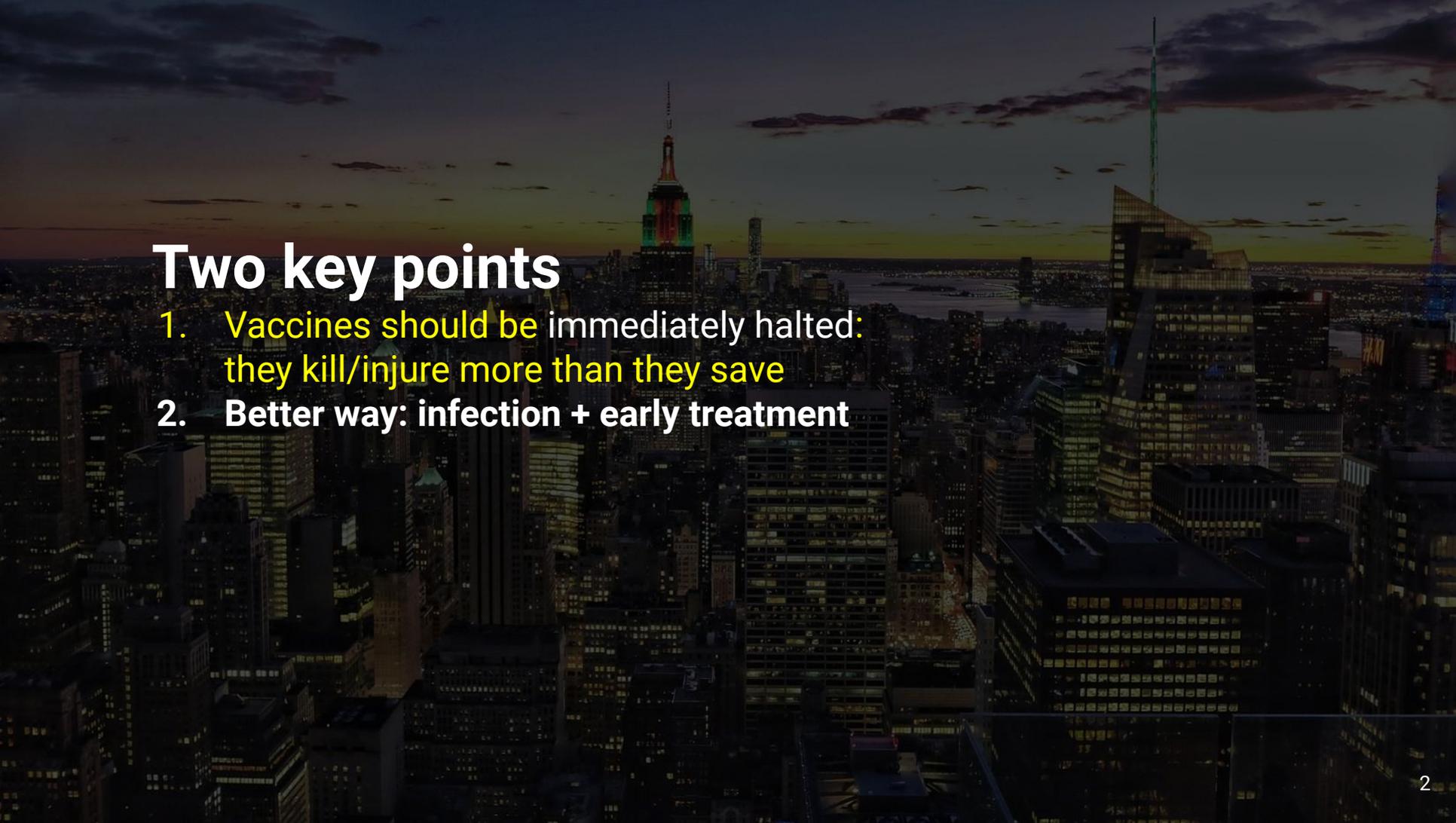


The False Narrative Takedown (TFNT) Series
Episode #1

**Have COVID vaccines killed
~ 200,000 Americans?**

Steve Kirsch
Executive Director
COVID-19 Early Treatment Fund
stk@treatearly.org

Latest presentations
www.skirsch.io/vaccine-resources
TFNT #1



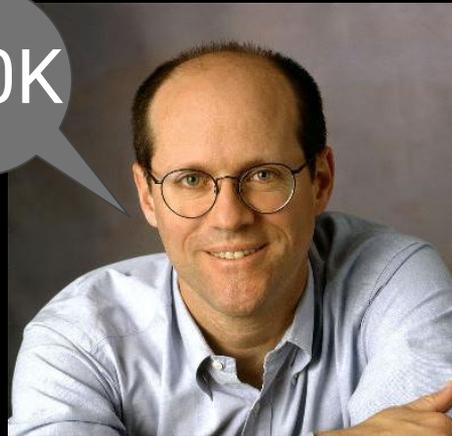
Two key points

1. Vaccines should be immediately halted: they kill/injure more than they save
2. Better way: infection + early treatment

How many people have been killed?



Rochelle Walensky, **CDC**



Steve Kirsch, **Philanthropist**

Both people are telling the truth!

But the **CDC statement is very misleading** because they don't believe that you can determine causation from VAERS + lack of autopsies.

The big disconnect

“As an early warning system, VAERS cannot prove that a vaccine caused a problem.”

The FDA and CDC think it is **true**.

We think it is **false**.

Reference:

<https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>

Our claim: The Bradford-Hill causality criteria **can** be applied to VAERS.

1. **Temporal relation:** The patient did not have the condition BEFORE the injection and the condition is new AFTER the injection. Note the condition could be an exacerbation of an existing condition, e.g., worsening of insulin resistance.
2. **Strength of association:** The rates should be higher than normal and the absolute numbers are large enough that it wasn't just random small numbers chance
3. **Consistency:** The results are consistent (e.g., it isn't just from one region or reports all from the same doctor or one batch of drug or happened in the first week and not any other week)
4. **Specificity:** The event shouldn't occur on its own or as a result of just the action of getting an injection or visiting the doctor, e.g., anxiety could be associated with the vaccination itself and would thus be not specific to the injection. So it should be a reaction that is specific to getting vaccinated such as a severe headache that starts within hours after the injection
5. **Biological plausibility:** The mechanism of action of the vaccine for how it harms patients should be able to explain the outcome. For example, mercury poisoning isn't caused by vaccines. However, a wide range of neurological and cardiovascular events are within scope as are organ failures including multiple organ failure. Dysfunction of the brain, heart, and lungs, especially are suspect.

Reference: [Using the Bradford-Hill criteria to assess causality in the association between CHADOX1 NCOV-19 vaccine and thrombotic immune thrombocytopenia](#)

The \$1M bet

I will bet anyone \$1M that there are now over 100,000 deaths of Americans that were caused by the COVID vaccines

Why won't anyone take my bet??

Why won't anyone credible debate me? I'm willing to offer \$ incentives.

* A debate means a moderated discussion with a neutral moderator and platform

Executive summary

1. CDC, FDA, NIH are spreading misinfo on vax vs. early treatment: Early treatment is being deliberately sabotaged
2. The data is clear: all the “experts” are wrong about vax safety
3. Our medical freedoms are being stripped away
4. Nobody prominent will challenge my conclusions with a better analysis even with large \$ incentives
5. Debates → Government-driven censorship and intimidation
6. CDC and FDA won't engage or investigate fraud.
7. Medical recommendations are now being driven by the White House
8. Vaccines don't offer an all-cause morbidity or mortality benefit
9. Geert Vanden Bossche was right: vaccinate mid-pandemic → disaster

Agenda

1. About me
2. The false narrative
3. # of deaths calc
4. How mRNA vaccines work
5. AE rate table
6. Evidence
7. Who do you trust?
8. The better solution
9. Take action
10. Reference material

About me

1. MIT engineer
2. Serial high-tech entrepreneur
3. Medical philanthropist for last 20 years
4. No history of misinformation, conspiracy theories, ...
5. I have **zero** incentive to give out vaccine misinformation
6. Happy to change position based on preponderance of the evidence
7. Fully COVID vaccinated (along with my family)
8. Like solving hard problems
9. Started COVID-19 Early Treatment Fund w/\$1M:
 - a. Fluvoxamine
 - b. Interferon lambda
 - c. Camostat
 - d. HCQ
10. **No COIs**

How I got started in vaccine safety

March 28: Fully vaccinated (because they said it was safe)

May 9: Unsolicited DM from woman in Sweden: 3 dead

May 19: Tim Damroth + his wife

May 26: Byram Bridle call / biodistribution study ... "this is big."

May 28: Passed info onto Robert Malone.

June 10: Darkhorse podcast (3.5 hours/ ~1M views)

...

The false narrative

1. SAFETY

- a. The vaccines are “safe and effective”
- b. Nobody has died from the COVID vaccine
- c. You can't use VAERS to determine causality
- d. The spike protein is “harmless”
- e. Only a few vax adverse event types and they are “mild”

2. SOLUTION SPACE

- a. Vaccines are the only way to end the pandemic
- b. Mandates are needed
- c. Masks work
- d. Early treatments don't work
 - i. Ivermectin is dangerous

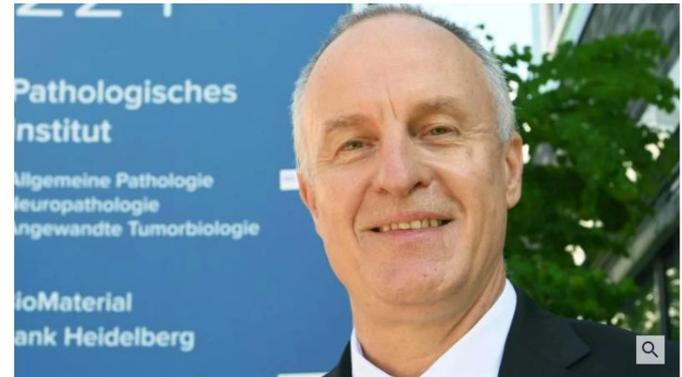
Dr. Peter Schirmacher

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”**

→ **“Nobody has died from the vaccine” is a lie.**

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)

Why isn't this covered in the US mainstream media?

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

Norway also confirmed vaccine may cause deaths

1. 100 reported deaths in nursing home patients examined (87.7 avg age)
2. Using medical records alone:
 - a. 10 cases: probable
 - b. 26 cases: possible
 - c. 59 cases: unlikely
 - d. 5 cases: unclassifiable
3. The 36% possible number aligns with the 30% to 40% estimated by Schirmacher

THURSDAY 09 SEPTEMBER 2021


Tidsskriftet
DEN NORSKE LEGEFORENING

ARTICLES SUBJECT AREAS EDITIONS AUTHOR GUIDE MEDICAL JOBS SEARCH Q

Deaths in nursing homes after covid-19 vaccine

ORIGINAL ARTICLE COVID-19 GERIATRICS / INFECTIOUS DISEASES / GENERAL MEDICINE / COMMUNITY MEDICINE ENGLISH

SUMMARY
Torgeir Bruun Wyller, Bård Reiakvam Kittang, Anette Høyen Ranhoff, Pernille Harg, Marius Myrstad *About the authors*

MAIN FINDINGS

ARTICLE

INTRODUCTION

MATERIAL AND METHOD

RESULTS MATERIAL AND METHOD

Published: May 19, 2021
Issue 10, June 29, 2021
Tidsskr Nor Legeforen 2021
doi: 10.4045 / tidsskr.21.0383

Received 6.5.2021, first revision submitted 13.5.2021, approved 14.5.2021.

Open access CC BY-ND

 PlumX Metrics

The big question is: How are Schirmacher and Norway both able to determine causality in sample sizes of 40 or less, but the CDC can't determine causality in a single case of the 14,000 deaths it investigated?

Pfizer 6 month study

no **all-cause** mortality benefit

Here is [the full Pfizer 6 month report](#). The main body discloses the 5 extra deaths post-unblinding in people who got the vaccine. So the deaths weren't really balanced like they would like you to believe. And the causes of death in the two groups weren't the same either. We asked Pfizer (Judith Absalon) multiple times about the cause of death of the 5 people but she did not respond. Here's what they wrote in the paper:

During the blinded, controlled period, **15 BNT162b2** and **14 placebo** recipients died; during the open-label period, **3 BNT162b2** and **2 original placebo** recipients who received BNT162b2 after unblinding died. None of these deaths were considered related to BNT162b2 by investigators. Causes of death were balanced between BNT162b2 and placebo groups (Table S4).

5 vax deaths
post-unblinding... **nobody
knows what they died from!**



Vaccine Truth @VaccineTruth2 · 1s

Chris Martenson does an EXCELLENT job showing the results of the Pfizer 6 month study: NO mortality benefit from the vaccine. But what was more interesting was what the vaccine recipients died from. These causes are associated with the vaccine.



Pfizer Jab: Here's what you need to know!

The long-awaited 6-month follow up data for the Pfizer vaccine is finally in. The good news is that th...

[youtube.com](#)

Group	Deaths
Placebo	14
Vaccine	18

For detailed analysis

[Why so many Americans are refusing to be vaccinated](#)

Beware of flawed logic

Richard Weiss, a part-time pre-med student, argues that if 200,000 deaths were caused by the vax, it would show up as SIGNIFICANTLY more deaths in the vaccine group.

He's wrong. There were only 2 COVID deaths in the placebo group. Let's say that the vaccine kills 2 people for every person it saves. The pre-blinding data shows we saved 1 COVID life, but all-cause net lives lost for the vaccine was 2. So the observed data in the pre-blinding phase is 100% consistent with our hypothesis of 2 killed for every one person saved.

In fact, when you consider that a total of 20 people who were vaccinated died compared to 14 unvaccinated, our hypothesis of 2 all-cause deaths for every 1 person saved from COVID looks very conservative.



Richard Weiss 🌻
@_RL_W



Replying to @imthecrazy1ne and @stkirsch

If 200,000 deaths were caused by vaccination, then we would have seen significantly more deaths in the vaccinated group than in the unvaccinated group. Instead they were statistically the same.

8:56 AM · Sep 9, 2021 · Twitter for iPhone

Others pointed out the same thing in the [comments](#) to the Pfizer's 6 month report. The numbers don't justify anyone using these vaccines.

Comments

Community



2



Recommend 66

Sort by Newest

Join the discussion...



Zach · 2 days ago · edited

Im confused if it doesn't reduce death significantly statistically and increases serious adverse events by double. Why is this being pushed as effective or safe? This data proves both to be wrong. If your chance of death is unchanged and your hospitalization rate is nearly doubled it literally makes no sense to take this. What am I missing?

1 ^ | v · Reply · Share >



ABO FAN · 7 days ago

I do not understand the meaning of this paper at all.

1. There is no statistically significant difference between one and two corona deaths. This means that the vaccine is **not** effective.
2. The test period is until March 13, 2021, therefore the current mainstream delta strains were **not** tested.

2 ^ | v · Reply · Share >

You are not supposed to read these papers with a critical eye.

The reason the vaccines must be mandated is there is no scientific data that justifies that they provide a **NET mortality/morbidity benefit.**



Red · 16 days ago

This paper is missing one very crucial piece of information: 6-month adverse event followup. Table S3 still reports only adverse event counts up to 1 month after the second dose, but nothing about longer followup periods. This is a violation of a commitment from the study's protocol where it was stated that 6-month safety data will be reported (section 9.5.1). And the only reason I can think of why such a data was not reported is because it suggests the treatment is not as safe as it is claimed.

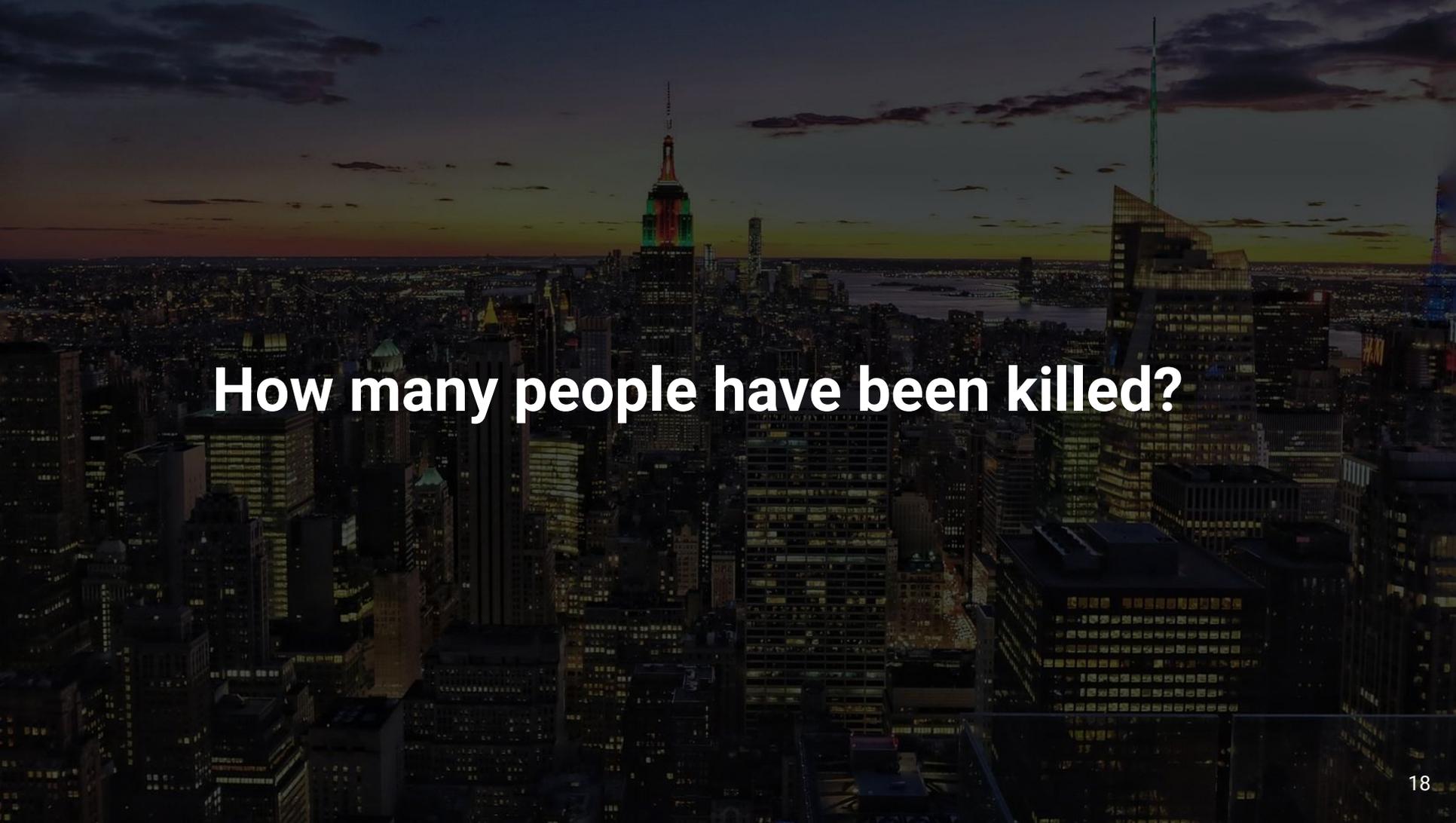
21 ^ | v · Reply · Share >



VT → Red · 2 days ago · edited

Exactly! It's interesting how this very important table is cut short to 1-month data, and pushed into the middle of the supplemental. This table should be in the main portion of the article. Also notice that in Table S3, "Any adverse events" is 30.2% for BNT162B2 and is only 13.9% for placebo after 1 month. I'd be really interested in the 6-month data, and the risk ratio for each specific adverse event.

