

Vaccine safety evidence

By Vaccine Truth Twitter: @VaccineTruth2

Please see the most recent [PDF version](#) (updated July 20, 2021).



Executive Summary

We are not “anti-VAXers.” We were vaccinated because we believed we were being told the truth. Now we know better.

Unfortunately, the current gene-based vaccines (all vaccines on the US market today) were rushed to market without proper testing. They are dangerous and appear to have killed over **30,000 previously healthy Americans** so far and disabled an equivalent number. The Phase 3 trials were structured so that the results looked good because they were allowed to exclude unfavorable data (such as Maddie de Garay, a 12-year old girl who participated in the Pfizer trial and who is now permanently paralyzed due to the vaccine). People with a bad first reaction were allowed to drop out which doesn't reflect the reality of [“full vaccination” requirements](#) of workplaces and schools.

We should stop the current gene-based vaccines ASAP. The risk/benefit justification isn't there for any age group due to the poor safety profile of these vaccines compared with the alternatives.

Based on analysis of VAERS death data for vaccine deaths and CDC death data for COVID deaths, the younger you are, the less sense vaccination makes. If early treatments didn't work at all, the toxicity of the current vaccines would only make sense for those over 30 (based data to date). However, the vaccines are too toxic and don't meet the <50 deaths stopping criteria that we've used for the past 30 years, so they should never be used because we have better alternatives available today that can achieve the same goals.

We should never be giving vaccines that disable or kill previously healthy people in huge numbers if safer alternatives are available that can achieve all the same objectives.

Why would anyone in America choose to have lipid nanoparticles which deliver a toxic protein into your brain and where the long term effects are unknown, when safer alternatives are available? What parent would choose to experiment on their kids this way when safer and more effective options are available?

It is tragic that schools are requiring students to be vaccinated in order to attend classes. I've asked our top universities for the risk-benefit analysis to justify this action and have received nothing. If the vaccines were perfectly safe, no analysis would be needed. But they aren't.

The rate of severe life-changing side effects [appears to be well in excess of 25,000 people](#) (the number reported disabled is comparable to the number dead). The fact that Facebook groups of vaccine victims had 200,000 users suggests that **more than 1 in 1,000 are suffering from significant long-term impacts**; people with minor temporary reactions have little incentive to seek out and sign up for a vaccine side-effects group. People who claim “the clinical trials showed no significant side effects so it must be safe” have a tough time explaining how these facebook groups were so large before they were deleted. If you think the vaccines are so safe,

show me the severity analysis of the 200,000 people there. These groups don't appear with the influenza vaccine. You never see neurological effects like this in such high volume with a safe vaccine.

Some have cited the emergence of the Delta variant as changing the math to favor vaccination even if the vaccine is unsafe. But the case fatality rate (CFR) of the Delta variant is only 0.1% compared to the CFR of 1.9% for the original virus (alpha) according to [UK government data](#). The argument that the lower CFR of delta is due to the higher number of vaccinated people isn't very credible since the Eta variant has a 2.7% CFR.

Mortality Rate 8 Times Higher Among Fully Vaccinated Than Unvaccinated If Infected by Delta Variant – UK Data Shows



秘密翻译组-原创组
Jun. 28



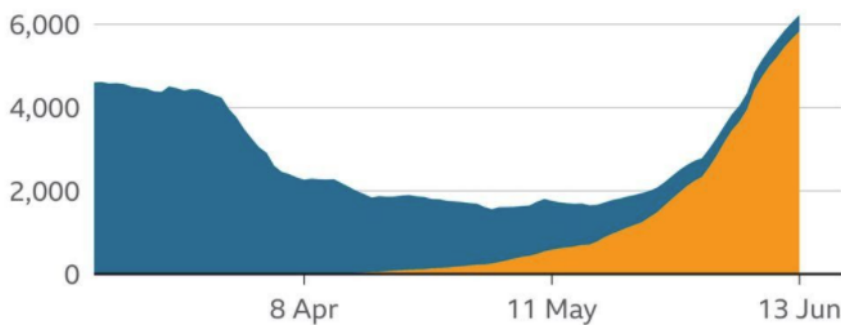
Author: Karamazov 【[翻Gnews原创组](#)】

Editor: Ermat

Delta variant now dominant in England

Rolling 7 day average of daily cases in England

■ Other ■ Delta variant (B.1.617.2 - first detected in India)



Variant cases estimated using proportion found in sequences analysed by COG UK

Source: BBC analysis of COG-UK and gov.uk data



Source: <https://www.bbc.com/news/health-57489740>

Early treatments are a **more effective and safer option than the current vaccines**. We can **achieve all of the objectives of the current vaccination program** (herd immunity, eradication of the virus, re-opening our economy, ditching of masks) **with fewer deaths and near zero**

serious side effects. In addition, we would have less problem with variants since variants are less likely to be generated if everyone is naturally immune. So why not promote early treatments? **Why not give them a try for a month while we hit the pause button on the vaccines? Would that be so bad?**

Allowing natural infection will impart broad natural immunity. We should instruct the population how to treat early with early treatment protocols as soon as they believe they are infected. People should have the drugs on-hand so that treatment can be started without delay after speaking with their doctor. This results in superior risk reduction in terms of fewer fatalities and side effects compared to the current vaccines. There was never a need for masking or social distancing as COVID is very treatable when treated early. Nobody has to die or be hospitalized. We can get to herd immunity quickly this way. The key is to treat the virus early with a proven early treatment cocktail of repurposed drugs, adding novel antivirals if/when available.

Unfortunately, the NIH has unethically suppressed all early treatments in order to push the vaccine narrative. This is clear with the publication of a [systematic review of ivermectin](#), the highest level of evidence possible. Yet the NIH and WHO pretend that it never happened. It isn't even acknowledged that the systematic review came out. There has never been a peer-reviewed systematic review that was later overturned. This is why they are the top of the evidence pyramid.

Early treatments were never funded. When evidence came in they worked, the NIH ignored it. The corruption at the NIH and FDA should be corrected by Congress. Now.

To prove the point about the unethical suppression of early treatments, [I offered \\$2M to anyone who could show that the NIH got it right](#). Nobody stepped forward.

Similarly, [I offered \\$1M to anyone who could show that the vaccines are safe](#). No takers, not even the drug companies.

If a safe sterilizing vaccine can be developed, we should test it adequately for safety before deploying it. We should not cut corners on safety again; with early treatments, there is no need to rush this.

Major medical journals have lost objectivity in publishing papers that go against the "safe" narrative. For example, the NEJM rejected a [Letter to the Editor pointing out a flaw in a paper showing vaccines were safe for pregnant women](#). The Letter showed an alarming statistic. The NEJM refused to reveal their reasoning for the rejection. Three editors quit a journal after a peer-reviewed paper was published that showed that vaccination may cause more harm than good. Those who quit provided no evidence that the paper was in error.

The censorship of legitimate medical information on social networks must end. These networks are the new "public square" and should be regulated so that people are free to express their opinions to anyone who chooses to listen. There should be heavy monetary penalties for

suppressing medical information that has the potential to save lives. Social networks should be required to compensate all those people who have been harmed by their actions.

Never again should we deploy a vaccine on the American public without proper testing and without informed consent. Databases such as V-SAFE that track safety data should be made transparent. Am I the only person who thinks that is a problem?

VAERS reporting should be required and the VAERS system should be modernized so that it is easy to use and results in records with consistent field coding. There should be a smaller lag time to get records into the database, all false reports should be 100% enforced as a criminal act, and the safety signal monitoring should be much stronger.

Introduction

The cost-benefit analysis of the current gene-based vaccines for anyone of any age is at best a wash according to the scientific literature (new paper published June 24, 2021).

This [peer-reviewed paper looked at the real cost-benefit analysis](#) and concluded that “This lack of clear benefit should cause governments to rethink their vaccination policy.” As far as I know, this is the most optimistic of all the papers looking at actual death rates of COVID vs. the vaccine. All the other ones are even worse for the vaccine.

[Independent analysis by a statistician friend](#) shows a similar effect. Like me, Mathew has no axe to grind here, just trying to get at the truth of the risk/benefit for the current vaccines. His conclusion: “More importantly, I also still disagree with the mass vaccination program. In particular, nearly all lives saved are in the high risk group. While vaccinating those in the low risk group might decrease spread into the high risk group, that's asking young healthy people to act as human shields. I also believe that when the vaccine deaths and adverse events are finally tallied and compared to either a ring vaccination strategy or combination ring vaccination and early treatment strategy, the current plan will look quite foolish and possibly even nefarious.”

Since the focus today is on getting kids vaccinated, I ran the numbers in the VAERS database for 20-24 year olds and 25-29 year olds. In both age ranges, the number of deaths caused by the vaccine outnumber the number of deaths saved. The vaccines caused 1.89 deaths per 100,000 (ages 25-29) and 1.74 deaths per 100,000 (ages 20-24). This means the vaccines are net killing machines since they kill more people than they save (.3 to 1.0 lives per 100K saved [according to the most recent CDC presentation](#)). My calculations are in the body of this document and the calculations show no net benefit for any age group based on real-world data from the US and UK.

The comparison is even more extreme if we tell kids to ignore the current CDC advice and use an early treatment program. In that case, we can reduce the death rate by more than two orders of magnitude from COVID, so that the number of lives saved by the vaccine is fewer than 1 in 10M. This means the vaccines need to be less toxic than the influenza vaccine (which has a death rate of 1 in 10M) in order to be considered. They are not even close to that. Not by a country mile.

For older people, the numbers don't work out either. We looked at the UK data for <50 and >50 and we found that the absolute death rate is very small for <50 group. There was a high relative risk reduction, but the absolute deaths were small. If the vaccine kills more than 1 in 1 million, it's game over for the vaccine being useful. For age >50, the UK data shows that even if the vaccines killed nobody, it is not beneficial. So when you factor the death rate of the vaccines and early treatment as the other option, the case is extremely lopsided.

In short, because the current vaccines are so dangerous and early treatment is so effective (relative risk reduction of 100 or more with no permanent side effects), there is no reasonable case that can be made for vaccinating any age group.

Although we just looked at deaths in the analysis above, the same can be true for other side effects as well: the range and intensity of side effects from the vaccine dwarf anything seen in natural COVID. It's even a more stark contrast when early treatment is added to the mix.

Long term, untreated vax patients and untreated COVID patients are virtually identical in terms of symptoms (thanks to Ram Yogendra for that insight). By vaccinating patients, we are essentially giving a portion of those vaccinated long hauler COVID.

The case numbers in the UK (one of the most heavily vaccinated countries) are now climbing. It suggests we should have listened to the arguments of [Geert Vanden Bossche](#), one of the most famous scientists in the vaccine field, which are [further clarified in this excellent video by Chris Martenson](#) which points out that there are really only two ways out of the pandemic: a sterilizing vaccine (using the complete virus as the antigen) or allowing infection and treating with early treatment leading to natural immunity.

[The Yellow Card system in the UK](#) showed a similar safety signal. Independent analysis of that data by an expert in medical evidence concluded that **the vaccines are unsafe for use in humans**. It wasn't a close call. The death rates from the vaccines are far greater than any absolute risk reduction.

The [French don't think any of the 4 major vaccines are safe](#) either.

It is now well established in the peer reviewed literature that the spike protein is toxic. The vaccines cause the spike protein to be manufactured for up to 48 hours in all parts of the body including the brain thanks to the efficient delivery mechanism of the lipid nanoparticles and PEG. The spike proteins produced in these cells do not remain anchored as designed; they also break off the cell and become "free spike" which is even more dangerous since it can circulate in the blood. The net result is inflammation and micro-clotting inside all organs (including the brain) throughout the body as well as temporary opening of the blood brain barrier (which explains the severe migraine headaches). This explains the wide range of neurological symptoms after injection.

The mechanism of action is confirmed by the adverse event reports. The VAERS database shows that over 6,000 people have possible vaccine-related deaths as well as over 300,000 SARs that are consistent with the mechanism of action. If we remove 500 "background deaths" in the VAERS system each year, we are left with over 5,500 "excess deaths" that are coincident with the vaccine rollout. The safety signals have been flashing "red" since January in VAERS, but nobody was paying attention (except for a few users on Twitter who were being ignored). This is a HUGE number of excess deaths and SARs. So the question for the CDC is **"OK, if the vaccine did not kill these people, then what did?"**

This is not caused by excess reporting since doctors are less likely to make VAERS reports for the "safe" vaccine because nobody wants to create vaccine hesitancy. Doctors (such as Dr. Hoffe) have been fired for filing adverse event reports and speaking out. **Anyone who speculates this is simply excess reporting this year is mistaken** (see [Vaccine Safety FAQ](#)) This year, it is much harder to get into the VAERS database due to staffing problems as [this commenter relates](#), "He called into VAERS for some of the adverse events his patients had and was put on hold for 30 minutes each time." What doctor has time for that?

The CDC says there are no deaths due to the vaccine, but has not shown that a single death in the VAERS system was not vaccine related. Nobody seems to be asking them for that. Are we all asleep?

Even the WHO called for the vaccines not to be used in children, but political pressure forced them to recant less than 24 hours later.

Evaluation of individual VAERS records show the cause of death is consistent with the mechanism of action of the vaccine and have no other explanation, e.g., a healthy 20 year old who dies in his sleep less than 24 hours after vaccination. Half of the deaths reported are within 72 hours of vaccination. This can't be explained by reporting bias since the CMS data backs up the claim that the vaccines are killing people. Through multiple methods (including comparing with a CMS query of the same data), we show that the 5,500 deaths are under-reported by at least a factor of 5X, giving approximately 30,000 deaths so far.

Historically, the stopping condition for a vaccine is 25-50 deaths. But there is no stopping condition for this vaccine in the US or UK. The CDC claims nobody has died from the vaccine, but has produced no analysis showing this to be the case. They don't even have the staff to investigate 6,000 death reports. They never even tried to hire the needed staff.

The required toxicology studies were never done. We have no idea on the reproductive tox. A [LTE submitted to the NEJM](#) pointed out that based on the data to date there is >82% spontaneous abortion rate at <20 weeks. We don't know what the true number is because the data isn't available to anyone. Thus, we are telling pregnant women to get vaccinated even before we have any of the safety data. This is appalling. It is backwards. We are injecting first, doing safety studies later. What is this doing to the reproductive system of our kids? We don't know. The vaccine was engineered for efficacy, not safety. The spike protein should have been treated as toxic until it was proven safe. It was never proven safe because it isn't.

The FDA screwed up big time on oversight. They regulated the vaccine like a vaccine. They should have regulated it as a vaccine and a gene-therapy. So they should have looked at **duration, amount, and distribution** in NHPs. How much does this vary in different individuals? These numbers are still unknown because the studies haven't been done. How long does the mRNA last? We think <48 hours but what is the answer? What's the half life? Similarly, what's the half life of the spike that is produced? Is it different for different cell types? What's the half life of the free spike? What should dosing be based upon? Weight? What is the proper dosing? When this is pointed out to them, they agree, but are unable to get approval to get this done because it would be an admission that they screwed up which would make them look bad. So we are experimenting on the public first, gathering data later. This is a massive science experiment that has no precedent. It could result in the sterilization of half of America.

The CDC meeting on myocarditis was a joke. The statistical analysis was poor and would never survive independent peer review. For example, they should have compared healthy boys with healthy boys who got the drug. We shouldn't be looking at just myocarditis as the only bad

outcome. My understanding is that there wasn't a cardiologist at the meeting. A friend of mine found 6 major flaws in the analysis. Here's one of the reviews I found. [The lies by the American Academy of Pediatrics \(AAP\) and Dr. Fauci on myocarditis risk and COVID-19 Delta variants. How many lies can one press release contain?](#) Why aren't any medical school Deans writing about how absurd this analysis was?

The cost-benefit analysis for children is non-existent; it is 1 to 2 lives per 1,000,000 assuming the vaccine is safe. But the vaccine isn't safe. It has already killed at least one child who died after getting myocarditis already and that story was censored by social media. More importantly, the chance of permanent disability is quite high. Consider the case of 12-year old Maddie de Garay who is now permanently paralyzed, cannot walk and must eat via a feeding tube. She was part of the Pfizer clinical trial for 12-15 year olds which reported her result as "abdominal pain." This trial had only 2,200 participants. This suggests that the rate of disability even for kids could be as high as 1 in 2,000. We don't know since another trial wasn't done. So that means the vaccine has the potential to disable 500 previously healthy kids for every life saved. Is it worth it, especially when safer alternatives are available? Shouldn't we do a larger trial to find out the true number before we do a mass rollout to kids? Of course we should. But we aren't. We are doing everything backwards, experimenting first, and looking at the data after the experiment. This is the biggest unregulated unaccountable medical experiment in the history of mankind.

The phase 3 studies simply do not match the reality. There are reports of "missing SAE data" in other clinical trials as well (not just Maddie's trial). This explains why the Phase 3 trials can make it appear as if the vaccines are safe when in fact they are not.

There is no transparency of the data like there would be in a normal trial. The V-SAFE database is kept out of sight and the CDC only releases selected snippets that they determine are of interest. VAERS records, which are publicly accessible, are removed without reason.

And how about the fact that they aren't measuring COVID cases anymore if you've been vaccinated. That's unbelievable. Makes it appear that the vaccines work even when they don't.

There is no informed consent. Nobody is notified of the potential large number of deaths. Kids in the Pfizer Phase 3 trials were never informed that they could die or be disabled. Nobody is informed of the alternative of natural infection and early treatment. The NIH stonewalls on recognizing ivermectin as a safe and effective treatment, even after publication of a peer-reviewed [systematic review](#), the highest level of evidence in evidence-based medicine (EBM).

Censorship keeps these events from public view. Facebook has removed groups of over 200,000 people discussing vaccine side effects. If the vaccine was safe, that group would have nothing to talk about and there would be no reason to remove it.

It is time to call a halt to these dangerous vaccines immediately. Vaccination should not be mandatory for any students at any university worldwide. In fact, they cannot be justified even for the highest risk patients due to the safety profile compared with the better alternative of early treatment.

Allowing people to be naturally infected and treated with early treatment protocols using repurposed drugs can reduce the relative risk by >100 (far better than any vaccine) with virtually no chance of death or disability. The natural immunity is more robust against variants and is the better path to eliminating the virus than a non-sterilizing vaccine. This option is vastly superior to vaccination with a non-sterilizing toxic vaccine.

The effective early treatment drugs and protocols have been unethically kept from public view by Cliff Lane. There is no clearer case of this than ivermectin where even after a peer-reviewed systematic review, the NIH guidelines are still neutral. This is a deliberate violation of the precautionary principle and the rules of evidence based medicine.

There is a lot more to this story. Journals who don't publish papers that are anti-vax by saying the paper is "out of scope." Intentional 6-9 months of slow walking journal submissions. Improper rejections of critical papers (like the 82% spontaneous abortion rate which is absolutely true and cannot be argued... NEJM gave a bullshit "we don't agree" without a rationale. Self-appointed academic police that are out to discredit Byram Bridle for telling the truth. A well funded campaign to create materials to discredit Bridle. Fact checkers for the news media that work for the Gates Foundation. Took FDA >30 days to have an emergency meeting on myocarditis. Whether Fauci, Collins, Woodcock are bought and paid for by the drug companies (how else can we explain the Alzheimer's drug that just got approved). The list is long....

The cognitive dissonance is unbelievable. A friend of mine challenged a doctor who claimed the vaccine was safe. After being confronted with the evidence, the doctor quietly walked away. When I challenge anyone to prove that the deaths in VAERS aren't related to the vaccine, they say that they haven't got time. Fine. If you don't have the data, then don't base your positions on data you don't have.

Everything is upside down. Doctors who tell patients not to get vaccinated are sanctioned. That's ridiculous. Listen to this call where it happens to Dr. Francis Christian. His crime: obtaining informed consent on the vaccine. I highly recommend you listen to this [REC'D CALL: Canadian Dr. Francis Christian FIRED For Giving People All The Information About The Vax](#) and read the story of [Dr. Christian here](#). All of his points are based on science. For him to be fired is a sign that something is very seriously wrong. They would not listen to or respond to his arguments. These sorts of things are not just happening in Canada. They are happening all over the world. This shows how seriously messed up the medical system is. Dr. Christian cites that the WHO agreed with him that children should not be vaccinated.

I predict that mothers and conservatives will be up in arms. This will cause a massive loss for the Democrats in the midterm elections when they lose the House. I'm pissed and I know a lot of other liberals (including wealthy Democratic donors) who are too. If they want to keep our votes, they can't just sit there while Americans are being misled and not being told the facts about these vaccines. It is time to stop lying to America.

We are not anti-vax. The Novavax vaccine appears to have a much better safety profile, comparable to other vaccines. The antigen for these vaccines is pre-manufactured and there are no LNPs that would transport the spike protein into unwanted areas.

The 40% of Americans who object to the vaccines are right. We should halt the current vaccines now. They are killing more people than they save. There is no scientific data that I've seen that shows otherwise. For now, natural infection treated early with an effective early treatment protocol is the superior (safest and most effective) way to achieve herd immunity and stop the pandemic.

The deaths reported to date in the VAERS database (the official database for adverse event reporting) prove that they are unsafe, they are killing or disabling healthy people in massive numbers, and should be immediately stopped.

The material below is a mix of peer-reviewed scientific articles, published articles and video, and personal anecdotes to provide a complete picture of the problem from all angles. All the evidence is consistent with the hypothesis that the vaccines are unsafe. There is no alternative explanation that fits the material presented here that I'm aware of. I'm not aware of a single data collection that proves these vaccines are unsafe, including the clinical trials (due to the exclusions and to the reporting fraud).

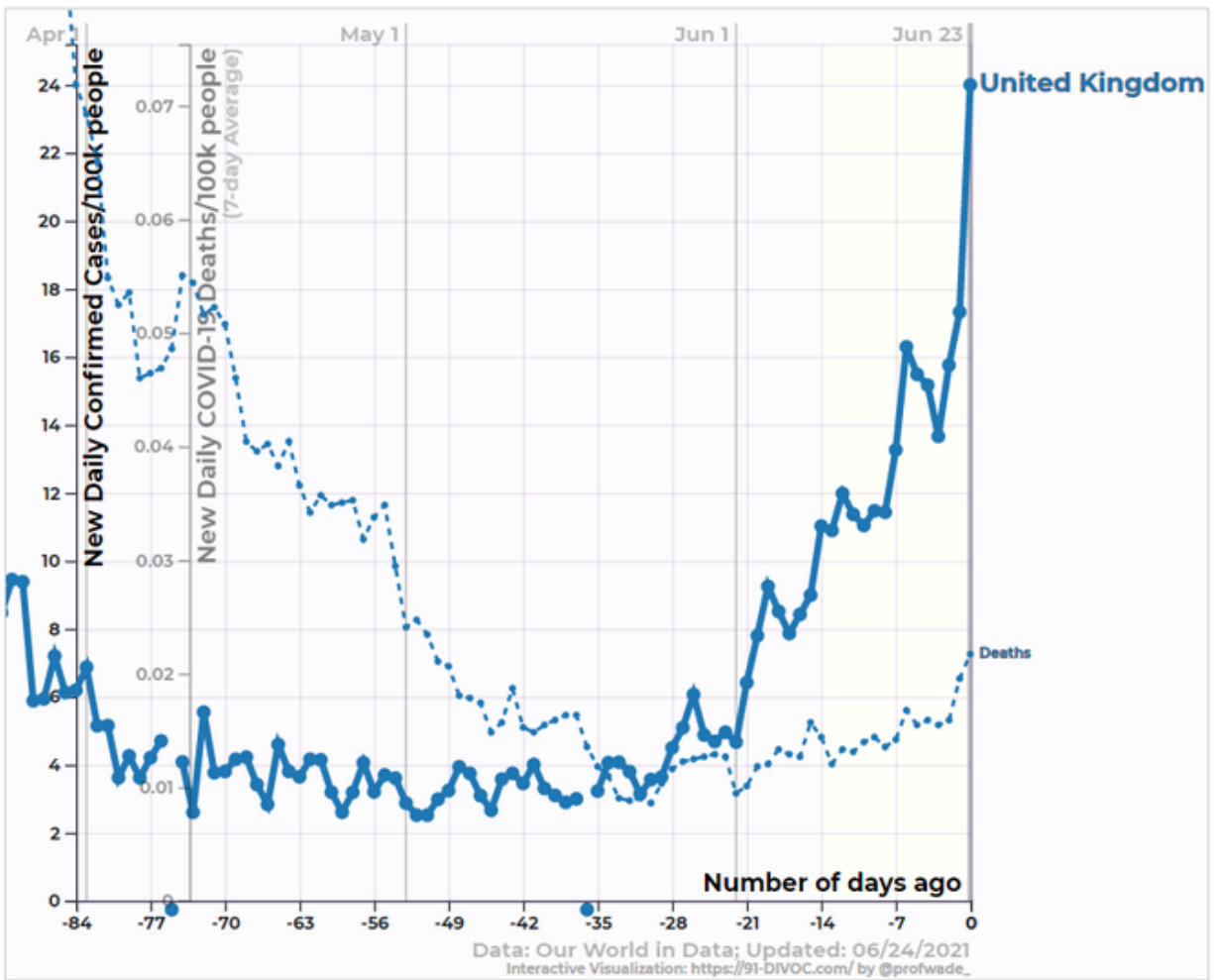
By 5 different methods detailed below, we estimate the current vaccines have killed over 30,000 previously healthy Americans so far. The US authorities are ignoring all the safety signals that have been in plain sight since January. There is no defined stopping condition. Killing 100,000 people is fine. The cost-benefit analyses from the CDC omit the early treatment option and omit the fact that the vaccine kills people. So they are wrong. The FDA says they have reports done by experts showing everything is fine (no safety signals), but the FDA will not release these reports to the public. That makes no sense. There is no analysis of any of the 6,000 dead bodies in VAERS. Why not? The vaccines should have been stopped after 50 deaths. That has been the historical standard. This is a train wreck of massive proportions. And we still have our foot on the accelerator.

