is causing it and it isn't COVID, so what is? It's the greatest cause of death ever and the CDC is silent.
3. 20-year-olds die in their sleep < 24 hours after the shot.
4. 7-year-olds dying from myocarditis is the new normal.
5. "Died unexpectedly" is the new normal.
6. 75% of radiology dept at UCSF/Marin refusing the booster because of what they saw first-hand
7. 4 kids at MVCS with myocarditis (1 in 100 rate),
8. Young kids in VAERS all dying from causes consistent with COVID vax deaths and all inconsistent with normal deaths (cardiac arrest, bleeding in brain), ...



How does the medical community respond to my evidence?

1. Through personal attacks (like [this](#), [this](#), [this](#), [this](#) and [this](#), to name a few).
2. If you want to attack my results, show us all the “correct” answer. They never do that.
3. It’s easy to make me look bad when I’m not around to challenge their attacks.

It's not about me. A large group of scientists all went "rogue" at exactly the same time I did.

And things are getting SO ridiculous that even mainstream docs like UCSF Professor Vinay Prasad are getting much more vocal about what has been happening.



Thread



Vinay Prasad, MD MPH    @VPrasadMDMPH · 5h



Replying to [@VPrasadMDMPH](#)

Damage to vax programs will be horrific in decades to come. This administration has made major errors. It pushed too hard on the wrong ages, wrong risk groups; It demanded too little evidence from Pfizer. When necessary childhood vaccine programs collapse, they will be to blame



67



259



1,132





Steve Kirsch ✓

@stkirsch · 1d

It's official: McGill's so-called "Pseudoscience Buster" confirms he's really a chicken stevekirsch.substack.com/p/its...



It's official: McGill's so-called "Pseudoscience Buster" confirms he's really a chicken

I offered McGill's Jonathan Jarry the opportunity to debate me LIVE so that he could discredit me in front of millions of my followers. I predicted he'd chicken out. It turns out I was right.

stevekirsch.substack.com

1 5 16 ...

"Fact checkers" run for cover when challenged

1. **None of the people who attacked me are willing to have a live video discussion** including McGill's "Pseudoscience Buster" Jonathan Jarry. He blocked me when I suggested a recorded discussion.
2. I'm happy to debate these people live.
3. Here's a [response I wrote to the MIT hit piece](#).



Only one expert, Yale Professor Jason Abaluck, has ever consented to have his study challenged on camera

1. Jason was the first author on the [highly acclaimed Bangladesh mask study](#) which was hailed by the medical community as “proof” that mask work
2. So we asked Jason if we could ask him a few questions
3. He said “Yes” but on the condition that only one person could question him (because that’s how science works).
4. [Jason’s credibility was destroyed by one of our team](#) members and [his study was thoroughly discredited by Professor Norman Fenton](#). You can [watch the video](#) where he tries to appeal to authority when he can’t answer the questions.
5. This is a perfect example of why none of the public health will accept our challenges. When you are promoting junk science, it’s important to ensure that you can’t be challenged. The best way is to censor and deplatform your critics. That’s how it works in science. The news media does it too. Check out this tweet from Jake Tapper.



Jake Tapper @jaketapper · Dec 15, 2021

Robert Kennedy Jr is a liar, grifter, and menace to public health. His own family has had to write opeds to rebut the lunacy he pushes.



Clara Jeffery @ClaraJeffery · Dec 14, 2021

Masterful job of interviewing and fact-checking JRK Jr by @tarpleyhitt. [gawker.com/money/a-very-w...](https://www.gawker.com/money/a-very-w...)

[Show this thread](#)

738

1,600

10.5K



Vaccine Truth
@VaccineTruth2

Replying to @jaketapper

Why don't you debate him, Jake? Watch the video RFK Jr made just for you in this article:

stevekirsch.substack.com/p/why-jake-tap...

#MakeJakeDebate



stevekirsch.substack.com

Why Jake Tapper will never agree to debate RFK Jr

Tapper would lose the debate very badly. #MakeJakeDebate

The news media refuses to be challenged as well

Instead of attacking what we say, the press engages in ad hominem attacks.

That is exactly what you do when you don't have the facts on your side. Attack the person and avoid having to be challenged on the facts.

Check out this tweet from CNN's Jake Tapper.

Jake's excuse for not debating RFK Jr. is that Jake didn't want to give him credibility. He wrote "I'm not going to lend credence to ..." (see Jake's [full tweet](#))

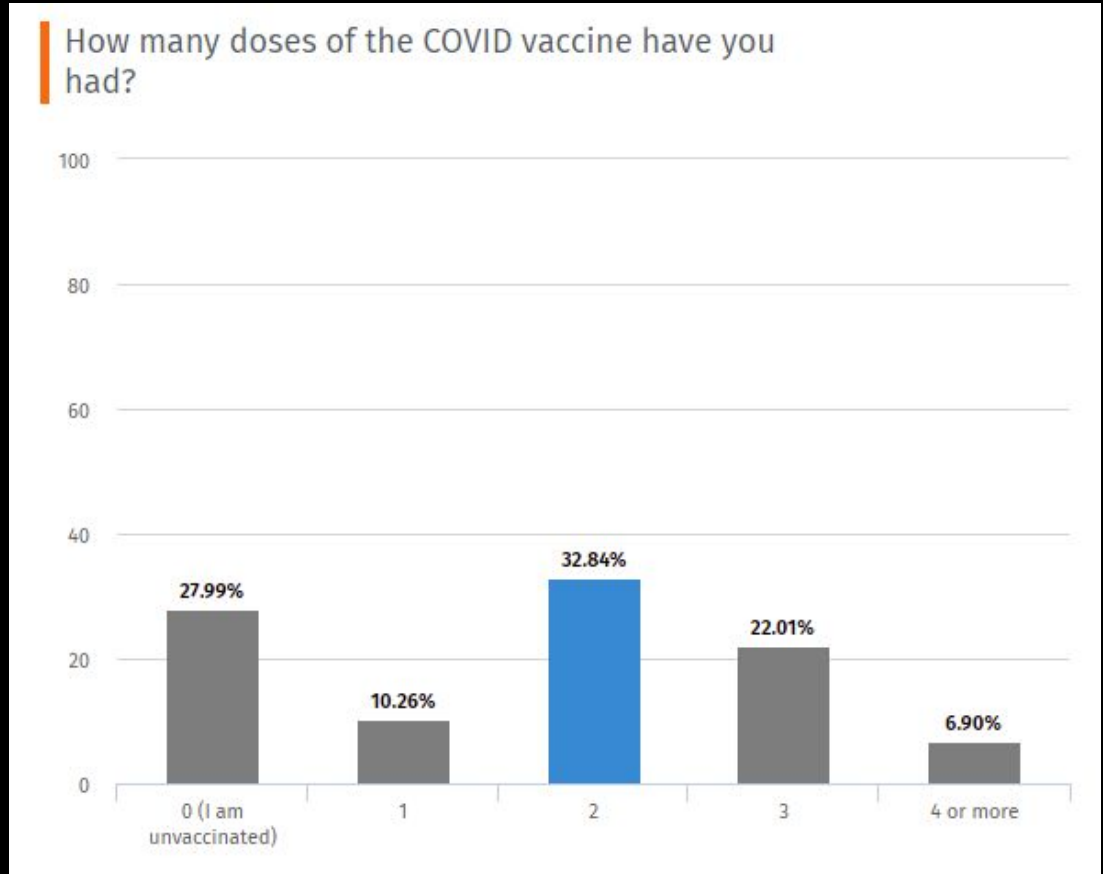
Wow. Just wow. I'm not making this up.

You can [see all the details in my Substack article.](#)

Final thoughts

**We are winning.
< 30% drinking
the Kool-Aid**

(PeopleFish Survey, June 2022)





The most effective way to red-pill someone

When they see with their own eyes that the reality doesn't match the narrative, i.e., they have a friend who is vaccine injured.



People killed with rifles in 2020

454

SOURCE: FBI CRIME REPORT (FBI.GOV)



Covid vaccine deaths in 2021

20,622

SOURCE: VAERS.HHS.GOV

We think this is a BIG problem

Nothing to see here folks. Move along.

How do you explain this?

1. We shut down a baby formula plant if there are 3 infants hospitalized
2. We shut down a peanut butter plant if 10 people get sick (0 deaths)
3. We **mandate** a vaccine after hundreds of thousands of people are **killed** by the vaccine.





Ernest Ramirez lost his only son to the COVID vaccine

The most important things to remember

The vaccines need to be stopped immediately.

The CDC, FDA, and NIH are all corrupt. Others are simply duped and haven't figured that out yet because the lack the motivation, time, interest, or technical skills to look at the underlying data. Cognitive dissonance plays a big role.