^ | v · Reply · Share >

An aerial photograph of New York City at dusk. The sky is a mix of dark blue and orange, with scattered clouds. The city's lights are beginning to glow, and the Empire State Building is prominently lit with red and green lights. The text "How many people have been killed?" is overlaid in the center in a bold, white, sans-serif font.

How many people have been killed?

An aerial photograph of a city skyline at dusk or dawn. The sky is dark with some clouds, and the city lights are visible. The Empire State Building is prominent in the center, illuminated with red and green lights. The text "The simplest method is to use VAERS but it's not the only method" is overlaid on the image in white and yellow.

**The simplest method is to use VAERS
but it's not the only method**

Determining # **excess** deaths from VAERS

1. Understand VAERS
2. Determine propensity to report
3. Determine # of domestic deaths
4. Determine under-reporting factor for serious events
5. Determine background deaths
6. Calculate # excess deaths
7. Evaluate other possible causes
8. Validate using independent methods and people

Reference for all slides on this topic:

[Estimating the number of COVID vaccine deaths in America](#)

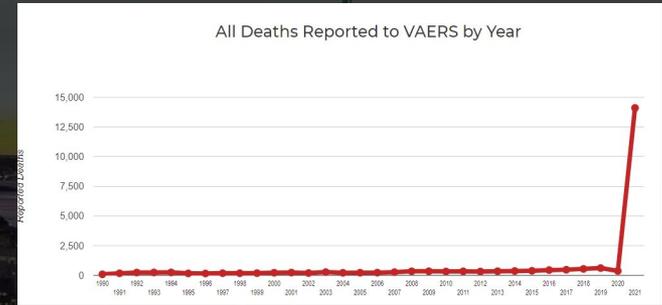
About VAERS

1. The official system for reporting all serious vaccine adverse events
2. Used by the CDC to spot safety signals
3. Anyone can report (mostly HCWs)
4. At least 2 records of 1.4M were gamed
5. Criminal to file false report
6. Verified/coded by HHS before entry
7. Access via:
 - a. vaers.hhs.gov
 - b. medalerts.org
 - c. openvaers.com

Propensity to report deaths

“Same as previous years”

1. Old habits die hard
2. No excess promotion (vs. 2009)
3. Doctor surveys (“we see more, but reporting less”)
4. Unrelated event analysis (wort, hepatitis, ear ache, metal poisoning, ...)
5. Rules are the same as previous years (reporting required for SAEs)
6. Doctors don't want to upset the narrative
7. Doctors don't believe the vaccines have caused any deaths
8. Still a PITA to report / less time now
9. Very hard to update existing record to a death
10. Everyone (so far) who disputes this NEVER provides ANY evidence





Search Results

From the 8/27/2021 release of VAERS data:

Found 6,167 cases where Location is U.S. States or Unknown and Vaccine is COVID19 and Patient Died

Table

 Age	  Count	Percent
< 3 Years	3	0.05%
12-17 Years	13	0.21%
17-44 Years	310	5.03%
44-65 Years	1,117	18.11%
65-75 Years	1,349	21.87%
75+ Years	2,892	46.89%
Unknown	483	7.83%
TOTAL	6,167	100%

domestic
deaths

Under-reporting factor (URF) estimate for severe events

We've vaccinated 97.5M people from the start thru March 2021 and there were 583 reports in VAERS who had an anaphylaxis reaction on their first dose

MGH: 2.47 reactions per 10,000 first doses

$583/97.5M * x = 2.47/10,000$ where x is under-reporting factor

x=41

Anaphylaxis is required by law to report. Fatalities occur later and are less likely to be reported because a lot of doctors will not ascribe causality, may not even know the patient was vaccinated, and don't want to upset the narrative and increase vaccine hesitancy. Therefore, we think 41 is conservative. [CDC didn't object to claims of 50X or more.](#)

Note: [Jessica Rose got a 32 multiplier \(@ 25:33\)](#), but she used SAE of the Pfizer study which is not as accurate because Pfizer made the AEs hard to report. Evidence for the difficulty to report was in the side-effects groups on Facebook. But FB deleted all these groups so that no one will know.



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Search Results

From the 7/30/2021 release of VAERS data:

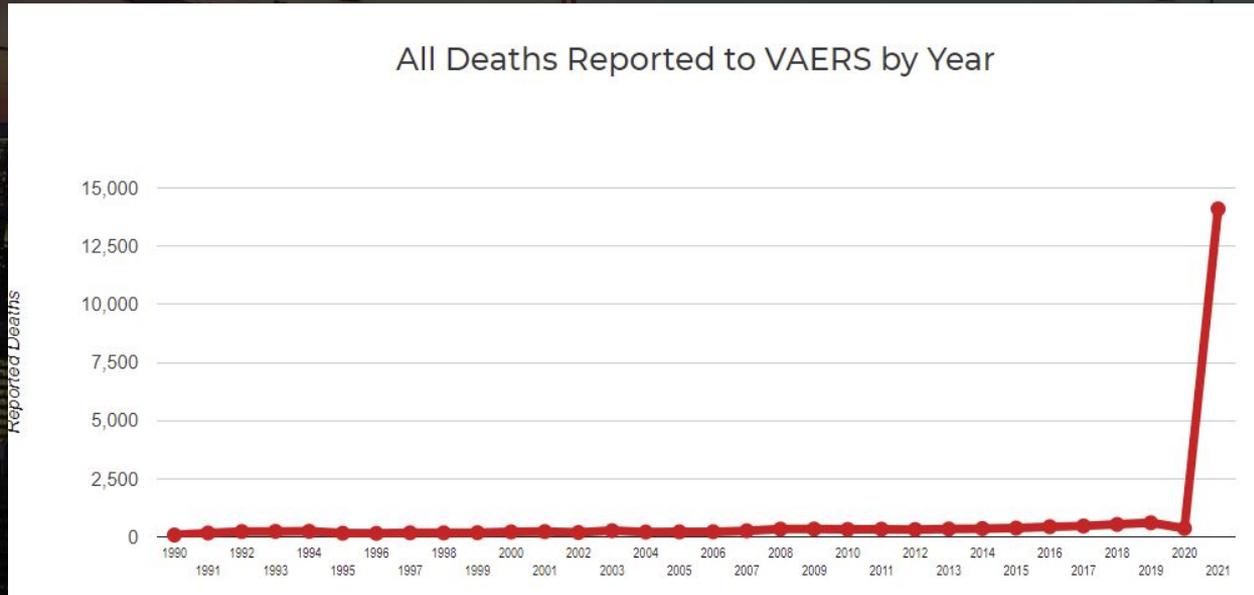
Found 583 cases where Location is U.S. States or Unknown and Onset Interval is 0 and Vaccine is COVID19 and Vaccine Dose is '1' and Symptom is Anaphylactic reaction or Anaphylactic shock and Vaccination Date on/before '2021-03-31'

Table

Event Outcome	Count	Percent
Death	2	0.34%
Permanent Disability	3	0.51%
Office Visit	111	19.04%
Emergency Doctor/Room	388	66.55%
Hospitalized	71	12.18%
Recovered	308	52.83%
Life Threatening	112	19.21%
Not Serious	51	8.75%
TOTAL	† 1,046	† 179.42%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 583 (the number of cases found), and the Total Percentage is greater than 100.

Determine # of background deaths



< 500 per year

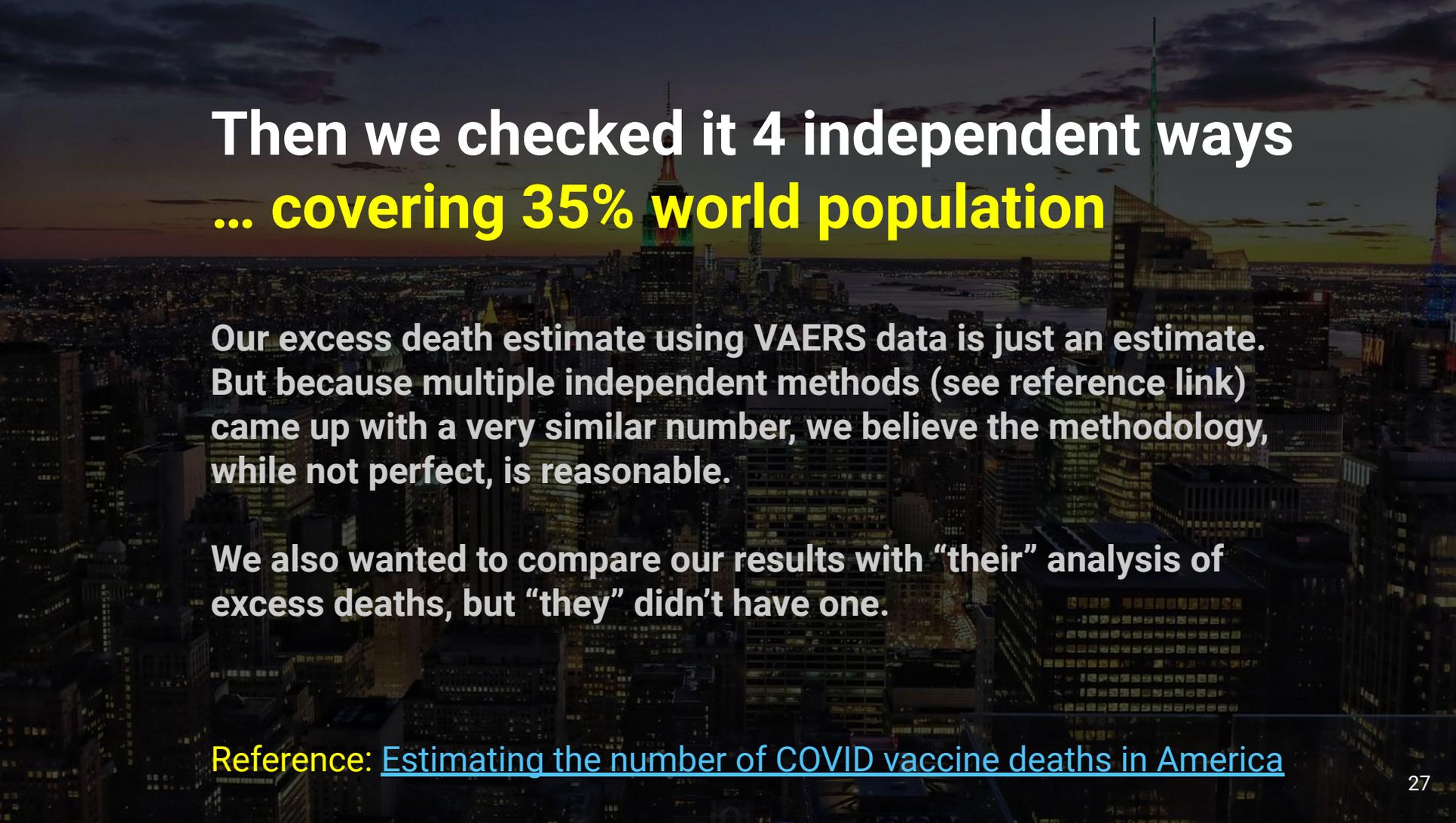
Excess death calculation

$$(6,167 - 2*500)*41 = 212K \text{ deaths}$$

Vaccine is most likely cause

Note:

1. This is an estimate. Nobody shows me their "correct" analysis or will bet me. They just claim "you're wrong."
2. 41 is the under-reporting factor. 2*500 because there are two visits so conservative estimate



Then we checked it 4 independent ways ... covering 35% world population

Our excess death estimate using VAERS data is just an estimate. But because multiple independent methods (see reference link) came up with a very similar number, we believe the methodology, while not perfect, is reasonable.

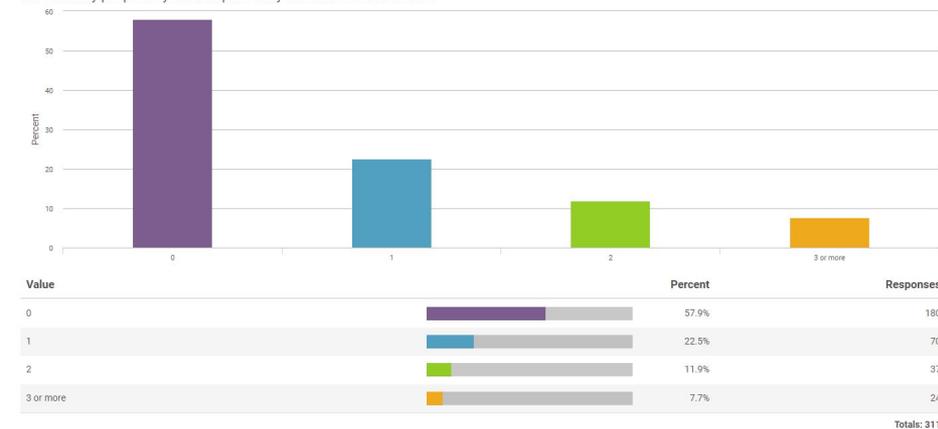
We also wanted to compare our results with “their” analysis of excess deaths, but “they” didn’t have one.

Reference: [Estimating the number of COVID vaccine deaths in America](#)

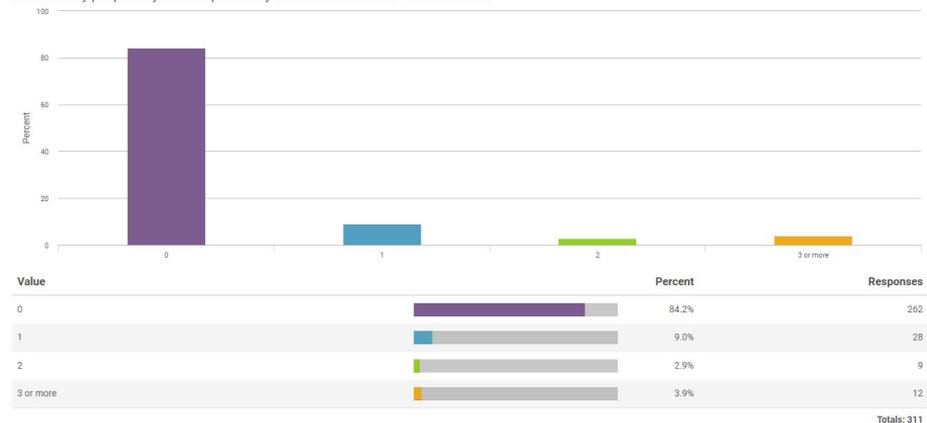
This survey was fielded on August 25, 2021 to US adults age 18+. With ~300 responses, this survey has a ~5.5% margin of error.

All of our respondent (sample) supplier's sampling methods are governed by a third-party sample quality measurement & ranking program that ensures high quality human answers for market researchers seeking accurate insights. This party's method for evaluating sample suppliers is grounded in three essential elements of survey sampling: quality, consistency, and acceptance. Scores are calculated from user data, results and a set of benchmarking modules designed in concert with four of the top five market research companies and coordinated through DM2. For more on data quality, click here.

1. How many people do you know personally who have died of COVID?

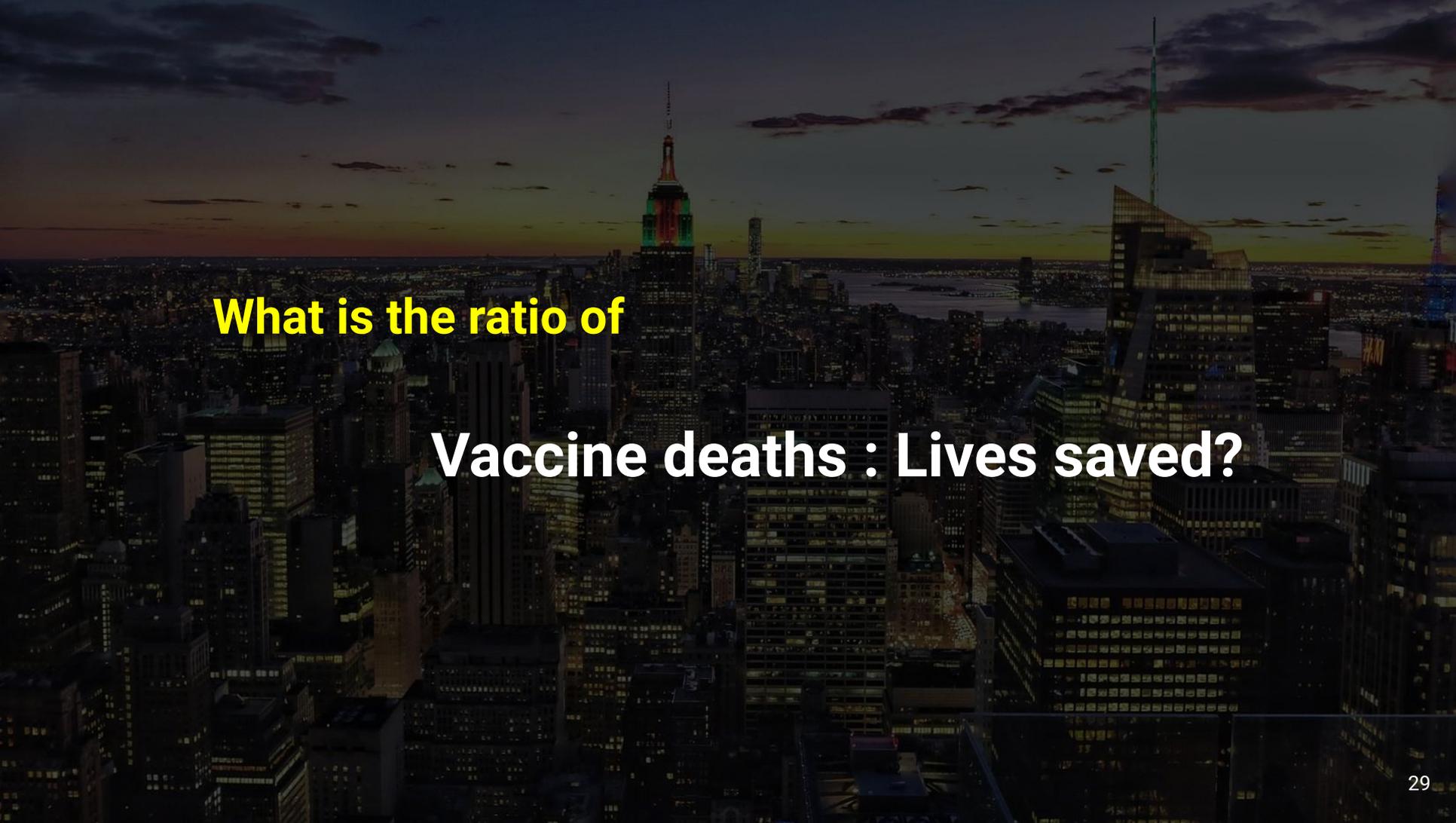


2. How many people do you know personally who have died of the COVID vaccine?



Fifth way: Professional pollster. Few people attribute death to the vaccine (including doctors); it just looks like “bad luck.” So “death caused by the vaccines” is likely to be under-reported in the surveys. Even with that, the estimated death count is staggering.

Shows vaccine deaths ~ 174,000 ([ballpark per our statisticians](#))

An aerial photograph of New York City at dusk. The Empire State Building is the central focus, illuminated with red and green lights. The city lights are visible against the darkening sky, and the Hudson River is visible in the distance.