Safe vaccines are fine; we have no objections. For example, the safety data from the Novavax COVID vaccine, which uses a traditional approach, is superior to any of the gene-based vaccines, yet the efficacy is comparable. Why won't the FDA allow it to be used in the US? The answer: once people learn the truth, nobody will want the gene-based vaccines.

If we ever want to end the pandemic, we should use a sterilizing vaccine as noted below (see section on Vanden Bossche). So it could be argued that early treatment is by far the better option today until such vaccines are available. [Geert Vanden Bossche](#), one of the most respected scientists in the vaccine field, said this at the start of the pandemic. He's now being proven prescient. The UK is one of the most vaccinated countries in the world, and look at what has happened there, exactly as he predicted!

Finally, this document was written over the course of a month so some statements may be out of date. If you find any errors, please DM me on Twitter and I'll correct them.

New Confirmed COVID-19 Cases per Day, normalized by population



Doctor Malone and I are hardly alone in questioning the safety of the current vaccines.

[Tess Lawrie analysis of UK Yellow Card system](#) concluded that the vaccines were unsafe for use in humans. Tess is a [highly respected evidence-based expert](#). 20th update on Adverse

Reactions to the Covid Vaccines shows 949,287 Adverse Reactions & 1,332 Deaths. Whoa. The UK has only 67M and 62% have been vaccinated, so that's around 40M vaccinated people. So that means there is an adverse reaction for every 42 people. But since it is likely under reported, it is probably like 1 adverse reaction for every 20 people. Ouch.

[This op-ed in the Wall St. Journal on June 22](#) questions vaccine safety. [This statement published in BMJ](#):

We are part of a group of clinicians, scientists, and patient advocates who have lodged a [formal "Citizen Petition"](#) with the United States Food and Drug Administration (FDA), asking the agency to delay any consideration of a "full approval" of a covid-19 vaccine. The message of our petition is **"slow down and get the science right"**—there is no legitimate reason to hurry to grant a license to a coronavirus vaccine." We believe the existing evidence base—both pre- and post-authorization—is **simply not mature enough at this point to adequately judge whether clinical benefits outweigh the risks in all populations.**

The signatories to that [petition to the FDA](#) include:

Linda Wastila, BPharm, MSPH, PhD*†
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Hamid A. Merchant, BPharm, MPharm, PhD, RPh, CQP, PGCertHE, FHEA, SRPharmSt†
Subject Leader in Pharmacy
University of Huddersfield
Huddersfield, United Kingdom

<a long list of signatories>

I know several of the signatories very well and they will tell you straight out that they go further than just saying "pause so we can collect data on safety." They believe these vaccines are unsafe and should be stopped. The WSJ op-ed and citizen petitions are an academically polite way of raising a red flag to say "STOP" and do the science right. And when you do look at the data as they requested, you will be appalled at what you find. There is no doubt of that as you will see below.

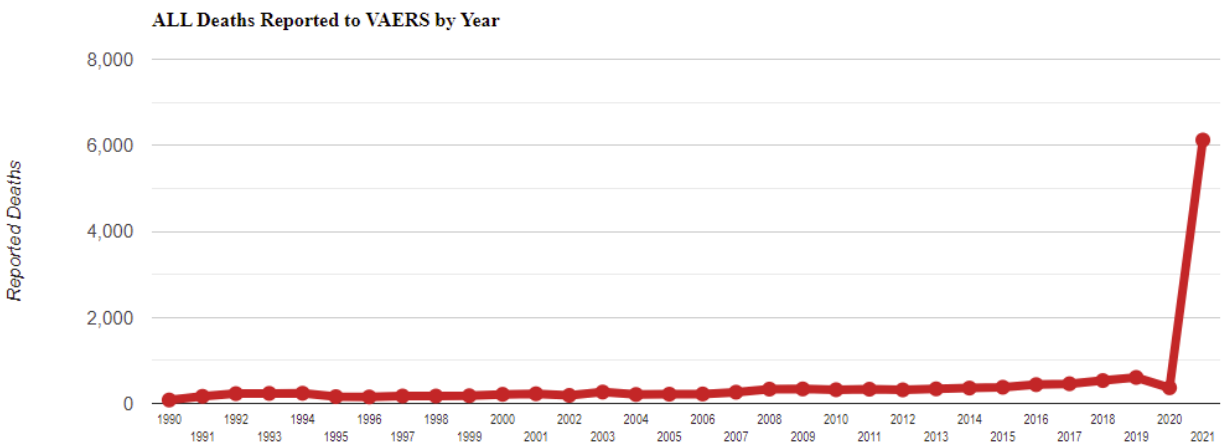
Just the facts

In this article, I will not tippy toe around the facts: we should stop these vaccines immediately. Even for the elderly, early treatment with repurposed drugs is a superior option to vaccination.

The normal stopping condition of 25 to 50 deaths was exceeded in January 2021. Once the vaccines are stopped, if anyone gets COVID in the interim, they should be treated early with a repurposed drug protocol until safer vaccines (not gene-based) are available (see [Vaccine FAQ](#) for some recommended protocols).

We are way past any reasonable stopping condition. There is no question that this vaccine is killing people... likely more than 30,000 people so far, and they are just getting started.

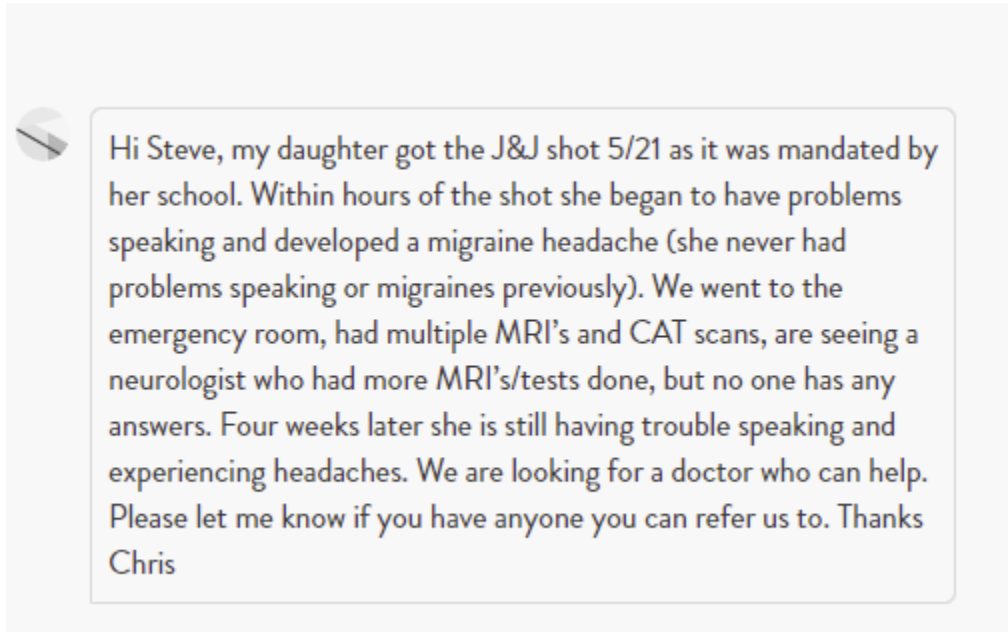
Reported Deaths post COVID Vaccine: Total 5,993



From the chart above (which can be viewed [here](#)), it appears that this vaccine is only 12X as deadly as other vaccines. This is not the case. The 300 to 500 deaths each year are essentially background deaths of people dying in temporal proximity to a vaccination; the actual number of people who die each year from the vaccines is around 10. So if we take 6,000 deaths minus 500 background, we get 5500/10, so this vaccine is more than 550 times more deadly than a typical vaccine should be.

The biggest blunder is that the FDA and drug companies assumed that the spike protein was a harmless antigen. Some people even [still believe that to be true](#). But that is [clearly false](#); it is the spike protein that causes the bleeding, micro-clotting, and inflammation leading to death for COVID victims. Therefore, any vaccine which enables the spike protein to be produced in parts of your body other than your shoulder is extremely problematic. All the gene-based vaccines do that.

Even more importantly, the vaccine is turning healthy kids into (likely) permanently disabled brain-damaged kids because the neurologists all believe the vaccine is safe so they don't look for or consider the inflammation and micro-clotting which they can't see in MRIs. The kids are then not treated leading to permanent scarring and loss of function. It's tragic.



Here is [the famous tweet from Robert Malone about the spike protein being cytotoxic](#). Malone is extremely careful when he says stuff like this.

← **Tweet**

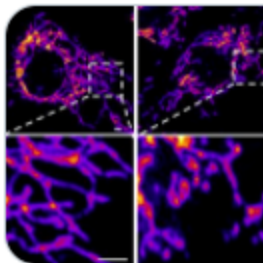


Robert W Malone, MD
@RWMaloneMD



The SARS-CoV-2 spike protein is cytotoxic. That is a fact. Who says so? Multiple peer reviewed references. The Salk Institute.

It is the responsibility of the vaccine developers to demonstrate that their expressed version is not toxic. Show us.



The novel coronavirus' spike protein plays additional key rol...
LA JOLLA—Scientists have known for a while that SARS-CoV-2's distinctive "spike" proteins help the virus infect its host b...
salk.edu

5:56 PM · Jun 20, 2021 · Twitter Web App

2,284 Retweets **325** Quote Tweets **3,993** Likes



The FDA knew that the biodistribution data on these vaccines would deliver the lipid nanoparticles (LNPs which contain the mRNA) to all parts of the body. But since they thought the spike protein was harmless, this wasn't a cause for concern. Now that assumption was proven wrong, it should have sent alarm bells ringing. The drug companies should have been required to immediately do toxicology studies in NHPs and the amount of bound spike and free spike should have been measured. Of course, nothing of the sort ever happened because the FDA and CDC are all focused on reducing vaccine hesitancy, not safety.

This means that the CDC is basically flat out lying to the American people in order to fool them into getting vaccinated. This isn't open to debate. It is [right on this page](#):

New Approach to Vaccines

mRNA vaccines are a new type of vaccine to protect against infectious diseases. To trigger an immune response, many vaccines put a weakened or inactivated germ into our bodies. Not mRNA vaccines. Instead, they teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.

A Closer Look at How COVID-19 mRNA Vaccines Work

COVID-19 mRNA vaccines give instructions for our cells to make a **harmless piece** of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19.

1. **First**, COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the immune cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
2. **Next**, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn't belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19.



My key arguments are:

1. Fundamentally, the whole problem with the vaccines is blind trust in authority.
2. It is now established in the scientific literature that the benefits don't outweigh the risks of vaccination. This [peer-reviewed paper](#) concluded that “This lack of clear benefit should cause governments to rethink their vaccination policy.” The present document adds significantly to the doubt raised in that paper.
3. I am pro-VAX in general. My entire family got jabbed. However, over the past few months I discovered to my horror that the current FIRST generation gene-based vaccines are UNSAFE for use in humans. Next generation vaccines, such as Novavax, based on traditional technology (where the antigen is pre-manufactured) are MUCH MUCH MUCH safer, but are being blocked from the US market by the FDA so that Moderna, Pfizer can maintain their virtual duopoly.
4. To prove nobody can prove the vaccines are safe, [I offered to bet anyone \\$1M who can prove that the vaccines are safe](#). To win the bet, they simply have to show that that 5,000 deaths reported in VAERS are all unrelated to the vaccine.
5. Even the WHO said on June 22 that “Children should **not** be vaccinated.” (see proof below). Just 48 hours later, they [walked it back](#). What new evidence was published in peer reviewed journals to cause that? None. They cited no reason for the about face. The US is ignoring the WHO June 22 advice and going full steam ahead to vaccinate everyone. If the vaccine is perfectly safe, why did the WHO say not to vaccinate kids? (search for the phrase “Children should **not** be vaccinated” below).
6. If the vaccines are perfectly safe, this site ([c19vaxreactions.com](#)) would not exist. Please watch the videos on this site. Does this sound like a safe vaccine? Maddie's video is there.
7. We know that the vaccines are not as safe as the clinical trials claimed. So the argument about safety is simply not true. Consider the case of Maddie de Garay age 12. She was

in the Pfizer clinical trial. She's paralyzed from the waist down after the second shot. According to the trial report, she was listed as reporting "abdominal pain." The EUA should be revoked based on this revelation. This is not an isolated case.

8. [On June 24, 2021, the FDA finally admitted that the vaccines are not as safe as they claimed and cause myocarditis and pericarditis.](#) There were more than 1,226 cases among the 150M vaccinated people. The CDC says the cases are mostly mild which is true [unless you die from it \(which they don't mention\)](#). I can guarantee you that this will not be the first revelation. So how do they explain how such a safe vaccine with a harmless spike protein (as noted in the CDC snippet above) can cause myocarditis? Well, they don't. But we know how it happens and myocarditis is just the tip of the iceberg. See also, [The lies by the American Academy of Pediatrics \(AAP\) and Dr. Fauci on myocarditis risk and COVID-19 Delta variants. How many lies can one press release contain?](#)
9. The current gene-based vaccines were rushed to market, did not undergo the proper testing and dose escalation studies, are dangerous because 1) the spike protein isn't harmless (causes inflammation, clotting, and damage to endothelial cells) and 2) the spike protein breaks off creating free spike which can damage organs anywhere in the body including the brain and heart (stroke, heart attack, etc). It opens the blood brain barrier causing severe migraine headaches.
10. The current gene-based vaccines cause spike protein to be made in all major organs including your brain and [the spike protein is now known to be toxic](#). That is no longer open to debate, [even if some people still don't believe it \(including the CDC\)](#). The people who think it is harmless cannot explain over 300,000 adverse event reports and over 6,000 death reports in VAERS. The [rate of adverse event reporting is so high it is overloading the reporting systems](#).
11. The [spike protein destroys the blood brain barrier](#). This is bad. The good news is it eventually repairs itself, but the vaccine should never tear it down in the first place. And it does on a very frequent basis (lots of migraine headaches after vaccination). For details, [here is the paper](#).
12. Vaccines should have been stopped when the death toll rose over 50 in January 2021. That is the normal stopping condition for a national vaccine. For child deaths, 4 is the threshold.
13. Today, the absolute risk of dying from the vaccine itself is approximately 1 in 5,000 (150M fully vaccinated and 5*6,000 in VAERS deaths; see below for calculation of the 5 factor). The risk of dying from COVID is about 1 in 8,000 (1.2% chance of catching COVID based on population of 328M and 11,000 new cases/day and a 1% chance of dying from COVID which is very conservative based on the .1% rate of death from the UK data below). This isn't a compelling case for vaccination because it is clear that you have a better chance of living if you do not get vaccinated! Also, it doesn't take into account that if you are vaccinated your risk of dying from COVID is 2X higher for the delta variant (see calculation below), and there is risk of disability as well from the vaccine. And this is without ANY prophylaxis or early treatment which skews the benefit even more (by a factor of more than 416 as we explain below)

14. If you don't believe the previous point, consider this alternate argument: [UK data shows that vaccinated people are 2.2 more likely to die from the Delta variant of COVID](#) than unvaccinated people. That's right... **getting vaccinated actually increases your chances of dying from COVID if you get it.** Think about that before you get vaccinated. But don't worry because the FDA says the benefits outweigh the risks. Please see the data below for the detailed calculation (search for "Justification for 2X higher death rate for vaccinated people in UK against Delta variant"). However, your chance of getting COVID is reduced by a factor of 3. I work out the math at the end and the UK will basically kill over 6,000 people today in order to save around 80 net lives per year. So we'll break even in about 75 years from now. I'm not joking. And if you treat infected people early, then it stretches the breakeven point to over 1,000 years from now (basically more than an order of magnitude since early treatment is 10X relative risk reduction or more...it's actually around 416X when done using Fareed and Tyson's protocol).
15. This [peer-reviewed paper looked at the real cost-benefit analysis](#) and concluded that "This lack of clear benefit should cause governments to rethink their vaccination policy."
16. If the pathologists doing the autopsies don't understand how the vaccine kills people or believes the vaccines are safe, then nobody will have the vaccine listed as the cause of death. Accurate database entries are only as good as the judgement of the reviewers and right now the entire medical community thinks the vaccines are flawless. There isn't even a CDC category for death caused by the vaccine.
17. The biggest failure with respect to vaccine victims is that the vaccine manufacturers have miserably failed to educate the medical community on the dangers of the spike protein, the mechanisms of action for how the vaccine causes death and neurological side effects. For example, one 12 year old vaccine victim (participant in the Pfizer clinical trial), became permanently disabled less than 24 hours after her second dose of Pfizer (cannot walk, requires feeding tube, she currently cannot go to the bathroom without assistance, etc) was diagnosed with mental problems because doctors lacked a conventional explanation for her symptoms. Her story is tragic and sadly not an isolated case. Pfizer hasn't paid a dime in compensation for her permanent disability.
18. Moderna sent mRNA coronavirus vaccine to University of North Carolina [in an agreement signed December 12, 2019](#) which was more than two weeks before anyone was aware of the outbreak at Wuhan. How did Moderna know to develop a coronavirus vaccine so early!?! Doesn't anyone else think that is pretty odd? Why isn't the press all over this?
19. The FDA has top experts who have looked at all the safety signals and conclude there is nothing to worry about. Just one problem: they refuse to make any of these reports public. Why not? Wouldn't that eliminate vaccine hesitancy? The press isn't asking this important question. Asleep at the wheel.
20. [Due to reports by parents](#), on June 23, the FDA finally had to admit, "[ok, we were wrong. It wasn't as safe as we told you. There is a tiny chance that you'll have heart problems if you are vaccinated.](#)" Hardly tiny. Hardly the only side effect but at least we are moving in the right direction.

21. Kids and people who have had COVID don't need to be vaccinated. They are already immune. Details below.
22. [The CDC refuses to even admit to a single death due to the vaccine](#). All of these deaths are simply coincidences. They don't even have a category defined to track deaths caused by the vaccine! They will not disclose the number of people who have been killed/disabled by these vaccines. There is evidence it could be over 25,000 based on multiple ways of estimating the number
23. The FDA never set a stopping condition for the COVID vaccines.
24. This whole vaccine stuff is completely stupid. Why not try the cheap, safe, easy approach first before going the vaccine route? Malone calculated that if a drug is 50% effective and used by 70% of the population it would stop the virus. Using ivermectin as a prophylactic would do it. Dr. Malone is working with a small country to prove this works.
25. Nobody is analyzing the deaths reported in VAERS. If the 6,000 deaths reported in VAERS (half of which were within 3 days of getting the vaccine) were not vaccine related, then how did those people die? If you look at previous years, hardly anyone 20-30 years of age will die... A VAERS search will show maybe one death, NOT related at all temporally from a vaccine. But the same search in 2021 yields 58 records (as of June 21, 2021). If this is a perfectly safe vaccine, how does the CDC explain that? Well, they don't. And the press won't ask them either.
26. The V-SAFE database is kept secret. Under lock and key. Why? Could it be that they don't want anyone to see how dangerous the vaccine really is? Doesn't seem to be much transparency here, but nobody will risk speaking out (except me and others who have to remain anonymous for fear of retribution). Why aren't the academics outraged about this? Of course some are, but no leading academics will dare speak out or their NIH funding will disappear. Instead, the CDC simply releases snippets of info that they deem to be relevant. Death data? Not interesting to anyone of course! Can you find a single academic on Twitter who has complained that the V-SAFE data isn't available? If you find one, please let me know!!
27. The VAERS database started showing an unambiguous safety signal by late January 2021 (as noticed by friends of mine including Jessica Rose who is highly respected), but nobody in the CDC or FDA was paying attention. Anyone doing a search for ages 20-30 this year will find over 50 deaths. In prior years you'd be lucky to find one death. How does the CDC explain that? Plus, half of the deaths occur within 3 days of the vaccine. If the vaccine isn't causing these deaths, what is?
28. [This paper is hard to explain](#) (only if you are a scientist because most other people won't understand). How does the CDC explain this? The press never asks them. Nobody wants to look at the facts.
29. Here's [another paper showing several cases of unusual thrombotic events and thrombocytopenia have developed after vaccination](#). If these vaccines are perfectly safe, then how do you explain all these cases? Bad luck?
30. There is no informed consent as required by law since test subjects have not been informed of the risk of death, disability, and other side effects. They have also not been informed of the absolute risk reduction and the efficacy of alternatives.

31. The BSL-3 labs are currently booked up doing animal studies for the vaccines; these are studies that were supposed to have been done before the vaccine rollout! So companies like Linear Therapies which are working on antivirals cannot test their drug.
32. **The absolute risk (AR) of getting COVID is currently <1% per year based on current case rates.** So the absolute risk reduction (ARR) of a vaccine is a fraction of this. Your AR of dying is thus now around 0.01%. The vaccine's ARR is always a fraction of the absolute risk. Is a vaccine which could kill or permanently disable you worth it, especially when there are better alternatives available? Of course not! Why isn't the CDC informing anyone of the benefits and risks of the vaccines and alternatives?
33. There are safer alternatives than the current vaccines to prevent COVID deaths: prophylaxis, treating early with repurposed drugs, and waiting for safer vaccines that are not gene based.
34. All of BARDA's funds for early treatments were repurposed so no early treatments were funded. They directed funds to something that was guaranteed not to work: using an antiviral like Remdesivir after it is too late for an antiviral to work.
35. Virology 101: You cannot vaccinate yourself out of an RNA-based upper respiratory based virus. When you put positive pressure on an RNA-based virus that can mutate with a non-sterilizing vaccine, they adapt to it. It's guaranteed. This is what the UK, Bahrain, and other countries are learning now.
36. Early treatments work with lower risks and greater benefits than any vaccine. The [work of Fareed and Tyson will be submitted for publication soon](#) showing if people present sufficiently early (when symptoms are still mild), 99.76% relative risk reduction in hospitalization (416X) and a **100% relative risk reduction for death**. This beats any vaccine in terms of superior benefit and lower risk. However, since the NIH says early treatments don't work, doctors don't pay any attention to these results which can be verified independently by anyone who wants to look. The NIH has no interest in looking because they are not interested in anything except the vaccine. Also, the top journals reject any papers showing early treatments, such as [Zelenko's paper](#) and [McCullough's paper](#). The reason is that doctors using these protocols are treating patients so they are not DB-RCTs which the journals are more likely to publish. Also, these clinicians using these protocols are not academics who write papers. Brian Tyson has treated thousands of patients, but never has written a paper on it.
37. Early treatments have been unethically suppressed and kept from public view in order to promote the vaccine. Ivermectin and fluvoxamine have both been proven in the top-levels of evidence based medicine (large randomized trials and/or peer-reviewed systematic review) yet NIH does nothing and Congress isn't asking any questions so they get away with it. Now the government is [spending billions on a Merck drug that might be proven someday](#). Why aren't they spending billions to promote the drugs we have now that are proven to work early? Interferon Lambda works extremely well early. GS-441524 has been shown to be a very effective generic RNA antiviral yet there is no investment in that drug despite superior safety and efficacy. This drug was extensively studied by NCATS division of NIH. I know one person who tried it; it miraculously cured her long-haul COVID when nothing else worked.