The vaccines don't appear to help at all in preventing COVID deaths: countries with high vax rates have higher COVID infections and deaths.

The cure is worse than the disease: the vaccines raise ACM by ~20%, more than COVID does.

Masks don't work; if anything, they make things worse. Social distancing doesn't work. Lockdown kill more people than they save. Mandates are nonsensical.

Early treatments work. It's all we EVER needed. Ignored. 284



We should not be vaccinating our kids

The most important things to remember

If you don't have symptoms OR have recovered from COVID, you're unlikely to be a threat to anyone.

False positive rates of tests are high; **only test if you have symptoms.**

The virus is killing only 9 people a day in Calif (population 40M). This is a 1% increase in the death rate in California. This is considered an "emergency" justifying emergency powers.

We were unable to find anyone who knew a single child who died from COVID. Why are we vaccinating them?

Vaccines don't reduce variants. The CDC has no evidence of that. It's likely the opposite.

Listen carefully to what the CDC says and do the opposite.

All of these entities have chosen to look the other way as over 500,000 Americans were killed, including our kids. All refuse to publicly debate the issue. **The lack of public accountability is a huge problem.**

Federal health agencies (FDA, CDC, NIH)

Members of Congress

Mainstream medical community

Mainstream media

Mainstream social media companies

Public health officials

Local and state government officials

You shouldn't trust them ever again.





Andrew Wakefield was right. Vaccines cause autism. None of them are safe.

This is just the start of our story...

Pretty much everything they've told you about COVID is wrong.

But it doesn't end there.

Other vaccines aren't safe either.

The data shows you are actually better off skipping the vaccines than taking them. Much better (10X).

Not because vaccines per se are a bad idea. But because the vaccines we have aren't safe.

And now you know why there is no risk-benefit analysis available for any vaccine.

Where did they hide all the bodies?

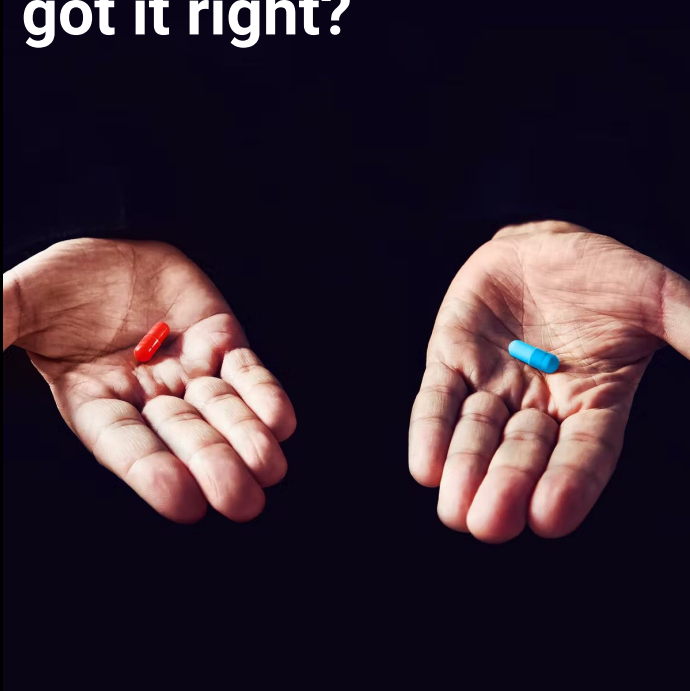


1. In the increase in all-cause mortality for normal causes of death
2. In the higher number of COVID deaths: making people more susceptible to COVID infection and death by depressing their immune system
3. Through miscategorization of vaccine deaths as COVID deaths

All of this makes the signal very hard to find due to the confounders.

So how do we know we got it right?

How do we know we got it right?



Andrew Wakefield, Bobby Kennedy, me, and many more were all “red-pilled” by vaccine victims or by family members of vaccine victims.


All the data was consistent: doctor surveys, patient surveys, VAERS data, data from other countries, analysis of government data, mechanism of action, anecdotes.

The authorities can't explain the data; refuse to answer any questions: The authorities have ducked my questions. Fact checkers run away when challenged. In Canada, no health authority would challenge 3 Canadian doctors.

Presentation available at stevekirsch.substack.com


Steve Kirsch's newsletter

[Home](#)[Reference](#)[Favorites](#)[Premium](#)[News](#)[Take action](#)[Archive](#)[About](#)



Reference

Reference material such as slide decks, videos, technical papers, how to



My best content: slide decks, videos, ...

A short guide to some of the best material I've produced.

Steve Kirsch Nov 22, 2021 163 48 ...

My popular slide decks

[The elephant in the room](#)

[Vaccine Essentials](#)

[All you need to know](#)

[Vaccine policies](#)

[Things you need to know](#)

[180 questions they can't answer](#)

Read until you are convinced

Appendix

Or how about this YouTube video about the vaccine injured in Minn?

> 250,000 views of this forum in MN.
This is a 3 minute clip.

The first speaker was injured <30
hours after taking the vaccine, her
doctor said it was the vaccine, and
Pfizer refuses to reply.

More importantly, there are over
3,700 comments, virtually all
supportive.

No policy change from the governor
of MN.



[Minnesotans share horror stories of alleged COVID-19 vaccine injuries](#)

Twitter... nearly identical result



Vaccine Truth
@VaccineTruth2



Since March, 2020, if you have lost a family member to the jab or the virus, please let me know which one:

Virus

22.8%

Vaccine

65.3%

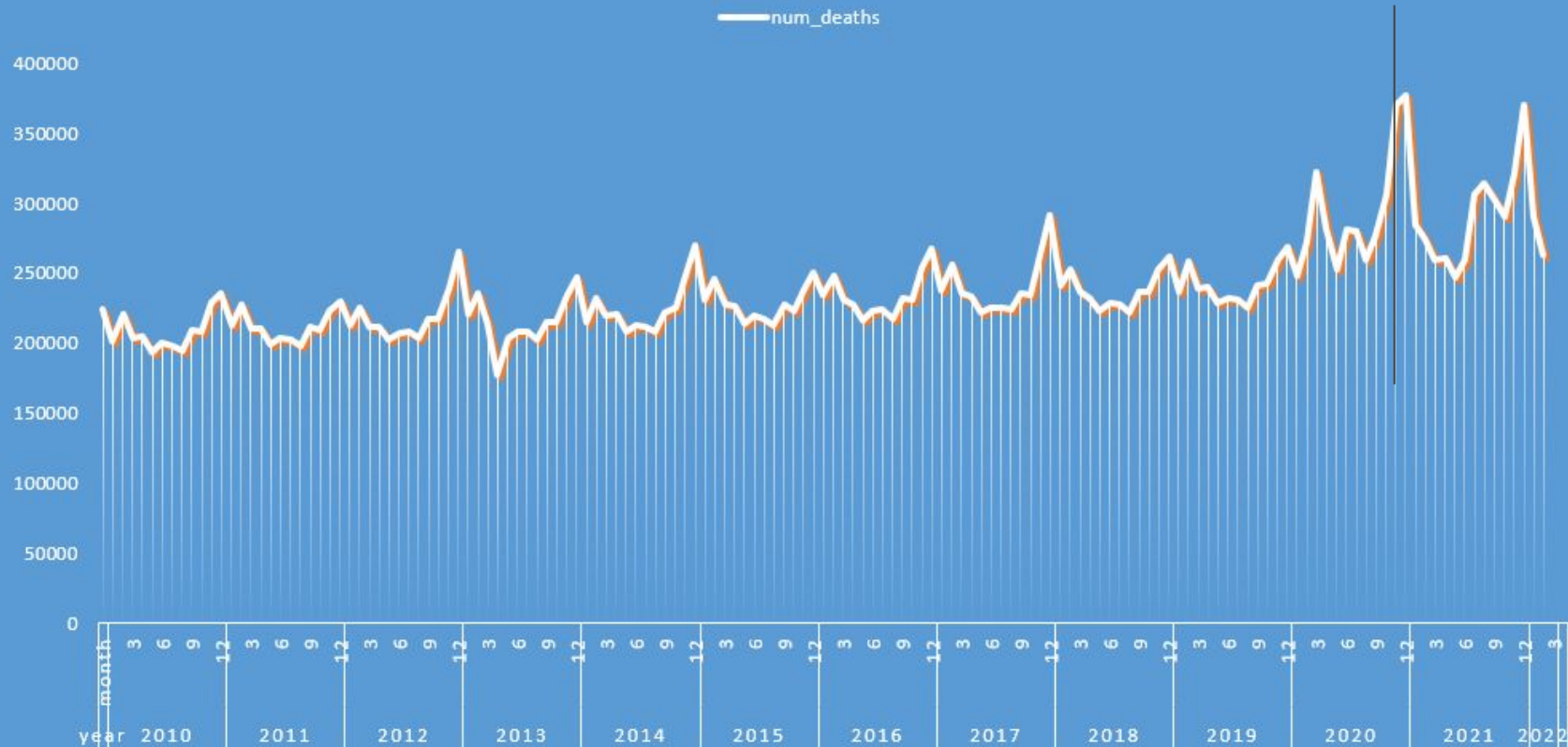
Both

11.9%

202 votes · 6 days left

8:10 AM · Jun 11, 2022 · Twitter Web App

SOCIAL SECURITY ADMINISTRATION "DEATH MASTER FILE"
MONTHLY DEATHS FROM JAN 2010 TO MAR 2022
ALL AGES, ALL CAUSE MORTALITY