What is the ratio of

Vaccine deaths : Lives saved?

Excess Death:Life ratio is **UNACCEPTABLE**

Study source	Excess deaths required to save COVID life	Lives saved
Pfizer 6 month*	5	1
VAERS	2	1
Nursing home (booster)*	6	1

* Not statistically significant

People killed > People saved

Six Month Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine

Comments (186)

Stephen J. Thomas, Edson D. Moreira Jr., Nicholas Kitchin, Judith Absalon, Alejandra Gurtman, Stephen Lockhart, John I. Perez, Gonzalo Pérez Marc, Fernando P. Polack, Cristiano Zerhini, Ruth Bailey, Kera A. Swanson, Xia Yu, Sa

During the blinded, controlled period, 15 BNT162b2 and 14 placebo recipients died; during the open-label period, 3 BNT162b2 and 2 original placebo recipients who received BNT162b2 after unblinding died. None of these deaths were considered related to BNT162b2 by investigators. Causes of death were balanced between BNT162b2 and placebo groups (Table S4).

Pfizer Phase 3: 6 month study result

THE most definitive study on all-cause mortality benefit is **NEGATIVE**

Group	Deaths
Placebo	14
Vaccine	18

Excess Death:Life = 5:1

We killed 5 people to save a COVID death (net 18-14=4 lives lost) but this is not statistically significant

VAERS excess deaths calculation

1. $(2927-500)*41 = 99,507$ actual deaths
2. $99507/217 = 458$ D/M doses

Notes:

1. [217M](#) is the number of Pfizer doses delivered
2. 41 is the [under-reporting factor \(URF\) in VAERS](#) this year for the COVID vaccines computed from anaphylaxis rates from the [JAMA paper](#).
3. 458 Deaths per Million Doses is just above the [worldwide average of 411](#) which is **demonstrated multiple independent ways**.



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Search Results

From the 9/3/2021 release of VAERS data:

Found 2,927 cases where Location is U.S., Territories, or Unknown and Vaccine is COVID19 and Manufacturer is PFIZER/BIONTECH and Patient Died

Table

 Age	 Count	 Percent
< 3 Years	2	0.07%
12-17 Years	12	0.41%
17-44 Years	139	4.75%
44-65 Years	473	16.16%
65-75 Years	619	21.15%
75+ Years	1,414	48.31%
Unknown	268	9.16%
TOTAL	2,927	100%

VAERS D:L calculation

Last 6 month COVID deaths assuming
90% death reduction = $91,868 * .90 =$
82,681 lives saved per 360M doses
 $-82.681/360000 * 1000000 = -230 \text{ D/M}$

$458/230=2$ per 6 month efficacy period

Category	Deaths per M doses
Est lives saved per M doses (last 6 mo)	-230
Excess deaths per M VAERS (Pfizer only)	458

Death:Life = 2:1

Nursing home

4 dead/7 hospitalized after Pfizer Booster
Save .68 life from COVID in 6 mo

Death:Life = 6:1

Assumptions:

1. 3% IFR for elderly and 30% get COVID in a year
2. Booster lasts for 6 months



Sunnycrest nursing home

Whitby, Ontario

136 beds

~411 deaths/M doses

Confirmed using five different methods
comprising 35% of the world's population

~ 150,000 excess deaths in America
caused by the vaccine



Search Results

From the 8/27/2021 release of VAERS data:

Found 7,288 cases where Location is U.S. States or Unknown and Vaccine is COVID19 and Disabled

Table

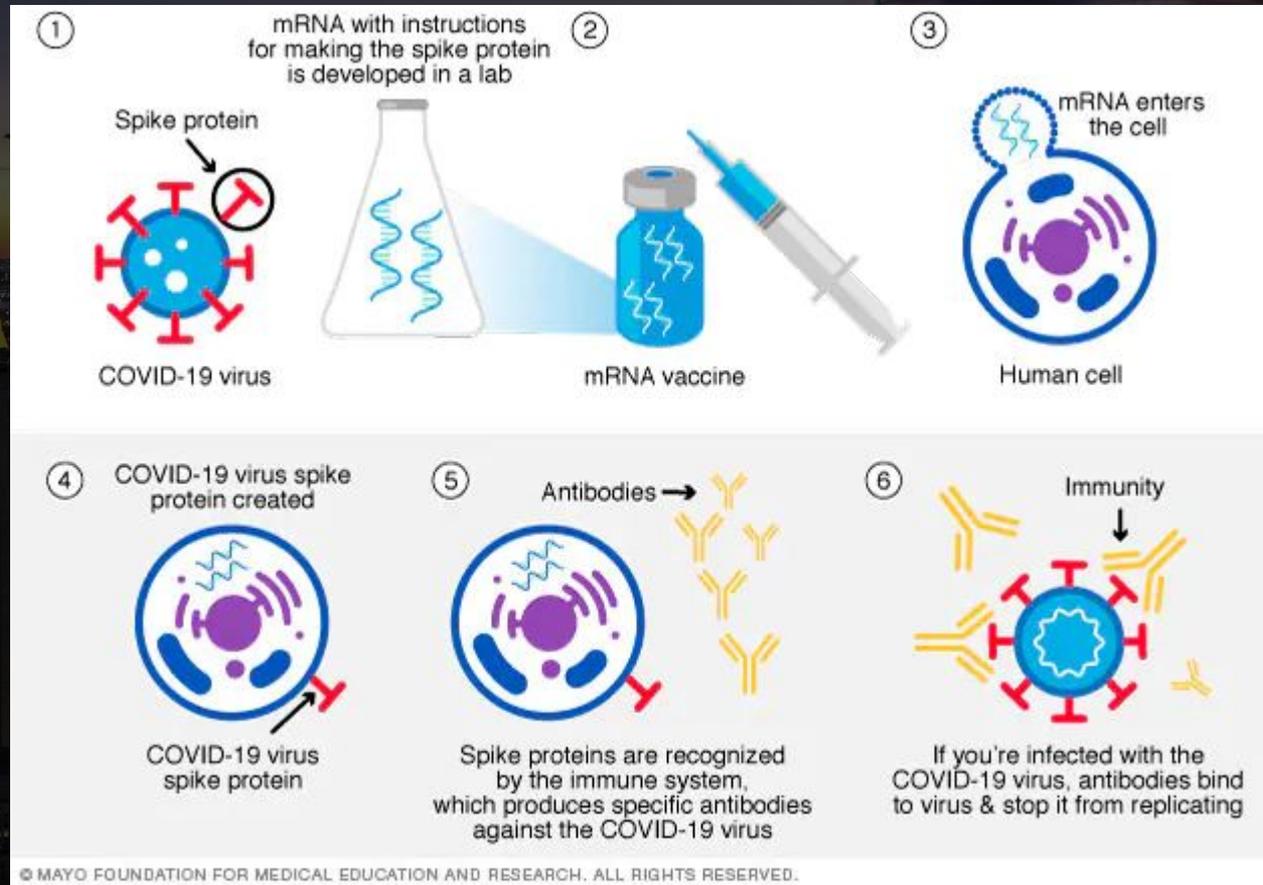
 Age	  Count	Percent
< 3 Years	1	0.01%
3-6 Years	2	0.03%
12-17 Years	51	0.7%
17-44 Years	1,826	25.05%
44-65 Years	2,935	40.27%
65-75 Years	1,368	18.77%
75+ Years	966	13.25%
Unknown	139	1.91%
TOTAL	7,288	100%

disabled
>> 300,000
(greater underreporting)

How mRNA vaccines work

Problems

1. mRNA goes everywhere
2. Spike is toxic
3. Amount, distribution, duration of spike is person dependent (depends on degradation of dose too)
4. NHP studies never done
5. Pregnancy studies never done
6. Original antigenic sin
7. Vaccine enhanced infectivity/replication (ADE superset)



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COVID math

1. Global avg IFR = .15% ← infection fatality rate
2. Global avg VFR = .082 ← vaccine fatality rate ([Crawford](#))
3. IFR @ age 50 = .2%
4. IFR moves 2X for every 7-8 yrs
→ IFR varies 1000X from young to old
5. COVID infects 20% to 30% of a population per year
6. With natural infection, % infected exponentially decreases over time... 50%, 25%, 12%, ...

If you are 50 or under, vaccination makes no sense

Reference: [Why so many Americans are refusing to get vaccinated](#); search term: "40 and 50"

Adverse event table (partial list)

Symptom	X factor
Pulmonary embolism	473
Stroke	326
Deep vein thrombosis	264.3
Thrombosis	250.5
Fibrin D dimer increased	220.8
Appendicitis	145.5
Tinnitus	97.3
Cardiac arrest	71
Death	58.1
Parkinson's disease	55
Slow speech	54.3
Aphasia (inability to talk)	52.3

Full list: [Estimating the number of COVID vaccine deaths in America](#)

21,369 adverse event types reported for these vaccines!

“This has never been seen before in history.”

Source: [VAERS Update \(by Jessica Rose\)](#) @28:30

Some examples of the URF conversion

Adverse Event	Absolute number	URF applied
Bell's Palsy	2,637	81,747
Herpes zoster	4,807	149,017
Tinnitus	6,523	202,213
Female Reproductive Issues	6,549	203,019
Death	6,639	205,809
Cough	9,637	298,747
Paraesthesia	9,860	305,660
Lymphadenopathy	10,420	323,020
Chest pain	11,492	356,252
Breakthrough COVID-19	11,805	365,955
Diarrhoea	13,495	418,345
Injection site pruritis	15,549	482,019
Myalgia	17,047	528,457
Pruritus	18,103	561,193
Dyspnoea (difficulty breathing)	20,674	640,894
Pain	40,084	1,242,604
Fatigue	61,900	1,918,900
Chills	61,972	1,921,132
Headache	73,565	2,280,515
Hospital	26,402	818,462
Life-threatening events	7,423	230,113
Disabled	6,861	212,691
Birth defects	258	7,998

There are over 10,000 MedDRA codes reported in VAERS in the context of COVID-19 injectable products.

Guillain-Barre syndrome

544*41=
22,304 cases

(H1N1 vaccine in 1976 was [stopped nationwide after just 50 GBS cases](#))

Note: We use the same multiplier as anaphylaxis for GBS since [John Su's paper](#) showed that the URF for these two events were comparable within the same vaccine (e.g. 13% vs. 12% for flu vax).



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Search Results

From the 8/27/2021 release of VAERS data:

Found 544 cases where Location is U.S. States or Unknown and Vaccine targets COVID-19 (COVID19) and Symptom is Guillain-Barre syndrome

Table

 Age	Count	  Percent
12-17 Years	12	2.21%
17-44 Years	125	22.98%
44-65 Years	205	37.68%
65-75 Years	105	19.3%
75+ Years	55	10.11%
Unknown	42	7.72%
TOTAL	544	100%

Troubling anecdotes consistent with high death rate argument (not with CDC claims)

1. [Oahu, HI](#): 32 vax/ ~0 true COVID deaths (he clarified this in phone call)
2. [Sunnycrest nursing home](#) booster shot (136 beds): 4 dead/7 hospitalized to save ~1 life/yr (information from an employee)
3. Bernstein: 25 events this year vs. 0 in 29 years
4. Neuro: 2,000 this year vs. 0 in last 11 years (5% of existing patients). Only 2 VAERS.
5. McCullough: Troponin levels at 35-50 for 2 months post-vax (consider that a heart attack might elevate to 4 for a 2 days if serious)
6. Urso: 0 VAERS reports in past 28 years. 40 this year so far. Reported 0.

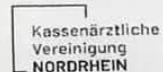
(Not cherry picked. All are consistent with our hypothesis; cannot be explained by CDC/FDA hypothesis that vaccines are perfectly safe)

More booster deaths

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, two 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.**



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

Körperschaft des öffentlichen Rechts

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

Postadresse:
KV Nordrhein
40182 Düsseldorf

in Mönchengladbach

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.

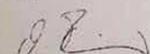
Wir müssen Sie zeitnah über die Vorkommnisse informieren, zumal weder eine arzneimittelrechtliche Zulassung durch die EMA noch eine STIKO Empfehlung für diese Auffrischungsimpfungen derzeit existieren!

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

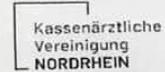

Dr. med. A. Theilmeier
Vorsitzender der KSMG
der Kassenärztlichen Vereinigung


Dr. med. H. Hüren
Vorsitzender der KS MG
der Ärztekammer

To ponder...

Question: The Germans figured out the vaccine third dose was unsafe. How can it be perfectly safe for doses 1 and 2, but deadly on dose 3?

Answer: It can't be. It's the exact same vaccine. It's always been deadly, but nobody was paying attention before.



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Mit herzlichen Grüßen

Ihre

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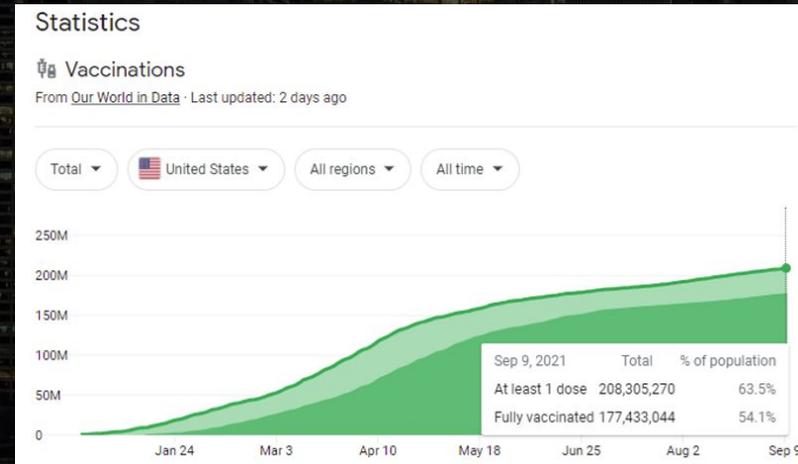
If these vaccines are so safe, how come so many people **never** come back for a second dose? **Hasn't anyone looked at the reasons?**

Inconvenient truth: 15% drop off (30 million Americans).

Some people dropped off getting a second shot because they died after the first shot.

Most dropped off due to non-fatal severe adverse events. The point is most of the 30M Americans were injured by the vax.

Note: $54.1/63.5 = .85$



Here's why...

1. 12M Americans: bad reaction to Dose #1
2. 13M Americans saw what happened to friends who took jab
3. 5M: will be getting 2nd jab soon.



Steve Kirsch
@stkirsch



Know anyone who got ONE vax shot and NOT #2? I'd love to know the reason they didn't get the second shot!



887 votes · 19 hours left

11:36 AM · Sep 15, 2021 · Twitter Web App

||| View Tweet activity

30 Retweets 3 Quote Tweets 65 Likes

Vaccine enhanced infectivity/replication is a reality with these vaccines

1. The virus is mutating to completely avoid the vaccines
2. The vaccines are now helping the virus to infect you
3. Why are we ignoring the science?!?

neutralizing antibodies, while increasing responsiveness to anti-NTD infectivity-enhancing antibodies. Although Pfizer-BioNTech BNT162b2-immune sera neutralized the Delta variant, when four common mutations were introduced into the receptor binding domain (RBD) of the Delta variant (Delta 4+), some BNT162b2-immune sera **lost neutralizing activity and enhanced the infectivity**. Unique mutations in the Delta NTD were involved in the **enhanced infectivity** by the BNT162b2-immune sera. Sera of mice immunized by Delta spike, but not wild-type spike,

Reference: [The SARS-CoV-2 Delta variant is poised to acquire complete resistance to wild-type spike vaccines](#)

How can D-dimer be elevated for months after vaccination?

1. D-dimer is lagging indicator of blood clots.
2. [Hoffe](#): >60% have elevated D-dimers. That is not normal.
3. Other doctors have confirmed these results
4. The elevation (e.g. levels @1500) can persist for 3 months. That is not normal.

Cardiac arrest example

71X elevated vs. baseline

(avg over 5 years for all vaccines; $57/4*5=71$)

NB: VAERS reporting propensity is unchanged from previous years → These are real elevations

Note: The 71X factor is in a period shortly after vaccination and not the entire year!

 National Vaccine Information Center
Your Health. Your Family. Your Choice.

[MedAlerts Home](#)

Search Results

From the 9/3/2021 release of VAERS data:

Found 4 cases where Age is 20-or-more-and-under-60 and Symptom is Cardiac arrest and Patient Died and Date of Death from '2015-01-01' to '2019-12-31'

Table

	↓		↑ ↓
Age	Count	Percent	
17-44 Years	3	75%	
44-65 Years	1	25%	
TOTAL	4	100%	

 National Vaccine Information Center
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[MedAlerts Home](#)

Search Results

From the 9/3/2021 release of VAERS data:

Found 57 cases where Age is 20-or-more-and-under-60 and Location is U.S., Territories, or Unknown and Vaccine is COVID19 and Manufacturer is PFIZER/BIONTECH and Symptom is Cardiac arrest and Patient Died

Table

	↓		↑ ↓
Age	Count	Percent	
17-44 Years	18	31.58%	
44-65 Years	39	68.42%	
TOTAL	57	100%	



Dr. Vinay Julapalli, MD

Interventional Cardiology

Houston Methodist

STEMIs elevated by **2x to 3x**
after vaccine rollout

“I’ve NEVER seen that before.”

Reporting rates of myopericarditis (per million doses administered), by manufacturer, sex, and dose number, 7-day risk period* (as of Aug 18, 2021)

1 in 317 boys (16-17) will get myocarditis from the vaccine

After the booster it could be 1 in 25

Ages† (yrs)	Pfizer			Moderna			Janssen			Pfizer			Moderna			Janssen		
	(All)			(All)			(All)			(Males)			(Males)			(Males)		
	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	
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	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	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	0.0	0.0	
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	0.0	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	0.0	0.0	
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	0.0	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	0.0	0.0	
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	0.0	0.0	



* 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

Note:

Two dose calc: $1000000 / ((5.2 + 71.5) * 41) = 317$ (note 41 is the URF)

Third dose calc: $1000000 / (71.5 * 13.75 * 41) = 25$

Assumes each dose increases SAE rate by 13.75 (=71.5/5.2) in that age range

Reference: John Su, [Safety update for COVID-19 vaccines: VAERS](#)

CDC says vaccine-induced heart damage is “mild.” The troponin numbers show they are lying.

(these post-vax levels can be sustained for months and are absurdly high; 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](#)

Inconvenient truth

They are also lying to you when they claim that COVID-caused myocarditis is more likely.

(the vaccines are worse than the disease for all symptoms we looked at)

Reference: [Teenage Boys More...](#)



Viials containing doses of the Pfizer COVID-19 vaccine are viewed at a clinic in Los Angeles, Calif., on April 9, 2021. (Mario Tama/Getty Images)

VACCINES & SAFETY PREMIUM

Teenage Boys More Likely to Suffer Heart Inflammation From Vaccines Than COVID-19 Hospitalization: Study

By [Zachary Stieber](#) | September 10, 2021 Updated: September 10, 2021

A A Print

The two main COVID-19 vaccines used in the United States are more likely to land teenage boys in the hospital than COVID-19 itself, a new study has found.



Stephanie Seneff
@stephanieseneff



Please watch this 2 minute video where a doctor in Idaho explains his observation that the COVID back scenes weaken the innate immune response to herpes viruses, varicella and certain cancers.