38. FDA, CDC, NIH have violated the public trust by promoting an unsafe vaccine and failing to provide disclosure of the risks and alternatives.
39. Newer vaccines have been already shown to be much safer. As of June 19, the safety data for the Novavax vaccine is significantly safer by at least a factor of two or more. Why isn't the FDA allowing it to be used in the US? Answer: because nobody would take any of the other vaccines if Novavax was made available. Drug company profits in the US are apparently more important than people's lives.
40. The current vaccine contains [PEG which is toxic](#). The PEG is needed to stabilize the mRNA. Ugh. Another safety concern.
41. There is a [risk of ADE which is never disclosed to vaccine recipients](#). This should be disclosed. In short, the vaccine may make it more likely that people are infected with COVID. This is what is happening in Bahrain for example, where the case rate and death rate went up by a factor of 10 after vaccination was rolled out.
42. Here's a [video from the Stew Peters Show explaining hundreds of people with diagnosis of Guillain-Barre syndrome \(which is ultimately fatal\) from the vaccine](#) as well as an explanation why people are magnetic after being vaccinated.
43. [Half of healthcare workers have not been vaccinated](#). We will need them not to be vaccinated so they can care for the vaccination victims.
44. [Four British Airlines pilots died](#) within about a month of each other. [BA says the deaths were not related to the vaccine](#), but they provide no evidence of that claim. [We have offered to have Robert Malone, MD examine the medical records of the pilots](#), but BA has not responded. There are approximately 3,600 vaccinated pilots and 4 deaths which is a death rate of over 1 in 1,000. That's not easy to explain. How can four drop dead in a week from getting the vaccine? One death is bad, two in a week is hard to believe... four deaths and they ALL had the vaccine. Similarly, at least 3 Delta pilots died shortly after getting the vaccine, but NOBODY is allowed to examine the medical records. Are they hiding something? (there are 14,000 Delta pilots so the BA numbers are a lot more significant). These are deemed to be all coincidences according to the airlines who are being totally opaque with the facts. They never explain how they know the deaths are not related to the vaccine. **BA will not say anything about the vaccination dates of the pilots and the death dates. Why not disclose that?** We know from other sources that all four were vaccinated. I contacted the **BA press center who were responsive until I asked for the vaccination dates of the four pilots. Then they stopped responding**. Weird. Watch [this video for more information](#). Highly recommended. Also a cargo pilot passed out on the runway in Canada and had to be taken out in a stretcher. What do you bet that that pilot was vaccinated as well?
45. The argument that the vaccines are unsafe is not based on any single piece of evidence. Indeed, it may be possible to discredit each and every piece of data. It is the sheer number of different methods (including mechanism of action matching observed side effects) that creates a compelling picture that is impossible to ignore. The prima facie evidence is crystal clear and it holds up under detailed scrutiny.
46. Academics who rely on the phase 3 studies as proof of safety are going to be very embarrassed. What was reported isn't what actually happened. Like the story of Maddie

de Garay... paralyzed for life, but her data was excluded from the trial results given to the FDA.

47. Mainstream media continues to ignore all this evidence. My PR agency has pitched them all and most of them will not even look at this document. However, we found one reporter who invested the time and the more he looked, the worse it looked for the CDC, FDA, NIH, ...story coming soon.
48. Any academic institution who defends the vaccination program should be asked before the debate: "How much funding does your institution get per year from the NIH?"
49. Any Democratic committee chairman can write a letter to the NIH to request Fauci's unredacted emails which would reveal the true source of the coronavirus. Nobody has despite repeated requests. Why is that? It's because Congress does not want to show the world that Tony Fauci, who they trusted, not only funded the creation of the coronavirus, but then covered it up when it leaked out. The press isn't asking them why they aren't requesting the emails since it would unambiguously show what happened.
50. Nobody prominent will debate Malone and me. The perfect way to end vaccine hesitancy is to bring us down. What are they scared of? Pfizer was invited by TrialSiteNews to debate us but declined because they didn't have any available resources. They wrote, "As you could imagine, we have had a massive volume of media requests at this moment and our scientists are incredibly busy. Unfortunately, we are not able to accommodate your request at this time and must decline this opportunity." So, maybe someday they will have time to address the important question of vaccine safety.
51. [Podcast by Drs Bridle and Malone](#). The smear campaign against Dr Bridle in Canada has been totally unwarranted. **His critics take to social media rather than engaging in fair open scientific debate** because they know they cannot win the latter.
52. Even if you think the current vaccines are safe, then you still must contend with the arguments of [Geert Vanden Bossche](#), one of the most famous scientists in the vaccine field, which are [further clarified in this excellent video by Chris Martenson](#) which points out that there are really only two ways out of the pandemic: a sterilizing vaccine (using the complete virus as the antigen) or allowing infection and treating with early treatment leading to natural immunity. This is something that Chris has also been saying for a year. Because he's predicting the future, if you want to credibly attack Dr. Vanden Bossche arguments, that can only be done credibly by someone with comparable or higher credentials. Who would that be that can credibly challenge his argument?? Of course, for the current vaccines we can credibly argue with the NIH, etc. since we have the actual VAERS data. However the UK data (shown at the start of this document) shows that Dr. Vanden Bossche was telling the truth.
53. Consider this: "Why don't they make "safer" vaccines, when they could? Because the \$50billion vaccine business is the gateway to the even more lucrative "treatment" drug business for the very chronic illnesses listed on the vaccines inserts— the vaccines engineer the market for the \$500 billion juggernauts: the auto immune, asthma, allergy, seizure, etc., meds made by the same players. It's the biggest business model there is: Shot and pill from cradle to grave." This is a somewhat cynical view that I used to categorically reject. But now I'm not so sure it isn't correct.

54. Let's not forget the role of the social networks, wikipedia, and especially YouTube in all this. Not only do they censor the early treatments that could save people's lives and remove vaccine side effects groups of hundreds of thousands of people, but they also censored [videos on the medical community censoring doctors and scientists like this video which was censored from YouTube](#) that featured Dr. Byram Bridle and MP Derek Sloan.
55. The President of Stanford asked the Dean of Medicine to discuss Stanford's mandate to vaccinate students with us. **Marc Tessier-Lavigne is to be commended for this. The world needs more truth seekers like him.**
56. The vaccination rate in Japan is 7%. That's impressive. They are a lot smarter than we are.
57. Finally, this list would not be complete without watching [this clip from The Late Show featuring Jon Stewart](#) (start at 2:53) explaining the true origin of the coronavirus in a way that everyone can understand. But Stewart wasn't joking and he deserves a lot of credit for doing this.
58. The fact that the current vaccines are super dangerous is not debatable. In just two doctors I know, there have been three vaccine deaths in 1,500 patients. A dangerous vaccine would kill more than 25 people in the entire country. The fact that I know two docs with 3 deaths (more than 10% of total cases) suggests that the numbers are huge.
59. The only way to fix this is through action in Congress to get rid of Fauci, Collins, Lane, and Woodcock. Otherwise there is no accountability.

Here are key resources that provide evidence that the vaccines are unsafe and should be stopped immediately. More and more evidence gets revealed every day. The response from the other side: crickets. **Nobody who is prominent that supports the false narrative that these vaccines are "safe and effective" is willing to debate any of us**, including Dr. Robert Malone, the inventor of the mRNA vaccine.

[The cost-benefit analysis for anyone is a wash according to the scientific literature](#)

This peer-reviewed paper published June 24, 2021, looked at the real cost-benefit analysis and concluded that "This lack of clear benefit should cause governments to rethink their vaccination policy."

[Safe and Effective?](#) (video [also available on bitchute](#))

This 90 minute video shows you how you can access US government databases to convince yourself that over 25,000 people have been killed by the COVID vaccines. So even if you don't believe the 5X multiplier, it still doesn't matter since we are way over the stopping condition. They are supposed to halt the experiment after 25-50 lives have been lost. There is no stopping condition for this vaccine. They can kill 100,000 Americans and still vaccinate people.

[Safe and effective?](#) (slides)

These are the slides from the 90 minute talk. The talk does live web browsing so this is just a subset of the material in the talk.

[Malone bioethics article on TrialSiteNews](#)

This article, written by the inventor of the mRNA vaccine, should frighten any sane person.

[Darkhorse interview with Malone and Kirsch](#) (3.5 hours)

This is a 3.5 hour video with 635K views and 27,000 likes with mRNA inventor Robert Malone and me. I know a lot of people who have watched this video three times. It's that good. It used to be on YouTube, but they removed it for violating their community standards.

[Byram Bridle paper](#)

This is the paper that started it all. Dr. Bridle did a FOIA request to the Japanese government to get documents that Pfizer filed for their EUA in Japan. To his surprise, the [Pfizer data](#) he got back (labelled COMPANY CONFIDENTIAL) showed that the vaccine does not remain in the deltoid muscle (like vaccines are SUPPOSED to do) but goes into every organ. So you crank out spike protein inside your brain, heart, etc. for the next 48 hours. A lot of people die in that process (one-third of all the deaths reported into VAERS are within 48 hours with even young men dying in their sleep the night of the jab... that never happens). Byram's paper shows that the S1 subunit is toxic. The lipid nanoparticles (LNP) deliver the mRNA to cells all over the body including inside the heart, brain, and ovaries leading to the manufacture of toxic spike proteins inside these organs causing inflammation and blot clots all over the body leading to a variety of side effects including permanent disability and death. Free S1 can also open up the blood-brain barrier temporarily causing severe headaches. Here is what Robert Malone said about Dr. Bridle after meeting him, "I was very, very impressed by Dr. Bridle. Just a solid scientist, excellent communicator, and all around good guy. A real testimony to all that is good about Canadian academic culture, and he is being vilified."

[Tess Lawrie analysis of UK Yellow Card system](#)

Tess Lawrie, a highly respected expert on scientific evidence who produces reports for the UK government, analyzes the UK version of the VAERS system and concludes unambiguously that the current gene-based vaccines are **unsafe for use in humans**.

Note that the link to Yellow Card report is not easily accessible to the UK public and since it's deployment in December, **MHRA has yet to investigate one single case of adverse reaction and or death**. Similar to CDC, MHRA actively promotes "Safety and Efficacy" of the vaccine despite the tons of credible contractors scientific studies, data and warnings from reputable scientists across the world.

In short, the MHRA appears to be clueless as the CDC is as to the safety of the vaccines. When you never look at the data, everything looks fine. Make sense?

[VAERS data analysis by Jessica Rose](#) (YouTube video)

The VAERS database has been screaming to be heard since early January. This expert review of the data has never been challenged. It shows that the vaccine is more deadly than all of the 70 vaccines over the 30 years combined. The signs in the database of a problem are unmistakable.

[A Report on the U.S. Vaccine Adverse Events Reporting System \(VAERS\) of the COVID-19 Messenger Ribonucleic Acid \(mRNA\) Biologicals](#) by Jessica Rose

Analysis suggests that **the vaccines are likely the cause** of reported deaths, spontaneous abortions, anaphylactic reactions and cardiovascular, neurological and immunological AEs. The precautionary principle promotes transparency and the adoption of preventative measures to address potential risks to the public in the arena of vaccination programs, and it is vital that individuals are informed of these potential risks before agreeing to participate in any medically involved treatment program. Jessica is a good friend. Her analysis has never been challenged by anyone, despite open calls to correct any mistakes. She has even survived the YouTube censors, somewhat of a rare event in these troubled times where truth is suppressed so efficiently.

[Should you get vaccinated](#) (May 25, 2021)

This is a detailed analysis of the data by CETF Executive Director Steve Kirsch. It talks about the science, the data, why doctors are blind to reporting the problems, and who is responsible for the virus and suppressing the approval of repurposed drugs despite clear evidence they work. The short answer to the question, “should you be vaccinated” is “absolutely not” with the current vaccines. This is my classic article that started it all and led to over a dozen academics telling me never to contact them again. It struck a nerve. I stand by it today in terms of the main points that it makes. Nothing I have uncovered since I first wrote that article has led me to change my thinking.

[Peter McCullough calls for stopping vaccinations for anyone under age 30](#)

In this Fox News segment, Dr. McCullough describes the risks of the vaccines and calls for a halt of these vaccines for anyone under age 30.

[Legendary Epidemiologist Sucharit Bhakdi on the Covid Vaccine](#)

[Sucharit Bhakdi](#) warns the world about the dangers of the vaccines including blood clots.

[Paper written by a scientist at a top institution opposing vaccinations](#)

This paper was written by a scientist at a top research organization who opposes vaccinations. He makes a compelling case with new arguments. Name withheld at his request for fear of retribution. **If you are fighting vaccine mandates, have a look at this paper.**

[NEJM Letter to Editor pointing out error in spontaneous abortion calculation](#)

The authors of this paper show clearly that **based on the data currently available**, there is >82% spontaneous abortion rate at <20 weeks for vaccinated women. This number will go down as more pregnancies complete and the data is released. **But the data today is absolutely alarming.** The key point isn't the >82% rate. The key point is **we don't know what the number is** because nobody has the data and **it shows that the CDC is pushing the vaccine on pregnant women even before the safety data is available!** This has never happened before. In the past, we've always had to prove an intervention is safe BEFORE we recommend it to pregnant women. The authors are correct in their calculation; they are currently negotiating with

the NEJM to accept their LTE. NEJM basically told the authors that the paper was “incorrect” and that they are declining it. But there is no error. This has been checked and double checked. If NEJM doesn’t do the right thing, they will tarnish their reputation (as well as endanger the lives of unborn babies). I personally know of two anecdotes with pregnancy and the vaccine, and both are very negative. One woman got vaccinated shortly after conception. The baby had no heartbeat. Another woman got vaccinated at 20 weeks and 17 weeks. Her baby was so badly disfigured that her gynecologist had never in her career seen anything like it. So reality seems to suggest that the paper is right. Also, I was on a Dr Drew podcast with Dr. Zelenko, and he independently found the exact same error in the original paper. See also [this article on the spontaneous abortions reported into the VAERS system](#).

[Skipping of testing on on teratogenicity, oncogenicity, and genotoxicity in COVID-19 vaccine development](#)

They skipped all testing on teratogenicity, oncogenicity, and genotoxicity in COVID-19 vaccine development. The FDA and PHARMA believed it was dangerous to pregnant and childbearing potential women so excluded them and justified it with IRBs during the randomized trials. It is public agency malfeasance and individual malpractice to recommend or participate in the injection of untested active, dangerous biological agents in the bodies of pregnant women.

[Dr. Hoffe letter to Dr. Bonnie Henry](#)

Dr. Hoffe’s is a respected physician in Canada. His hospital privileges were revoked after he wrote this letter expressing grave concern about the safety of the vaccines. He has only 900 vaccinated patients and one death due to vaccination. All his adverse event reports were discarded. He has not been heard from since. Why would a physician risk his livelihood if he wasn’t telling the truth? Ask yourself, why would he write the letter in the first place if the vaccine were perfectly safe and effective? He has no history of alarmism. While this is an anecdote, he is hardly alone as the VAERS data tells us so clearly. Please [watch this video of Dr. Hoffe](#). He trashed his entire career when he spoke the truth. He certainly has a legal cause of action against the hospital. Read his letter. Watch the video. Look at the VAERS data. Then you decide who is telling the truth.

[Austin Walters paper showing 25,000 unidentified deaths which started when the vaccines rolled out](#)

This paper was written by an engineer who discovered the CDC death database (which is not voluntary) showing [25,800 unexplained deaths](#). This suggests that VAERS could be under-reported by at least a factor of 5 (since heart attacks, stroke, and other causes of death are not counted in the “unidentified” deaths). In the recent past, these uncategorized deaths have been reclassified into *diseases of heart* (#1) and *COVID-19* (#2). So there is no proof that these are all vaccine deaths, but they could be. [Analysis by state](#) shows states like AL where vax rates are low have few excess deaths whereas states like CA with high vax rates have high excess deaths. But it isn’t consistent for all states. If I was being intellectually dishonest, I’d cherry pick the data. But I’m interested in the truth, not proving I’m right. Of the data sources I’ve used, I consider the Walters paper the least persuasive. However, the critics seize on it as “proof” I’m wrong. It doesn’t prove I’m wrong or I’m right. Since there is no “COVID vaccine”

category, it's guaranteed that none of the deaths will go into that category. That's the biggest point that everyone is missing. We have no COVID vaccine deaths because there isn't even a category for it because nobody thinks it is possible. That's a huge mistake. So vaccine deaths are going to be deaths from heart failure or stroke, not "COVID vaccine."

[Tweets by WelcomeTheEagle88](#) (Albert Benavidez)

Alberto has been sounding the alarm since early January that the vaccines are unsafe based on the VAERS data. Nobody was listening (he only has 439 followers). But the information was in plain sight for all to see. His tweets are proof that others saw the problem in January. What were the FDA and CDC doing that they missed this?



[2,400 Covid-19 Vaccine Deaths Occurred in First Six Weeks of Program, CDC Back Loading Data](#)

Paper showing VAERS data documents the CDC under reported injuries by 89% for the first six weeks of Covid-19 vaccination program & deaths by 73%. The public must immediately DEMAND release of all available VAERS injury reports and immediate inclusion of all report submission dates.

[Brigham/Harvard paper of vaccinated nurses showing free S1](#)

Shows that the S1 subunit cleaves off and becomes free S1 in vaccinated patients. This was **never supposed to happen**. Free S1 can not only cause inflammation and clotting anywhere, but it also can open up the blood brain barrier to invaders leading to severe migraine headaches which explains why some people have severe headaches after being vaccinated..

[Vaccine FAQ](#)

Common Q&A on vaccine side effects. Answers questions like "Can you get headaches,

menstrual problems, and myocarditis by hanging around vaccinated patients?” or “Are vaccinated people more likely to die from blood clot on a plane?”

If you are suffering from vaccine side effects or long-COVID, the Vaccine FAQ document has the drugs that are proven to alleviate the inflammation that may be causing your problems. Reducing inflammation using drugs that work against the spike protein-induced inflammatory response is a good starting point.

[CDC database 202-2021](#)

Here is the original CDC data where you can view the original data.

[CDC data imported and analyzed](#) (excel spreadsheet)

Excel spreadsheet of CDC database showing how to calculate the 25,000 excess deaths

[OpenVAERS](#)

This is the OpenVAERS database used in the video. It is a user-friendly front end to the official VAERS database. Here you can see that half of the deaths happen within 72 hours of the vaccine (look at [the bottom left of this page](#)).

[If you can prove that the NIH and WHO got their treatment guidelines right, you could win \\$2M](#)

A \$2M reward was offered to anyone who could show that the NIH recommendations made sense. No takers. Shows that nobody can defend the ridiculous recommendations of the NIH for fluvoxamine and ivermectin. This shows corruption at the very top levels of the NIH; they were sandbagging the recommendations for ivermectin and fluvoxamine despite compelling data. They did this so that they would be able to justify an EUA for the vaccine since no other treatments were available. Duh

[How VAERS works](#)

A description of the VAERS system and how it works.

[People who have had COVID do not benefit from the vaccine](#)

"The study findings reveal that individuals with previous SARS-CoV-2 infection do not get additional benefits from vaccination" This has got to be very embarrassing for the CDC.

[Kids are naturally immune to COVID](#)

Even if the vaccine were perfectly safe, kids and those who have already had COVID should not be vaccinated. Both are already immune to a greater extent than the vaccine would provide. so vaccination is pretty silly; it would be like doubly vaccinating someone.

[What happened in Singapore](#) (antibody response to syncytin-1 is real and harmful)

Mike Yeadon and Dr. Wolfgang Wodarg raised an alarm in Item XI of their petition to halt the Covid vaccine in December that **it may induce an antibody response to syncytin-1**, which is **essential for placenta formation**. The Singapore study authors set up their study to “dispel” this insinuation by performing calibrated semi-quantitative ELISA tests on 15 female healthcare

workers at the National University of Singapore Hospital who received the Pfizer vaccine. Their goal was to show that the Pfizer vaccine DID NOT caused the worker's blood plasma to display an increased binding to syncytin-1.

Instead it showed that the vaccine **DID cause an increase. EVERY single one of the 15 subjects showed a measurable increase in plasma antibody binding to syncytin-1 after the Pfizer vaccine.**

The problem is that **the authors didn't like what they found, so they asserted that their result was not "significant."** It's impossible to explain why this statement is false without describing how the test the authors used works, so Brian Mowrey made the article to explain the testing system and why **the result the authors study found is a giant warning that the fears they were trying to dispel are valid.**

[CDC should collect more data, not less](#)

The Economic Standard believes the CDC should be collecting more information, not less. They find their behavior perplexing.

[Anti-Vaccine Activists Use A Federal Database To Spread Fear About COVID Vaccines](#)

NPR published this article. I've [challenged him to a public debate](#). He did not respond.

[COVID-19 vaccines not safe for human use](#)

Article by Dr. Peter McCullough argues that data from the US and UK both make it crystal clear that the vaccines are unsafe for human use. He points out that the CDC is still insisting that none of the deaths have been attributed to the vaccine, "While the CDC has stated twice on their website that none of the deaths were caused by the vaccine, without external unbiased safety mechanisms including critical event committee, data safety monitoring board, and human ethics board, interpretation of the CDC causality claim can only be made in the context of semantics."

[Precautionary Principle of medicine](#)

This is the principle to use in a pandemic for evidence and for harms caused by the vaccine. The idea is you always make decisions that minimize death if you aren't sure of the evidence. So if VAERS is flashing red, the precautionary principle says stop the vaccines.

[Using all the available evidence](#)

This is an excellent article by Norman Doidge. Should be required reading for the medical community.

[Ivermectin systematic review published](#) (June 19, 2021)

It can no longer be said that there are no early treatments. Ivermectin now has a peer-reviewed systematic review that it works. There is now a safe alternative to vaccination. The fact that the NIH (and YouTube) ignores this is proof that they are unethical. Congress should take action. Now.

[RCT in India shows 80% reduction in mortality using natural supplements](#)

A recent study in India showed a 80% reduction in mortality by using certain natural supplements. The site [c19early.com](#) also documents 10 repurposed drug/supplement treatments each with 50% or more relative risk reduction. Every single one of these have been ignored by the NIH so that people would think that early treatments don't work.

[COVID-19 Spike Protein ELISA \(ELV0COVID19S2\)](#)

For testing pathology samples, fill out the [Testing Service Quote Request Form](#).

[c19 vax reactions](#)

If you've been injured by the vaccine, please post your story here so we can contact you for press events, litigation, etc.

Eight ways we get at least a 5X multiplier of the VAERS death data

None of these methods is bulletproof and I don't claim they are. But all eight methods support a death rate from the vaccine of approximately 1 in 5,000 fully vaccinated people (~30,000 deaths so far or 5X the VAERS reported number). In fact, the death rate is probably at least 1 in 1,500 if you look at user surveys, doctor surveys, and pilot death data from BA and JetBlue, and CDC death data.