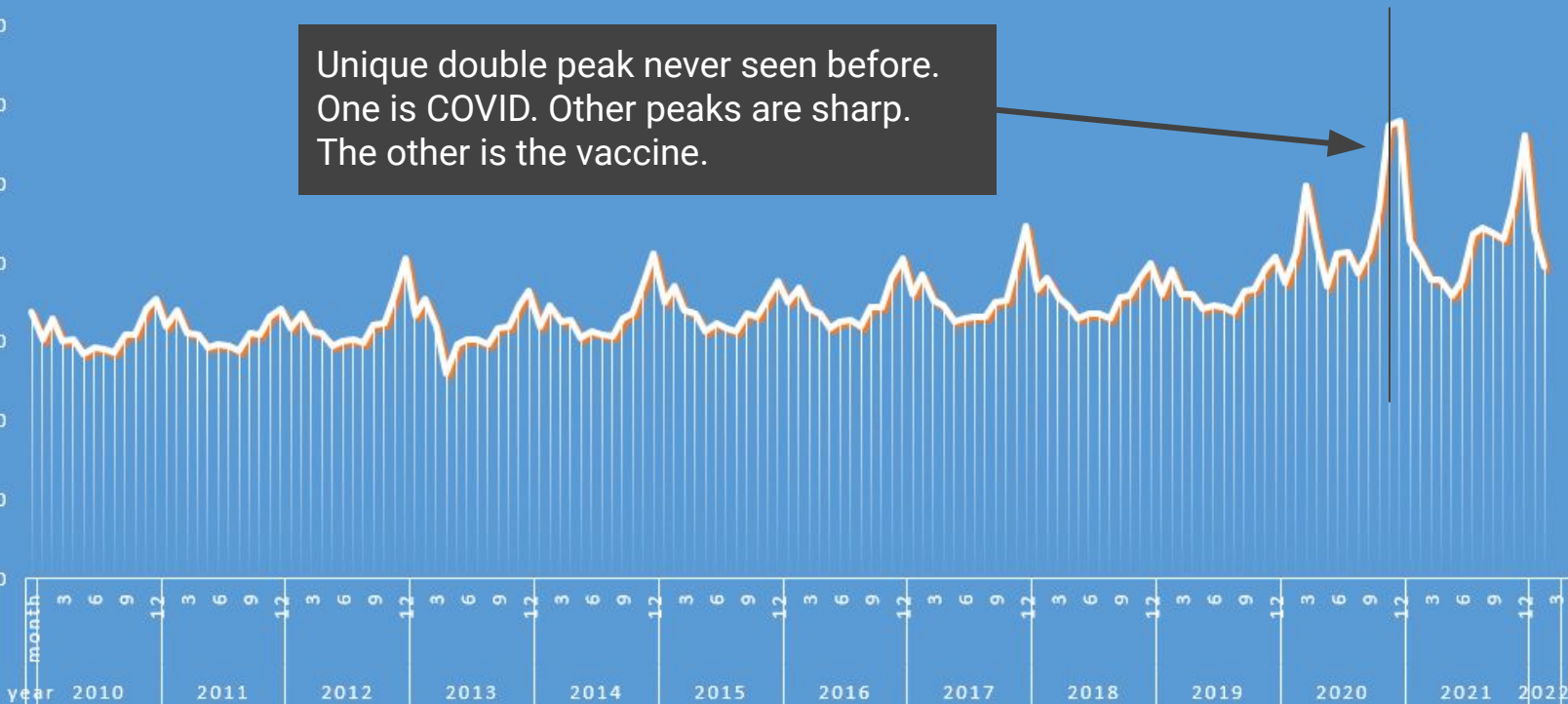
SOCIAL SECURITY ADMINISTRATION "DEATH MASTER FILE"

MONTHLY DEATHS 2010 - MARCH 2022

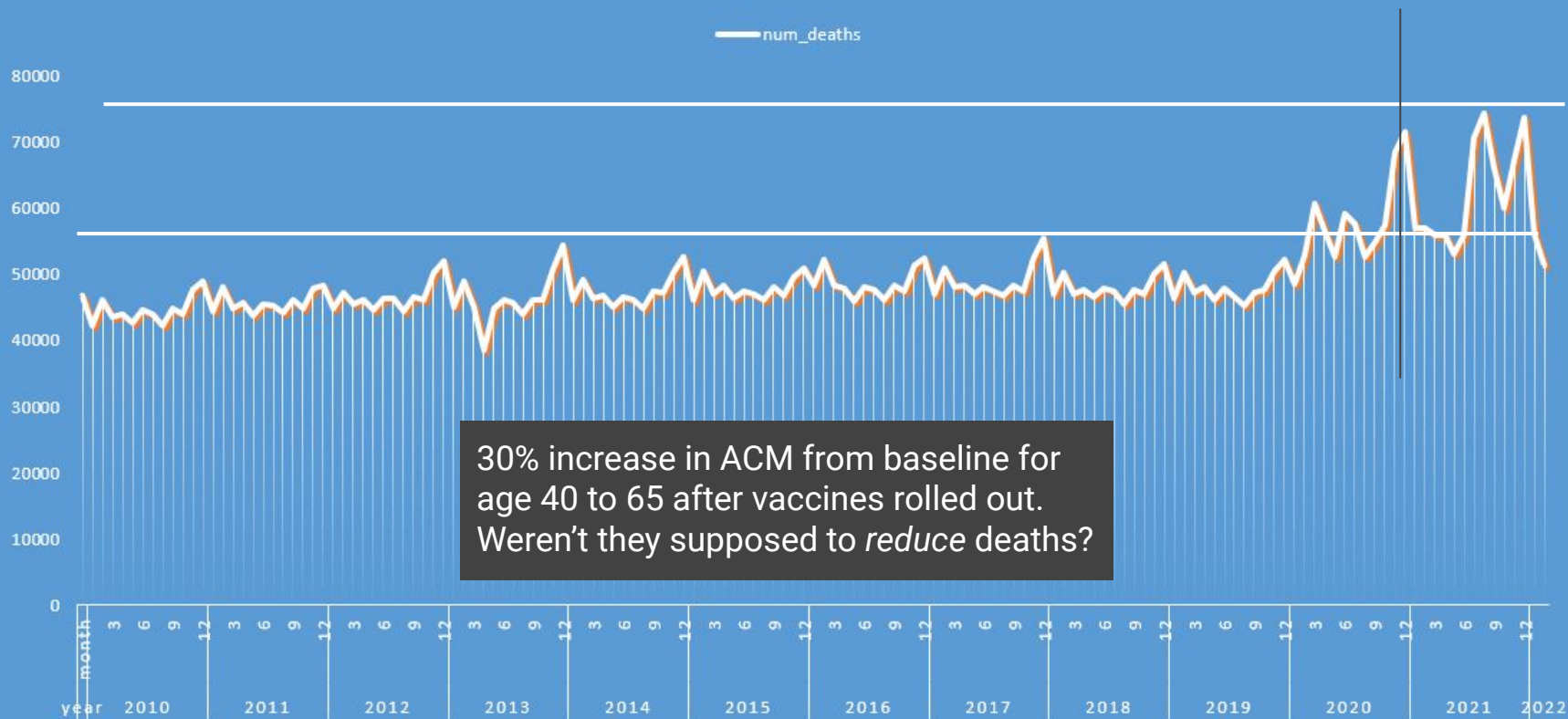
AGES 65 & OVER

— num_deaths

Unique double peak never seen before.
One is COVID. Other peaks are sharp.
The other is the vaccine.



SOCIAL SECURITY ADMINISTRATION "DEATH MASTER FILE"
MONTHLY DEATHS JAN 2010 - MAR 2022
AGES 40 TO 65, ALL CAUSE MORTALITY





Can you explain why...

"Reproductive health decisions should be made between a patient and their doctor. Full stop."

YET...

Vaccination decisions should be made by your employer, state, or federal government. Full stop.