****CANCER**** Mayo trained pathologist reports a '20 times increase' of CANCER ...
"Since January 1, in the laboratory, I'm seeing a 20 times increase of endometrial cancers over what I see on an annual basis," reported Dr. Cole in the video clip ...
adarapress.com

12:20 PM · Sep 15, 2021 · Twitter Web App

20X increase of
cancer after
vaccination



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

Nextdoor survey

4M doctor visits

6M still suffering today (4%)

Note:

1. The 4% ~ matches neurologist!
2. No CNN, ... survey!?

Inconvenient truth: Pfizer isn't trustworthy...

1. Their own [6 month study showed more likely to die](#) if they got the vaccine
2. Before you attempt to defend Pfizer, recall that it has a record before of playing fast and loose, including [paying one of the largest criminal fines ever imposed on a drug company](#) for the arthritis drug Bextra.
3. Read this article on the [Pfizer consent form](#). The consent form allows for participants who need emergency care and go straight to their doctor or hospital to be ejected from the study. But that's hardly the only problem.
4. Phase 3 participants had 10X lower health risks (diabetes, cardiac arrest) as we showed [here](#). There were a LOT of exclusions that enabled them to recruit such a healthy cohort.
5. The causes of death were different in the treatment group vs. the placebo group. This shows the vaccines are safe: they are elevating different causes of death.
6. Maddie de Garay was paralyzed in the 12-15 trial but nobody from the FDA or CDC called for details and the mainstream media refused to cover it. It wasn't included in the trial results and nobody is warned about the risk of paralysis.
7. Participants found it extremely hard to report adverse events (messages in Facebook group that were deleted that Facebook won't help us recover)
8. Five times (5X) higher drop off in the treatment arm than in the control arm (see chart below note the **311 vs. 61** in the last two rows); what is the explanation for that?
9. The trial is not transparent; we don't know the reasons behind the 311 vs. 61 data exclusions. The regulatory authorities have given no indication of having regulated the process of determining safety at all.
10. The company can't seem to find any safety signals even though obvious in VAERS ([The adverse event table shows that the vaccines adversely impact every organ in the body](#))
11. No autopsies to determine cause of death done in the treatment group. That's really odd especially when a top pathologist (one of the top 100 pathologists in the world) says at least 30% of deaths within 2 weeks after vaccination were caused by the vaccine.

Why didn't anyone ask any questions about the gaming in the Phase 3 trial?!? **This is unlikely to happen by chance (p.< 0.00001).**

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 excluded 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

Why hasn't the FDA investigated the Maddie de Garay trial fraud?

1. She was in the [Pfizer Phase 3 12-15 year old trial](#)
2. She was 1 of just 1,131 kids in treatment arm
3. She was paralyzed less than 24 hours after her second Pfizer shot, but Pfizer reported her case as "abdominal pain" rather than "permanent paralysis."
4. Today, she has no feeling below her waist, she can't hold her head up on her own, she has to eat through a feeding tube.
5. It isn't clear she will improve over time.
6. Physicians don't know how to treat her.
7. She was never ejected from the trial.
8. FDA Commissioner Janet Woodcock promised an investigation.
9. She's never been contacted by the FDA or CDC on the fraud allegation.
10. She has received \$0 in compensation. **ZERO.**



My ACIP comments

1. **Me:** [ACIP comment 8-30-21](#) → FDA
2. **FDA:** “We believe the data from VAERS that you reference were not properly interpreted.”
3. **Me:** “Can we talk with your VAERS expert?”

My VRBPAC comments (9/12/21)

Key points are:

1. There is no all-cause mortality benefit from the Pfizer vaccine. In the 6 month study, there were 20 deaths in the vaccine group and 14 deaths in the placebo group. All the numbers showed it was more likely that the placebo was the better choice for all-cause mortality. We need to quit focusing on relative risk reduction for a vaccine which has killed so many people.
2. There is a highly statistically significant all cause morbidity INCREASE with Pfizer vaccine 3. John Su's VAERS data is NEVER adjusted by the URF which is at least 41. This means 1 in 318 boys will develop myocarditis based on the current two doses.
4. We have NO DATA on how much a third dose will increase side effects.
5. If we extrapolate from the first two doses, then 1 in 23 boys will develop myocarditis because the second dose is 13.75X the first dose (318/13.75) based on John Su's ACIP presentation.
6. Troponin levels have been elevated by 614X normal after vaccination. In many patients, troponin levels are elevated for MONTHS according to top cardiologists. You should get the hs-Troponin levels post-vax before approving a third dose.
7. D-dimer is elevated to abnormal levels in over 60% of injected patients. Why don't you have data on this and how long it lasts for?
8. Why don't we have autopsy information in the US? One of the world's top pathologists determined that over 30% of the deaths after vaccination were caused by the vaccine. Yet the CDC who conducted no autopsies has said there is no causality after looking at over 13,000 deaths. Someone is lying. Why would one of the world's top pathologists risk his reputation on this?
9. Over 200,000 deaths are estimated to have been caused by the vaccine. This number has been validated 4 different independent ways. Even with a \$1M bounty, no one has found an error in the analysis. BEFORE YOU APPROVE THE VACCINE, PLEASE POINT OUT THE ERROR to us in Crawford's analysis.
10. The FDA found no error in our analysis. They just had a hand-waving argument saying our VAERS analysis was wrong. It doesn't matter since we had 4 other ways to get to the same number. The FDA didn't dispute any of those. The FDA refused to meet with us to resolve. What are they afraid of? I thought everyone is supposed to be looking for safety signals. We don't know anyone in the world who have spent more time analyzing VAERS than our team. This suggests that the FDA isn't interested in safety signals.
11. All calls and emails to Steven A. Anderson have been ignored. What is he afraid of? Our team includes expert statisticians and VAERS experts.
12. Israel is heavily vaccinated. Case rates are at an all-time high. India has a 9% vaccination rate and case rates are way down. This is not a false reporting issue because when we talk to doctors in India, they confirm the drop is real based on their caseload. You need to explain this to the public.
13. Where is the DB-RCT on boosters? I missed that. Please let us know in the meeting. Without a DB-RCT, you cannot authorize a booster especially in light of John Su's presentation on Dose 1 vs. Dose 2 in myocarditis, for example. But the similar numbers are true for other neurological symptoms.

These vaccines should have been stopped in January. VAERS was flashing red back then. The URF should have been calculated. Using a URF=1 for assessing incident rates is unethical. How do you justify this? Why is this better than a URF calculated for anaphylaxis?

I hope you will take 10 minutes to review the attachment.

An aerial photograph of New York City at dusk. The sky is a mix of dark blue and orange, with scattered clouds. The city is densely packed with skyscrapers, many of which are illuminated with lights. The Empire State Building is prominent in the center, with its top lit in red and green. The Hudson River is visible in the background, and the city extends to the horizon.

Should you believe me?

Why you should NOT believe me

“All of these people can’t be wrong!”

- a. All of medical academia
- b. Congress (except for Ron Johnson, Tom Massie)
- c. Mainstream media: NY Times, CNN, 60 Minutes, ...
- d. NIH, CDC, FDA
- e. Social media companies
- f. Medical associations
- g. Medical journals
- h. Doctors
- i. Governments worldwide
- j. All the “fact checker” organizations (including Snopes)
- k. WHO
- l. Wikipedia
- m. Eric Topol, Monica Gandhi, ZDoggMD, ...
- n. CETF’s major donors
- o. CETF’s former scientific advisory board

“Trusted
News
Initiative”

Therefore: “I just don’t have the time to read what you wrote since it can’t be right, and I don’t have the skills to discriminate who is right. So I’ll go with the majority of experts, thank you very much!”

Why you should NOT believe me

Self-proclaimed “experts,” who in general have never spent any time looking at VAERS, say you can’t estimate anything from VAERS due to its limitations.

It must be true because that’s what the government says!

And the government would never lie to people on stuff like this!

FDA response

We subsequently asked for a call/meeting to clarify and they refused.

They provided no data to refute my analysis.

They later said all future requests on this topic will be ignored.

RE: [EXTERNAL] Please respond to my public comment submitted at the ACIP meet...



McNeill, Lorrie

@fda.hhs.gov >

To: Steve Kirsch

Cc: [redacted]



Thu 9/2

You replied to this message on 9/7/2021 4:53 PM.

Dear Mr. Kirsch,

While your email was not directly addressed to FDA, we would like to note that we do not agree with the analysis put forth in your comment, as we believe the data from VAERS that you reference were not properly interpreted. This is due to the limitations of VAERS itself, as well as limitations regarding certain private patient information that is not available to individuals outside of the FDA and CDC, as we noted in our correspondence to you dated July 27, 2021.

FDA and CDC have multiple systems in place to monitor the safety of COVID-19 vaccines, including VAERS. We continue to find that the COVID-19 vaccines have a favorable benefit-risk profile, supporting their use under Emergency Use Authorization. Additionally, FDA's approval last week of Comirnaty (COVID-19 Vaccine, mRNA) followed a determination that the vaccine is safe and effective in preventing COVID-19 in individuals 16 years of age and older.

Sincerely,

Lorrie H. McNeill

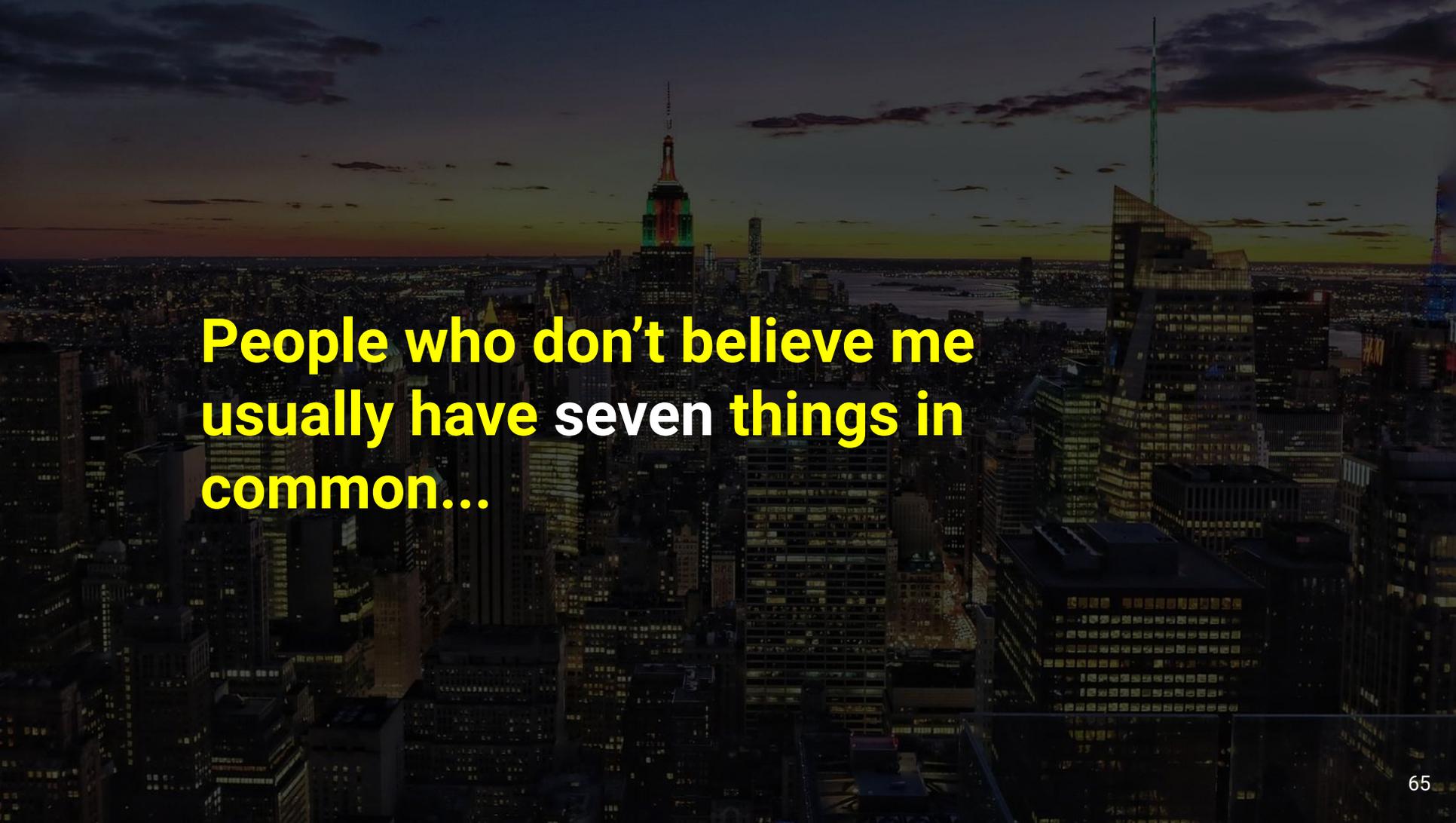
Director

Office of Communication, Outreach and Development

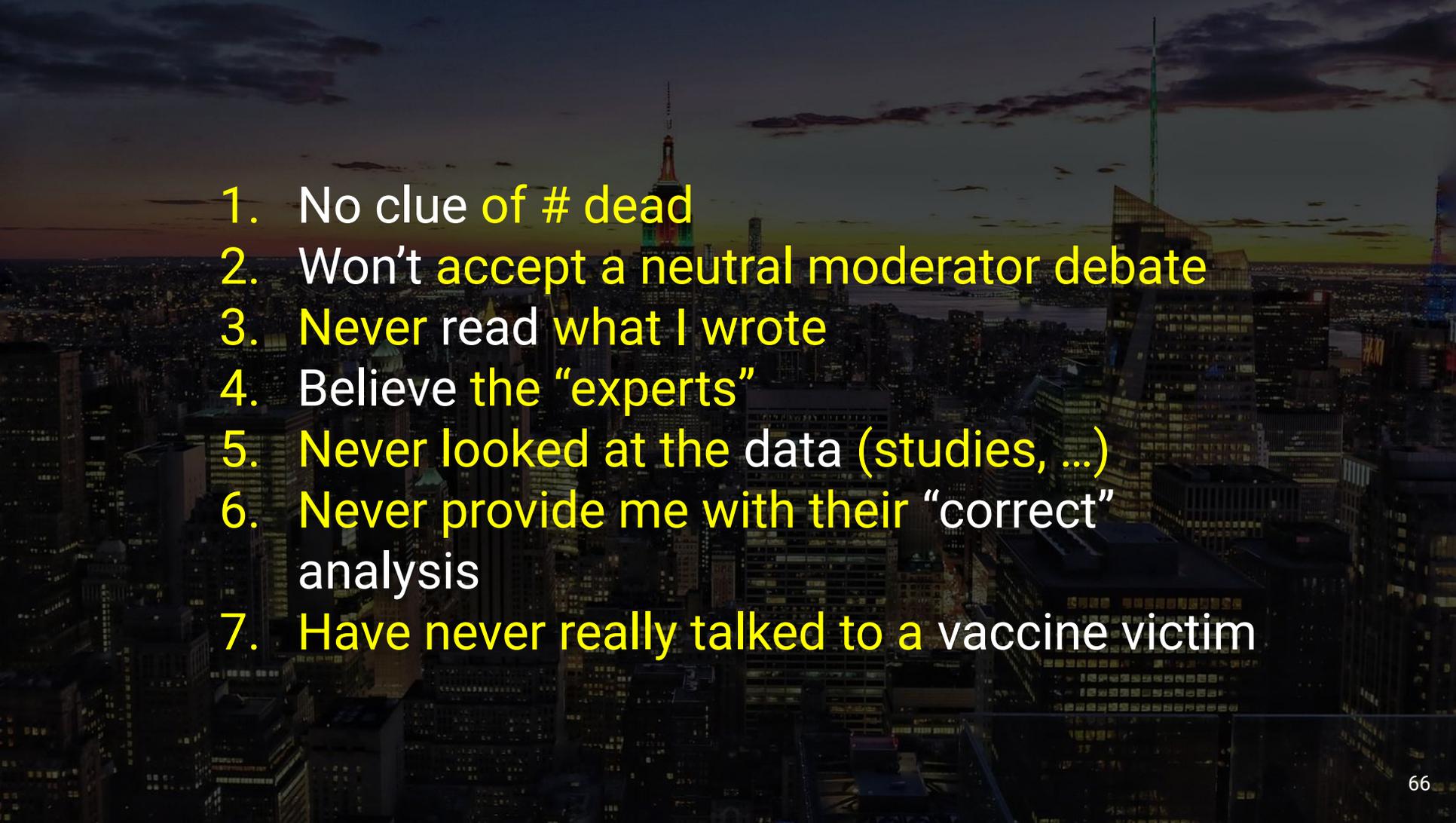
Center for Biologics Evaluation and Research

U.S. Food and Drug Administration

l@fda.hhs.gov

An aerial photograph of a city skyline at dusk or dawn. The sky is a mix of dark blues and oranges. The city is densely packed with skyscrapers, many of which have their lights on. The Empire State Building is prominent in the center, with its top lit up. The text 'People who don't believe me usually have seven things in common...' is overlaid in the center of the image in a bold, yellow font. The word 'seven' is white, and the rest of the text is yellow.