- 1) [Austin Walters paper](#). Here's [the spreadsheet I made](#). There are some interesting learnings here. **First, there is NO category for death from the vaccine.** That's the main point. So all these vaccine deaths will be lumped into other categories like heart attack, stroke, etc. so it will look like no vaccine deaths! It appears these uncategorized deaths are re-distributed into diseases of heart (#1) and COVID-19 (#2). What is interesting is [there are few excess deaths in states with low vaccination rates \(like AL\) and high excess deaths in states with high vaccination rates \(like CA\)](#). Thanks to Josh Dudley for pointing this out. But what is really going on is that the vaccine deaths are mostly being categorized as COVID deaths. So when we look at the total COVID deaths, we get 264,792 deaths. So we can easily "hide" 150,000 deaths or so in there as well as other categories. From the [Mclachlan report](#), we learned that all the vaccine deaths are categorized this way (as COVID deaths). So the Walters paper is most useful for linking to the CDC data and looking at the COVID column and other columns where they can hide 4,000 (or more) deaths a week on average. Note **that most of the COVID vaccine deaths will be front loaded in the CDC numbers** since the elderly got vaccinated first and they have a much higher death rate than younger people.
- 2) Estimate from OpenVAERS experts: Liz at OpenVAERS believes the number killed from the vaccines is over 20,000 (when the death count was 5,000)

- 3) CMS database: We ran the same query on VAERS (voluntary) and CMS (not voluntary). The CMS database was 4.5X higher in terms of number of records returned for the same query. This suggests a 4.5X factor of under reporting in VAERS. The CMS database is not publicly available but anyone with access to it can verify the query.
- 4) Physician reports: We surveyed physicians with over 5,000 patients and got 2 vaccine related patient deaths (and one employee death). This suggests a much higher death rate of 1 in 2,500. 1 in 5,000 is conservative.
- 5) British Airways Pilot data: There are an estimated 3,655 vaccinated BA pilots (85% of 4,300). Four pilots died shortly after getting the vaccine. Even if just one of the four is vaccine related, that is one death in 3,655 suggesting a much higher multiple (over 5X). Pilots NEVER die like this in the span of a few weeks. Nothing like this has ever happened in BA history as far as we could determine. In fact, it is rare for one BA pilot to die in a year because nobody wants their pilots dying during the flight (they retire well before they die). Details in our dedicated section for this below (See "The four BA pilots who died in a month")
- 6) Delta pilot data: There are reportedly 3 dead Delta pilots after vaccination. There are 12,946 Delta pilots. [Note: I am looking for the hyperlink to this story so this isn't confirmed]
- 7) JetBlue pilot data. [5 JetBlue Pilots dead](#) out of [3714](#) pilots. Watch the video.
- 8) The myocarditis reports ratio. [On June 23, the CDC said the 1,226 cases of heart disease in children are nothing to be alarmed about.](#) But if you do a search in VAERS for myocarditis for ages 12-17, you get 140 hits. For pericarditis you get 33 hits. Assuming totally disjoint results, this is a 7X factor of under reporting. And the CDC reports were probably underreported as well.
- 9) The data from Holland. Holland has the highest reporting rate in the EU. They reported 700 adverse events per 100,000 people. However, the manufacturers normally report 55% of the reports and they reported nothing. So that is 1,500 AEs per 100,000. If this were the US with 150M vaccinated, there would be 2.25M reports. VAERS has only 400,000 reports. So this means we should multiply the VAERS numbers by 5.6 to get the fully reported estimate.

Note: I'm sure people can attack one or more of these methods. I don't claim any of them are bulletproof. The point is I really tried a lot of different ways to get to the right answer.

It is sad that some people ([such as Jeffrey S. Morris](#)) spend more time attacking my methods than they will ever spend on identifying a more accurate method that can be used. They are more interested in showing people how they can attack someone's work than helping people to discover the truth.

Why are people so afraid of finding the truth? I've never seen such evasive tactics. You will never find a critique on my document that goes on to show people the "proper" way to determine the under reporting in VAERS and estimate the "correct" number of deaths. It is all about throwing up smoke without any interest in data transparency. They happily proclaim, "see you can't do it this way" and leave people with no insight as to the truth. Sad, isn't it?

VAERS death rate analysis by age

Everything in this section is derived from US Government data sources.

Analysis done June 26, 2021. For the vaccine benefit, we used [slide 14 of this presentation](#) for COVID death rates of younger people and the [CDC 2021 death data](#) for the COVID death rates of older people

Deaths by Age Group:



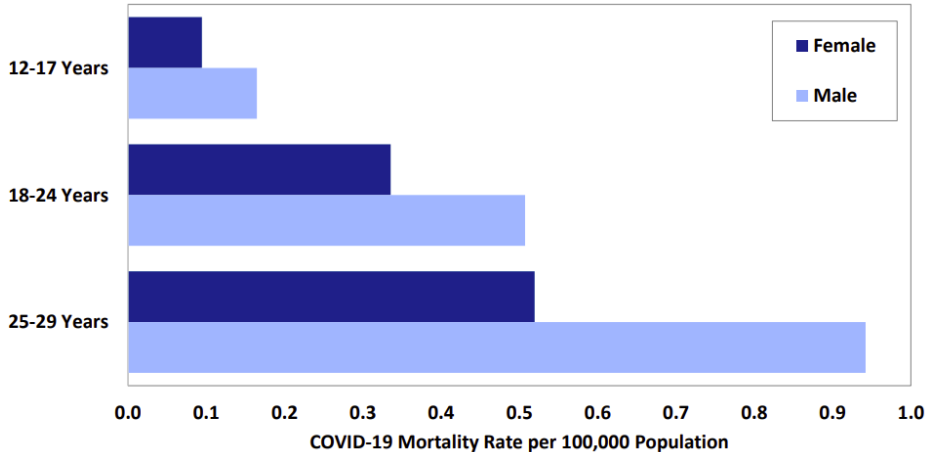
Download

Data from 490,381 deaths. Age group was available for 490,345 (99%) deaths.

Age Group	Percentage of deaths	Count of deaths	Percent of US population
0-4 Years	<0.1	155	6
5-17 Years	0.1	316	16.3
18-29 Years	0.5	2,631	16.4
30-39 Years	1.2	6,029	13.5
40-49 Years	3	14,724	12.3
50-64 Years	15.2	74,628	19.2
65-74 Years	21.6	105,827	9.6
75-84 Years	27.4	134,314	4.9
85+ Years	30.9	151,721	2

COVID-19-associated deaths continue to occur in adolescents and young adults

COVID-19 Mortality Rate per 100,000 Population, by Age Group and Sex
April 1, 2021 – June 11, 2021



Since beginning of pandemic, 2,767 COVID-19 deaths have been reported among persons aged 12-29 years; 316 deaths reported since April 1, 2021

<https://covid.cdc.gov/covid-data-tracker/#demographics>

14

The death counts were done through queries directly to the VAERS system on June 26, 2021 using the [OpenVAERS query tool](#) for 2021.

I used the Julia functions below to make sure I didn't make any math errors:

```
function death_rate(deaths, population)
    real_deaths=deaths*6
    pop=population*.4
    rate=real_deaths/10/pop
end

function covid_dr(deaths, pop_percent)
    pop=33100000*.01*pop_percent
    death_rate=deaths/pop*100_000
end
```

NOTE:

I did NOT adjust the VAERS data down by 4% to remove the background deaths that are not vaccine related. So the numbers would be slightly overstated. However, since the reports in VAERS are backlogged by months, the numbers are still understated for the time period analyzed by more than 4%. Hence the numbers below are still conservative.

Age 20-24

25 deaths found. $5 \times 25 = 125$ actual deaths. However, 20% have no age coding, so increase by 20% so 150 estimated deaths.

There are [21.5M people in that age group](#), but only 40% have been vaccinated, so 8.6M vaccinated patients approximately.

Thus we have **1.74 deaths per 100,000** (which is computed as $((150/10)/ 8.6)$).

This is far higher than the $<.5$ in 100,000 maximum possible vaccine benefit claimed by the CDC (a perfect, 100% effective vaccine).

So it makes no sense to vaccinate 20-25 year olds since you kill more people than you save. It makes even less sense for Delta which is more than 6X less deadly than earlier variants. So now we have risk that is 20X more likely to kill you than to save you.

Age 25-29

29 deaths returned from VAERS. $5 \times 29 = 145$ deaths. We have to bump by 20%, so 174 deaths.

There are 23M people in that age range, so since 40% are vaccinated, that is 9.2M vaccinated.

Thus we have **1.89 deaths per 100,000** (which is computed as $((174/10)/ 9.2)$). This makes sense; it is a slightly higher death rate since the cohort is older.

This is far higher than the $<.95$ in 100,000 maximum possible vaccine benefit (with a perfect 100% effective vaccine).

So it makes no sense to vaccinate 25-29 year olds against the alpha variant (and anything less lethal) since you kill more people than you save. The younger you are the less sense it makes. If you are <30 , do not vaccinate for sure.

Ages 30-40

119 deaths from VAERS query. [44.16M](#) → **4 deaths per 100,000**

The CDC Deaths by Age Group data is 6,029 deaths and 13.5% of the population. So this is 13.5 deaths per 100,000.

So, assuming that:

1. Case rates are what they used to be
2. Death rates are what they used to be
3. No early treatment is available
4. The vaccine is 100% effective in preventing death
5. You only care about death as the clinical outcome

Then vaccinating 30 and older makes sense.

But if you have early treatment available, do not vaccinate. It doesn't make sense for any age range.

Ages 40-50

214 deaths VAERS query. [40.3M people](#). → **7.9 deaths per 100,000** which is 1 death in 12,600.

The [CDC Deaths by Age Group data](#) is 14,724 deaths and 12.3% of the population. So this is 36.1 deaths per 100,000.

So as with 30 year old, the alpha variant will kill more than the vaccine will so if you aren't a believer in early treatment, vaccination is the better option.

For the delta variant which is 6x less deadly than alpha, if you are 50 years or younger, you should not vaccinate.

Ages 50-60

Let's get a sense for what the rates are as we go older.

442 deaths found. $5 \times 442 = 2210$. Add 20% = 2652 deaths.

There are [42.35M in this cohort](#), and 40% vax rate is 17M people.

Thus we have **15.6 deaths per 100,000** (which is computed as $((2652/10)/17)$). This makes sense; things really start to go up fast when you approach 60.

So this is 1 death per 6,400 patients, which is very consistent with our BA death rate of 1 in 3,600 (where we make the very conservative assumption that only one of the four deaths was caused by the vaccine). In short, the 1 in 6,400 we calculate from the method above seems conservative.

The [CDC data for 50-64](#) (not exact but close enough) shows 74628 COVID deaths in 19.2% of population or **117 deaths per 100,000**, **so for older people, a good vaccine would in fact make sense (if there is no early treatment) since $117 > 15.6$**

Ages 65-74

1089 deaths from VAERS. [31.5M in this cohort](#). → **51.8 deaths per 100,000 due to vaccine**. The [CDC Deaths by Age Group](#) data is 105827 deaths and 9.6% of population. So this is 333 deaths per 100,000 due to COVID

So clearly, even though the vaccine kills 52 people per 100K, if the vaccine is 100% effective it will save 333 lives (or somewhat less if not perfect).

Conclusion from the VAERS data

1. If early treatments didn't exist, if you are >30, you should get vaccinated even though it might kill you because the benefit outweighs the cost.
2. If early treatments didn't exist, if you are <30, you should not get vaccinated.
3. The current vaccines are very dangerous. Normally they should have been pulled from the market since they kill over 50 people per year. However, the public doesn't seem to mind that we are killing healthy Americans. Since 30,000 people have died to save around 600,000 it appears to be a 5% sacrifice of healthy Americans as a human shield.
4. All of the above is a false choice. What we should be doing is waiting for a safe, sterilizing vaccine, and until then use early treatment and not use any unsafe vaccine. That will save more lives than any of the current vaccines.

If there was no early treatment, we might vaccinate all people over 30 years old based on mortality evidence only. But that is completely ignoring the frequency of significant 1) cardiovascular events and 2) neurological events (many disabling), and 3) long term events (reproductive organ failure, Alzheimer's, dementia, etc) all of which are significant and unknown. But because early treatment works, none of the current vaccines can be justified on the basis of a net death benefit for any age group. Even if early treatment only reduces risk by a factor of 6. This is the inconvenient truth.

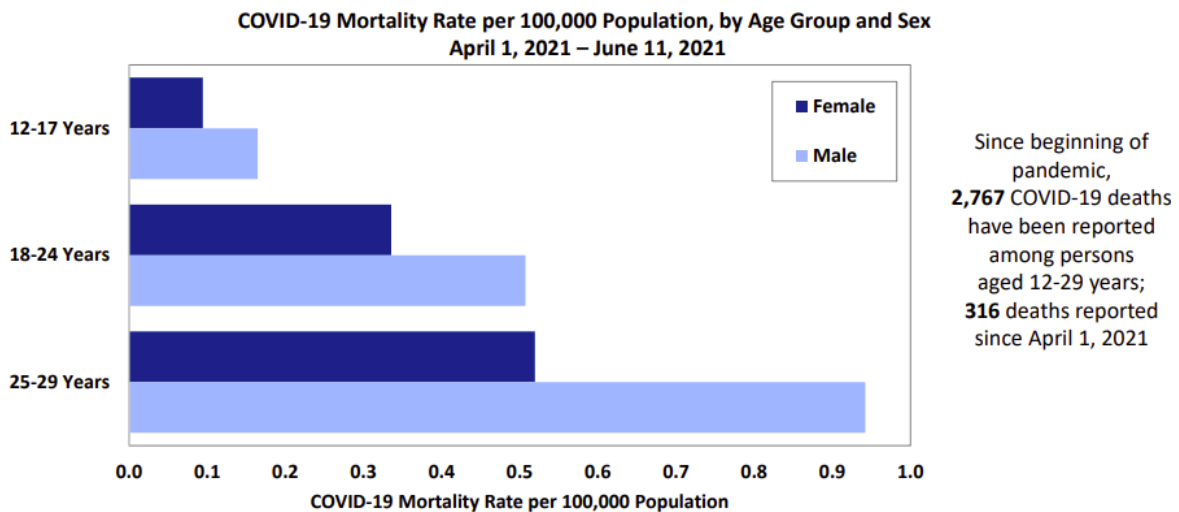
The vaccines can't be justified on lower side effects either as a simple check with Bruce Patterson's lab shows that the long hauler side effects from those who survive the vaccine are comparable to COVID long haulers.

Thus we are left with natural infection + early treatment protocols as the best course today. We leave the door open to a safe, sterilizing vaccine.

As it turns out, early treatment has always been the far better option. A big thank you to Tony Fauci and Cliff Lane for keeping this suppressed (they have no evidence that treatment protocols used by Fareed and Tyson are ineffective).

Here is [data from the CDC](#) we used to compute the max possible benefit. This would be for a 100% effective vaccine for all variants which is the most conservative assumption.

COVID-19-associated deaths continue to occur in adolescents and young adults



<https://covid.cdc.gov/covid-data-tracker/#demographics>

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Misrepresented clinical trial data (Pfizer)

VAERS analysis: 0.5% significant adverse reaction rate

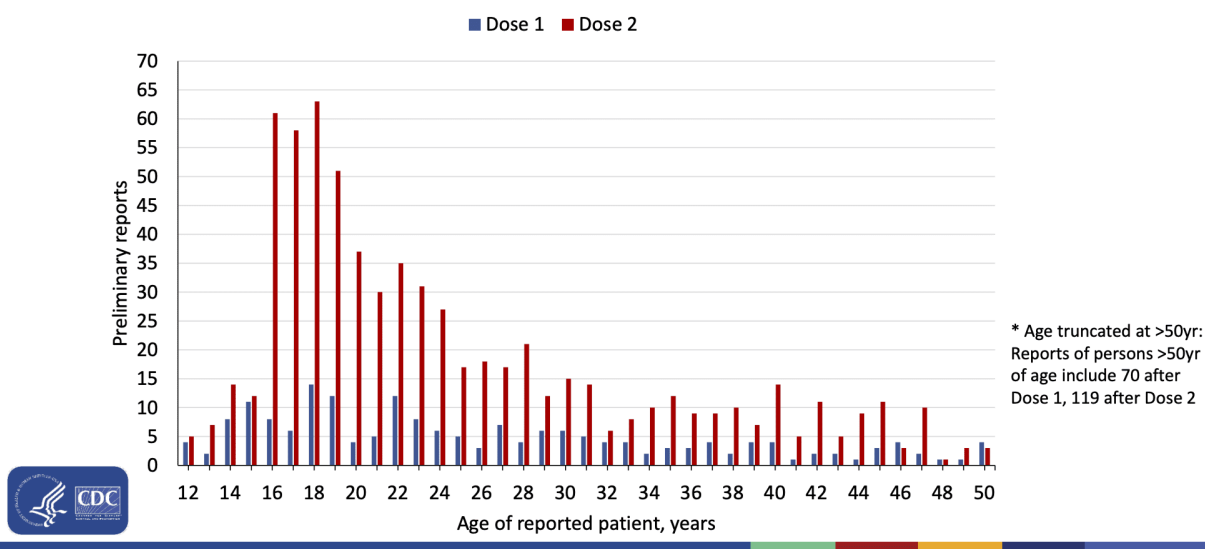
This is an [important article about the rate of myocarditis in young men](#). The Israelis are the best in the world in tracking adverse effects in general because their health system is set up to collect all the data. So when the Israeli Ministry of Health says that the rate of myocarditis in young men could be as high as 1 in 3,000, you need to take that very seriously.

Myocarditis is interesting because it never happens in young men. People can die for lots of reasons, but myocarditis? That's a bit hard to explain. So there is absolutely no doubt that the vaccine is causing this. If you have anyone who argues this, I suggest you walk away as you are wasting your time.

So how does the CDC explain how a harmless vaccine can cause the myocarditis rate in young men to skyrocket? They can't because they never acknowledge the spike protein is toxic.

The fact that myocarditis is MUCH more likely after the second dose of the vaccine for every single age makes it crystal clear that the vaccine is causing the myocarditis. If the vaccine was harmless, the blue and red bars would be the same height.

Preliminary reports of myocarditis/pericarditis to VAERS after mRNA COVID-19 vaccination by age and dose number* (as of Jun 11, 2021)



The normal rate of myocarditis in young men is so small that most physicians have never seen a case of it in their career. It's like 1 in 1M (see for example [this article in MedPageToday](#)). So with the vaccine, it is 100X higher.

The CDC didn't even mention it in their [myocarditis investigation](#).

Now, look at the [red boxes here](#). Bell's Palsy is 1,977 whereas myocarditis (via query) is 891.

So we have (showing the per person incidence rate):

VAERS count	Incidence rate	symptom
891	9 per 100K	myocarditis
1,977	20 per 100K	Bell's Palsy
39,703	401 per 100K	Neurological symptoms (from Jessica Rose query)
66,000	667 per 100K	Cardiovascular related (from Jessica Rose query)

So 1 in 250 people will get neuro and 1 in 150 will get a cardio related symptom. That's pretty high. However, this is likely skewed so older people will bear the brunt of this. But the point is **that the incidence rate of significant adverse events is around .5%**. This is consistent with the 200,000 size of our facebook group.

Addressing criticism and feedback of my earlier “[Should you get vaccinated?](#)” article that appeared on TrialSiteNews.

[hamelinsbest](#) comments:

- 1. I don't see any substantial data pointing towards a very dangerous vaccine. It seems like the benefit still heavily outweighs the risks.** I don't agree with that at all. Vaccines are unsafe after 50 people are killed. This one has no stopping condition. There is no risk benefit calc that I've seen showing that the current vaccines have benefit>risk when you take into account the death rate from the vaccine. See in particular the UK calculation I did showing it is stupid to get vaccinated. Avoiding vaccination today is actually less risky, and if you add the huge benefit of early treatment and natural immunity, it's not even a close call. Please provide your numbers if you disagree. I provided mine. It's interesting that nobody who claims I'm wrong is showing me their numbers to prove I'm wrong. You can only zero the VAERS numbers if you can show that 5500 deaths are not vaccine related. Good luck on that one. I [offered \\$1M to anyone who could do that, and nobody came forward](#).
- 2. Some of your claims are not based on any data, instead based on hunches that there is severe underreporting.** You have to use what is available. I used 5 different independent methods to find the VAERS underreporting factor. All the methods gave a consistent value of ~5X. I don't claim it is exactly 5X. I'm just claiming that from the data I had available, a 5X multiplier is consistent and reasonable. Where is your calculation of the “correct” number? I'm happy to substitute your number for mine if it is more accurate.
- 3. Everyone, even doctors, nurses, world leaders, Bill Gates, etc. have taken the vaccine. I presume this is because they believe the benefits outweigh the risks. They have skin in the game.** Get real; this is because they are being forced to vaccinate in order to keep their jobs. And despite that, [half of all healthcare workers have not been vaccinated](#). It is a rare person that can calculate the odds correctly based on the data in plain sight. People are getting vaccinated because they trust the authorities. Sadly, that trust is misplaced since the CDC is not showing the risk benefit analysis and [still claims the vaccines haven't killed anyone](#) without proving that by producing the death analysis.
- 4. Very sloppy references to people that are conspiracy theorists in the article. I am referring to people that talk about "gene therapy". You know very well this is the wrong term for mRNA vaccines.** I am happy to correct any specific statement that is inaccurate. Can you give me some specifics? You can DM me on Twitter.

Gordon S... comments:

- **The core of your piece is about the spike in VAERS reports;; it wouldn't surprise me at all if there were huge numbers of bogus reports going into VAERS.** All the reports

are verified by HHS. Nobody has ever identified a single record in VAERS that is bogus out of over 1.1M records. Yes, there was one bogus record that we know about, but it was removed.

- **Now, to be clear, that doesn't mean the spike in VAERS reports *isn't* meaningful. I'm definitely open to the idea that it could be. But before citing it, someone (or some team of folks) needs to go through these reports and actually do enough follow up to separate meaningful reports from the chaff. The VAERS reports are a great starting point for figuring out whether there may be a problem with the vaccines, but it's just a starting point. In short, to *raise the fact* that VAERS is showing an unprecedented spike that needs to be investigated is completely legitimate; but to assert that the spike is prima facie evidence of a huge number of deaths caused by the vaccine is irresponsible and frankly credibility destroying.** I don't agree at all. I've examined individual case reports. Half of the death reports are within 3 days of the vaccine. It's pretty clear when you look at reports of 20 year olds who die the next day that they are related. 20 year olds never die in their sleep. It sounds like you've never spent any time looking at the actual VAERS data. These deaths in the cases I've looked at are all consistent with the mechanism of action of the vaccine (except in cases where there are too few details). There are about 500 deaths that are not related to the vaccine (these are the "background" deaths since people die all the time), but the remaining 5,500 based on statistical sampling look consistent with death by vaccine to me. Also, the rule is that if you have proximate death to the vaccine that the vaccine should be presumed to be the cause unless proven otherwise. Why is there no CDC analysis of the death reports? Have you asked the CDC instead of just asking me?
- **While it's not in TrialSiteNews piece, on your Twitter feed you repeatedly assert 25,800 deaths from the COVID vaccines, but except for one reference to an "inside source", I can't figure out where that number is coming from. Are you simply taking the VAERS number and multiplying by 5 based on traditional estimates of underreporting to VAERS? Since that approach is so obviously flawed, I assume you must have gotten that number from somewhere else, but I can't figure out where. Please explain where your 25,800 deaths number is coming from.** That came from the CDC excess uncategorized death analysis. [See this spreadsheet](#). The actual number is now around 30,000 (5 times the 6,000 in VAERS).
- **Along the same line, you then reference Peter McCollough estimating 50k deaths. As far as I can tell that number also comes from "insiders" and "whistleblowers." But why are the estimates of your "insider" versus Peter's insider so different? And why are these people unnamed? And why would they be going to Peter McCollough and you and not other sources.** I can't find the place you are referring to.
- **You link to the article connecting the vaccine to Myocarditis and accuse Pfizer of gaslighting when they claim the link is unproven. But you don't discuss the fact that**

the Israeli Health Ministry, which does believe the link exists, still thinks the benefits of the vaccine outweigh the risks. Have you made any efforts to find out why this is? Pfizer was gaslighting. The [FDA finally admitted the connection](#) on June 23, 2021 so I was right. Note that it took them over a month to figure this out. See [C.D.C. Is Investigating a Heart Problem in a Few Young Vaccine Recipients](#). So just a month ago there were just a few recipients. Yesterday, the FDA admitted that there aren't just a few; there are really over 1,200 vaccine victims of this condition. People who claim the benefits outweigh the risks never include their calculations. I've included mine and the source data. If I'm wrong, please let me know what the "correct" number is and how you know and I'll fix it.