Ways to estimate 500,000 deaths from the jab

VAERS has 13,150 deaths. If we remove 10% for background deaths and COVID deaths post-vax, and multiply by the VAERS under-reporting factor (URF) of 41, we get 485K deaths.

There are over [10 different ways](#) I was able to get to similar numbers.

Insurance companies show ACM increases of 40% post vaccine. Even if half are COVID, but the other half are unexplainable. I think that at least 20% is from the vaccines.

My [surveys of my red-pilled followers](#) consistently show more people have died from the vaccine than from COVID.

The Medicare data shows a 50% increase in ACM after the jabs rolled out. That's in excess of the ACM increase from COVID.

Surveys of neutral audiences show that if they know a vaccine injured person, the vaccines have killed ~33% of the number that have died from COVID. So that would be 330,000.

Even if we are super conservative and assume VAERS is fully reported, and Dr. Peter Schirmacher's lower bound of 30% due to the jab is true, we still looking at > 3,000 deaths which is 10X beyond any sane stopping condition for a vaccine.

About this presentation

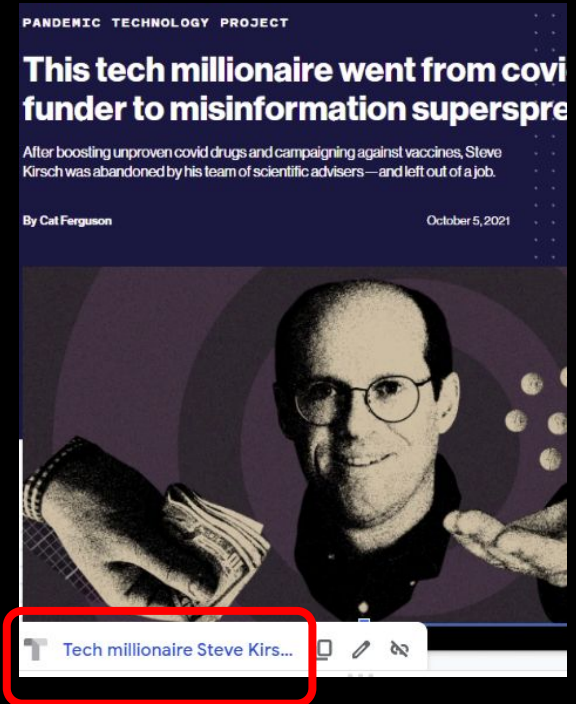
All the images are hyperlinked to the original source.

If you are reading this in Google docs, you have click the image and then click the title of the page in the lower left corner.

You can save the Google docs version as a PDF.

Permission given to make copies and derivative works of this presentation.

There are speaker notes on some slides.



The five Bradford-Hill causality tests

When we look at the VAERS data, we can satisfy the Bradford-Hill criteria because 1) the SAE profile of the reports isn't background and 2) the responses are dose dependent. This is impossible to explain if there is no cause-and-effect.

Consistency. The association of a purported adverse event with the administration of a vaccine should be consistent, i.e. the findings should be replicable in different localities, by different investigators not unduly influencing one another, and by different methods of investigation, all leading to the same conclusion(s).

Strength of the association. The association should be strong in the magnitude of the association (in an epidemiological sense), and in the dose-response relationship of the vaccine with the adverse effect.

Specificity. The association should be distinctive, the adverse event should be linked uniquely or specifically with the vaccine concerned, rather than its occurring frequently, spontaneously or commonly in association with other external stimuli or conditions.

Temporal relation. There should be a clear temporal relationship between the vaccine and the adverse event, in that receipt of the vaccine should precede the earliest manifestation of the event or a clear exacerbation of an ongoing condition. For example, an anaphylactic reaction seconds or minutes following immunization would be strongly suggestive of causality; such a reaction several weeks after vaccination would be less plausible evidence of a causal relation.

- **Biological plausibility.** The association should be coherent; that is, plausible and explicable biologically according to known facts in the natural history and biology of the disease.

Attempts to discredit VAERS

Some refer to VAERS analysis as “dumpster diving” which is not true:

1. It is the official database for adverse event reports. If you have an AE, you are told to report it there **EXCLUSIVELY**.
2. The CDC uses VAERS to show the vaccines are safe. You can't have it both ways.
3. You **can prove causality** using VAERS (despite their claims otherwise).

VAERS COVID Vaccine Adverse Event Reports

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the “nondomestic” reports. 

All VAERS COVID Reports  US/Territories/Unknown

825,453 (US) Reports
Through May 27, 2022 

13,150

DEATHS

63,368

HOSPITALIZATIONS

100,259

URGENT CARE

163,283

DOCTOR OFFICE VISITS

2,295

ANAPHYLAXIS

3,179

BELL'S Palsy



YouTube

Search



CDC's New Masking Studies: The Double Standard of Medical Evidence

82,094 6.4K DISLIKE SHARE DOWNLOAD CLIP SAVE ...



Vinay Prasad MD MPH

123K subscribers

SUBSCRIBE

<https://substack.com/profile/21798998...>

My substack - sign up here

Meet UCSF Professor Vinay Prasad

He's one of the few truth tellers in medicine.

"You try to say anything that goes against the grain you're going to get fact checked four times. I happen to know something about that."

Watch the 5 second clip here:

<https://youtu.be/pLJDRmc9jJk?t=446>

TEMPORARY DATA INACCURACIES IN THE DEFENSE MEDICAL EPIDEMIOLOGY DATABASE

BLUF:

- Department of Defense (DoD) officials detected and resolved a programming error in the Defense Medical Epidemiology Database (DMED) that had caused the database to inaccurately suggest that outpatient medical encounters for some conditions had significantly increased in 2021. In January 2022, Department officials found that data in DMED covering the years 2016 – 2020 had been corrupted during an August 2021 server migration, showing only 10% of the true number of medical encounters for that period. The corrupted data made it impossible to accurately compare medical encounter rates across the Military Health System (MHS) from 2021 to the 2016 – 2020 period because researchers could not correctly baseline their observations. In January 2022, Department officials resolved the programming error.
- On February 2, 2022, AFHSD replicated the queries to validate data post-DMED corrective actions. Updated results include the percent change in health encounters comparing available 2021 data to 2016-2020.

Medical Encounter Conditions	Reported change to number of health care encounters (2021 compared to last 5 years) using erroneous data	DMED query results for change to number of health care encounters (2021 compared to last 5 years) following data correction
Diseases of the nervous system	1,048% increase	5.7% decrease
Hypertension	2,181% increase	1.9% increase
Tachycardia	302% increase	8.3% decrease
Testicular cancer	369% increase	3% increase
Ovarian dysfunction	437% increase	23.9% increase
Migraines	452% increase	1.6% increase
Pulmonary embolism	468% increase	25.4% increase

2

Female infertility	472% increase	13.2% decrease
Malignant neoplasms of thyroid and other endocrine glands	474% increase	16.1% decrease
Breast cancer	487% increase	1.1% increase
Demyelinating	487% increase	17.7% decrease
Gillain-Barre syndrome	551% increase	17.2% decrease
Malignant neoplasms of digestive organs	624% increase	0.2% increase
Multiple sclerosis	680% increase	16.7% decrease
Malignant neoplasms of esophagus	894% increase	27.8% increase

The DoD manipulated the DMED data

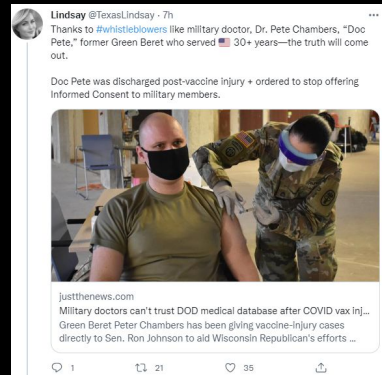
The DMED database showed huge increases in 2021 and the military claimed a database migration dropped 90% of the records of the comparison group. The new numbers do NOT add up. The numbers are being manipulated, but NOBODY will talk about it on the record and the press won't cover the story.

DoD Secretary Austin **refused to respond** to Senator Johnson's letter **or call for an investigation**.

Lt. Col. Pete Chambers briefs 3,000 servicemen on the vax; only 6 want to take it. He's relieved of his duties.

Three DoD whistleblowers are livid about the amount of injury to our military. One of them estimates the rates of myocarditis among servicemen at 4%.

See: [Defining away safety signals](#)



4. There are the same number of deaths due to COVID-19 in both years “despite” the vaccine that is claimed to reduce mortality by up to 95% (Figure 26). More unusually, the 2021 COVID-19 mortality takes off in the middle of summer, completely out of season. Still, in both years, COVID-19 only accounts for just over 1% of all deaths which is not what you would expect given how much attention it has been given.