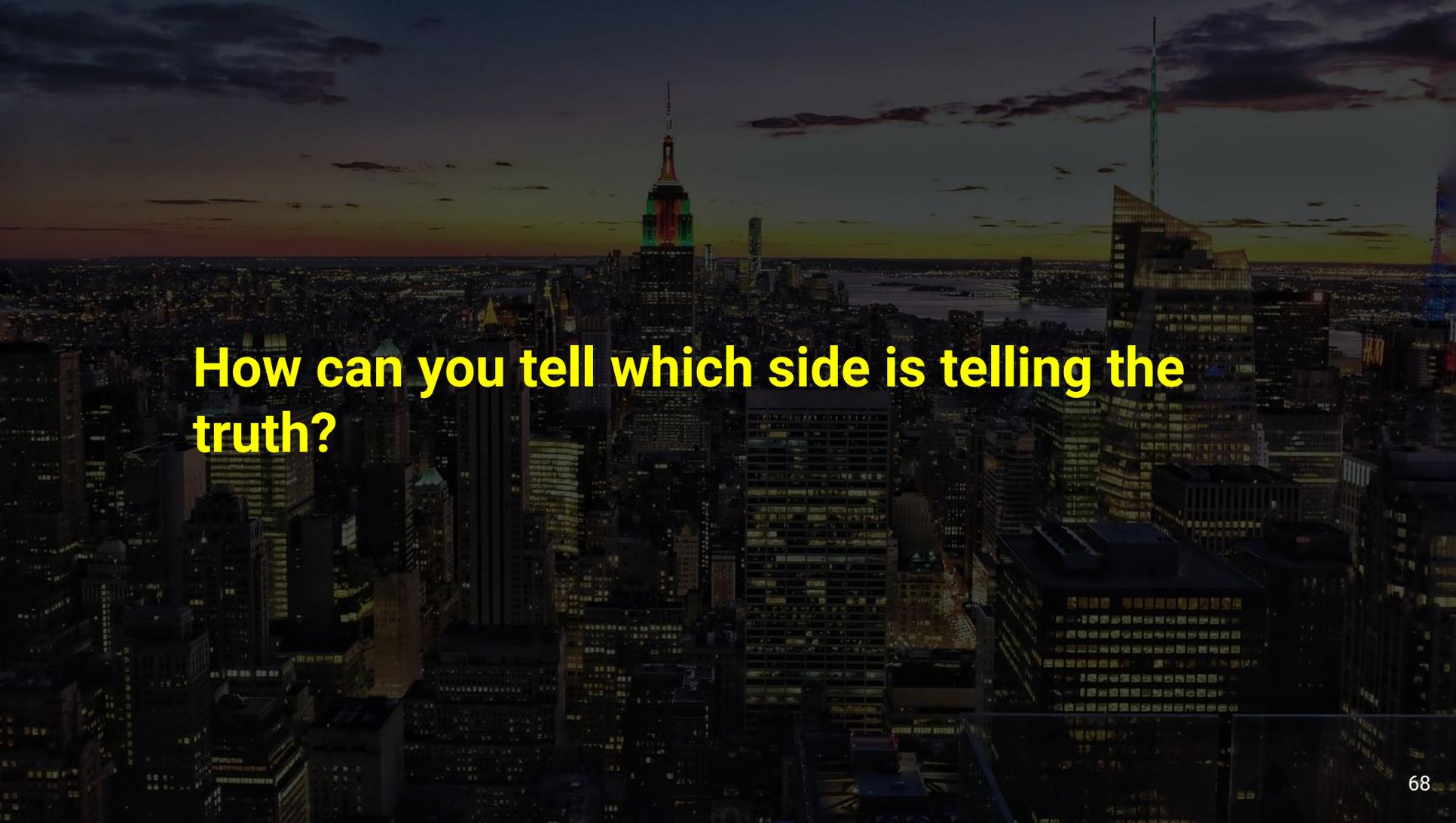
**People who don't believe me
usually have seven things in
common...**

- 
- An aerial photograph of a city skyline at dusk or dawn, with the sky transitioning from dark blue to a lighter, hazy glow. The city lights are visible, and several prominent skyscrapers stand out against the sky. Overlaid on the left side of the image is a list of seven statements in a yellow and white font.
1. No clue of # dead
 2. Won't accept a neutral moderator debate
 3. Never read what I wrote
 4. Believe the "experts"
 5. Never looked at the data (studies, ...)
 6. Never provide me with their "correct" analysis
 7. Have never really talked to a vaccine victim

Why you should believe me

1. My arguments make sense
2. My hypothesis fits the data (and theirs doesn't)
3. Nobody will tell me their number or show me their analysis
4. They can't explain how Schirmacher messed up
5. Peter Schirmacher wouldn't risk his career on a lie
6. They can't "explain away" any of my anecdotes with evidence (they use "hand-waving" techniques)
7. I wrote over 600 pages* of analysis, arguments, anecdotes that would be hard for anyone to refute
8. The Phase 3 trials for all drugs prove they increase morbidity by up to 4X (highly statistically significant)
9. Pfizer's own 6 month study showed more deaths in drug group than placebo group (in both phases... 20 vs. 14)
10. Vaccine mandates are wrong

* See [Why so many Americans are refusing to get vaccinated](#) and the FAQ and Evidence docs in the "For more information" section

An aerial photograph of New York City at dusk. The sky is a mix of dark blue and orange, with scattered clouds. The city's lights are beginning to glow, and the Empire State Building is prominent in the center, illuminated with red and green lights. The text "How can you tell which side is telling the truth?" is overlaid in a bold, yellow font.

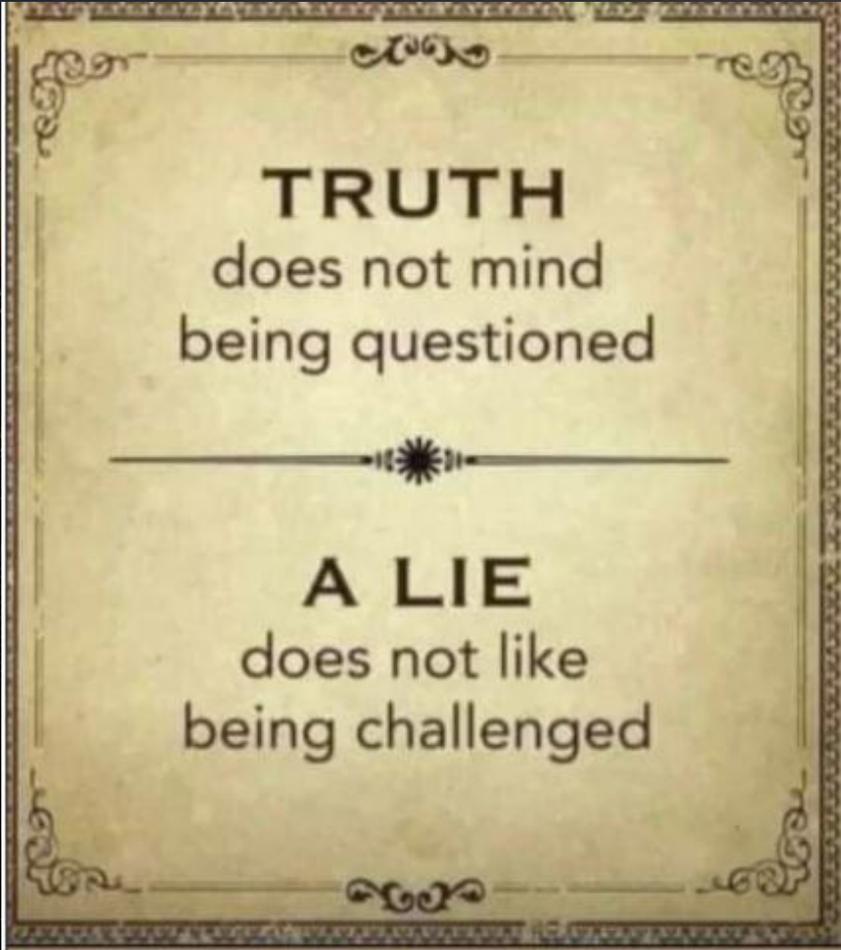
How can you tell which side is telling the truth?



Dogmatic and
pro-censorship

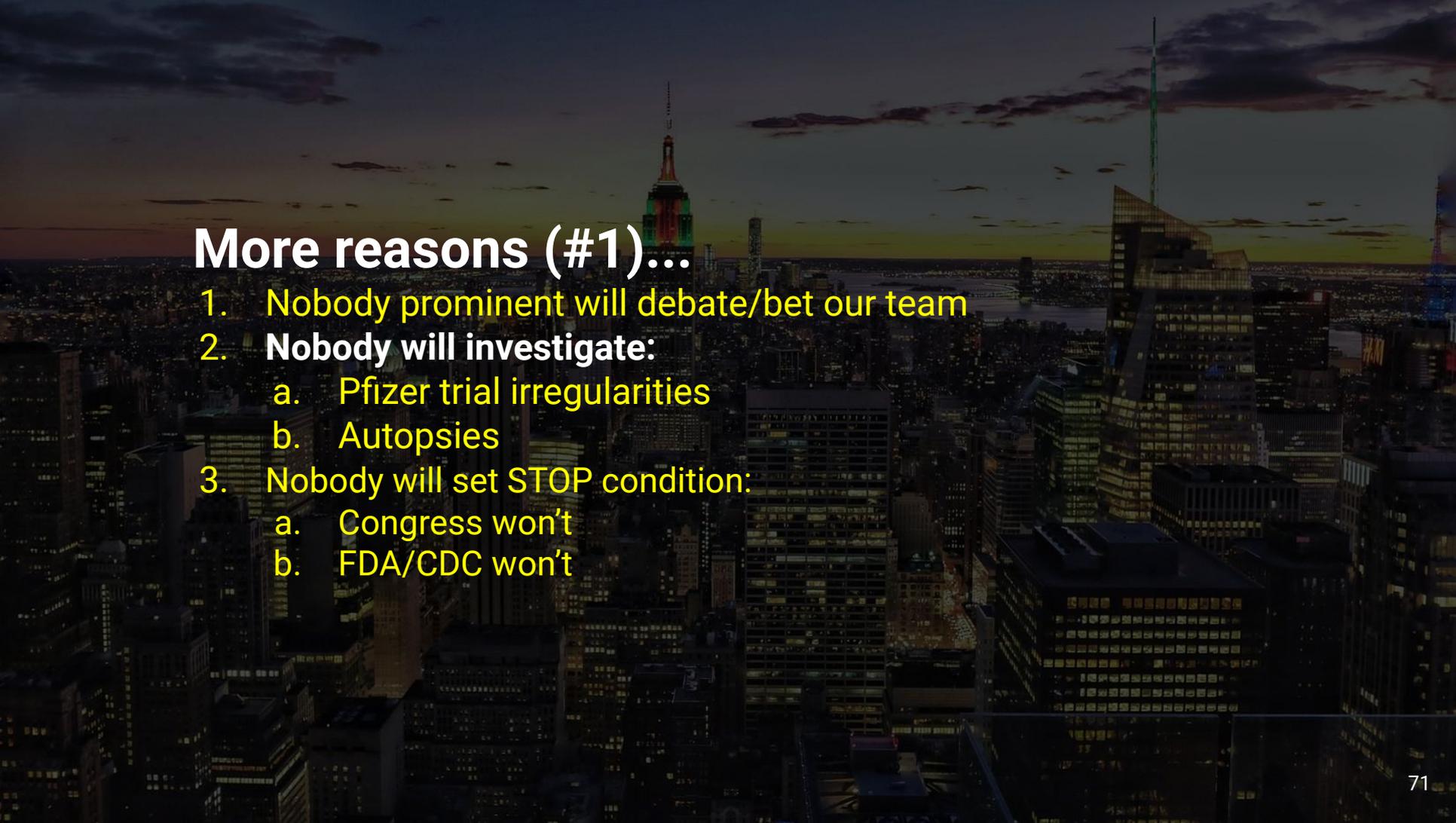
vs.

Risk losing their
careers and
livelihoods in order to
advance our
understanding of an
issue



TRUTH
does not mind
being questioned

A LIE
does not like
being challenged



More reasons (#1)...

1. Nobody prominent will debate/bet our team
2. Nobody will investigate:
 - a. Pfizer trial irregularities
 - b. Autopsies
3. Nobody will set STOP condition:
 - a. Congress won't
 - b. FDA/CDC won't

On Sept 9, 2021, I “debated” the Honourable Fitzgerald Ethelbert Hinds, the Minister of National Security for Trinidad/Tobago on [Power102fm radio](#). He lost very badly. The radio station then deliberately disconnected me in the middle of the discussion. They never let Dr. Alexander into the call.

[Read the comments on Facebook](#)



Ruth Wiltshire

What an embarrassing thing that has happened... wow! I am wondering now, what this man thinks of Trinidad and Tobago. This radio station is a farce and your moderators lack any sort of decency to use Hinds' own cliched word. I see the lunatic fringe has extended its canopy.



4

on Thu Like Reply More



Kai de Gannes

Sorry to say the the minister of national security lacks the emotional intelligence to have an intellectual discussion of this nature! Facts over feelings! The man had VERY VALID points based on facts, and after checking the information Mr. Kirsch divulged, he was on point! This was clearly an attack on a man's integrity and it proves how our leaders in our society, lack the mental capacity and maturity to debate and resolve potential issues!



10

on Thu Like Reply More



Kerina Alexander-McLean

Blocking and fighting nasty. So Shameful & distasteful. That is the representation for T&T. Come on



2

on Thu Like Reply More



Ruth Wiltshire

Hinds is in a mess... This is why Manning demoted him... he thinks by speaking in lofty tones it makes him intelligent. He did not come to debate they came thinking that they could discredit a man (the engineer) who has far more experience and exposure than any dr and professor in the field in Trinidad and Tobago, likewise Dr. Paul Alexander. On wired868 Dr. Paul challenged them to have a conversation with him that is why Hinds play he coming to debate. Hinds cannot even debate with Fazeer and I really don't care for Fazeer. Always a set of empty obsolete English words he uses... how is that communication? Steups. They behaved like real wajangs. But when your head is a wajang what do you expect?



4

on Thu Like Reply More



Hannah Eli replied · 1 reply



Jo Anne Joseph

And now this!

Earlier I heard the morning show moderators saying Dr. Alexander never showed up for the debate. However, on a live call with his brother **Phillip** last night, Dr. Alexander complained he was put on hold for an hour, only to be advised by station personnel that the “powers that be” did not want him on the air!

Richard



1

7 hrs Like Reply More

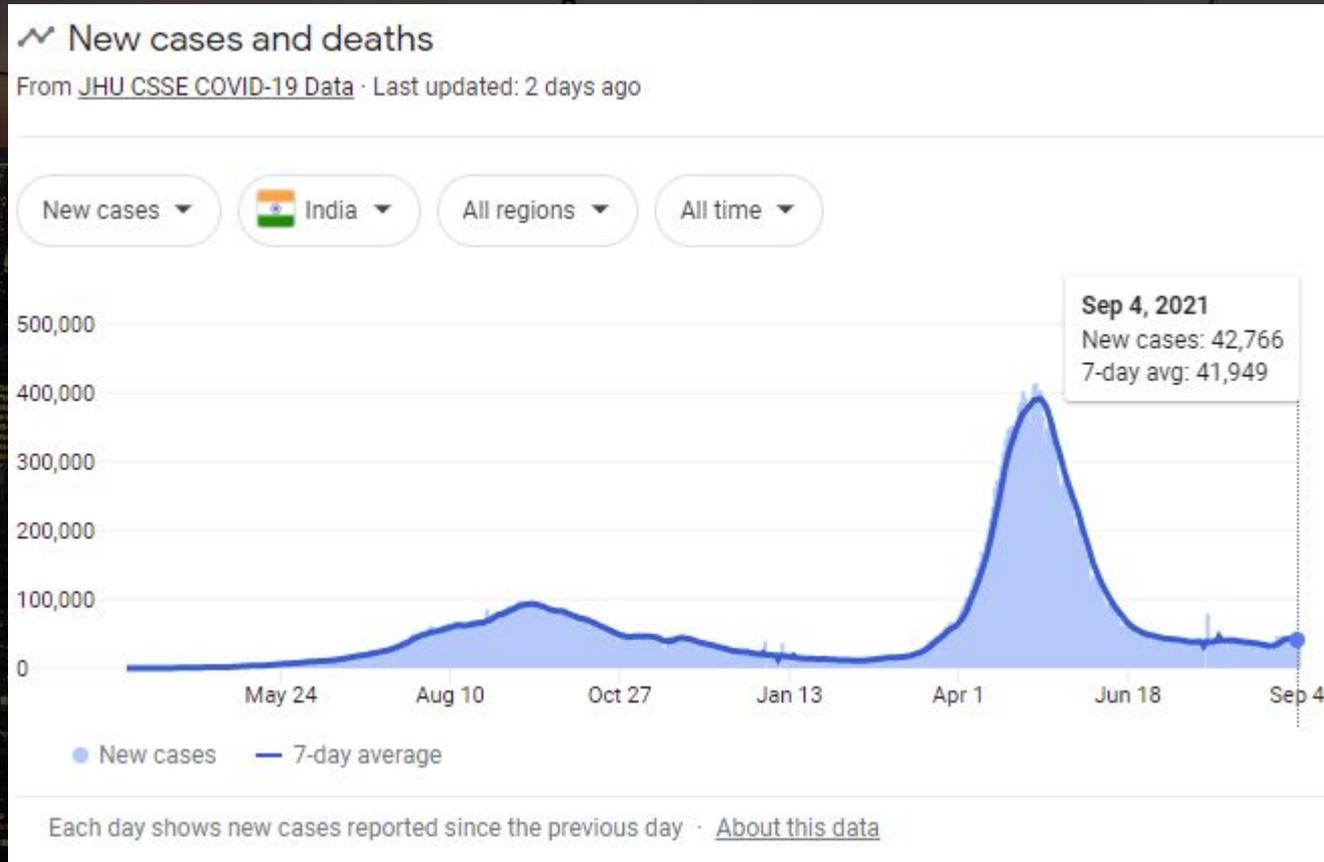
More reasons (#2)

1. Science + mechanism of action is consistent with evidence (Darkhorse podcast)
2. John Su (CDC) never multiplies by the VAERS underreporting factor for this vaccine (uh oh)
3. Lots of VAERS reports... read any lately?
4. The FDA could not answer my ACIP comment with any facts that disputed it
5. The data doesn't fit their narrative and fits mine
6. I do not rely on fact checkers; I do my own research based on the original evidence
7. Nobody could challenge Crawford's analysis even after \$1M bounty.
8. No "alternative" analysis showing a different number (other than dismissing all VAERS fatality reports saying CDC hasn't verified causality so therefore all reports must be background deaths)
9. When people say, "I disagree with your analysis" they NEVER show a flaw in the analysis. They cease communicating.
10. Israel's cases are through the roof while India's are way down. How do they explain that?

Inconvenient truth: Vaccination is making things worse, just like Geert Vanden Bossche predicted. Cases now at all-time high in Israel. It began as soon as Pfizer booster shot rolled out starting July 30



India has a 9% vaccination rate. Cases are way down. This isn't a reporting defect. We confirmed with doctors in India we know.





Andrew Torba

22h · 🌐

Israel

- The only country giving 3rd shot for everyone aged 12+
- Covid passports for 12+
- Multiple lockdowns
- Mask mandates

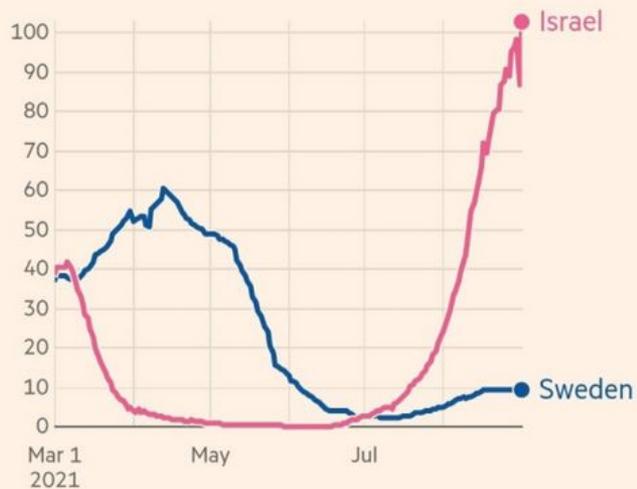
Sweden

- No boosters
- No Covid passports
- No lockdowns
- No masks

[Read more](#)

New confirmed cases of Covid-19 in Sweden and Israel

Seven-day rolling average of new cases (per 100k)



7,191 likes · 998 comments · 4,458 reposts

THE BIG LIE: "Once we get to near 100% vaccination rates, we're done!"

Robert W Malone, MD Retweeted



jeff black @jeffblack757 · 3h

Replying to @RWMaloneMD

IMPORTANT UPDATE: the total number of students with active Covid continues to EXPONENTIALLY INCREASE at the College of William & Mary in Virginia. Now over 200 despite 96% of in-person students being FULLY VACCINATED!



jeff black @jeffblack757 · 12h

Our local news reports: Despite 93-96% of students FULLY VACCINATED, College of William & Mary in Virginia taking IMMEDIATE MEASURES to slow spread of Covid since 159 of its 8,773 students now have Covid! Website says 96% of IN-PERSON students VACCINATED! wavy.com/news/local-new...

[Show this thread](#)



26



93



137



Inconvenient truth

3X more deaths from the vaccine than from COVID in Australia since the start of vaccination.

The cure is worse than the disease.