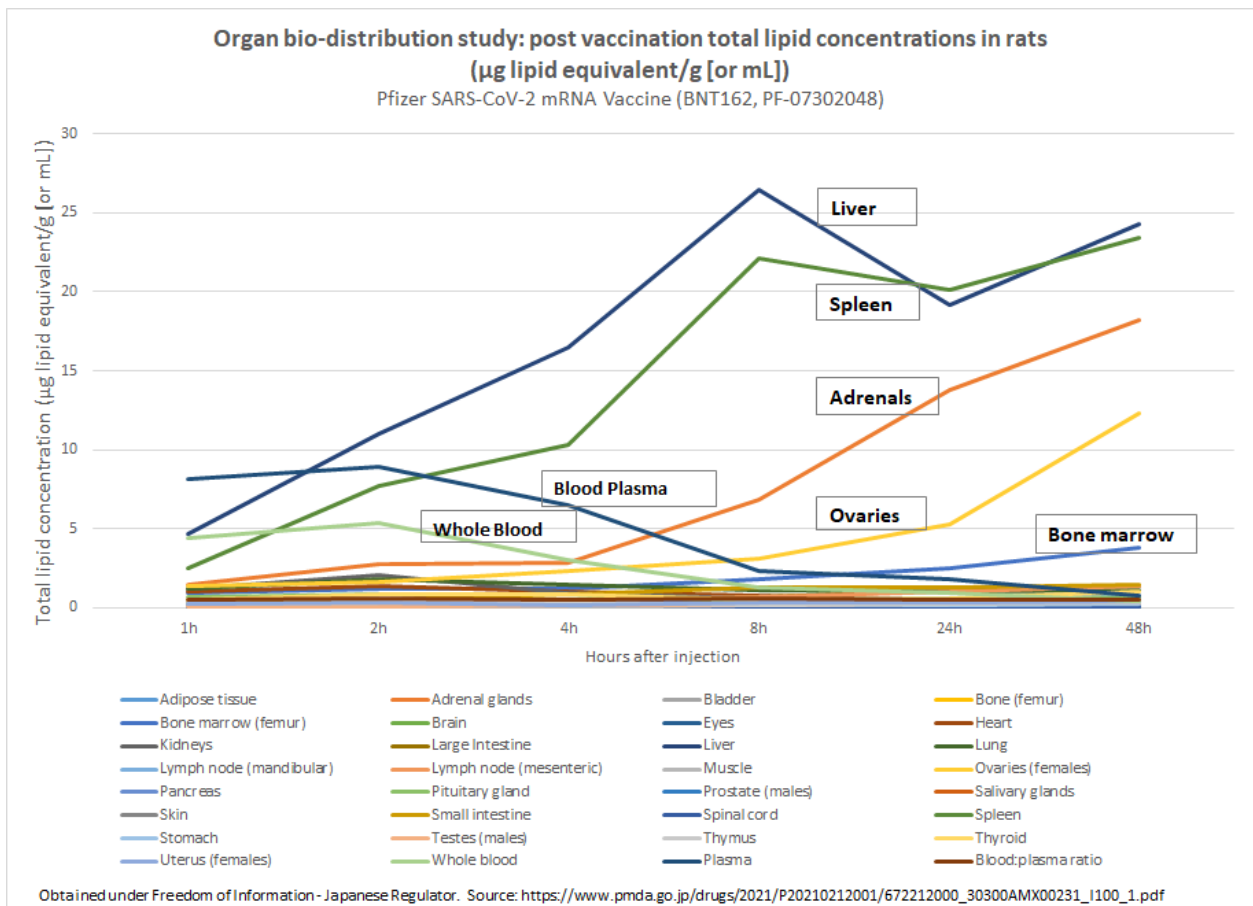
- **You write that there is a "82% miscarriage rate in the first 20 weeks." If true, that would be utterly shocking and immediately cause a complete halt in vaccinations for pregnant women (at least in the first trimester). But as evidence you cite this [one letter to the editor](#). I'm struggling to understand why this letter to the editor, if true, hasn't received more attention.** Because it hasn't been published yet. NEJM doesn't want to publish it even though it is right. If it is wrong, tell me how it is wrong. Make my day. See further detail above (search for NEJM). There is nothing wrong with the letter. If there was, you would have cited it. I've made it public for a while. It is irrefutable.
- **But looking at the letter, even the folks who wrote it aren't claiming the data suggests an 82% miscarriage rate. They wrote "We acknowledge this rate (82%) will likely decrease as the pregnancies of women who were vaccinated <20 weeks complete but believe the rate will be higher than 12.5%." So the letter writers believe the data suggests a rate somewhere between 12.5-82%; to turn that into an assertion of an 82% rate is credibility destroying.** The number based on the data to date is >82%. When additional data comes in, we can update the number. You are completely missing the point which is 1) **the number to date is alarming**, and 2) **the fact that we are telling pregnant women to get vaccinated is wrong when we don't even have the data to support the advice to pregnant women.** Everything is reversed for COVID... in medicine you used to have to prove that a drug is safe, before you give it to pregnant women. Today, we give it to pregnant women BEFORE we have the safety data to know whether it is safe or not. This is outrageous. But I'm one of the few people pointing this out. So nit picky comments miss the big picture here. Why aren't you asking the CDC to make the V-SAFE data public? There is no transparency in the numbers. It is extremely troubling.

Responding to comments about the biodistribution graph derived from the [Pfizer data](#):

1. Pfizer did the study and the dosing. If you don't like the dosing that was used, complain to them, not to me.

2. Pfizer did the study in rats. That wasn't my choice either. It should have been done in NHPs and it should have been using the real vaccine and they should have looked at the spike protein distribution. You should be livid at the FDA and the drug companies, not to me. All of your anger is misplaced.
3. [PANDA](#). created the graphs. They omitted the injection site (165), liver (24), spleen (23), and adrenals (18). This is clearly spelled out in my article. I was not trying to hide anything. This enables people to see finer details in the graphs. I did not commission the making of the graph so please don't accuse me of bias. The entire point of the graph is to show that the LNPs do not just stay in the shoulder. That was a big surprise to a lot of people. It now explained all the adverse effects when combined with the Brigham/Harvard paper showing free spike.

Here is all the data plotted:



The final set of critics try to lecture me on the VAERS system. Generally, these are people from outside the medical profession who read the description of the VAERS system and or spent any time looking at the VAERS records.

The burden falls on the CDC/FDA to identify adverse events it wants the drug company to investigate. Sadly, the CDC and FDA are inept at finding safety signals.

The statement that the reports are unverified is irresponsible. All the data in VAERS is reviewed and checked before a permanent VAERS ID is assigned. It takes a doctor 30 minutes to enter a single record. You can go to jail if you put in a phony record. There is a phoney record in VAERS; we referred it to DoJ for prosecution. Now those are the facts as of June 26, 2021.

As for what I'm doing is irresponsible, that's his opinion and he's entitled to his opinion. I can tell you that lots of people see it the other way around. I am literally drowning in fan mail. I am 100% certain that at the end of the day, it will be clear to everyone that I'm doing the right thing in order to save lives.

Finally I'm not seeking to prove that I'm right on every single little point. I'm sure other minor errors will arise. I'm trying to bring to the public's attention legitimate points about the safety and risk/benefits of these vaccines. I probably screwed up on some of the details. If I had gotten everything perfectly right, the material would have taken months to publish. I thought it was more important to get out an "imperfect" report than a perfect one. If YouTube were to find one little detail objectionable, they would censor the content. I think that's a really bad thing.

I get thousands of emails a day and hundreds of DMs so I can't personally respond to all comments.

Hopefully, you can see the forest through the trees here. Yes, you can nitpick my document to death, but there is no way you can attack the main points which are that the current gene-based vaccines are extremely dangerous and are killing healthy Americans in extremely large numbers. We are well beyond traditional stopping conditions. The cost-benefit analysis no longer favors the vaccine... in fact for the delta variant, UK government stats show that vaccination doubles your chance of death. The vaccines should be halted. Kids and the already infected should not be vaccinated regardless. If you disagree with any of those points and have proof, please DM me.

And finally, I'm not the one hiding in the shadows. Members of Congress don't answer when I ask questions like "So how many Americans will our government kill before you will call for a halt to the vaccine on the floor of Congress?" or "Don't you think we should have the safety data in hand before we recommend it to pregnant women?" or "Where is the cost benefit analysis of the vaccine for each age group?" or "Why aren't you asking the NIH for Fauci's unredacted emails?" or "How many people have been killed so far by the vaccine and where is the proof of no deaths?"

I know this stuff is hard to hear. I know there is cognitive dissonance. Attacking me is a way to deal with the cognitive dissonance. But I'm not the enemy here.

And finally, for those who claim I am a conspiracy theorist, I have this to say:

I AM
NOT A
CONSPIRACY
THEORIST..
I AM
AN IT'S
FUCKING
OBVIOUS
THEORIST..

Addressing criticism that I'm a terrible person

I'm not a bad person. I am just interested in getting the truth. Shunning me is not an effective strategy. None of the people who claim that I'm wrong are able to come up with a more comprehensive explanation that fits the evidence.

A friend of mine sent me this. I'm on the right in this picture.

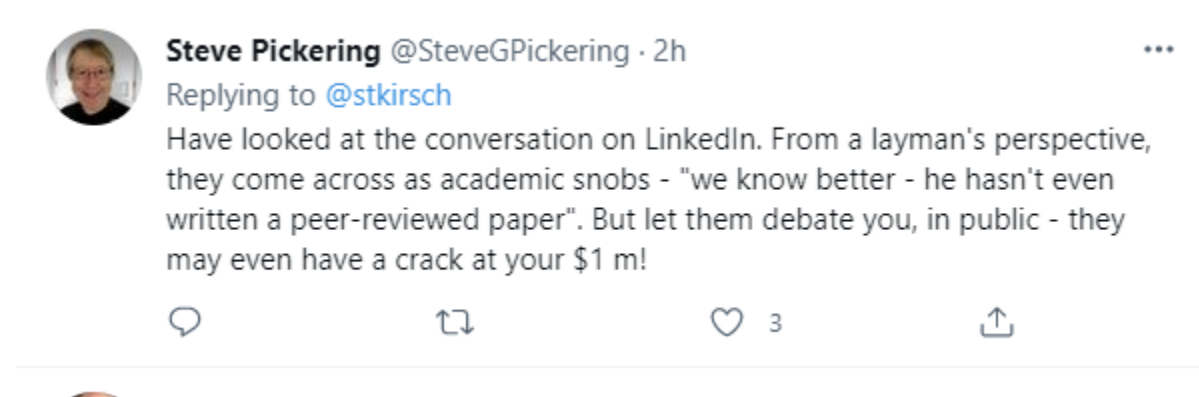


Addressing criticism of this article

Anyone who criticizes this article by trying to tear it down is a danger to society. If you want to attack it, your focus should be on seeking the truth. So if you don't think my VAERS 5x multiplier is right, then what is the RIGHT multiplier and how do you know? If you don't think the BA pilots died from the vaccine then how will you help me find the vaccination date of those pilots? Those are the kind of people I respect... the people who want to improve this article to find the truth.

Jeffrey S. Morris is not in that category I just described. He's the opposite. [Jeffrey S. Morris wrote a review of this article](#), the only semi-qualified person brave enough to do so. He has a Google h-index of 71 and over 20,000 citations. That puts him in the upper end of the academic elite. But he has no idea what he is talking about here. He's clearly not treated a single vaccine victim.

Morris speaks like the typical academic who is out of touch with reality. His focus is on trying to invalidate my executive summary by saying "where are the references?" Answer: they are in the body of the text. He's one of these dangers to society I spoke of above. The guy who tries to silence truth tellers by attacking their arguments rather than SUGGESTING a better or more accurate approach to finding answers.

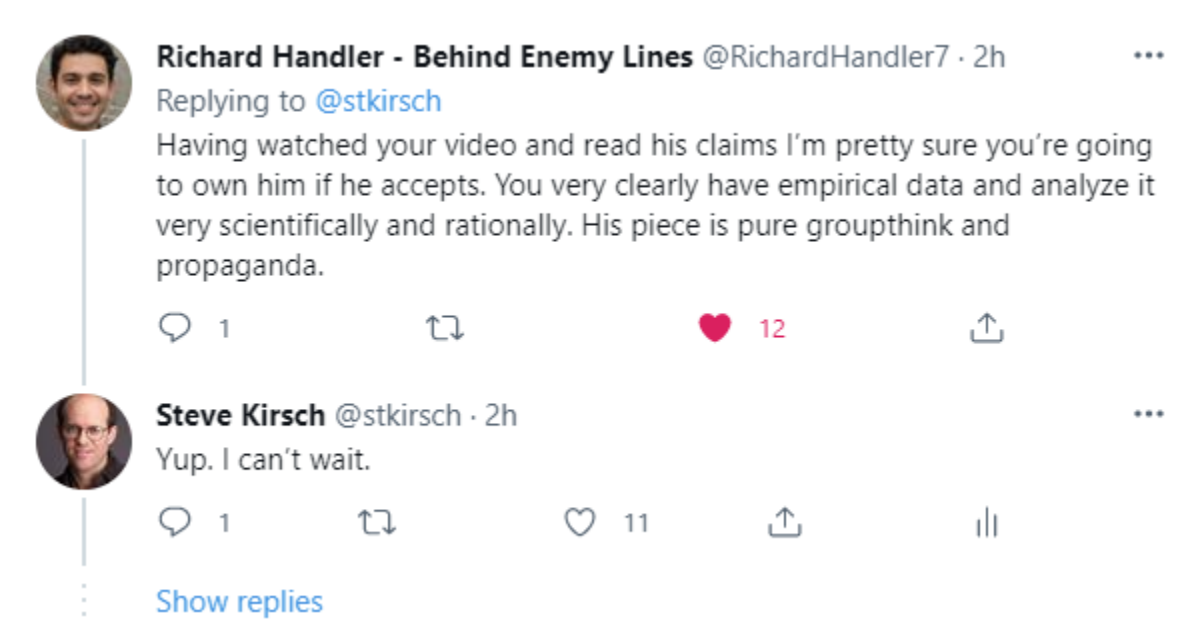


At no point does [Professor Morris](#) admit that even a single piece of evidence in this article might be right. He is intellectually not curious to speak to any of the vaccine victims. He cannot explain how even one of the 6,000+ deaths in VAERS is not vaccine related. He finds nothing out of the ordinary that might indicate to him I'm right.

The required safety studies were never done. Physicians are reporting death rates as high as 2 in 600 patients (plus small staff). That's not the background death rate. Are you kidding me? If the vaccines are safe, there is no way that can happen. 20 year olds never die in their sleep less than 24 hours after getting the vaccine. Morris needs to stop focusing on minutiae and look at the big picture here. The FDA totally fucked this up by regulating this like a vaccine instead of vaccine and gene therapy. The Pfizer trial on 12-year-olds concealed the paralysis case. The

repro tox was never done. We don't know if it is safe or not for young women but the data we have to date is chilling. Etc. etc. To Morris, reality is an anecdote.

I've challenged him to a debate on LinkedIn, [in his own blog](#), and on [Twitter](#). I doubt he'll accept. If he does accept, I will invite him to attack any points of this article of his choosing which gives him the advantage. The result will be that he will demonstrate to the world that my arguments are bulletproof, so he will do me a huge favor if he accepts. But even though he had the time to read my paper and write a long review, I predict he will simply be "too busy" to debate me. I [invited his fans on LinkedIn to debate me as well](#).



Conflicts of interest

I was accused of conflict of interest. "Thank you for your transparency, but do you think this makes you more credible since you have a tremendous financial interest in the Ivermectin-not-vaccine argument?"

The fact is I've lost a lot of friends and a lot of money and time on this. What I gain is simply satisfaction that I'm standing up for truth and seeking the truth rather than keeping my head down. This is what democracy is all about.

How you can convince me I'm wrong

Convincing us is simple. We are truthseekers. Do not nitpick any of the datapoints. I agree every datapoint can be criticized. Instead, show us a stronger analysis; that your analysis is more

likely to be true and explains all the data that is observed better than ours. That is what science is all about.

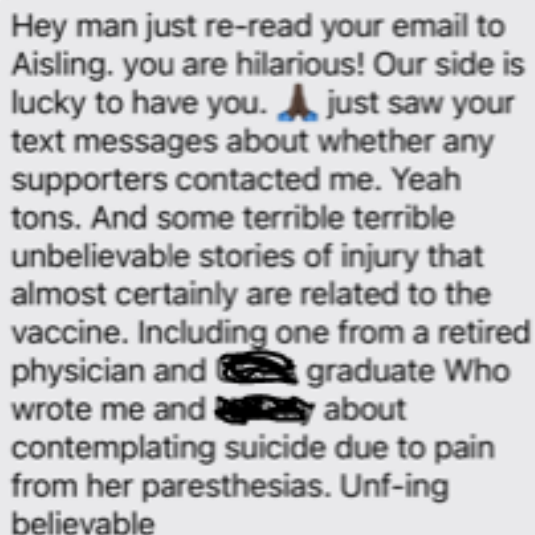
All the data is imperfect, all the arguments are imperfect. Witnesses lie. People lie. There is a lot of misinformation. The data is inconsistent.

We are trying to make sense out of the data and the mechanisms of action as best I can.

So if you have an alternate hypothesis and you can show that the observations are a BETTER fit to your hypothesis than mine, that would be compelling. It isn't just me you have to convince. I have a small army of very smart people that have come to the same conclusions I have and you will only convince us with a stronger explanation of what is observed that better fits it.

So if you think that the VAERS data is due to people reporting 10 times more often than they ever did in the past, show us the surveys that prove that. Show us that the reports of doctors being sanctioned for reporting are fake.

There is no doubt that great harm is being inflicted on people. Show us the truth and we will follow you.



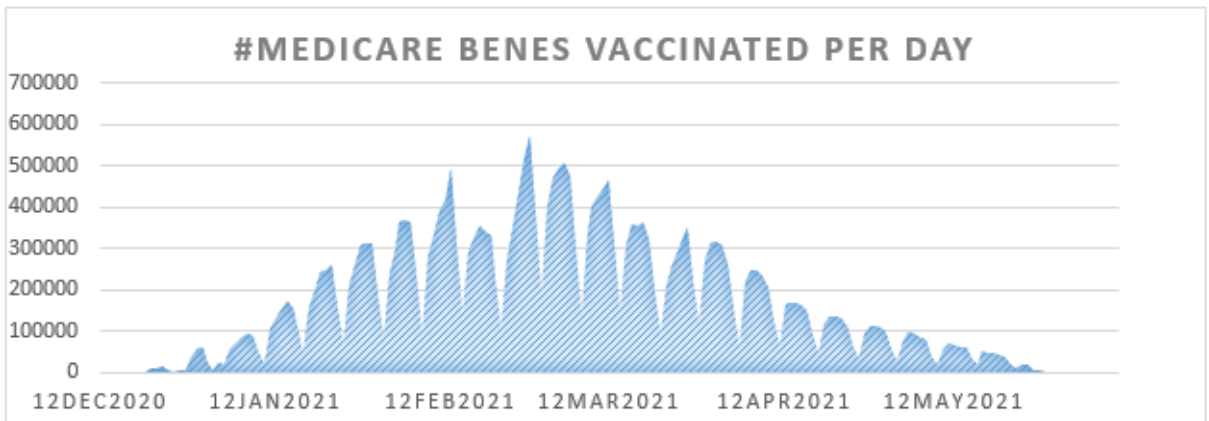
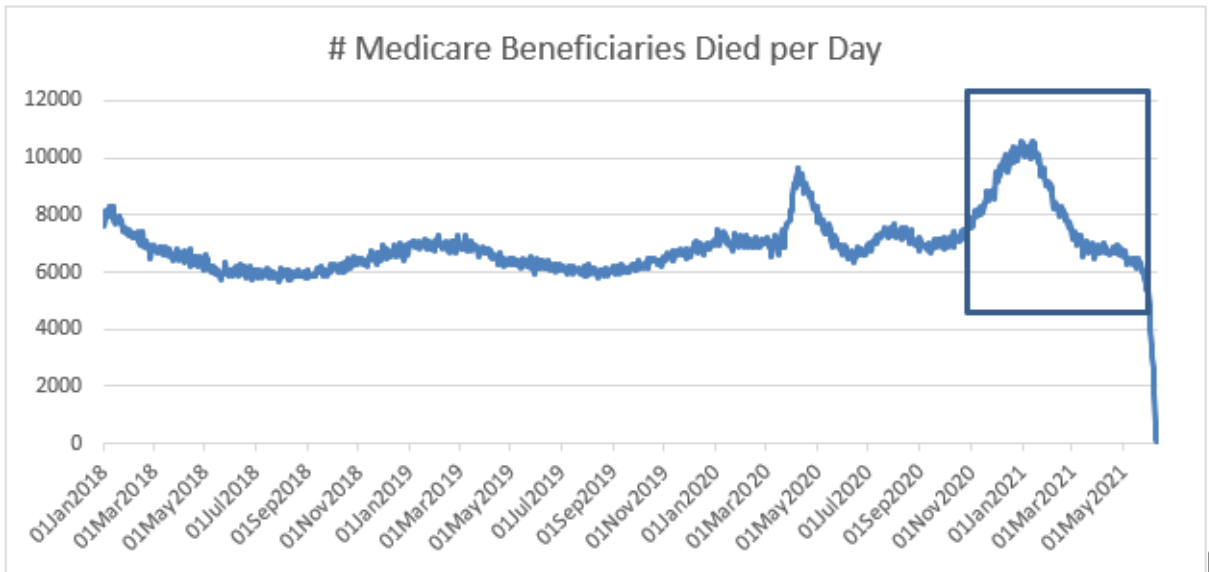
Hey man just re-read your email to Aisling. you are hilarious! Our side is lucky to have you. 🙏 just saw your text messages about whether any supporters contacted me. Yeah tons. And some terrible terrible unbelievable stories of injury that almost certainly are related to the vaccine. Including one from a retired physician and 🚗 graduate Who wrote me and 🚗 about contemplating suicide due to pain from her paresthesias. Unf-ing believable



iMessage

If the vaccines are safe, how do our critics you explain the peak in the CMS data when the vaccines rolled out?

If the vaccines are perfectly safe, there should be no “hump” in the death rates in the CMS data (Medicare). So, if you think we are wrong, then how do you explain the huge hump in deaths coinciding with the vaccine rollout?



When was the last time you heard of a 16 year old girl who cannot talk or read 48 hours after getting vaccinated?

Can you show an example of this happening for the influenza vaccine ever?

From: Kyle xxxx

Sent: Saturday, May 29, 2021 1:02 AM

To: Byram Bridle
Subject: Information request - please

Hi Dr. Bridle,

I heard your interview today.

My 16 year old healthy sister-in-law was in ER today. (Alberta)

She couldn't talk or read this morning.

Docs don't connect dots but I told mother-in-law to demand testing. They found markers to indicate clotting in blood. Further CT testing didn't reveal any they could see. Her neurological issues improved enough but she feels spacey. They sent her home blaming stress and perhaps her birth control. She had the Thing 48 hrs ago. Pfizer.

Any recommendations of or info you can send is helpful. She's not on any blood thinners but was on Accutane (does it thin blood? I know it has nasty side affects as well).

Best regards,

Kyle

If the vaccines are so safe, why are they so overwhelmed with reports?