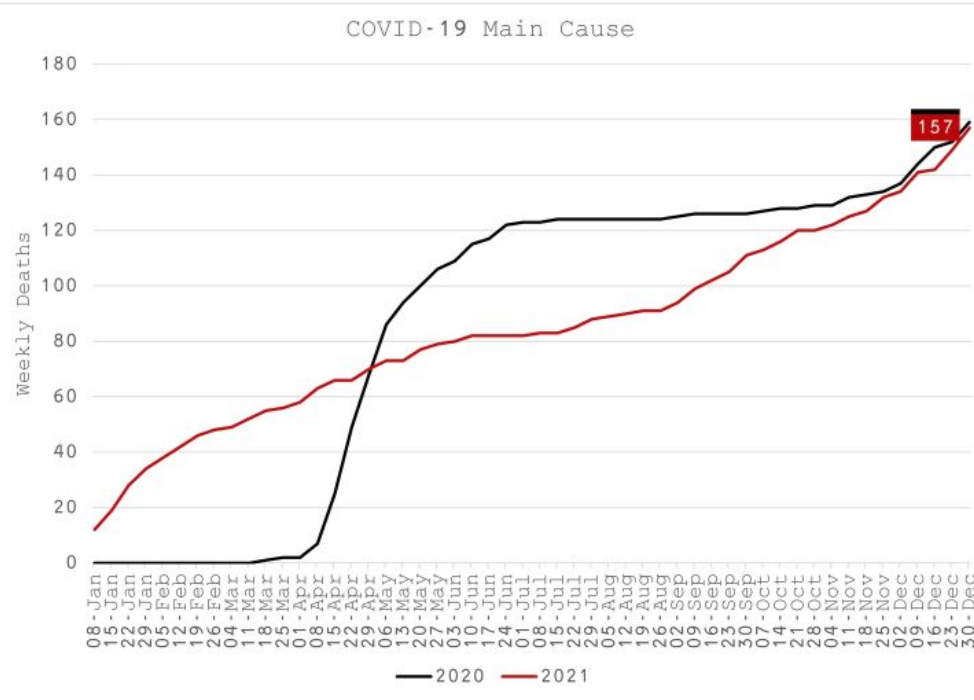


Figure 26 - Deaths due to COVID-19 40 to 64 Year Olds

Massachusetts death record data FOIA

[Zero COVID deaths in ages 5 to 15 in all of Massachusetts](#) in 2020 and 2021.

Why are we vaccinating all our kids?!!
Nobody is dying.

For age 40 to 64, the same number of people died both years! The vaccines made no difference. **COVID was 1% of deaths.**

Think about that. 1% of deaths means about 30,000 deaths per year, same as the flu.

Source: [The Definitive Guide to COVID and COVID vaccine deaths](#)

**SAEs in 1 out of
125 → VAERS
URF=40**

Implies a VAERS URF of 40. I calculated 41 from the anaphylaxis data in Nov 2021. This is another confirmation.

So 12,000 excess deaths in US in VAERS * 40 URF = 480,000 estimated deaths

Jackanapes Junction

Germany's Top Hospital: Half A Million Germans Experienced Serious Adverse Events after COVID-19 Vaccination

Serious AE's in 1 out of every 125 vaccinated; 40x underreporting factor for severe adverse events; government urged to take vaccine injury seriously, find solutions



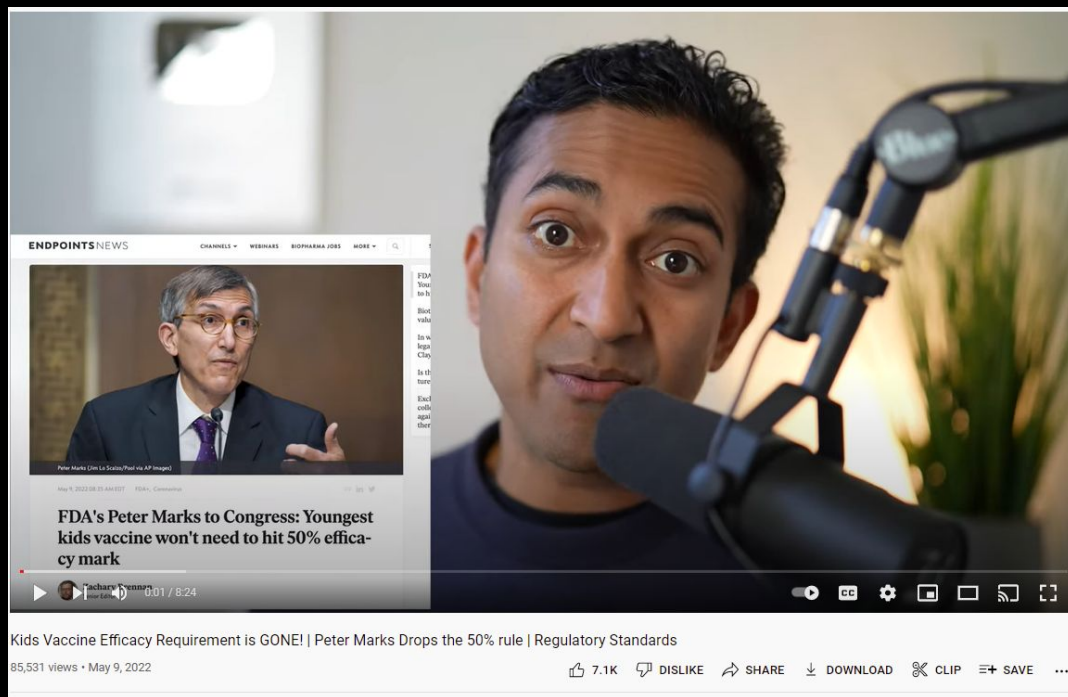
Josh Guetzkow

May 8

♡ 61 💬 8 ↗



FDA is no longer requiring an efficacy bar for vaccine approval



[UCSF Professor Vinay Prasad is outraged.](#)

Nobody else seems to mind.

The death rate in kids is infinitesimal.
Zero kids under 16 died in
Massachusetts in 2020 and 2021 from
COVID.

A less than 50% relative risk reduction
is unmeasurable.

Every doctor should be outraged at
this, but they are silent.

This is a corrupt system.

The CDC admits they make stuff up



CDC recommends that everyone 5 years of age and older get vaccinated as soon as possible.

So, on March 8, 2022, ICAN, through its attorneys, filed a Freedom of Information Act request asking for its evidence that vaccines decrease variants.

[The CDC's response?](#) "A search of our records failed to reveal any documents pertaining to your request."

Why does this matter? Just watch this [interview on the Highwire](#) with virologist and vaccine expert, Dr. Geert Vanden Bossche, explaining how **COVID-19 vaccines are driving the emergence of variants and potentially more virulent, deadly variants.**

Full FDA Approval of a COVID-19 Vaccine: What You Should Know



Featured Experts:



Lisa Maragakis, M.D., M.P.H.



Gabor David Kelen, M.D.

Updated on February 14, 2022

The Pfizer/BioNTech and Moderna COVID-19 vaccines have received full approval by the Food and Drug Administration (FDA).

Why aren't any of the fully approved mRNA vaccines available?

Q: Why wasn't the Pfizer EUA revoked after full approval? FDA policy says they must revoke it since the drug is approved.

A: Pfizer will not produce any of the approved vax until they get full liability protection which happens after they get it approved for kids.

That's why they need to create an excuse to vaccinate kids. It gives them full liability protection for all ages. Who cares if [we kill >100 kids to \(maybe\) save 1 life from COVID](#). Do you know kids don't die from COVID? In 2020 and 2021 in Massachusetts, there were ZERO COVID deaths in kids <16.



Why did the CDC recommend the vaccine for pregnant women?

What safety data did they rely on at the time they made the recommendation?

As far as we know, there wasn't any.

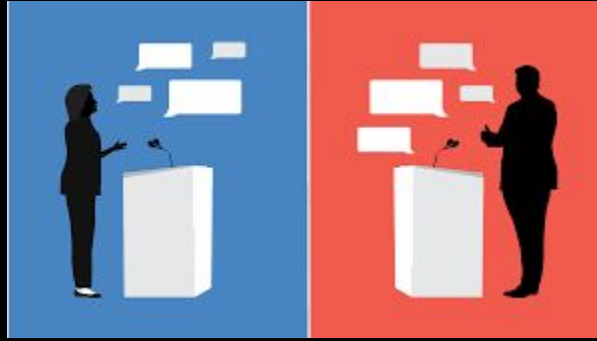
Isn't that irresponsible?

Why isn't the press pointing that out? Are they corrupt?



A long list of courageous truth tellers with no COIs

People have risked their lives or careers to expose the truth. The “misinformation spreaders” appeared all *at the same time?!?* How did *that* happen?