FranceSoir

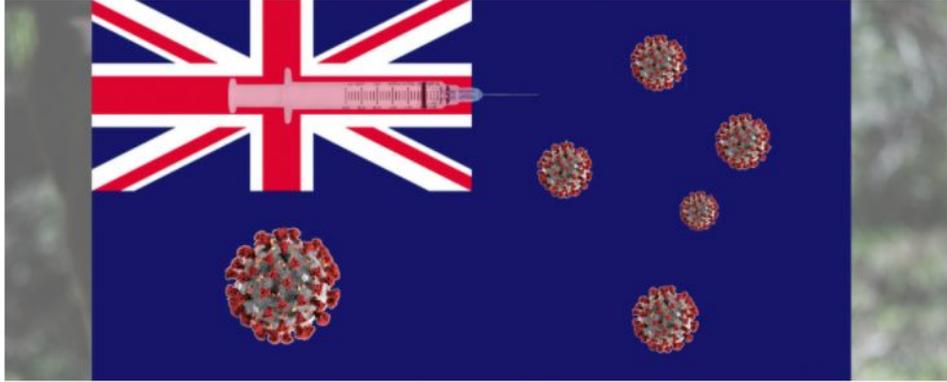
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You appreciate FranceSoir, support its independence, make a donation!

Australia: since the start of vaccination, nearly three times more deaths reported after vaccine than attributed to covid-19

Published on 09/10/2021 at 18:05 - Updated at 18:56



Vaccination Down Under
DR

SHARE THIS ARTICLE :

Facebook Messenger Twitter Telegram WhatsApp More options ... 468

Author (s): Xavier Azalbert and Dr Jean-François Lesgards, for FranceSoir

A+ A-

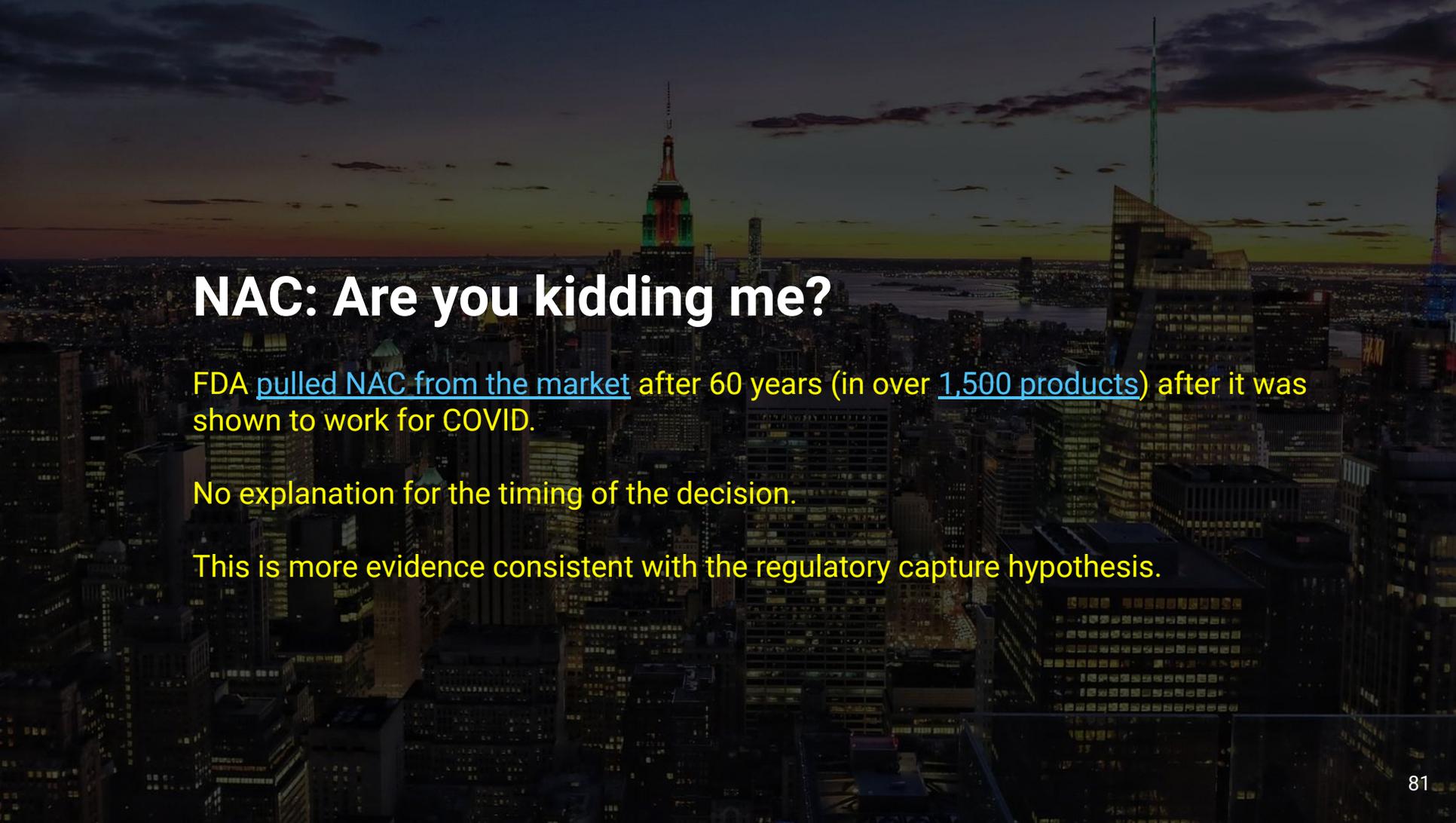
ANALYSIS - Australia, a country little affected by COVID deaths, provides clarification on reported deaths following COVID vaccination. The figures speak

More reasons #3

1. MIT and Stanford were not able refute our conclusions
2. You can't explain the cause of death of the [14 kids](#)... that isn't natural (PE, intracranial hemorrhage, heart attack); kids don't drop dead in the middle of a zoom call
3. Seeing a lot of Black Swans lately? [BA pilots](#), [women cricket team](#), [Captain Nawshad](#), ...
4. "Never needed to report to VAERS before... now I have 2,000 cases. Reported two. Gave up."
5. The creator of the V-SAFE app died right after getting the vaccine
6. Reporters at NY Times, NPR had their stories killed
7. Top scientists aren't getting their papers published after galleys
8. I am not alone: doctors, neurologists, medical examiner, nurses, ... (many afraid to speak out due to what happened to Bridle, Hoffe, Christian, McCullough, ...)

More reasons #4

1. Unbalanced news coverage: Peter McCullough blocked from MSM
2. Intimidation tactics: McCullough sued by Baylor and using outside law firm
3. Early treatment works: Fared-Tyson protocol: 99.76% risk reduction w/o safety risk; never been challenged
4. German authorities denied request of Federal Association of German Pathologists for autopsies
5. Nobody calling for autopsies in US
6. Medical professionals are hypocrites: evidence-based medicine says IVM is at the top → FDA, AMA, ... want to get it banned. They are forcing people to use horse ivermectin because they can't get human ivermectin!
7. FDA pulled NAC from the market after 60 years (in over 1,500 products) after it was shown to work for COVID. No explanation for the timing of the decision. This is more evidence consistent with the regulatory capture hypothesis.



NAC: Are you kidding me?

FDA pulled NAC from the market after 60 years (in over 1,500 products) after it was shown to work for COVID.

No explanation for the timing of the decision.

This is more evidence consistent with the regulatory capture hypothesis.

What are the chances that all these people went “rogue” at the **same time** on the **same issue** for **no reason**?

1. John Ioannides
2. Dr. Peter Schirmacher
3. Alex Berenson
4. Dr. Robert Malone
5. Dr. Bret Weinstein
6. Dr. Chris Martenson
7. Del Bigtree
8. Dr. Peter McCullough
9. Professor Christian Perrone
10. Dr. Christian Francis
11. Dr. Charles Hoffe
12. Dr. Byram Bridle
13. Dr. Jessica Rose
14. Dr. Geert Vanden Bossche
15. Mathew Crawford
16. Abrien Aguirre
17. ...

<<-- His [town was burned down](#)

<<-- Nobody at his university will debate him!?!

<<-- Paper on VAERS rejected for “not in scope”

Why did these people go rogue? There wasn't even a movement to join!

Why would all these nurses go rogue at the same time?

See:

<https://rumble.com/vm2802-minnesota-nurses-vaccine-injuries-underreported-hospital-administrators-dis.html>

(Read the description there if you don't have time to watch the whole 1 hour video. People are told NOT to report to VAERS.)



UMA @UMABird · 16h

Replying to @stkirsch

Gotta listen to this when you have time: from Sep 3



Minnesota Nurses: Vaccine Injuries Underreported, Hospital Administrators Discourage Use Of VAERS
Minnesota Nurses Say Vaccine Injuries Likely Underreported
AlphaNews August 30, 2021 <https://alphanews.org/minnesota-nurses-...>
🔗 rumble.com



**Why would
France's vaccine
policy chief *also*
go rogue at the
same time?**

Coronavirus

France's long-time vaccine policy chief:
Covid policy is "completely stupid" and
"unethical"



Professor Christian Perronne

Troubling headlines

BREAKING – Three studies published by the CDC, UK Government & Oxford University find the Covid-19 Vaccines do not work

BY DAILY EXPOSE ON SEPTEMBER 12, 2021 • (LEAVE A COMMENT)



Listen Now

A graduate of Yale University who also obtained a PHD at Princeton University and an MD degree from the John Hopkins University School of Medicine has published a paper in which she concludes that mandating the public to take a vaccine is a harmful and damaging act because of excellent scientific research papers which clearly demonstrate the vaccines do not prevent infection or transmission of Covid-19.

Nina Pierpoint (MD, PhD) published a paper on September 9th analysing various studies that were published in August 2021 which prove the alleged Delta Covid-19 variant is evading the current Covid-19 injections on offer and therefore do not prevent infection or transmission of Covid-19.

CDC/FDA admits their safety monitoring is flawed

The findings in this report are subject to at least five limitations. First, VAERS is a passive surveillance system and is subject to underreporting and reporting biases (7); however, under EUA, health care providers are required to report all serious events following vaccination. Second, medical review of reported deaths following vaccination is dependent on availability of medical records, death certificates, and autopsy reports, which might be unavailable or not available in a timely manner. Third, lack of a statistical safety signal in planned monitoring does not preclude a safety concern. For example, although a statistically significant data mining alert has not been observed for myocarditis following Pfizer-BioNTech vaccination, myocarditis has been identified as an adverse event following mRNA COVID-19 vaccines in multiple surveillance systems (10). Fourth, this study was not designed to identify all cases of myocarditis; only reports that listed the MedDRA term "myocarditis" were included. Finally, v-safe is a voluntary self-enrollment program that requires children aged <15 years be enrolled by a parent or guardian and relies on vaccine administrators to promote the program. Therefore, v-safe data might not be generalizable to the overall vaccinated adolescent population.

The initial safety findings of Pfizer-BioNTech vaccine administered to U.S. adolescents aged 12–17 years are similar to those described in the clinical trials, with the exception of myocarditis, a rare serious adverse event associated with receipt of mRNA-based COVID-19 vaccines; follow-up of reported myocarditis cases is ongoing (6). CDC and FDA will continue to monitor for adverse events, including myocarditis, after mRNA COVID-19 vaccination and share available data with ACIP to guide risk-benefit assessments for all COVID-19 vaccines.

[Top](#)

We found the error in their safety monitoring algorithm which uses PRR, but they ignored us.

It's not just VAERS adverse event reports

Ever wondered why Facebook must delete such large groups?

FB said: "Don't you have more important things to do?"

40M vaccinated in France. >>230K victims → ~ 2M injured in US



J
@JenPad5

Replying to @stkirsch

FB deleted the largest group for vax side effects in France.. 230K people, so we had to make new groups.. Could there be a way to initiate an official group globally 🙄 victims' voices need to be heard

1:20 AM · Sep 5, 2021 · Twitter Web App

4 Retweets 22 Likes



Tweet your reply

Reply



Empire @Empiretrader82 · 5h

Replying to @JenPad5 and @stkirsch

We had a Canadian one that was up to 100k people that got deleted as well. There were a LOT of posts every single day, the stuff people were posting was wild



2



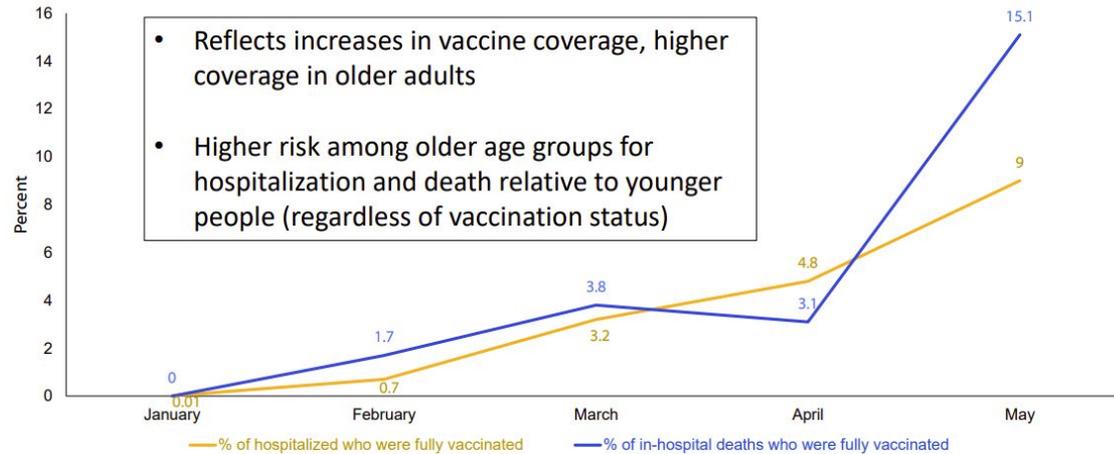
Facebook has done a stellar job in **making sure vaccine victims can't find each other**



Why do these groups keep popping up?! The vaccines are totally safe!

They spread the myth that 99% of the hospitalized patients are unvaccinated. This simply isn't true according to this CDC internal presentation and it's getting worse.

Increasing percentage of vaccinated persons among those hospitalized in COVID-NET



(CONFIDENTIAL – preliminary data, subject to change)

How the fact checkers will attack this

1. Ad hominem attacks
 - a. Kirsch isn't a doctor or have medical background
 - b. Kirsch was discredited in Wikipedia
 - c. It's just Kirsch and a few other wackos...
 - d. The top German pathologist "couldn't have" determined that
 - e. "He's doing it for the money" (with no evidence!)
 - f. Crawford is a math teacher
2. Treating myths as facts
 - a. You can't infer causality from VAERS
 - b. VAERS is unreliable (anyone can report); can't make inferences
 - c. The FDA said I didn't "properly interpret" the VAERS data
 - d. There is excess reporting → it's all background deaths
 - e. "He isn't using the latest data" (oh really? Show me!)
3. Raising the evidence bar
 - a. Deaths are "coincidental" unless proven
 - b. The mortality increase in the Pfizer study wasn't "statistically significant" (I never said it was... but the morbidity increases were statistically significant!)
 - c. No autopsy in the US have linked death to vax (just outside the US)
 - d. Crawford's work isn't peer reviewed (of course, nobody will publish it because it is too damaging; why not show the error)

Wikipedia says I'm a liar

In April 2020, he started the COVID-19 Early Treatment Fund (CETF) with a personal donation of \$1M in order to fund COVID-19 drug repurposing research.^[11]

In May 2021, Kirsch posted an article online making an unfounded claim that COVID-19 vaccines affect fertility, while also underplaying the vaccines' ability to prevent illness and death.^[12] The following month, Kirsch appeared in a YouTube video posted with Bret Weinstein and Robert W. Malone to discuss COVID-19 vaccines. In the video, Kirsch makes several false claims, including that spike proteins used in COVID-19 vaccines are "very dangerous".^{[13][14]}

Read the science and decide for yourself who is telling the truth:

1. [Be aware of SARS-CoV-2 spike protein: There is more than meets the eye](#)
2. [Toxicological insights of Spike fragments SARS-CoV-2 by exposure environment: A threat to aquatic health?](#)
3. [SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2](#)
4. [Pay no attention to the spike proteins behind the curtain](#)
5. [Clearing up misinformation about the spike protein and COVID vaccines](#)

Wikipedia says “there is no way you can get the article changed”

In other words, a false Reuter’s “fact check” can defame you for life.

what material may I use in the talk page to prove spike protein is toxic? may I use published papers in peer reviewed journals? May I use VAERS data analysis per CDC rules? etc. etc. Also, why can't wikipedia link to the video with the claim of misrepresentation so people can judge for themselves? [Stkirsch \(talk\)](#) 06:31, 17 August 2021 (UTC)

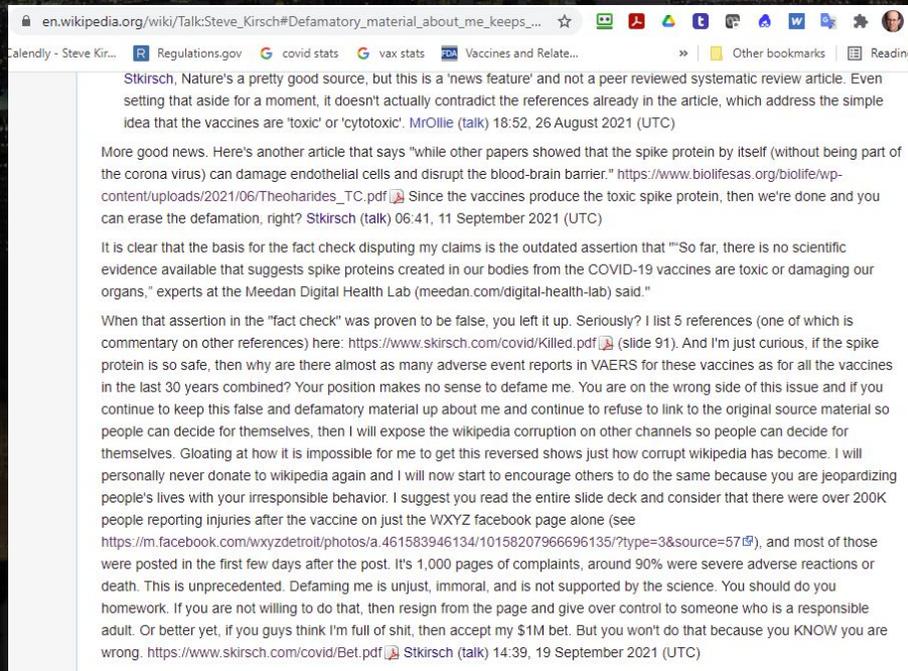
[Stkirsch](#), See [WP:MEDRS](#). [Systemic](#) reviews in MEDLINE indexed journals. But note that due to [WP:NOR](#), anything would need to be directly on point. As far as I can tell no sources that meet our standards agree with your position, which probably means that there is no way you can get the article changed. The sort of logical constructions you have above (if X, then how can Y be true?) are not going to influence us, and OR absolutely does mean that you cannot use primary data to show that the fact checkers are wrong. You cannot do your own data analysis to make points on Wikipedia. [MrOllie \(talk\)](#) 12:09, 17 August 2021 (UTC)

So if a fact check comes out that negates the other fact check, then which fact check do you use? Or do you simply count up the number of fact checks on one side vs. the other side and it is based on number of fact check articles? Why is a [SYSTEMATIC](#) review necessary to prove my point when no [systematic](#) review is required to have my reputation trashed? That seems very asymmetrical, isn't it? If you are interested in truth, that's not the way to do it. For example, if there is a fact check saying mask wearing is a hoax, do you then accept that, and require a [systematic](#) review to overturn the position? [Stkirsch \(talk\)](#) 00:08, 24 August 2021 (UTC)

[Stkirsch](#) The same advice offered above is still valid. You can't build some offline version of your "truth" and expect it to valid on here, without adhering to our policies, particularly [WP:MEDRS](#), [WP:OR](#) and [WP:NPOV](#). But regarding the updates to the article by IP editors: Twice now an IP editor has come in to update the article in a way that violates [WP:OR](#) and [WP:NPOV](#), after you have left a message. It is deeply uncool to attempt to whitewash your own article dude. Have the good grace to leave it alone. [scope_creep](#) [Talk](#) 11:32, 24 August 2021 (UTC)

PLEASE NEVER DONATE TO WIKIPEDIA AGAIN

Their support for the official false narrative that the vaccines are safe even in the face of direct evidence from ~ 200K injured victims shows that they are a corrupt organization.