From: COVID19aefi <AEFI@toronto.ca>

Sent: June 17, 2021 11:15 AM

To: 'ira.....@xxx.net'

Subject: RE: Adverse event report

Hi Ira,

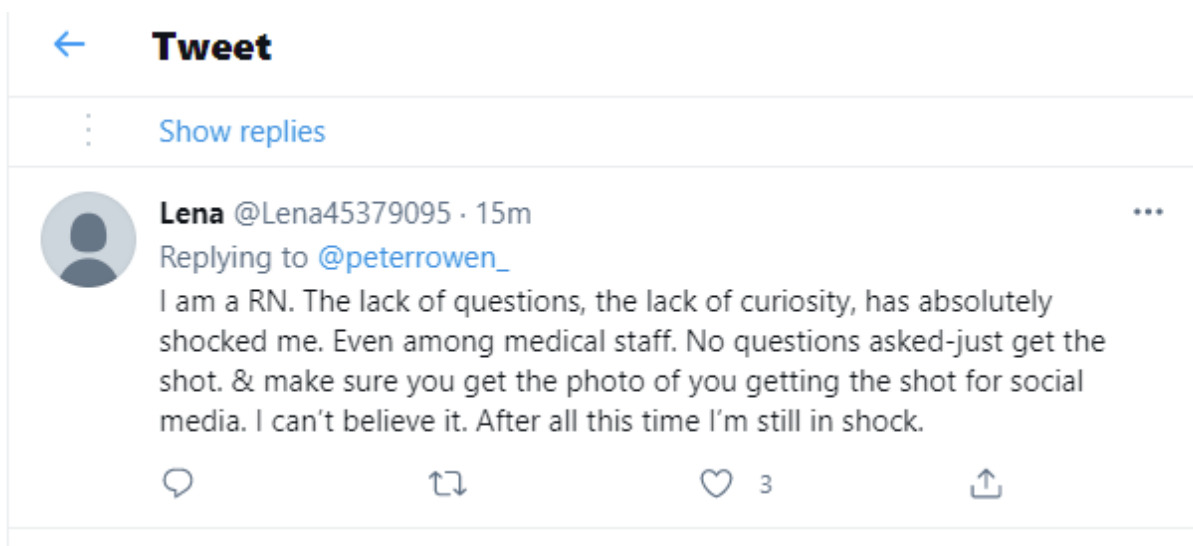
Thank you for your email to AEFI team at Toronto Public Health. I can confirm your report has been received and is in queue for follow-up. We are **managing an abundance of reports** at this time, so it may take two to three weeks before you receive contact from an investigator.

If you have any questions or concerns, please call Toronto Health Connections at (416) 338-7600.

If the vaccines are so safe, then why were over 500 records removed from VAERS since vaccines were started and 30% of them were death records?

Also, the records have horrible quality control. They are supposed to be reviewed by HHS to correct them before being entered into the database so they are consistent, e.g., if there is an autopsy, the record should be coded as a death and isn't.

If the vaccines are so safe, then why are people afraid to look at the facts?





AvifaunaLux Shadow Banned for telling the truth! 🌸 @Avifa... · 4h ...

Replying to @peterrowen_ and @oaklandcottage

I've had the same reaction. A friend ended our 18yr friendship. I sent her 1 email and 1 tweet linking to scientific articles that detailed the concerns about the jab. She blocked me, friendship over, as easily as that. This was a formerly rational, reasonable, educated person.

13

12

103



T Baker @sickofitall2222 · 2h ...

Replying to @peterrowen_

It's the refusal to even look at what you're offering them that blows my mind. Not to even look.....



5



Les #Free Assange @LesStein5 · 2h ...

Replying to @peterrowen_

You are not alone Peter. I don't get it either. Otherwise "intelligent" people are standing in line like lemmings. If I were feeling suicidal (which I'm not) I would take both shots and be done with it. it's a bioweapon!



1

5



Mike @talldarktedious · 5h ...

Replying to @peterrowen_

I have the same from people when I tell them I don't want it YET as I have concerns about any long term side affects. It's not even accepted that a person may want to wait a little. You must have it and as soon as told you can.

5

1

53



Vicki 🌻😊🌸 @Oct9767 · 3h ...

Replying to @peterrowen_

We have done this with our healthy, fit, strong 23yr son, we've begged, lost our temper, sent him loads of info but to no avail. After doing his own research he's succumbed to peer pressure, brainwashed by the propaganda and now jabbed 🤦 We don't get it either 🙄

1

2

12



If the vaccines are so safe, how can incidents like these happen?

6:40 AM Sat Jun 19



Thread



VAshoreGirl @TinkerinMD · 12h

...

Replying to @1PatriotForLife and @species_x

Elderly neighbor, a usually healthy put together woman (always make up on etc) found on the floor convulsing the day after her second jab. Was incoherent, convulsing, drooling. Ambo came and she had blood clots in intestines, now has colostomy bag and still in rehab. 5 weeks ago

2

3

8



Adamant @Adamant72855850 · 2h

...

Replying to @1PatriotForLife

I know me! I keep telling my story hoping many will see it. Dr visit week before 1st Pfizer shot. I'm in perfect health, low cholesterol. No family history of heart disease. 4 hours after 1st shot, I'm in ER w/stroke level BP. I still have high BP. Meds not working. Wearing a ...

1

1

1



Adamant @Adamant72855850 · 2h

...

Heart monitor now. That's not all. I also now have migraines. Never had them before. Vertigo seems to have subsided, tho. Annoyingly, I now clear throat all the time. Nothing there. Shot is a gamble! It's free but not ER & tests & Dr visits that follow.

1



3



Shiloh10java @shiloh10java · 13h

...

Replying to @1PatriotForLife and @GBannerCap

My daughter in law (a nurse) had the jab & a miscarriage. Still in denial it was from the shot. She also got shingles a week after getting the shot.

2

6

12



Tweet your reply

“The above is a screen shot from an unbelievable Twitter thread posted yesterday asking if people had witnessed vaccine adverse effects. I thought you might be interested in this account of HTN beginning 4 hours after dose. There are so many sad entries...”

Delta variant

See [this article](#) and [this article](#) by Mathew Crawford. Bottom line: do not vaccinate kids.

More importantly, I also still disagree with the mass vaccination program. In particular, nearly all lives saved are in the high risk group. While vaccinating those in the low risk group might decrease spread into the high risk group, that's asking young healthy people to act as human shields. I also believe that when the vaccine deaths and adverse events are finally tallied and compared to either a ring vaccination strategy or combination ring vaccination and early treatment strategy, the current plan will look quite foolish and possibly even nefarious.

But the Delta variant appears [less deadly per case by around 90%](#) (consistent across both my PHE data crunching jobs). That means we would expect to see only 0.07 deaths/million without vaccination among the 12-17 age group for which we can attribute a (60%) reduction of 0.04 deaths/million, which is 1 death for 25 million children in that age range, or alternatively 1 death per 50 million doses. **That is to say that for the whole United States, we should expect to save 1 life, assuming full vaccination of every 12 to 17 year old.** That is very far from the 1 life per million claim made by Walenksy, and fewer than the number of teenage lives already suspected to be due to vaccination.

Burden of proof of causality

It is the responsibility of the FDA and CDC to monitor the VAERS data for safety signals. These organizations are inept. They haven't found a single death that they have asked the drug companies to look into. That's unbelievable.

We found we could prove causality via Bradford-Hill criteria for a huge range of adverse events. These events were off the charts. [We even asked if anyone could find a death coded with the vaccine where the vaccine didn't play a role in the death. There were no responses.](#) How can the CDC find nothing suspicious in 11,000 death reports?!?!? There are two papers, one by [Jessica Rose](#), the other by [Scott Mclachlan](#), both showing likelihood of causality for death.

We have our own research. We asked the CDC committee members and the FDA stats department if they were interested. They did not respond to repeated requests.

The precautionary principle means the safest course for the public in the interim, is to assume that all of these events are caused by the experimental vaccines. This would then require the FDA to immediately shut down the trial for safety concerns.

If the vaccines are so safe, why are so many injured people afraid to speak out?



IvermectinForCovid.com @IvermectinForC1 · 22h

...

Replying to [@stkirsch](#)

[@jimmy_dore](#) is still suffering from his 2nd Moderna shot from April 17. He's finding lots of people are injured but afraid to speak out. Might be a good show to share the inside story on why we got risky vaccines instead of safe early treatments?



Cernovich ✓ @Cernovich · 23h

Man. We will never hear from people without platforms. It's all hush hush.



When was the last time you heard four healthy pilots dying in one week? Never, right?



WWW.THEGATEWAYPUNDIT.COM

Four Healthy British Airways Pilots Die in One Week - Airline Says No Link to Covid-19 Vaccine

Four young and healthy British Airways pilots recently passed away and the airline is claiming there is no link to the Covid-19 vaccine. The photo of the four books of condolence sitting next to ...

👍 1

💬 0

🔗 Share

↩ Reply

If vaccines are safe and effective, how do you explain this?



Virginia Nicholls

@Virg2101 Follows you

Former ABC political reporter, Ch 10 news presenter, AMA, Merck, pharma, Westpac corporate affairs.

📍 Sydney, New South Wales 📅 Joined July 2013

636 Following 731 Followers

👤 Followed by George Fareed

Tweets

Tweets & replies

Media

Likes

📌 Pinned Tweet



Virginia Nicholls @Virg2101 · Jun 15



No-one wishes the Covid vaccines were safe & effective more than me. I devoted 15 years of my career promoting pharmaceuticals. My kids are fully vaxxed. But I cannot get behind drugs where the side effects & deaths are the worst in history. Holidays don't justify lives.

💬 32

↻ 342

❤️ 947



If the vaccines are so safe, how do you explain a 3% rate of long-term severe symptoms for the people in my area?

Search Nextdoor



Steve Kirsch

Los Altos Hills Town Hall Circle • 4 days ago



Did you have any side effects from the vaccine? I am curious how frequent and serious side effect from the vaccine are. Note that the side effects can be ANYTHING that is NOT normal that STARTED within 2 months of a vaccine shot. People have had myocarditis, pericarditis, heart attack, lost vision, been unable to talk, pain, numbness, shaking hands (like parkinson's), Bell's Palsy (half your face paralyzed), etc.



111 votes

Posted in **General** to **Anyone**

If the FDA is doing its job and isn't corrupted by money, how does this happen?

For fluvoxamine, they had two trials, both 100% effective, and they said there wasn't enough evidence for an EUA which is the LOWEST standard of evidence. There was not a single ounce of neutral or negative evidence.

Biogen's Aducanumab for alzheimer's had no benefit and got FDA approval which requires a much higher standard than EUA. This is absurd. There is no explanation for this other than corruption.

Or how about NIH funding for the fluvoxamine Phase 3 clinical trial. The trial ended a month ago and they still haven't figured out whether to fund it (it will be another few months). Yet for the Merck antiviral, billions of dollars. How do you justify that? Fluvoxamine is bird in hand.

Congress is totally asleep to allow this to happen without asking any questions. This is why Novavax can't get approved in the US: it is a rigged system.



Martha Albertson @MarthaAlberts17 · 47m



FDA approval of aducanumab for Alzheimer's "was unlike any other in memory." Biogen conducted 2 trials which were halted after committee concluded drug unlikely to benefit patients. Ten out of 11 committee members voted against drug. Cost: 56,000 a year.



Opinion: New Alzheimer's drug sets dangerous precedent
Doctors Reshma Ramachandran and Joe Ross write that normally, FDA approval of a drug means that the agency has done its due diligence i...
[cnn.com](https://www.cnn.com)



Furthermore, the FDA took NAC off the shelves even though it kills nobody, and makes the vaccine available without a prescription despite the fact that it has killed over 25,000 people. They did that because NAC can be used to treat COVID and if there is a COVID treatment, the vaccines can't get approved.

Finally, the Biden Administration is [investing \\$3B for antiviral development](#). Most all of that will go to Merck. But there is a spectacular antiviral called GS-441524 which is very safe and effective. No money for that. Or Interferon Lambda.... No money for that. Or proxalutamide... no money for that. And existing repurposed drugs like ivermectin and fluvoxamine? No money for that. How are these decisions being made? Note that in the real world, most patients present very late, when antivirals are a lot less useful. More money down the drain. And the pill they are investing in reportedly has teratogenic effects.

How can you look the other way?

[Telegram Group with over 100,000 members and an unknown number of vaccine obituaries](#)

There are thousands and thousands of obits like this one:



COVID VACCINE VICTIMS



Adam Marks
Mar 4 · 🌐

If you live in NY state and are eligible for the COVID vaccine, 10K overnight appointments were just released for the one-dose J&J vaccine at the Javits center. Go get it. The sooner all eligible folk receive the vaccines, the sooner the eligibility will broaden. Don't hesitate.

Adam Marks
Mar 9 · 🌐

Hey all... talk to people you encounter about whether they are eligible to receive the vaccine and if they are having trouble finding an appointment. This process is skewed towards native English speakers who spend a lot of time on the computer, but there are SO MANY eligible people who fit neither one of those categories, forget both. Ask your building staff, talk to the people at your job, and offer support. If you don't know what to do to help, ask me, or send them my way. Please remind people that immigration status is irrelevant for vaccination eligibility, but for those who may not have their documents in order, there's a huge layer of fear and intimidation. It's up to us to bridge that gap and offer support however we can. Signed, your local native English speaker who's on the computer a lot and loves booking vaccines for others.

👍 Like 💬 Comment ➦ Share

Adam Marks
Mar 20 · 🌐

All NY adults, you are eligible to start booking vaccine appointments this week. Get on it. Protect yourself and others. Don't be afraid to reach out for help booking if you need it!

👍 Like 💬 Comment ➦ Share

👍 24

Adam Marks
Mar 30 · 🌐

apps available in Central Park at the Aqueduct NOW

AM-I-ELIGIBLE-COVID19VACCINE-HEALTH.NY.GOV
New York | Covid-19 Vaccine

Legacy

Adam Marks
1979 - 2021

DATE	1979
AGE	2021
FUNERAL HOME	
Joseph P. Curran Funeral Home	
380 Broadway	
Manhasset, NY 10959	

A SUDDEN DEATH CHECKS NEW YORK PIANO WORLD

NEW YORK (AP) — The passing of a young pianist, Adam Marks, has shocked the New York City music community.

Mr. Marks, 42, died unexpectedly in his sleep on May 9, 2021, of cardiac arrest following his Covid-19 vaccination.

Mr. Marks was a big advocate in the vaccine and often posted updates for his followers about getting vaccination appointments. Young adults dying from cardiac arrest in their sleep seems to be happening far too much after these injections.

Mr. Marks played piano and was known in the music community for playing at places like Carnegie Hall. He leaves behind his husband.

Composer Lisa Murthy writes on Facebook: I want to join the chorus of people mourning Adam Marks, who died this week. A lovely man, widely admired and admired. My intimate memory of him: between an intense dress rehearsal and a show at Carnegie we were both playing, we ran into one another at the gym, both working through some chamber music. Afterward, in our own awkward way in shorts and hoodies, 20 minutes of parallel play on the acoustics, and then 20 minutes of serious eye contact across two games. Other members of the community have more elegant tributes, but I just wanted to share in. Hug your friends, loved ones, and collaborators a second longer this week.

Memorial donations are directed to: Pull down the "Outreach and Justice" tab, and put "Nudge" in "fund back"

Adam Marks
42 Years old, USA

Adam a 42 year old professional pianist from New York City died unexpectedly in his sleep on May 9, 2021 of cardiac arrest following his Covid-19 vaccination. According to his Facebook page, Adam was a big advocate in the vaccine and often posted update for his followers about getting vaccination appointments. Young adults dying from cardiac arrest in their sleep seems to be happening far too much after these injections.

Adam played piano and was known in the music community for playing at places like Carnegie Hall. He leaves behind his Husband.

May he Rest In Peace ❤️

#Death #USA #Cardiac #JohnsonAndJohnson #COVIDVACCINEVICTIMS

The Fact Checkers will not debate the facts

I have received messages like this one:

My friend sent me this Reuters article back in response:

<https://www.reuters.com/article/factcheck-vaers-symptoms-idUSL2N2NZ1KB>. Learning that ordinary individuals can post results to VAERS has shaken my faith in the death and adverse effect numbers you guys were citing. I'm not as skeptical of anecdotal evidence as my friend is, but what would you say in response to that? Are deaths and reports verified before they're posted into VAERS?

This is cherry picking facts. The facts are that HHS doesn't just publish anything that is submitted without any review. They review each one before assigning an ID and posting them. If you post a false VAERS report it is a federal crime that can put you behind bars. To date, none of these fact checkers have identified any "joke" entries. If the database was bogus, why not show that all the death reports are phoney?

And you cannot fake the death data unless you kill yourself. The CDC numbers show 25,000 excess deaths. How do the so-called fact checkers explain that? They don't.

This is why when you challenge them to defend their "fact checks" they ignore you.

← **Thread**



Geoff Brumfiel ✓
@gbrumfiel



VAERS can be the starting point for finding these rare events. Other, more rigorous databases are usually used by scientists to confirm them.

But the open nature of VAERS, and its availability to the public for both reporting and use make it extremely valuable. THE END

7:44 AM · Jun 17, 2021 · Twitter Web App

2 Likes



Tweet your reply

Reply



Steve Kirsch @stkirsch · 13h
Replying to @gbrumfiel



Your article is misleading. The VAERS database showed an unambiguous safety signal in January. My team of VAERS experts challenges you to a public debate to set the record straight. Will you accept?



2



mordechai david @MichaelOasis888 · 4h



Many of us struggling to find the facts. It is disturbing to see the VAERS deaths. On the other hand, MSM sources say these are unproven and FDA has investigated. I doubt the latter, and someone needs to explain, but information overload is very difficult to work through.



1



When you reach out to the NPR fact checker, he ignores you. NPR is promoting the false narrative as well and they refuse an open debate because it would tarnish the reputation of NPR that their fact checkers are spreading misinformation.

The image shows a screenshot of a Twitter profile for Geoff Brumfiel (@gbrumfiel). The profile bio reads: "I'm an editor/correspondent for @nprscience. Mostly smart on the radio. Mostly stupid on the Twitter. Nukes/Missiles/Space/Blimps/etc. securedrop.npr.org". It also shows he has 2,002 following and 11.4K followers, and joined in March 2009. Below the bio are two direct messages in blue bubbles. The first message says: "I'd love to have my team of anti-vaxers debate you on your article on VAERS. I'll even give you \$5K if you win the debate to make it worth your time. Recorded debate on Zoom, we both get a copy. Will you accept?". The second message says: "WILL YOU ACCEPT A DEBATE??? this is important. You are a fact checker. Do you care about the truth?".

Geoff Brumfiel ✓
@gbrumfiel

Geoff Brumfiel ✓ @gbrumfiel
I'm an editor/correspondent for @nprscience. Mostly smart on the radio. Mostly stupid on the Twitter. Nukes/Missiles/Space/Blimps/etc. securedrop.npr.org
2,002 Following 11.4K Followers
Joined March 2009

I'd love to have my team of anti-vaxers debate you on your article on VAERS. I'll even give you \$5K if you win the debate to make it worth your time. Recorded debate on Zoom, we both get a copy. Will you accept?
Yesterday, 7:51 PM ✓

WILL YOU ACCEPT A DEBATE??? this is important. You are a fact checker. Do you care about the truth?
10:06 AM ✓

What is really happening: under reporting of events

137 Following 8 Followers

Joined September 2013

I listened to your discussion on The Dark Horse podcast. I have been following Bret and Heather for about a year now. Here's some antidotal info. My daughter is a nurse in a large regional hospital in Washington state. She mentioned yesterday that a husband and wife were incubated yesterday with covid. Husband became ill after his covid vaccine and couple are now hospitalized together. I asked if the doctors were reporting to VARS and her answer was "oh course not"

11:18 AM

*VAERS

11:19 AM

You accepted the request

The underpinning of science is to have open debate

So why won't anyone prominent debate us? This is what science is all about.

Check out [this tweet from Joy Reo](#) and watch the video.

← **Tweet**



Joy Reo
@RangerReo



[#censorship](#) sucks. [##FollowTheSilence](#) Listen to this scientist about [#ivermectinworks](#)



8:16 AM · Jun 18, 2021 · Twitter for iPhone

2 Retweets 8 Likes



Tweet your reply

Reply



Daniel K Hartness @hartness_daniel · 1h
Replying to @RangerReo and @OooDonuts



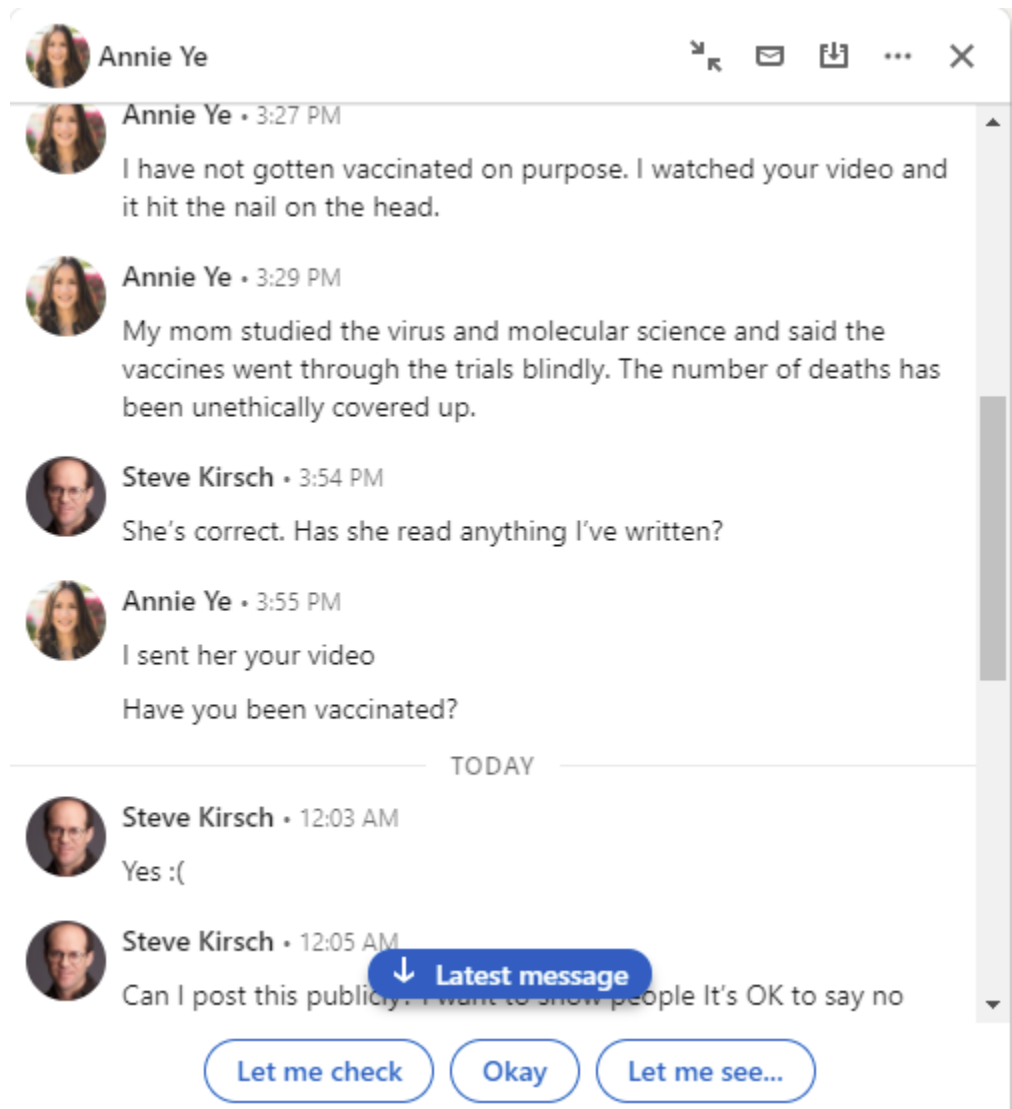
Censorship is the best tool for those pining for authoritarian power. The truth only becomes secondary to such an agenda. [#FollowtheSilence](#)



4



Independent scientists, like Annie's mom, are horrified



People who were skeptical are becoming less skeptical



June 14, 2021

I am growing more and more concerned. My friend is a doctor who has been warning me for months now. But when my cousin recently passed away a month after the vaccine from a pulmonary embolus, I really started to believe her. He was healthy and his death was sudden. The autopsy results are not in yet. He may have had a clotting factor but who knows if the vaccine somehow activated it. He has travelled all over the world and surely has been vaccinated a lot! He has gone on long trips to China and Africa. He survived that without any prior clotting issues. I strongly feel the vaccine killed him. But I am one of few in the family who thinks this. Everyone thinks I am crazy

👍 39

💬 2

↪ Share

Thirteen year olds die all the time, right? This one just “happened” to die 3 days AFTER the vaccine.