No accountability

No public health official anywhere in the world will agree to a public challenge by any qualified experts who disagree on any COVID-19 mitigation measures: lockdowns, masking, vaccination mandates, vaccine safety.

Only one person has ever agreed to be challenged: Professor Jason Abaluck. His study was discredited. Badly. Very badly. In less than 60 minutes.

Why can't anyone answer any of my 100 questions?

It would instantly stop all
"misinformation."

I even offered a cash reward. No
takers.

Steve Kirsch's newsletter

How the authorities can INSTANTLY stop the spread of "COVID misinformation"

All they have to do is answer a bunch of questions we have. We have over 50 for them to choose from. But they can't even answer a single one.



Steve Kirsch

Apr 22

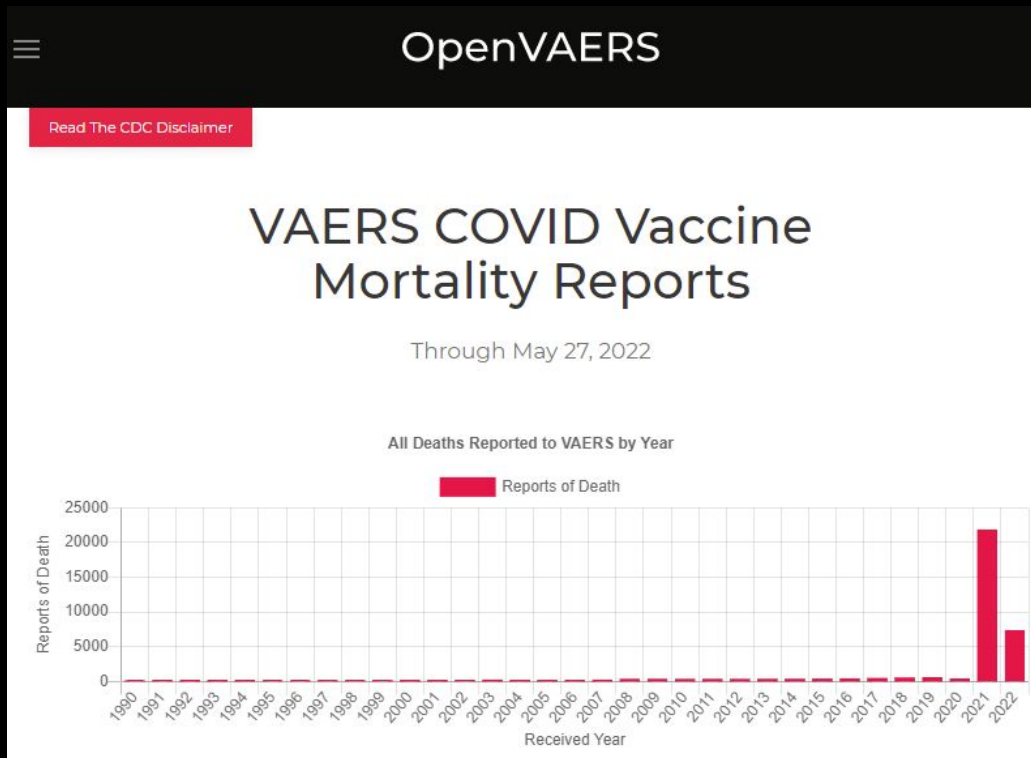


♡ 512

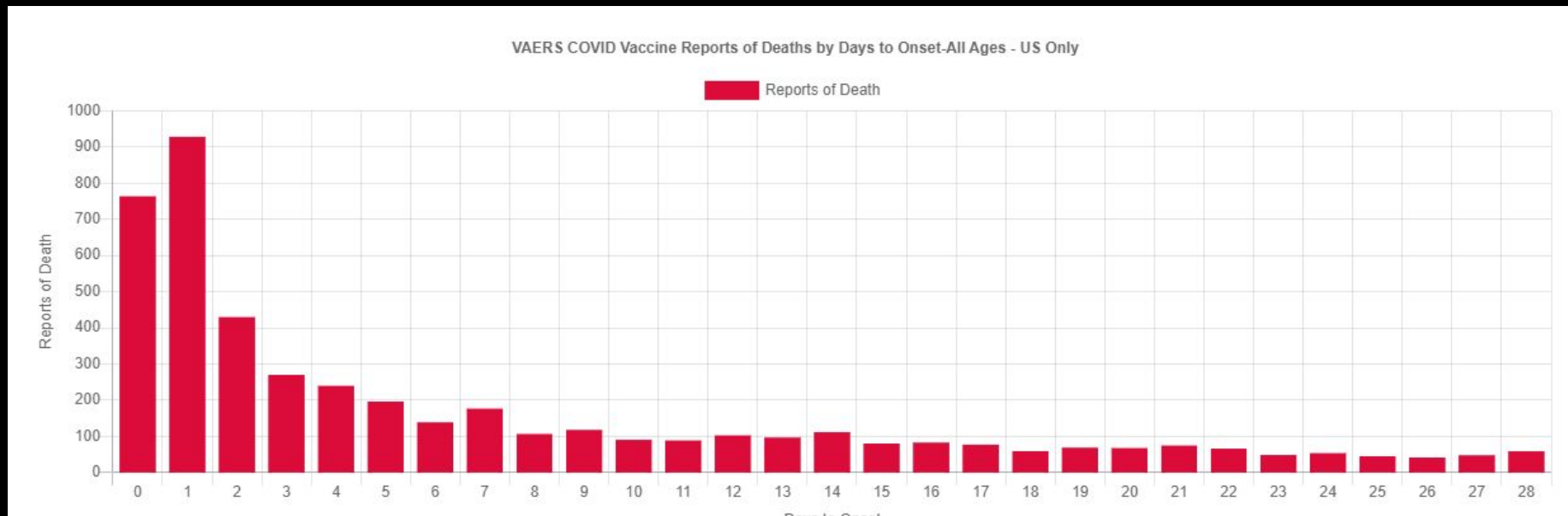
💬 402



If the COVID vaccines don't kill anyone, how do you explain this (~100X normal)?



THE FDA SAYS THESE ARE ALL “BACKGROUND DEATHS”
But if they were all background deaths, all the bars would be the same height.
Do these look like the same height to you?

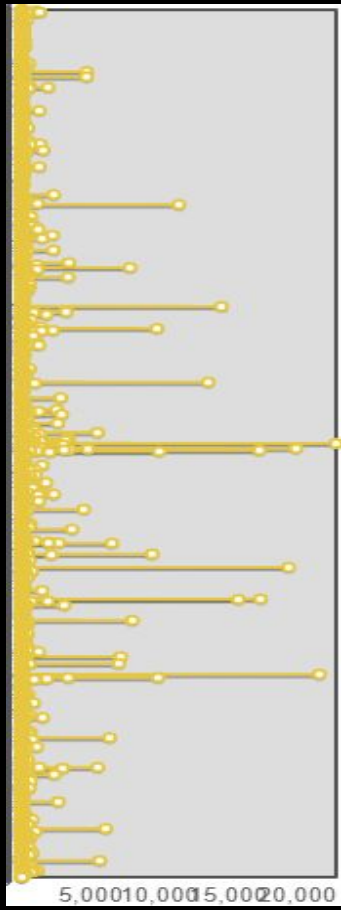


ELEVATION FACTORS FOR EACH SYMPTOM

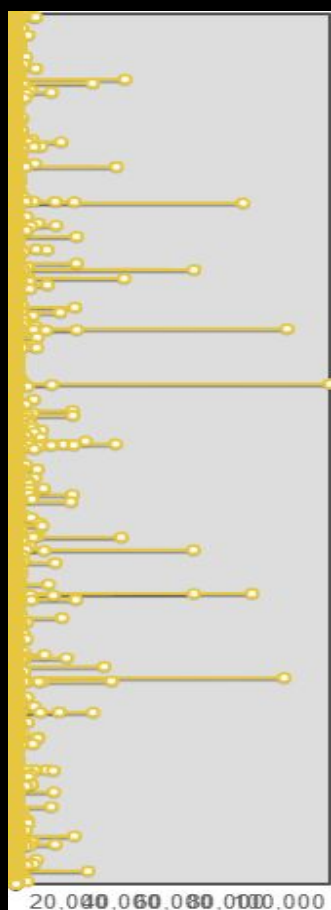
1. Myocarditis is #274
2. Pulmonary embolism is **954X** normal
3. Bell's palsy is **1,533X** normal
4. Heavy menstrual bleeding is **8,820X** normal

Does this look like a safe vaccine to you? How can the CDC not notice this and warn people? We've asked them but they refuse to answer.