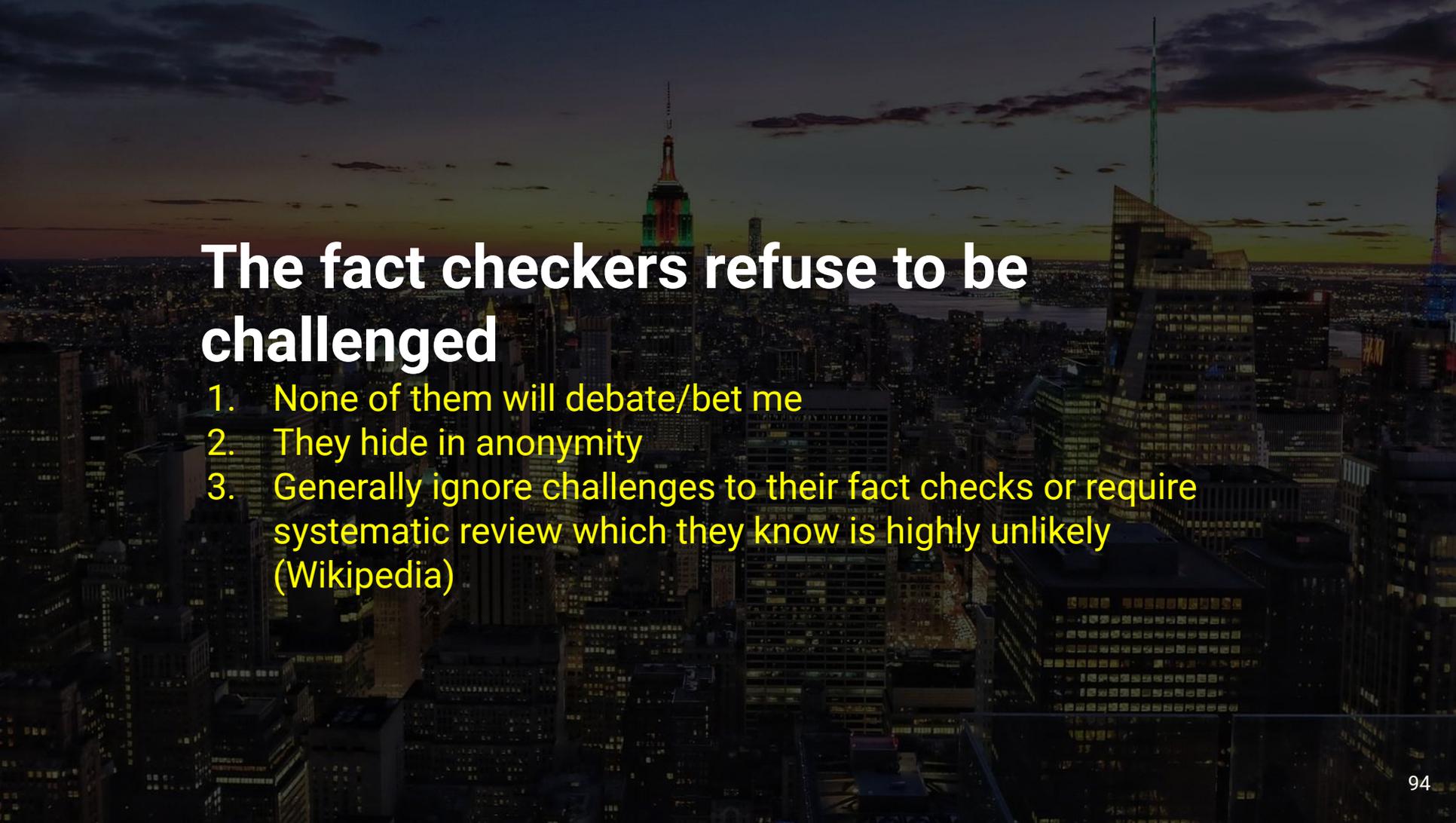
The screenshot shows a browser window with the URL en.wikipedia.org/wiki/Talk:Steve_Kirsch#Defamatory_material_about_me_keeps_.... The page content includes the following text:

Stkirsch, Nature's a pretty good source, but this is a 'news feature' and not a peer reviewed systematic review article. Even setting that aside for a moment, it doesn't actually contradict the references already in the article, which address the simple idea that the vaccines are 'toxic' or 'cytotoxic'. MrOllie (talk) 18:52, 26 August 2021 (UTC)

More good news. Here's another article that says "while other papers showed that the spike protein by itself (without being part of the corona virus) can damage endothelial cells and disrupt the blood-brain barrier." https://www.biolifesas.org/biolife/wp-content/uploads/2021/06/Theoharides_TC.pdf Since the vaccines produce the toxic spike protein, then we're done and you can erase the defamation, right? Stkirsch (talk) 06:41, 11 September 2021 (UTC)

It is clear that the basis for the fact check disputing my claims is the outdated assertion that ""So far, there is no scientific evidence available that suggests spike proteins created in our bodies from the COVID-19 vaccines are toxic or damaging our organs," experts at the Meedan Digital Health Lab (meedan.com/digital-health-lab) said."

When that assertion in the "fact check" was proven to be false, you left it up. Seriously? I list 5 references (one of which is commentary on other references) here: <https://www.stkirsch.com/covid/Killed.pdf> (slide 91). And I'm just curious, if the spike protein is so safe, then why are there almost as many adverse event reports in VAERS for these vaccines as for all the vaccines in the last 30 years combined? Your position makes no sense to defame me. You are on the wrong side of this issue and if you continue to keep this false and defamatory material up about me and continue to refuse to link to the original source material so people can decide for themselves, then I will expose the wikipedia corruption on other channels so people can decide for themselves. Gloating at how it is impossible for me to get this reversed shows just how corrupt wikipedia has become. I will personally never donate to wikipedia again and I will now start to encourage others to do the same because you are jeopardizing people's lives with your irresponsible behavior. I suggest you read the entire slide deck and consider that there were over 200K people reporting injuries after the vaccine on just the WXYZ facebook page alone (see <https://m.facebook.com/wxyzdetroit/photos/a.461583946134/10158207966696135/?type=3&source=57>), and most of those were posted in the first few days after the post. It's 1,000 pages of complaints, around 90% were severe adverse reactions or death. This is unprecedented. Defaming me is unjust, immoral, and is not supported by the science. You should do your homework. If you are not willing to do that, then resign from the page and give over control to someone who is a responsible adult. Or better yet, if you guys think I'm full of shit, then accept my \$1M bet. But you won't do that because you KNOW you are wrong. <https://www.stkirsch.com/covid/Bet.pdf> Stkirsch (talk) 14:39, 19 September 2021 (UTC)



The fact checkers refuse to be challenged

1. None of them will debate/bet me
2. They hide in anonymity
3. Generally ignore challenges to their fact checks or require systematic review which they know is highly unlikely (Wikipedia)



A better way forward

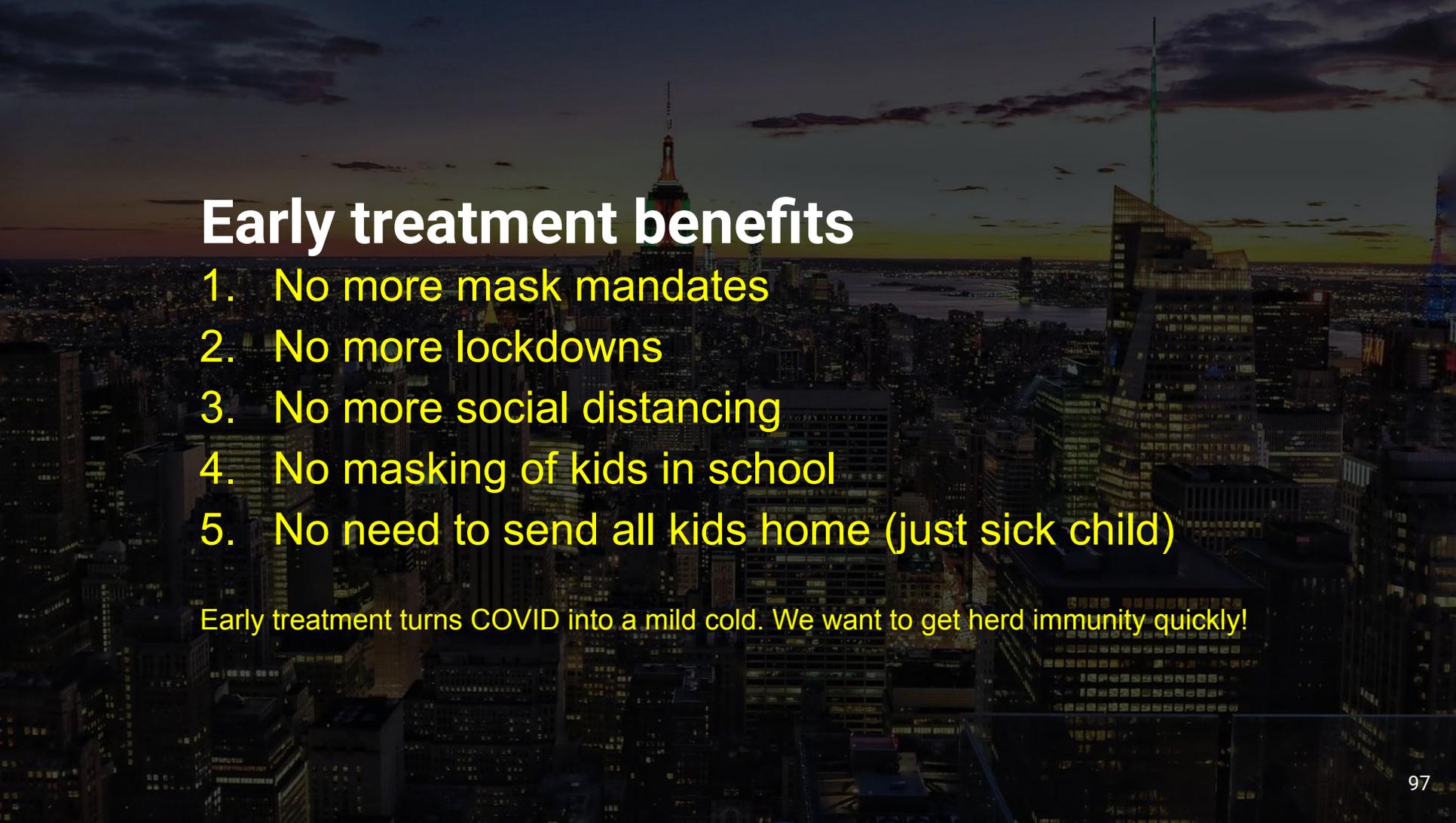
X Vaccine mandates

X Vaccine

✓ Early treatment protocols (including prophylaxis)

Early treatment benefits

1. Higher relative risk reduction (over 99%)
2. Simple prophylaxis protocols be used to prevent infection with up to 100% success without the use of any drugs whatsoever
3. Greater safety (minor temporary side effects, known safety profile)
4. They lower both all-cause mortality and all-cause morbidity
5. They work equally well on all variants
6. They do not promote escape variants
7. They do not cause vaccine enhanced infectivity/replication
8. They do not risk original antigenic sin (linked-epitope suppression)
9. They do not cause prion diseases
10. They prevent long-haul COVID syndrome nearly 100% of the time
11. They enable people to acquire recovered immunity which is both 13X to 27X stronger and more durable than vaccine-induced immunity. It is extremely rare for someone with recovered immunity to ever get COVID again. This is not true for vaccine-induced immunity.



Early treatment benefits

1. No more mask mandates
2. No more lockdowns
3. No more social distancing
4. No masking of kids in school
5. No need to send all kids home (just sick child)

Early treatment turns COVID into a mild cold. We want to get herd immunity quickly!

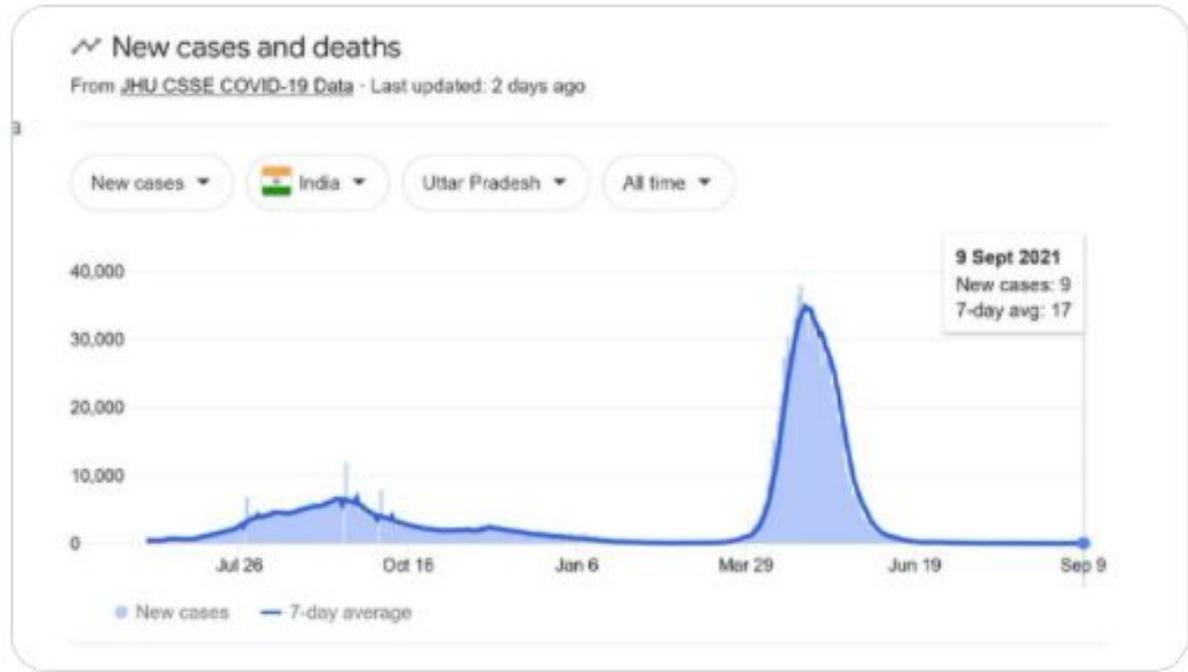
What's not to like?



Stuart Croft @stuartcroft4 · 3h

Replying to @stkirsch

Ivermectin prophylaxis 99.97% reduction. Uttar Pradesh 234 million people. 9 cases, 0 deaths. 250k tests a day. 39% received one dose or more. Home treatment kits with ivermectin.



1



1



What's not to like?



Mary Beth Pfeiffer @marybethpf · 1h

India's biggest state, Uttar Pradesh, reports virtually NO COVID cases. A COVID survivor I interviewed there told me ivermectin is now in everyone's medicine box. 1 [hindustantimes.com/cities/lucknow...](https://www.hindustantimes.com/cities/lucknow...)



33 districts in Uttar Pradesh are now Covid-free: State govt
Overall, the state has a total of 199 active cases, while the positivity rate came down to less than 0.01 per cent.

[hindustantimes.com](https://www.hindustantimes.com)



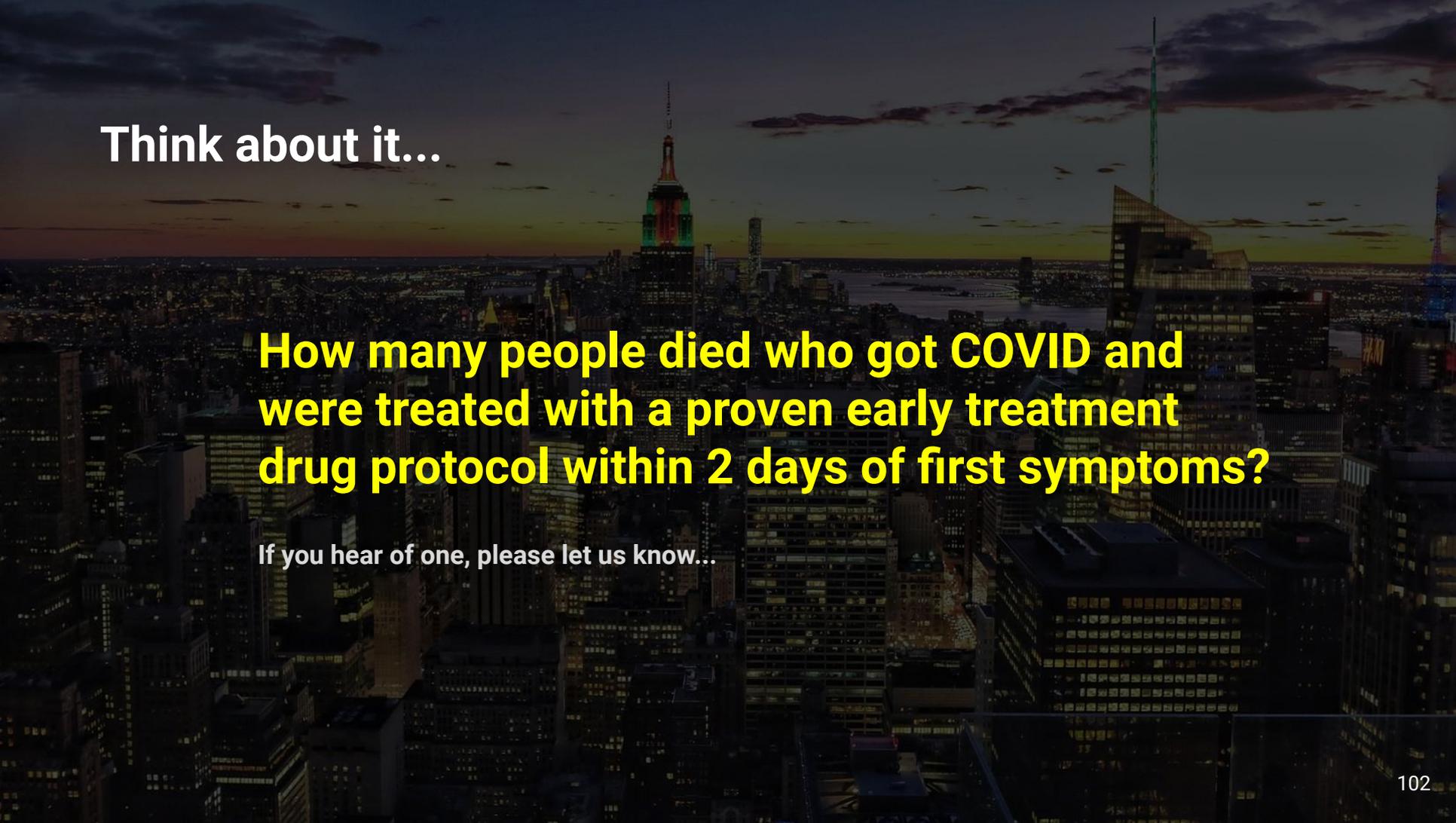
**But we are much smarter than India.
We use vaccines and forbid ivermectin.**

State	Vax rate	2020	2021	Increase
Alabama	60%	704	3944	460%
New Hampshire	80%	18	1215	6650%
Vermont	90%	12	112	833%

Vax rate is over age 12. Showing new cases on Sept 14 of the indicated year

An aerial view of a city skyline at dusk, featuring numerous skyscrapers and a prominent tower with a red and green top. The sky is dark with some clouds, and the city lights are visible. The text is overlaid on the image.