← **Thread**

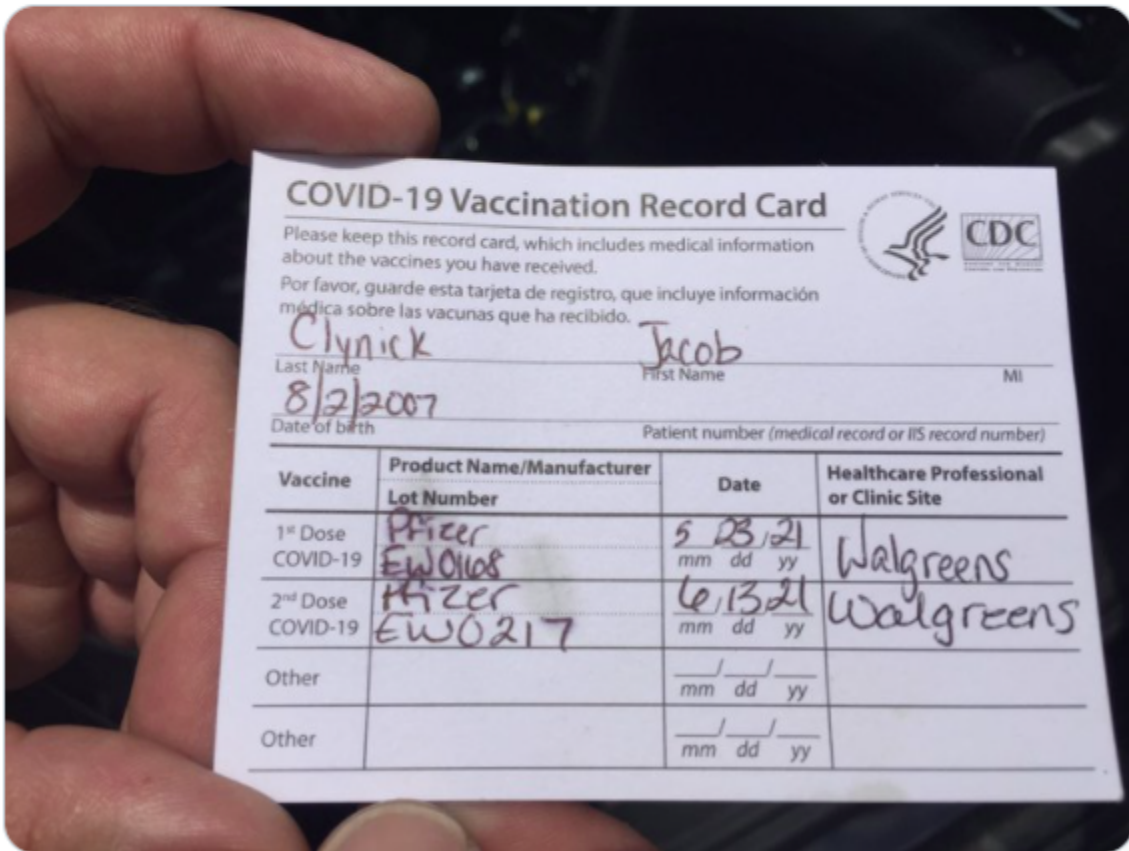


Tami Burages
@tburages



A week ago today my brother's 13-year-old son had his 2nd covid shot. Less than 3 days later he died.

The initial autopsy results (done Friday) were that his heart was enlarged and there was some fluid surrounding it. He had no known health problems. Was on no medications.



3:18 PM · Jun 20, 2021 · Twitter Web App

CDC “math”: the benefits outweigh the risks... NOT

[On June 23, the CDC said the 1,226 cases of heart disease in children are nothing to be alarmed about.](#) The vaccine is safe.



Rochelle Walensky, MD, MPH ✓ @CDCDirector · Jun 24

To put this into perspective, if we vaccinate 1 million 12-17 year olds, we could see 30-40 MILD cases of myocarditis. In this same 1 million, through vaccination we AVOID: 8,000 cases of COVID-19, 200 hospitalizations, 50 ICU stays & 1 death. The benefits far outweigh the risks.

Good Morning America ✓ @GMA · Jun 24

.@ABC NEWS EXCLUSIVE: CDC Director Dr. Rochelle Walensky weighs in on risk of myocarditis from COVID-19 vaccine. gma.abc/3xLJsQE



1.7K

1.3K

2.6K



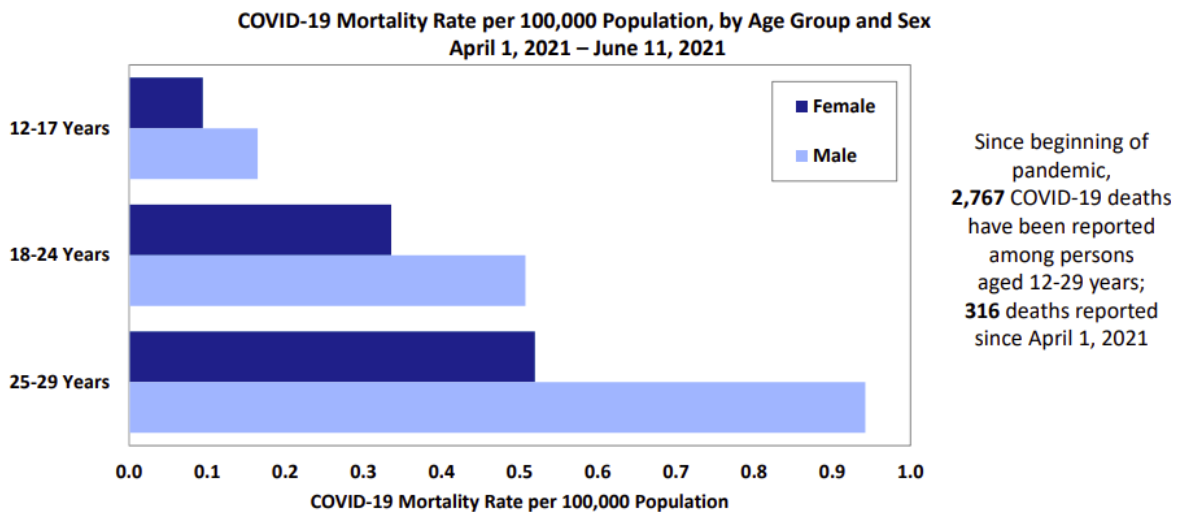
The [head of the CDC](#) says in her own tweet:

To put this into perspective, if we vaccinate 1 million 12-17 year olds, we could see 30-40 MILD cases of myocarditis. In this same 1 million, through vaccination we AVOID: 8,000 cases of COVID-19, 200 hospitalizations, 50 ICU stays & 1 death. The benefits far outweigh the risks.

The numbers above assume the vaccines are perfectly safe.

Let's take a closer look using numbers from a [the CDC presentation on myocarditis](#):

COVID-19-associated deaths continue to occur in adolescents and young adults



14

We know they kill 1 in 5,000. Since there are around 20M kids 12-17, that means killing around 4,000 kids in order to save the lives of 20 kids. Makes perfect sense, doesn't it? Of course not. It's nuts.

Even if we are really generous and say these vaccines only kill 1 kid in 250,000 which is a 50X lower death rate than average. This would mean 4 deaths per million to save 2 lives per year. So breakeven happens after 2 years (or 4 years if you believe the head of the CDC).

So even in our most optimistic scenario (a 50X lower death rate and zero chance of being disabled), vaccination is silly in the short term.

And of course the death rate is nowhere near 1 in 250,000. There are 1,226 cases, and at least one death we know about: [13-Year-Old Michigan Boy Dies 3 Days After Second Dose of Pfizer Vaccine, Aunt Says 'Moral, Ethical, Health' Questions Need Answers](#). But the press doesn't bring that up. The death of previously healthy kids simply do not factor into the cost-benefit calculation because the CDC says nobody dies from myocarditis. Sure. Right. Tell that to Tami Burages. But that article is censored on social media so nobody will find it. As the article says, "The Defender is experiencing censorship on many social channels. Be sure to stay in touch with the news that matters by [subscribing to our top news of the day](#). It's free." So social media is censoring [Children's Health Defense](#). Seriously? We are censoring content from organizations that are trying to save our kids from dying. I do not understand where these social media companies can source so many censors who lack any compassion or a heart. And why are the employees of these companies remaining silent as this censorship happens. Is it right that this story should be censored?? Apparently yes, since nobody in Congress is saying a word

of objection. So kids die and nobody knows. I think this is really tragic. It makes me ashamed to be an American.



The results are even more skewed if we add the unethically suppressed early treatment protocols to those who get COVID. Then even if the vaccines were perfectly safe, it would still be silly.

You are looking at an absolute risk reduction of death of less than 0.0002%. Seriously?! We are vaccinating every kid, likely killing 1 in 10,000 or more, giving 1 in 100,000 a permanent disability for a 0.0002% risk reduction?!?! What are parents thinking?!?!?

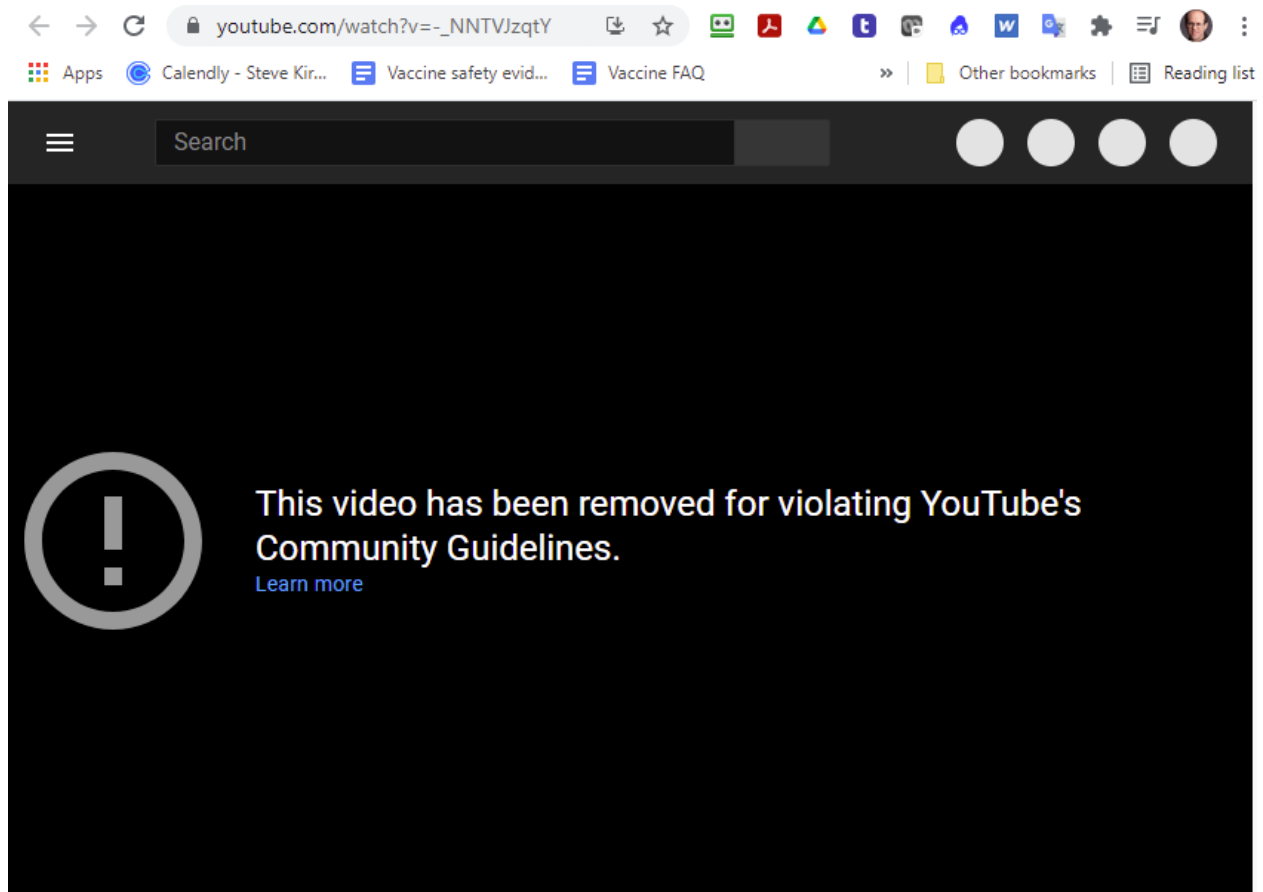
But the bigger deal as I've said before is that we have no clue what the reproductive toxicology numbers are. We are vaxing first, collecting data later. It used to be the reverse. We are now throwing caution to the wind and doing everything the reverse way... vaccinate first, do safety later. I'm just amazed that no mainstream doctor is speaking out about this. That's the real crime here. The medical community is totally asleep at the wheel here, urging parents to vaccinate their kids. Why isn't any med school Dean speaking out about this? Are they all brain dead?? See my comments above on this (search for 82%).

And let's not forget [that kids are naturally immune to COVID](#) so vaccination is pretty silly. It would be like doubly vaccinating someone.

Thank you YouTube for removing my videos and the videos of others like Doctors Weinstein, Kory, Hibberd, Reisinger, Pinsky, Mobeen, ...

Not just the ones I post that are vaccine related, but if I'm on someone else's show like [Bret Weinstein](#) or Dr. Drew, those videos get removed and the channel gets another strike so they can't upload videos anymore.

Here is the Darkhorse podcast with Dr. Malone, the inventor of the mRNA vaccine:



Sweet. I can no longer appear in any YouTube video on anyone's channel. If I appear, that video will be removed and the channel will get a strike.

And the CEO of YouTube will not talk to me. The head of health and safety, Garth Graham, ignores all my emails. They say, use the conventional channels. The conventional channels are useless. So there is no appeal to these decisions. I am a reasonable guy. If there is evidence I'm wrong, show it to me. Don't just hang up the phone. Lives are at stake. I really don't understand how people like this can keep their jobs.

YouTube is wrong for banning ivermectin videos especially so after the [systematic review](#) was published that concluded ivermectin works. This isn't a close call. It is obvious to anyone with a brain who understands the basics of evidence based medicine. They should immediately remove any videos saying ivermectin doesn't work and compensate content providers for their lost revenue and immediately restore the video they have taken down.

Here is the [YouTube COVID-19 medical misinformation policy](#) as of June 26, 2021:

What this policy means for you

If you're posting content

Don't post content on YouTube if it includes any of the following:

Treatment misinformation:

- Content that encourages the use of home remedies, prayer, or rituals in place of medical treatment such as consulting a doctor or going to the hospital
- Content that claims that there's a guaranteed cure for COVID-19
- Content that recommends use of Ivermectin or Hydroxychloroquine for the treatment of COVID-19
- Claims that Ivermectin or Hydroxychloroquine are effective treatments for COVID-19

Thank you Twitter for disabling my account so that I cannot get the word out

I would like to thank the censors at Twitter for temporarily disabling my Twitter account so that I can't communicate with people to get the truth out.

I never said in my tweet that 25,800 people had died. I simply made a speculation, based on CDC death data (and 5 other ways to derive the same number), that up to 25,800 people **MAY have died** from the vaccines. That's a true statement. Truth is not a defense though. Twitter has no problem with censoring the truth. Opinions (in my case, speculation based on government data), are not ok either.

I wonder: Are there any employees at Twitter at all who think it is wrong to revoke accounts for making true statements based on government data?? That true statements and questioning our government officials should lead to suspension of your twitter account? Is this the new America? So much for the first amendment.

We need to learn the lesson that when people die at the hands of the US government, including kids (as Children's Health Defense learned), keep your mouth shut about it. Otherwise, your Twitter account will be removed. That's the message big tech is sending to America. Makes you really proud to be an American, doesn't it?

1. Violating the policy on spreading misleading and potentially harmful information related to COVID-19.

We understand that during times of crisis and instability, it is difficult to know what to do to keep yourself and your loved ones safe. Under this policy, we require the removal of content that may pose a risk to people's health, including content that goes directly against guidance from authoritative sources of global and local public health information.

For more information on COVID-19, as well as guidance from leading global health authorities, please refer to the following links:

[Coronavirus disease \(COVID-19\) advice for the public from the WHO](#)
[FAQs about COVID-19 from the WHO](#)



Steve Kirsch
@stkirsch

****BIG NEWS****: Up to 25,800 may have been killed by the COVID vaccine. I bet that this is a lower bound on the number killed by the "safe and effective" vaccines. Why isn't anyone at the CDC or FDA warning the American public of the danger in the meantime??

<https://t.co/105gLDEAmQ>

3:30 PM - 12 Jun 2021

As a result, we've temporarily limited some of your account features. While in this state, you can still browse Twitter, but you're limited to only sending Direct Messages to your followers — no Tweets, Retweets, Fleets, follows, or likes. [Learn more](#). Your account will be restored to full functionality in: 12 hours and 0 minutes.

You can start your countdown and continue to Twitter once you:

- Remove Tweets that violate our rules

If you think we've made a mistake, you can appeal the violation.

[Start](#)

From a top scientist at John Hopkins

I thought it is fair to include the counter argument from a leading academic who is highly respected in his field.

May 27, 2021

Steve

Sorry but I think you are very wrong on this. These vaccines have proven very safe in literally millions of people. The production of spike protein from the RNA is likely to be transient and I doubt there will be long term consequences. The last thing we need right now is to increase vaccine hesitancy. That would result in way more deaths than you would prevent with fluvoxamine.

xxxx

As you can see it is based on ignorance. Top academics basically aren't checking the facts. How does he explain the 5,000 deaths in the VAERS system at the time? He doesn't. How does he explain 20 year olds who die in their sleep <24 hours from injection? Doesn't exist. All of these reports were in plain sight in the VAERS system on the date he wrote that note. He never bothered to look.

Basically, academics are not looking at the data and jumping to false conclusions based on ignorance of reality. This is pretty typical.

I asked him for any errors in my analysis and he did not respond.

While it is comforting to know he doubts there will be any long term consequences, I wonder what he has to say to Maddie de Garay and the hundreds of thousands of people who have been disabled by the vaccine? Or to the 30,000 people who have lost their lives to the vaccine? What does he say to the families of those victims? Those are the ultimate long-term consequences.

FAQ / Q&A

How did you get started on this?

On May 16, 2021 my carpet cleaner Tim Damroth told me that both he and his wife were disabled due to the vaccines. Today, June 24, Tim is in excruciating pain and has lost tens of thousands of dollars in medical costs and lost income. How can a husband and wife both be suffering severe effects of a perfectly safe vaccine? The odds of that happening is about 1 in 1 trillion. When I checked the death rates of Ira Bernstein who has 600 vaccinated patients and 1 death, it was clear to me that we were being misled, so I started collecting data and I wrote it up in this article [Think the vaccines are safe?](#) which was published on TrialSiteNews on May 25, 2021. It is 223 pages long when printed and I highly recommend it if you want the full 360° view

of all the players. It has over 15,000 likes on Facebook and has been viewed over 500,000 times.

This document is the more “up to date” version of my original article and is updated daily. It is focused on the vaccine. It is only 71 pages and on a typical day there are around 50 people reading it online at any point in time.

I don't know anyone who died and I know thousands of people. I don't believe your numbers.

I personally don't know anyone who has died from COVID or the vaccine either! But it doesn't change anything I've written. If any of my data is incorrect, let me know. The 30,000 number is derived five independent ways. Since 1 in 5,000 die, it's perfectly normal for most people not to know anyone who has died. I know one doc with 3,000 patients with no deaths and another doc with 600 patients and 1 patient death and 1 staff death from the vaccine.

Why do a lot of people dismiss your document?

Because they don't have the time to read it and even if they do have the time, they don't feel they have the expertise to evaluate it. Since the opposition won't debate me, people can't see both sides of the argument at the same time. So they side with the status quo by default.

Other people work for a Member of Congress who has taken a pro-Vax stand. Thus, reading this document is a complete waste of time for them; they aren't going to change their Member's opinion which is driven by party politics. So they don't read this doc and they don't want to engage in any discussions about it.

On the other hand, nearly all my smart engineering friends find this document compelling however, even without medical expertise. It's math and statistics. There are one or two exceptions, but in general, engineers figure this stuff out pretty quickly.

Why isn't the mainstream press reporting on this?

Cognitive dissonance. They find the whole premise of a false narrative to be so unlikely that they can't bring themselves to read this document. Instead, they dismiss it without reading it. Also, it would destroy the credibility of the newspaper for spreading the false narrative.

As of June 25, 2021, only one newspaper reporter has read this and reached out to talk to me and all the main scientists mentioned here. He's now 100% convinced I'm right. But his newspaper is very conservative so he has to tell the story in little pieces. If you are a reporter and would like to verify this, I will be happy to put you in touch with him. Nobody has taken me up on my offer. Imagine that.

Why isn't the CDC looking at the data?

I know people who work at the CDC. They are focused on getting more people to take the vaccine. They don't have time to look at the safety data. They don't have the staff either. There were no recruitment ads for people to look at the 6,000 deaths. And since the CDC thinks the

spike protein is harmless (ignoring the peer-reviewed data that makes it clear it isn't), they can never associate any of the deaths to the vaccine since there is no plausible mechanism of action. So all these deaths are simply "bad luck." Got that?

Why isn't the FDA looking at the data?

This would take a "research project" and they are too busy doing other things. Sound too hard to believe? I have unassailable proof that I will show to any reporter of major media who will write the story. Nobody will respond to our outreach from our PR agency ([G.F. Bunting & Co](#)).

Why aren't Fauci's unredacted emails showing there is a cover up being requested by a Democratic committee chairman/chairwoman? This would show Fauci to be duplicitous.

Nobody in Congress will answer that question and the mainstream media will never ask that question. The NIH has said it will comply with a letter from any Committee Chair, but no Democrat will request the emails since it will reveal they were asleep at the wheel. It's the same reason the FDA, CDC, and NIH are looking the other way on the death data and why the mainstream media refuses to expose the false narrative: because it makes everyone look bad. So they are all circling the wagons with a code of silence. Academia won't speak out since they will lose their NIH funding for decades. Nobody will debate me or anyone else who wrote documents listed in this document. They are all afraid of the truth. And thanks to Twitter, YouTube, Facebook, Medium for censoring me so that nobody will find out the truth. CNN will never have me as a guest.

How come the press isn't asking the CDC how many people have died?

They are too busy promoting the safe and effective vaccine to people. And the CDC will just say "nobody" and the press will lap it up and report it without questioning whether they are telling the truth. They will never consult with an expert who actually understands what is in this document.

Why did YouTube remove the 3.5 Bret Weinstein's darkhorse podcast featuring the inventor of the mRNA vaccine with 800,000 views and rave reviews?

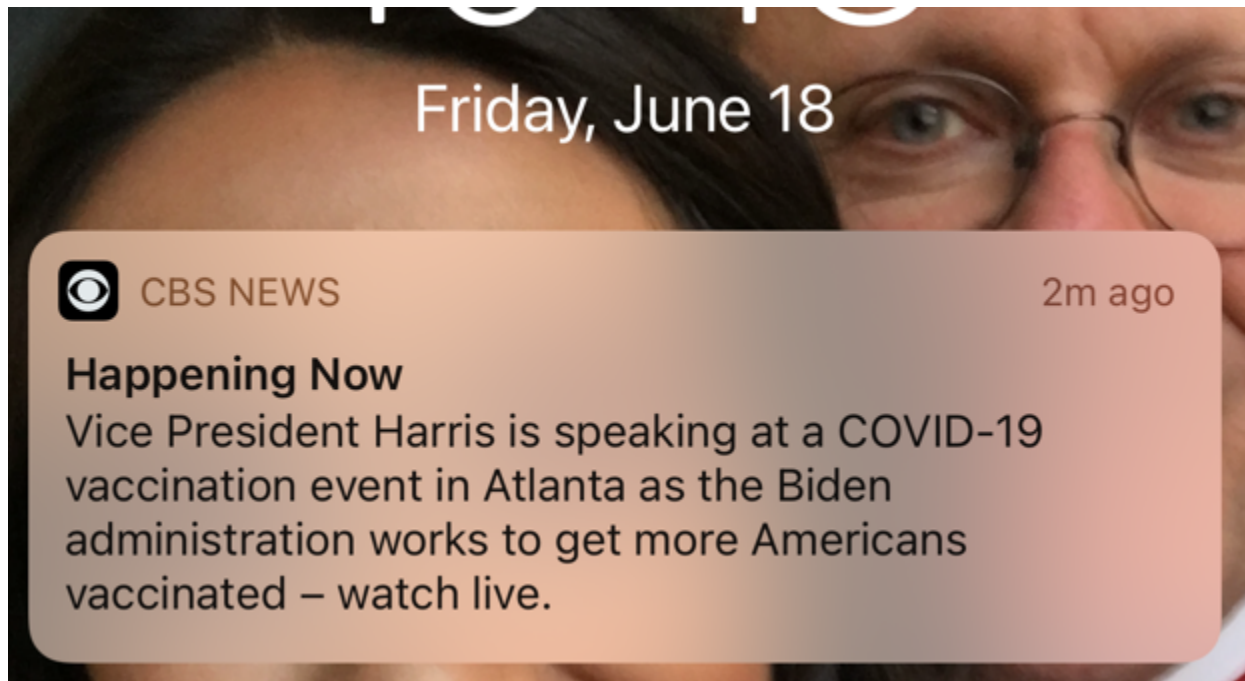
Because they do not want anyone to learn the truth. You can [watch it on Odysee](#). I know a bunch of people have written to me that it was so good, they watched it 3 times!! By keeping people ignorant, the masses will follow government instructions without asking any questions. I was fooled into thinking the vaccines were safe and effective so I was vaccinated. But I now realize it was a huge mistake. I wish I had watched that video so that I would be fully informed of the completely unnecessary risks of being vaccinated (and the miniscule benefit of like 0.2% absolute risk reduction). But I wasn't given that option and YouTube is doing their part making sure people will remain in the dark about how deadly these vaccines are. Here is [the original link to the YouTube video that was removed](#).