1	Symptoms	C19 Count	Baseline count	X factor
2	Heavy menstrual bleeding	3,528	2	8820
3	Heart rate	3,189	2	7973
4	Magnetic resonance imaging head	1,512	2	3780
5	Angiogram pulmonary abnormal	609	1	3045
6	Weight	570	1	2850
7	Polymenorrhoea (menstrual cycle shortened)	562	1	2810
8	Maternal exposure during pregnancy	955	2	2388
9	Physical examination	470	1	2350
10	Blood pressure measurement	3,617	9	2009
11	Bell's palsy	3,065	10	1533
12	Facial discomfort	281	1	1405
13	Lung opacity	783	3	1305
14	Pain assessment	260	1	1300
15	Illness	4,088	17	1202
16	Vaccination site pruritus	4,179	18	1161
17	Menstrual disorder	2,043	9	1135
18	Disease recurrence	224	1	1120
19	Dysmenorrhoea (painful periods)	1,509	7	1078
20	Vital signs measurement	1,411	7	1008
21	Anosmia (loss of sense of smell)	3,187	16	996
22	Magnetic resonance imaging head abnormal	989	5	989
23	Anticoagulant therapy	1,537	8	961
24	Pulmonary embolism	2,672	14	954
25	Menstruation irregular	2,590	14	925
26	Oxygen saturation	1,031	6	859
27	Pulmonary thrombosis	512	3	853
28	Cerebral venous sinus thrombosis	167	1	835
29	Drug ineffective	2,697	18	749
30	Infusion	143	1	715
31	Poor quality product administered	2,091	15	697
32	Body temperature	9,230	75	615
33	Computerised tomogram neck	369	3	615
34	Oligomenorrhoea (infrequent menstrual periods)	462	4	578
35	Investigation	807	7	576
36	Taste disorder	1,939	17	570
37	Hypomenorrhoea (extremely light menstrual blood flow)	114	1	570



All vaccines (2015 -2019)
Peak 22,839. 155,316 cases
5,566 different symptoms



COVID Vaccines US only
Peak 119,641. 709,743 cases.
11,305 different symptoms



Flu vaccines 2021 US only
Peak 732. 6,510 cases.
1,992 different symptoms

COVID vaccines do NOT match the “normal AE” profile of a safe vaccine.

Why are there >100X as many reports for the COVID vaccines vs. all the flu vaccines in the **same** year?

The ratio of Pain vs. No adverse event reports is stunningly different for COVID vax vs. FLU vax.

Support my call to action?

It is unethical to give a vaccine that kills more people than it saves.

The COVID vaccines should be halted. **NOW.**



OpenTheBooks Substack

Fauci's Royalties And The \$350 Million Royalty Payment Stream HIDDEN By NIH

It's the first time since 2005 that the NIH royalty payments receive oversight.



Adam Andrzejewski

19 hr ago

♡ 108 💬 19 ↗



Photo by [Viacheslav Rublyk](#) on [Unsplash](#)

Conflicts of interest

\$350M of payments made to NIH leadership and others over 10 years (2010 to 2020). The amounts for each person were redacted. The [NIH refused to respond FOIA for recent years and is being sued.](#)

3 stopping conditions have already been met

1. # killed > # saved
2. >150K killed
3. >300K permanently disabled

Sources:

1. [COVID cost-benefit by age computation](#)
2. [Estimating the number of vaccine deaths](#)
3. [OpenVAERS](#) says 8,088 permanently disabled.
[Multiply by under-reporting factor \(URF\) of 41 to get the true number of cases](#)



CDC says vaccine-induced heart damage is “mild.” The troponin numbers show they are lying.

(high post-vax levels can be sustained for months; there is no precedent for this)

Alkaline phosphatase (U/L)	07	00
Troponin I (ng/mL) on presentation	6.140 (reference 0-0.30 ng/mL)	27.0 (reference 0.012-0.120 ng/mL)
Other Labs		
Peak Troponin I	10,453 (high sensitivity assay, reference ≤ 17 ng/L)	44.30 (reference 0.012-0.120 ng/mL)

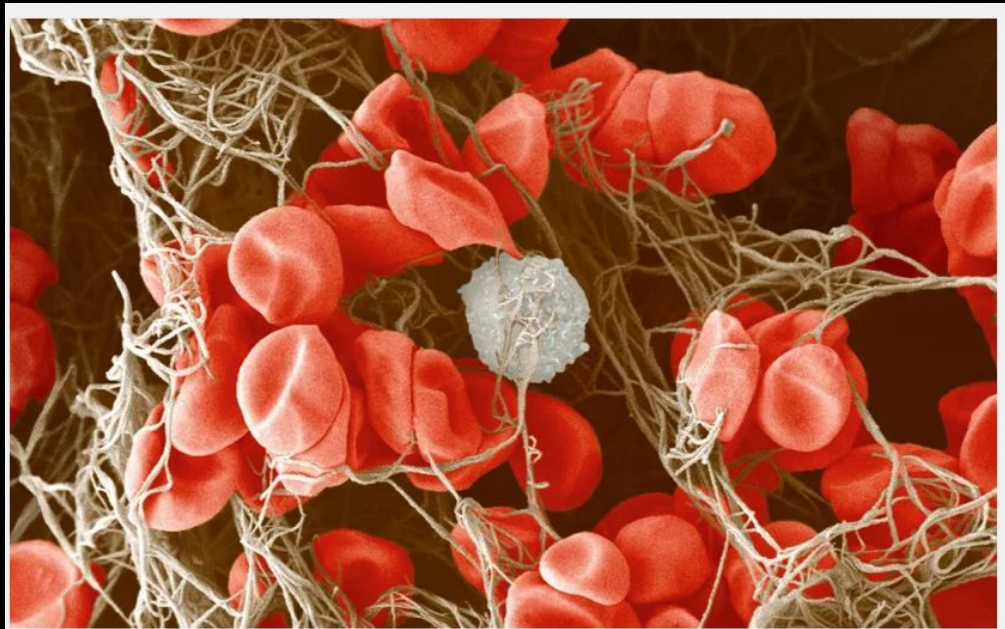
614X normal in 45 year old woman

Reference: [Myocarditis after Covid-19 mRNA Vaccination](#) published in a peer-reviewed journal.

How can a safe vaccine cause blood clots in 62% of patients?

If it isn't 62%, then what is the correct number?

More importantly, how is it possible that nobody knows?



D-dimer tests show at least 62 percent of mRNA “vaccinated” patients have microscopic blood clots, reports Dr. Charles Hoffe M.D.

D-dimer increase is 408X elevated in this vaccine over normal

D-dimer (#53) is well above myocarditis (#274)

1	Symptoms	C19 Count	Baseline count	X factor
42	Suppressed lactation	99	1	495
43	Cardiac failure acute	95	1	475
44	Throat clearing	366	4	458
45	Pulmonary hypertension	90	1	450
46	Exposure via breast milk	176	2	440
47	N-terminal prohormone brain natriuretic peptide (indicates heart failure)	88	1	440
48	Body temperature abnormal	172	2	430
49	Angiogram cerebral abnormal	171	2	428
50	Thrombosis	3,336	40	417
51	Acute myocardial infarction	659	8	412
52	Sitting disability (have trouble sitting or unable to do so at all)	82	1	410
53	Fibrin D dimer increased	1,141	14	408

>1 in 317 boys
(16-17) will get
myocarditis from the
vaccine.

> 41X higher than they
claimed

(in order to save ~1 in a
million kids from dying
from COVID)

Reporting rates of myopericarditis (per million doses administered), by manufacturer, sex, and dose number, 7-day risk period* (as of Aug 18, 2021)

	Pfizer		Moderna		Janssen	Pfizer		Moderna		Janssen	Pfizer		Moderna		Janssen
	(All)		(All)		(All)	(Males)		(Males)		(Males)	(Females)		(Females)		(Females)
Ages† (yrs)	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1
12-15	2.6	20.9	0.0	not calc.	0.0	4.8	42.6	0.0	not calc.	0.0	0.5	4.3	0.0	0.0	0.0
16-17	2.5	34.0	0.0	14.6	0.0	5.2	71.5	0.0	31.2	0.0	0.0	8.1	0.0	0.0	0.0
18-24	1.1	18.5	2.7	20.2	2.7	2.4	37.1	5.1	37.7	3.0	0.0	2.6	0.7	5.3	1.6
25-29	1.0	7.2	1.7	10.3	1.9	1.8	11.1	3.2	14.9	2.0	0.3	1.3	0.4	6.3	0.0
30-39	0.8	3.4	1.0	4.2	0.4	1.1	6.8	1.6	8.0	0.0	0.6	1.0	0.4	0.7	1.0
40-49	0.4	2.8	0.5	3.2	1.2	0.7	4.4	0.6	4.6	2.2	0.1	1.8	0.4	2.1	0.0
50-64	0.2	0.5	0.6	0.8	0.2	0.2	0.5	0.4	1.0	0.0	0.3	0.8	0.8	0.7	0.5
65+	0.2	0.3	0.2	0.3	1.0	0.2	0.4	0.4	0.4	1.0	0.2	0.4	0.1	0.2	0.9



* Reports with time to symptom onset within 7 days of vaccination

† Reports among persons 12-29 years of age were verified by provider interview of medical record review




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Note:

Two dose calc: $1000000 / ((5.2 + 71.5) * 41) = 317$ (note 41 is the under-reporting factor (URF). Note that [the FDA and CDC refuse to calculate or disclose the URF](#) and assume it is 1. There is no evidence to support that. [We can prove it isn't true](#). You can see the URF calculation [here](#) which uses the [CDC's approved methodology](#).