What the press should be saying:
“99% of the COVID hospitalized patients did not get early treatment”

An aerial photograph of a city skyline at dusk or dawn. The sky is dark with some clouds, and the city lights are visible. The Empire State Building is prominent in the center, illuminated with red and green lights. The text "Think about it..." is overlaid in white in the upper left corner.

Think about it...

How many people died who got COVID and were treated with a proven early treatment drug protocol within 2 days of first symptoms?

If you hear of one, please let us know...

Think about it...



Mary Beth Pfeiffer liked



Robert W Malone, MD @RWMaloneMD · 10h



OK, here is the next question for consideration. Why has virtually every single medical professional organization in the USA come out against early outpatient treatment of COVID-19? Particularly when "rogue" physicians who practice early treatment have outstanding results?

 471

 3.7K

 10.5K



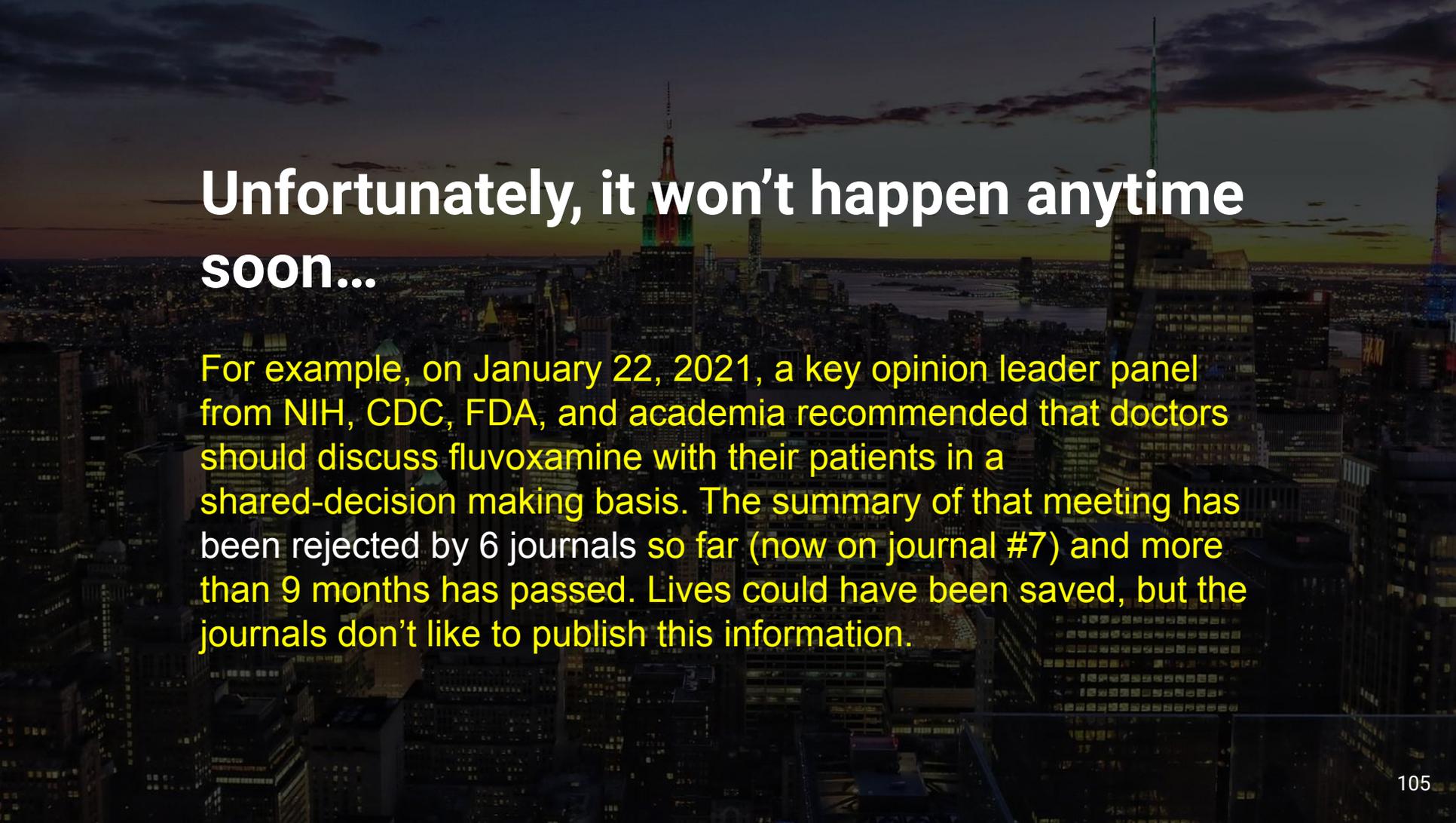
Unfortunately, it won't happen anytime soon...

Congress is still fooled by Fauci (who funded the gain of function research leading to COVID). **No Democrat will ask for his unredacted emails.** They won't answer the question.

No governor wants to go against TFN so nobody will even try it. Fear of being labelled “anti-science.”

Ironically, they are being anti-science by violating:

1. Evidence-based medicine
2. Precautionary principle of medicine
3. Use all available evidence



Unfortunately, it won't happen anytime soon...

For example, on January 22, 2021, a key opinion leader panel from NIH, CDC, FDA, and academia recommended that doctors should discuss fluvoxamine with their patients in a shared-decision making basis. The summary of that meeting has been rejected by 6 journals so far (now on journal #7) and more than 9 months has passed. Lives could have been saved, but the journals don't like to publish this information.

How science used to work (pre-2021)



Ivermectin (multiple published systematic reviews + meta analyses)

FDA, NIH, AMA
Recommendation
not to use
ivermectin

Ivermectin: When was the last time the FDA and AMA both advised against using a repurposed drug that had [multiple peer-reviewed, published, meta-analysis and systematic reviews](#) saying it was effective? That's the **HIGHEST** level of evidence in evidence-based medicine. Most are following the FDA, AMA (expert opinion; the lowest level of evidence) and ignoring science. Ivermectin is one of the safest drugs on the planet.

Despite what the science says, YouTube will ban anyone who says ivermectin works because it goes against the anti-science false narrative being spread by the WHO and the NIH.

Joe Rogan

Robert F. Gruler Esq. @RobertGrulerEsq · 20h

My @joerogan segment debunking the media "horse dewormer" hoax earned me a strike and a 7-day suspension from @YouTube.

YouTube does not allow content that spreads medical misinformation that contradicts local health authorities' or the World Health Organization (WHO) medical information about COVID-19. Learn more [here](#).

LEARN MORE

How this affects your channel

Your channel now has 1 strike. You won't be able to do things like upload, post, or live stream for 1 week. A second strike will prevent you from publishing content for 2 weeks. Three strikes in the same 90 day period will result in your channel being permanently removed from YouTube.

341 2.1K 7K



Today, medical freedom is dying

1. You should be able to get the drugs you need
2. You shouldn't be forced to take any drugs you don't want

♥ Rounding the Earth liked



Dr. Simone Gold @drsimonegold · 9h



Nigeria has announced its citizens will no longer be able to visit Churches or Mosques and will not have access to banking services from the 2nd week in September without proof of vaccination.

This is shocking.



From **Awakened World**

🗨 708

↻ 3.7K

♥ 4.6K



An aerial night view of a city skyline, likely New York City, with the Empire State Building prominently visible in the center. The sky is dark with some clouds, and the city lights are visible. A large white text box is overlaid on the center of the image.

Australia Has Fallen – Unvaccinated to be “locked-out” of society in most Draconian policy to date despite just 89 people being in hospital with Covid-19

BY DAILY EXPOSE ON SEPTEMBER 6, 2021 • ([LEAVE A COMMENT](#))

Response from members of Congress

Emma Preston (aide to Congressman Ro Khanna): “I didn’t read what you sent, I briefly skimmed it. But we disagree with your conclusion because that isn’t what the CDC says.”

Steve: “Don’t you care about the evidence that disputes that?”

Emma: “No.”

No one else got back to me. No Democratic member of Congress would return my calls.

Some hope

Opinions are starting to change... slowly.



drosterman
@drosterman2



Replying to [@stkirsch](#)

Steve, I used to not completely buy what you are saying. But since I have heard from multiple GPs who have discontinued Covid-vaccinations out of concern for their patients. These are ordinary doctors who never before made a fuss about anything in the past. Its all crazy...

7:51 AM · Sep 9, 2021 · Twitter Web App

1 Retweet 12 Likes



Tweet your reply

Reply



Carol Amato @CarolCamasp · 22h



Replying to [@drosterman2](#) and [@stkirsch](#)

And they risk their licenses, careers and livelihood by doing so. And they still call it out.



What about the victims?

Even if you get the proper treatment for your vaccine injury (which is extremely rare; most doctors are clueless and tell patients it is in their heads), many of the injured people never recover. Many can't work for the rest of their life. The government pays them nothing. Some are so distraught, they commit suicide.



Angela Marie @marieangelamw · Sep 9

Replying to @stkirsch

Not to mention the ones that are left behind and harmed like me with so many medical bills to pay. I didn't die but it sure feels like it some days. It took my life away from me.



1



1



28



journey with long COVID. She was getting better slowly and finding hope. Then she got the vaccine and ended her life shortly there after.

Jun 24, 2021 — Ferrer died by suicide in May, and struggled with COVID-19 for more than a year leading up to her death.



<https://www.cnn.com/nick-gut...>

Nick Guthe's wife died by suicide after a 13-month battle with long - CNN

Jun 23, 2021 — (CNN) Filmmaker Nick Guthe says in the months before his wife, Heidi Ferrer, died by suicide, ...



<https://www.nbcnews.com/hel...>

Heidi Ferrer, 'Dawson's Creek' and 'Wasteland' writer, dies at 50

This is her. It talks about her battle with long COVID but she was in our incelldx group being treated by Patterson. She died because the vaccine made her so much worse.

March, after hearing from other long haulers that it helped improve some of their symptoms. But in her case, Guthe said, it didn't help.



iMessage



People are trying to
send you a message
... are you listening?



m.facebook.com/wxyzdetroit/posts/10158207967261135

After the vaccines were available to everyone,... - WXYZ-TV Channel 7 | Facebook

WXYZ-TV Channel 7
September 10 at 12:40 PM · 🌐

After the vaccines were available to everyone, did you lose an unvaccinated loved one to COVID-19? If you're willing to share your family's story, please DM us your contact information. We may reach out for a story we're working on.



Charlamaine Butler

Lost a 39 & 28 year old friend to their booster shot(edit 2nd shot) . Also a friend's 19 year old daughter had massive blood clots in her lungs after her shot. Think I'll stick with not being vaccinated. All the ones I know in the ICU or that have recently died with "covid" are fully vaccinated.



on Sun Like Reply More

See WXYZ-TV's [Facebook post](#) for > 10,000 stories like these

What do you say
to the victims?



2.4K

4.5K

13.1K



Ernest Ramirez
@rgvranner01

My good byes to my Baby
Boy ❤️❤️❤️

7:44 PM · Sep 13, 2021 · Twitter for iPhone

3,509 Retweets 991 Quote Tweets

13.1K Likes



Tweet your reply

Reply



Miestro47 @miestro47 · 15h

Replying to @rgvranner01

I'm so sorry for your loss. I'm heartbroken for you and the fact that the media doesn't want to highlight your story from obvious reasons. Your son is with the Lord now. May God be with you and your family during this painful time ❤️



25 431



Myron T. Moore @myr... · 9h

Replying to @rgvranner01

This picture should send a strong message to the world. This is the end result for many from the experimental Jab. Mr. Ramirez has been trying to warn others. He is being censored like the rest of us. My guess, Mr. Ramirez has committed to warn others about the dangers of the Jab



18 375 1.4K



susan @susan82130766 · 6i

I'm am so sorry for your loss. Everyone is behind you spirit. Your

VAERS ID: 1466009 ●

ONSET: 27 days **AGE:** 16 **SEX:** M

My son died, while taking his math class on Zoom. We are waiting for the autopsy because the doctors did not find anything. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. He was the best thing in my life.

READ FULL REPORT >

VACCINE TYPE(S): COVID19

VACCINE NAME(S): COVID19 (COVID19 (PFIZER-BIONTECH))

SYMPTOM(S): AUTOPSY, DEATH

Take action

1. Meet in large groups with your member of Congress during Sept recess and **demand a stop to vaccine mandates**. Get the video and post it.
2. Follow [@stkirsch](#) on Twitter, Gab, GETTR
3. Join vaccinevictims.locals.com (free)
4. [Register](#) if you oppose vaccine mandates and want to be alerted to other TFNT series videos
5. **Promote this video / slide deck** on every social media platform you are on.
6. Permission to translate, create derivative works, etc.
7. Talk to your doctor about [early treatment](#) and get a prescription
8. Show your doctor the Pfizer 6-month study and ask her “So why would I want to take a drug that is more likely to kill me than save me?”

References

<https://www.skirsch.io/>

COVID

Prophylaxis

Early treatment

Vaccine

This presentation source

Prophylaxis

Injuries

Articles

DarkHorse podcast

The screenshot shows a web browser at the URL [skirsch.io](https://www.skirsch.io/). The browser's address bar and tabs are visible at the top. Below the browser, a navigation menu is displayed with two main categories: "Early treatment" and "Vaccine".

Early treatment

How to treat COVID, long-haul, and COVID vaccine side-effects

Treating COVID, long-haul, and vaccine side-effects ASAP is key for best outcomes.

READ MORE

Vaccine

Vaccine resources

Links to important documents relating to vaccine safety and efficacy issues. Highly recommended.

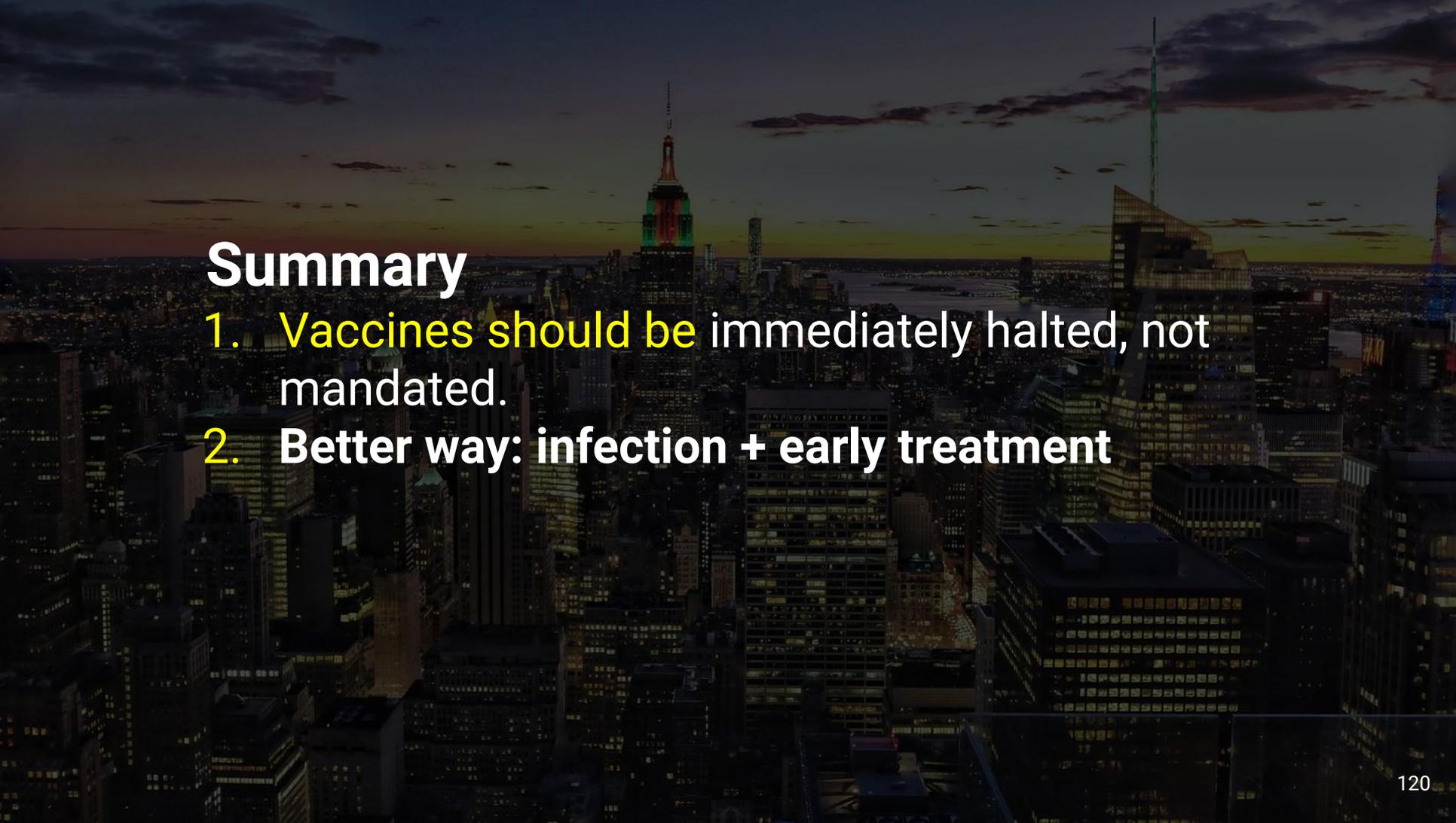
READ MORE

References

Voice-over versions available on Rumble

<https://rumble.com/user/stkirsch>

The screenshot shows a Rumble video player interface. At the top, the Rumble logo is on the left, and 'Videos' and 'Search' are on the right. The video title is 'TFNT #1: COVID vaccines have killed over 200,000 Americans'. Below the title is the user's profile picture and name 'stkirsch', along with the publication date 'September 8, 2021' and '10,878 Views'. The video player itself has a dark background with a cityscape at night. Text on the player reads 'The False Narrative Takedown (TFNT) Series Episode #1' in white and yellow, followed by 'COVID vaccines have killed ~ 200,000 Americans' in large yellow letters. A play button is centered over the text. At the bottom left of the player, it says 'Steve Kirsch, Executive Director, COVID-19 Early Treatment Fund, stk@treatearly.org'. At the bottom right, it says 'Latest presentations www.stkirsch.io/vaccine-resources TFNT #1'. Below the player, there are controls for '131 rumbles' and an 'EMBED' button. A description box at the bottom of the page reads: 'Rumble — The False Narrative Takedown Series #1 explains how to calculate the number of American killed by the COVID vaccines.'



Summary

1. **Vaccines should be** immediately halted, not mandated.
2. **Better way: infection + early treatment**