Reference: John Su, [Safety update for COVID-19 vaccines: VAERS](#)



Vinay Prasad, MD MPH   
@VPrasadMDMPH

Why would a child who recovered from Omicron get vaccinated? That makes no sense

It is creating harm.

This is an OBVIOUS mistake and yet the CDC allows it to happen.

It is really tragic that a healthy kid who had Omicron would get a booster soon thereafter, and get Myocarditis 🙄


It is sad that our vaccine regulators have focused so much on boosting, that 2 resigned, and this safety signal is ignored.

Science has a long arc; won't age well

VSD incidence rates of verified myocarditis/pericarditis 0-7 days following mRNA COVID-19 vaccination – December 14, 2020–March 31, 2022

(Adults ages 18-39 years)	Pfizer-BioNTech ¹	Moderna ²	(Children ages 5-17 years provided for reference)	Pfizer-BioNTech ¹
	Incidence rate per million doses admin	Incidence rate per million doses admin		Incidence rate per million doses admin
18–29 years				
Males – Dose 1	14.4	24.1	Males – Dose 1	0.0
Males – Dose 2	81.4	97.3	Males – Dose 2	15.7
Males – 1 st Booster	47.6	70.3	Females – Dose 1	0.0
Females – Dose 1	2.4	7.9	Females – Dose 2	0.0
Females – Dose 2	5.0	4.1		
Females – 1 st Booster	4.7	7.0		
30–39 years				
Males – Dose 1	2.8	4.5		
Males – Dose 2	14.7	37.0		
Males – 1 st Booster	16.5	7.1		
Females – Dose 1	0.0	3.8		
Females – Dose 2	7.3	3.9		
Females – 1 st Booster	4.0	11.1		

5–11 years	
Males – Dose 1	0.0
Males – Dose 2	15.7
Females – Dose 1	0.0
Females – Dose 2	0.0
12–15 years	
Males – Dose 1	9.5
Males – Dose 2	153.4
Males – 1 st Booster	16.7
Females – Dose 1	0.0
Females – Dose 2	25.0
Females – 1 st Booster	0.0
16–17 years	
Males – Dose 1	9.6
Males – Dose 2	139.3
Males – 1 st Booster	198.1
Females – Dose 1	9.2
Females – Dose 2	9.5
Females – 1 st Booster	43.4





Nextdoor survey

4% had long term issues

[Israeli government survey](#): 4.5% had neurological problems

Q: Why is there no mainstream survey like this?

A: Because they don't want you to know that they goofed.



Steve Kirsch

Los Altos Hills Town Hall Circle • 27 Aug



Did you have any side effects from the COVID vaccine? This is a non-judgmental poll to simply collect data on vaccine impacts (if any) in our local community. It shouldn't violate community guidelines since it is just asking a question without bias.

None to speak of

44%

Very mild (1 day or less of inconvenience)

40%

Felt out of it for >1 day but <1 week

9%

Post-injection symptoms required treatment by a doctor

3%

I'm still suffering (please comment below as to what you are experiencing)

4%

136 votes

Posted in **General** to **Anyone**



3 Neighbors

9 Comments


And it's all for nothing...

In Israel, the vaccines are making no difference in protecting people from being infected; the core use case.

Claimed benefit: 95%

Actual benefit: ~0%

We knew this in Sept 2021

 Robert W Malone, MD @RWMaloneMD · Sep 2 ...

More on Israel cases. Not really consistent with the story line pushed by legacy media in USA. Not a pandemic of the unvaccinated in Israel.

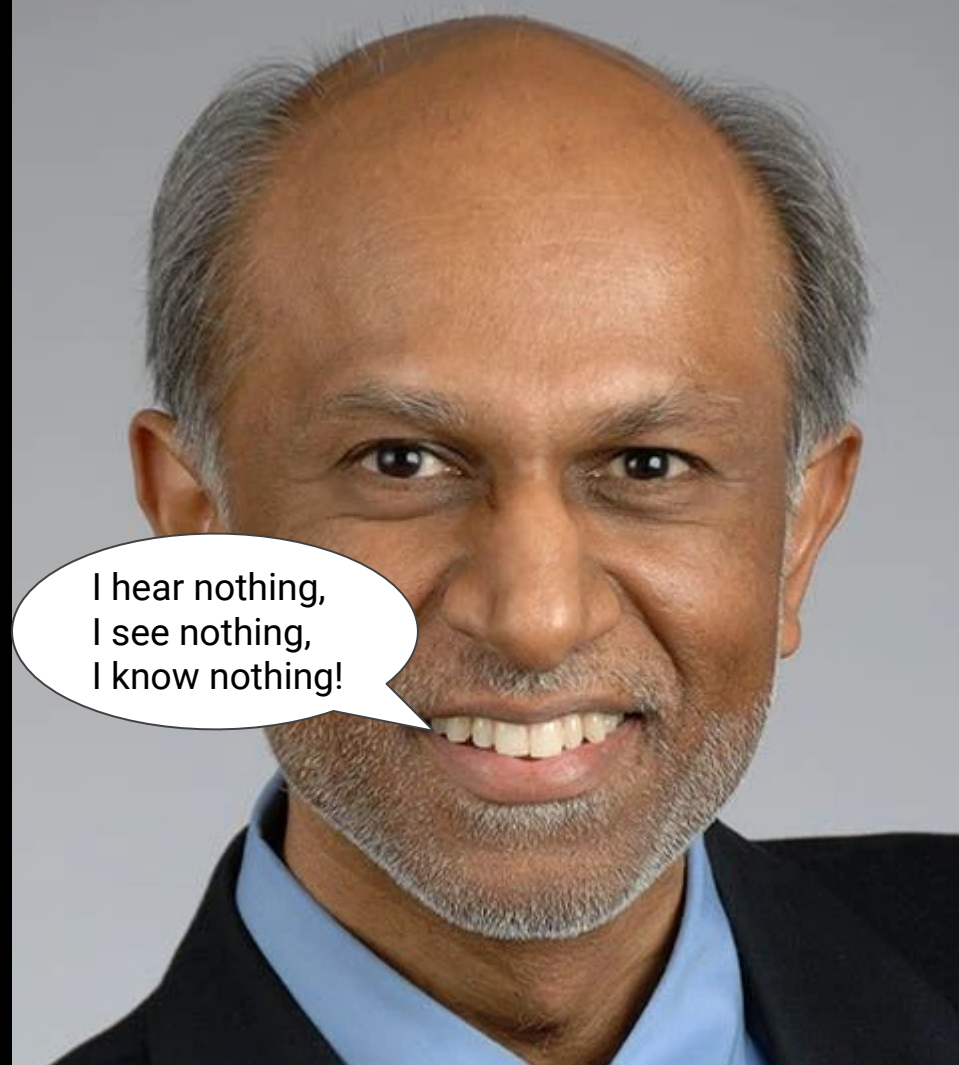
Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20–29	2689	795	77.2%	71.9%
30–39	3176	881	78.3%	77.4%
40–49	3303	635	83.9%	80.9%
50–59	2200	359	86.0%	84.4%
60–69	2200	187	92.2%	86.9%
70–79	1384	100	93.3%	92.8%
80–89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	TOTAL	TOTAL	AVERAGE	AVERAGE
20–90+	15634	3038	86.0%	84.4%

738 12.8K 21.4K

**Dr. Nath is studying the
vaccine injured at NIH**

**But he's been unable to
find a link between the
vaccines and the vaccine
injured.**

**Simply
stunning.**



The ICD-10 code that no doctor knows

COVID VACCINE ADVERSE EVENT DIAGNOSTIC CODE:



“- COVID-19 Vaccines causing
adverse effects in therapeutic
use, unspecified”

Why Include this Code in Patient Charting?

- It is vital to code vaccine reactions correctly, so they **can be researched properly.**
- Correctly codes the adverse event so the **reaction is recognized.**
- Contributes to the **proper care and treatment plan** for the patient.