What is the stopping condition for the current COVID vaccines?

There isn't one. It is undefined. We've never done anything like this in history. They will not stop the vaccine no matter how many healthy people are killed or disabled. They are putting their foot on the gas.

What does the Biden administration say about this?

They completely ignore the facts. Instead, here's what they do:



What do the fact checkers say about this?

They will cherry pick data and studies to try to create uncertainty. None will debate us. None are as qualified as our experts to debate so they will lose badly if we could have an open discussion. See section above.

How long does it take to get a VAERS report published?

Dr. McCullough submitted 5 VAERS reports in April. As of June 20, none have been vetted and given permanent VAERS numbers. There are now over 300K safety events with permanent VAERS numbers assigned. That alone should be cause for alarm but none of these events have made any difference at all.

Why are kids getting myocarditis from the vaccines?

I strongly suspect this is a case of confounding masking events in other cohorts, and that the effects are not limited to the adolescents.

In other words, there are so few naturally occurring cardiac events happening in adolescents, that this effect of vaccination is easily detected.

In older cohorts, the natural incidence of cardiac events will make it hard to detect the vaccine-related events.

How significant is the false narrative?

When it finally comes crumbling down, it will forever damage the credibility of the following entities all of whom are clinging to the false narrative:

1. FDA (looks the other way at the safety signals including proof of fraud in the clinical trials; refused to release any internal studies that show the vaccines are “safe” since they would be immediately discredited; totally corrupt organization for approving a harmful Alzheimer’s drug, saying insufficient evidence on FLV EUA, and for taking NAC off the market after 60 years. How obvious does this need to be before Congress takes action?)
2. NIH (unethically suppresses early treatments even after systematic review published)
3. CDC (focus is all on vaccine hesitancy; no focus on safety unless massive complaints like myocarditis; they still think the spike protein is harmless and that nobody has died. This is indefensible. 20 year olds die in their sleep <24 hours after vaccination and that is not a death caused by the vaccine? Are you kidding me? They are living in a fantasyland. They will not make V-SAFE data publicly available; release only tiny snippets of pieces they want to release).
4. Congress (will not hold Fauci responsible for creating COVID and the cover up, will not request his unredacted emails, will not stop the vaccine rollout; asleep at the wheel for not seeing the obvious corruption at the FDA. Is Rand Paul the only guy who asks any questions? Anna Eshoo staff will not answer simple questions like stopping condition on the vaccine or why she is not requesting Fauci’s unredacted emails from the NIH.
5. Mainstream media (refuses to read this document except for 1 reporter who spoke to all the main sources and verified it 100%; fact checkers refuse to answer a legit challenge)
6. Medical academia (will not debate this document; cannot find fault)
7. Social networks (censorship. Whatever the WHO says is “right”)
8. The President (who has a 70% vaccination goal no matter how many healthy people must be killed to get there)
9. Public health officials (for blindly following CDC guidance)

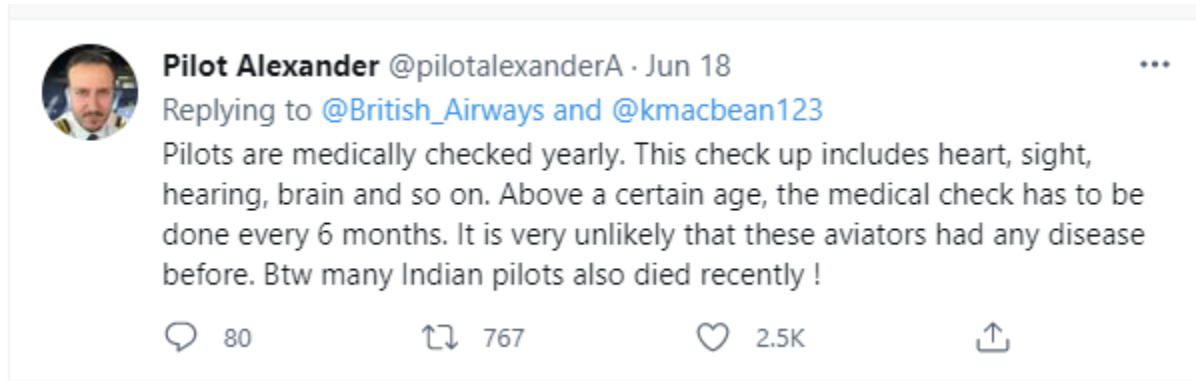
When the false narrative is taken down, who is left that can be trusted?

1. Non-medical scientists
2. The mainstream labor force
3. Your kids
4. The National Science Foundation
5. Late Night comedy
6. Children’s Health Defense
7. Most companies except for the social networks
8. Universities (minus medical faculty)
9. High schools and lower
10. Any person who wasn’t pushing vaccines

The four BA pilots who died in a month

Here's the [tweet from British Airways](#). Look through the comments. A lot of skepticism.

Pilots are the most scrutinized profession in the world. It's rare for 1 pilot to die in a year. 4 pilots dying in around a month period is off the charts.



The vaccination status of all these pilots is unknown because nobody has revealed that information. BA may or may not know it. We don't know if they know. They didn't say.

What BA said is that there was no relation between the deaths. But that is ambiguous. It can simply mean each was an independent death. We agree. Each pilot died at a different time and there was a different method in each case.

If these pilots were not vaccinated, this could just be an incredibly unlikely scenario. So let's explore the much more likely scenario to explain the deaths.

Let's delve into the details. If you know more details, please email: vaccinetruth2@protonmail.com.

Captain [Nicholas Synnott](#) aka Nick Synnott died **June 11**, 2021. He had been hospitalized from COVID but **was released 6 months ago**. Age 60. This guy is a fighter. He clearly survived COVID. What did him in wasn't COVID; it was likely the vaccine. We'll never know since there was no autopsy. Why the mystery?

An inquest in Salisbury was told airline pilot SFO Edward Patrick Brice-Bennett, 33, from Ramsbury, was found on one of the trails by the side of his bike by a member of the public collapsed and unconscious at the is a mountain bike trail park, Tidworth Freeride Bike Park, **on June 2**, at 12.17pm. He was certified deceased later by paramedics at 13.02pm. A post mortem examination showed two conditions, abdominal trauma and haemoperitoneum, but no cause of death had yet been ascertained, Toxicology and histology tests have been ordered, and the inquest adjourned to a date to be fixed. [Details](#). As you can see from the tweet below, this is implausible if he wasn't recently vaccinated. If he was, this death makes PERFECT sense.



Robin Monotti Channel
Forwarded from S Thomas



As a retired medic my interpretation is that usually falling off your bike would not lead to death from internal abdominal bleeding as the platelets and clotting system would control that aspect. Following the jab platelets are known to significantly drop which would result in increased risk of bleeding. Anyone having the jab should be advised to avoid contact sports. Better still how about some simple monitoring of full blood count in everyone a week after the jab to get more info. Negligence. Very unfortunate. Disgusting and totally unnecessary.

t.me/robinmg/5031

8.2K 👁 Jun 18 at 14:50

[SFO Grant Mercer](#), keen ice hockey player, dirt bike competitor seemingly very fit and active. Died **May 4, 2021** by suicide. He looks <40. **So why would someone who is going to kill himself get vaccinated right before he kills himself?** That would be pretty silly wouldn't it? More likely (and we've seen this over and over), after people see what the vaccine has done to them, and the inability for doctors to resolve the problems, they see suicide as the only way to avoid the pain. No autopsy.

Captain Richard Green had a heart attack during a run. Don't have a death date. No known autopsy. The vaccine causes heart attacks.

Four BA pilots have never died in a month in history. Not even close. You can write off this as a Black Swan event, but the problem is that we are seeing Black Swans every day.

If you believe the narrative, these are all white swans, so nothing is wrong.

[Here's what happened to one pilot who got vaccinated](#). **He can no longer fly planes anymore.** The doctors can't help him because they've never seen this before. It's a novel condition that is untreatable that happened just 1 hour after getting vaccinated. CDC would claim he just had bad luck. But why isn't anyone having bad luck before getting vaccinated?

[return to results page](#)

VAERS ID: 1026783

AGE: 33 | SEX: M | State: MS

 [Print](#)

Description

i noticed a headache in the very top of my head within an hour of getting the vaccine. i thought it was normal because everyone i know said they got a headache from it. over the next few hours, the pain moved down the back of my neck and became a burning sensation at the bottom of my skull. the pain was not excruciating but was constant. i thought it would eventually go away. i'm a pilot and fly for a living. two days after receiving the vaccine i flew my plane and immediately noticed something was wrong with me. i was having a very hard time focusing. approximately 2 hours into my flying i felt sudden and extreme pressure in my head and nearly blacked out. i immediately landed and stopped flying. two days later i tried flying again and the exact same thing happened again after 20 minutes. the burning in my neck intensified and was now accompanied by dizziness, nausea, disorientation, confusion, uncontrollable shaking, and tinkling in my toes and fingers. i immediately went to my hometown doctor and he diagnosed me with vertigo. he prescribed me meclizine on friday 02/05/2021. i took the medicine as prescribed all weekend with no relief. monday 02/08/2021 i made an appointment for that wednesday at the institute. during wednesday 02/10/2021-02/11/2021 i had roughly 10-15 test performed on me including balance, eye and hearing test, ct scan, mri, and measured my spinal fluid pressure. the physician determined on 02/11/2021 that i had an allergic reaction to the pfizer covid vaccine the severely increased the pressure in my spinal cord and brain stem. that pressure causes my vision problems and ultimately ruptured my left inner ear breaking off several crystals in the process. i cannot fly with this condition. i'm currently taking diamox to reduce the pressure in my spinal cord and brain stem.

Symptoms

Acoustic stimulation tests, Confusional state, Hypersensitivity, Presyncope, Balance test, Disorientation, Inner ear disorder, Tinnitus, Dizziness, Disorientation, Dizziness, Meniere's disease

Our debate offer

Our team of 7 experts (including Dr. Robert Malone and Dr. Byram Bridle) will debate any group of seven (or fewer) recognized relevant authorities (e.g., a representative from any of CDC,

FDA, NIH, member of Congress, medical expert who regularly appears on CNN or any other major news media, any scientist who is a recognized authority on vaccines, infectious disease, public health, or epidemiology), or any mainstream media journalist with a scientific background.

This makes it: 1) worth our time, and 2) enables us to discredit multiple spreaders of the false narrative in one debate.

Sadly, no one wants the truth exposed. They are all hiding in the shadows. TrialSiteNews extended an offer to Cliff Lane at NIH (who immediately refused) and the WHO (who refused to answer). It's pretty sad.

Science is all about open debate on important issues and nobody supporting the false narrative will show up at the debate table to defend their position that these vaccines are safe.

We did get a meeting with Stanford top people, but none of them disputed our evidence and said they were not interested in further discussions as it would be a waste of time. They said their vaccination policy was dictated from above and there is nothing they could do about it but follow orders.

Permission

It's important this information is disseminated. You have my permission to re-use this information freely. Feel free to translate, make excerpts, share, etc.

Take action

If you are as infuriated about this as I am, please sign up for the [Vaccine Victims group at Locals.com](#). This group is free to join and is for anyone who supports stopping the current vaccines and exposing the truth.

If you know anyone who works at YouTube or any other social network, please point them at this page.

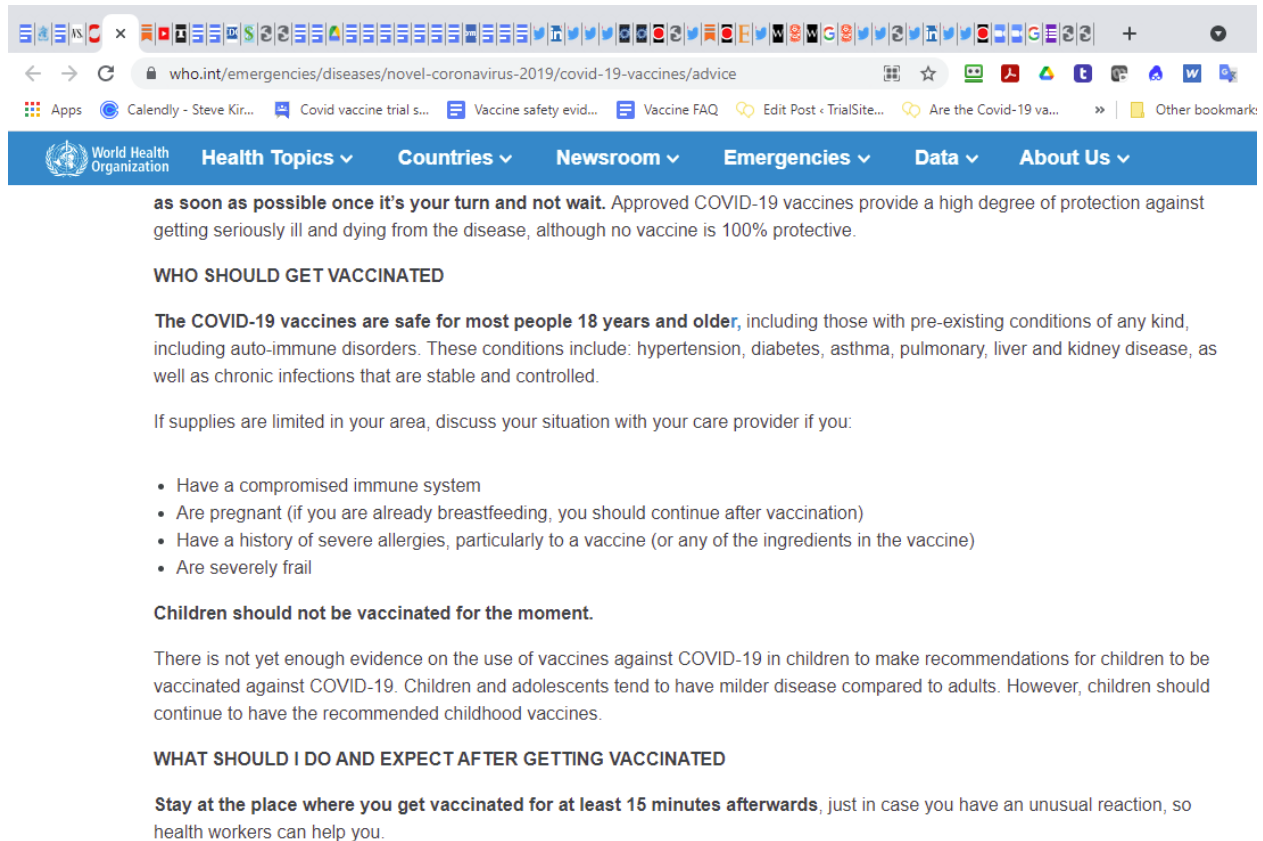
Please follow me on Twitter and Clubhouse: [stkirsch](#)

Please let your friends and family know about this document by posting on social media. Right now, on Jun 18, there are over 30 people reading this document. Let's drive that number through the roof.

Feel free to translate this document or any subset into your native language. Let me know and I'll post the links here.

The WHO recommendation for kids not to get vaccinated

On June 22, 2021, here's what the page said "Children should **not** be vaccinated for the moment." Emphasis mine. You can see it below. Of course, they changed it for political reasons so they could keep their funding. But there was NO explanation for the reversal.



UK: 2X higher death rate for the vaccinated. ADE?!?

COVID-19 Delta variant death rate is 2.2x higher for the vaccinated population of England

Statistically significant (Vax=37/17605, Unvax= 34/35473, **RR=2.19**, $p < 0.01$)

Uh oh.... 2X higher death rate if you get COVID and you've been vaccinated.

There are two possible causes I can think of:

1. ADE
2. A very high vaccination rate among the elderly. Hence, what we are seeing is simply that older people are more likely to die if they get COVID than younger people.

I believe #2 is the correct explanation since when we split out by age, we don't see an increased risk (see the next analysis).

England, 1 February 2021 to 14 June 202

Unvaccinated: 35,521

Deaths: 34

Vaccinated: 17,642

Deaths: 37

Page 12:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994839/Variants_of_Concern_VOC_Technical_Briefing_16.pdf

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) in England, 1 February 2021 to 14 June 2021.

	Total	Cases with specimen date in past 28 days*	Unlinked	Unvaccinated	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2
Delta cases since 1 Feb 2021 †	60,624	53,177	7,461	35,521	4,094	9,461	4,087
Cases with an A&E visit§ (excluding cases with the same specimen and attendance dates)‡	1,555	NA	14	1,038	116	285	102
Cases with an A&E visit§ (including cases with the same specimen and attendance dates)	2,176	NA	24	1,446	155	378	173
Cases where presentation to A&E resulted in overnight inpatient admission§ (excluding cases with the same specimen and admission dates)‡	488	NA	7	324	30	87	40
Cases where presentation to A&E resulted in overnight inpatient admission§ (including cases with the same specimen and admission dates)	806	NA	10	527	50	135	84
Deaths^	73	NA	2	34	1	10	26

Data sources: Emergency care attendance and admissions from Emergency Care Dataset (ECDS), deaths from PHE daily death data series (deaths within 28 days)

	Unvaccinated	Vaccinated	Marginal Row Totals
Alive	35487 (35473.56) [0.01]	17605 (17618.44) [0.01]	53092
Dead	34 (47.44) [3.81]	37 (23.56) [7.67]	71
Marginal Column Totals	35521	17642	53163 (Grand Total)

The chi-square statistic is 11.4877. The p -value is .000701. Significant at $p < .05$.

So if you get Delta, it's bad news if you are vaccinated since you are 2.19 times more likely to die than an unvaccinated person. But are vaccinated people less likely to get Delta? Yes, they are. [Approximately 62% of the UK is vaccinated](#) so that means that we would have expected 57291 people to get Delta, but only 17642 did suggesting a 3.2X lower rate. $3.2/2.2=1.45$ which means you are still 45% better overall if you are vaccinated, but that assumes no deaths and disability from the vaccine.

The UK population is 66M. .38 of that is 25M unvaccinated with 34 deaths. So your chance of dying (without early treatment) without a vaccination is 1.36 deaths per million. Vaccines reduce this by 45%, so you're looking at an absolute risk reduction of .6 deaths per million.

So if we vaccinate the entire UK, we will save a net $.6 * 66$ lives, i.e., 40 people's lives will be saved over a 6 month period.

However, the vaccine itself will kill at least 1 in 10,000 (using a more conservative than our 1 in 5,000 US number). So, 6,600 people in the UK will die (and a lot more will be disabled).

So it's simple... 6,600 people will sacrifice their lives to save 80 people a year. That makes no sense.

UK numbers today

Since I wrote the analysis above, we are now on [briefing 17](#).

For the "all ages" cohort:

44 deaths in 53,822 unvaccinated

70 deaths in 27,192 vaccinated

Which means if you get COVID, your chance of death if you were vaccinated is 3.14X higher if you get COVID compared to an unvaccinated person ($70/27192 * 53822/44$) = 3.14. So surprise, getting vaccinated makes things 3X worse!

Could this be caused by ADE? We cannot rule it out. Why is nobody doing the analysis of the dead bodies to find out??? As I said before, I think this is related to the fact that older people have a higher rate of vaccination.

However, you are less likely to get COVID. Let's do the same calculation again as we did above. [Approximately 62% of the UK is vaccinated](#) so that means that we would have expected $53822*(62/38)=86183$ people to have gotten Delta, but only 27192 did, suggesting a $86183/27192= 3.16X$ lower rate. So we have a 3.16 lower chance of getting delta, but we have a 3.14 higher chance of dying if we do: $3.14/3.16=.993$ so there is only a slight benefit to getting vaccinated.

So even if we assumed that the vaccine is perfectly safe (which it isn't), it's basically a wash if we do the calculation for the "all age groups" cohort.

But of course the vaccine is not safe, so you shouldn't get vaccinated. Just don't tell anyone it doesn't work or you will be punished (or have your Twitter account suspended). So...

For the < 50 cohort,

6 deaths in 52,846 unvaccinated

2 deaths in 19,693 vaccinated

Which means if you get COVID, your chance of death if you were vaccinated is .89X if you get COVID compared to an unvaccinated person ($2/19693 * 52846/6$) = .89. So that's good, it suggests that ADE may not be a problem, but ADE develops over time, so we can't yet say that.

And you are also less likely to get COVID. Let's do the same calculation again as we did above. [Approximately 62% of the UK is vaccinated](#) so that means that we would have expected $52846*(62/38)=86222$ people should get Delta, but only 19693 did, suggesting a $86222/19693= 4.3X$ lower rate. So we have a 4.3x lower chance of getting delta, and a .89X chance of dying if we do. So $.89/4.3=.20$ which means there is a **5X benefit to being vaccinated for the <50 cohort.**

However, while the relative risk reduction is 5X, the absolute numbers are really really tiny.

Consider that out of 25M unvaccinated people, say 20M are <50. **The death rate from delta is basically less than 1 in 1M per year.** So a 5X relative risk reduction is really small. Here, the problem is that the safety of the vaccine is far far more important for this age group. If the vaccine kills more than 1 in 1 million, it's game over for the vaccine being useful. And an approximate 1 in 5,000 death rate from the vaccine means the savings from the vaccine is irrelevant. The stats are all going to be the death rate from the vaccine which is far higher than 1 in 1M. Bottom line:

If you are <50, pay attention to the death rate of the vaccine. **If the death rate from the vaccine is > 1 in 1M, do not vaccinate.**

For the >50 cohort.

38 deaths in 976 unvaccinated

68 deaths in 7499 vaccinated

$(68/7499 * 976/38) = .23X$ So that's good news for the vaccine, basically a 4.34X lower death rate.

I don't know the rates of vaccination of the >50 cohort, so we'll just use the same numbers lacking anything better. This assumption may be bad. I just don't have the numbers.

So we would have expected $976 * (62/38) = 1592$ people should get Delta, but 7499 did, suggesting a $7499/1592 = 4.7X$ higher rate. So we have a **4.7x higher chance of getting delta, and a 4.3X lower death rate.** So $4.7/4.3 = 1.09$ which means there is a **9% higher risk of dying if you are vaccinated.** However, I am the least confident in this result because I didn't have sufficient data

The point is to show that **it makes no sense to vaccinate YOUNGER people even if the vaccine was 100% safe according to this analysis, but I'm less certain for the older population.**

I think that there is likely an age where, even with a deadly vaccine, where it does make sense to vaccinate (but only if you assume that early treatments don't work)

But for younger people, no way... more deaths from the vaccine than lives saved.

We can ignore these calculations and note that the Yellow Card system [has reported over 1,000 deaths from the vaccines](#) so far. Some of them are background deaths (as in the US), but the bulk are vaccine related. We don't know how many are >50 and we don't know the underreporting rate. Suffice it to say that the vaccine related deaths would likely be over 100, so even a 5X decrease in deaths (a net savings of 30 lives) would be insignificant to the 100 or more deaths caused by the vaccines (which will disproportionately affect the elderly).

Here's the [table from the UK government we got the most recent UK numbers from](#)

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) including all confirmed Delta cases in England, 1 February 2021 to 21 June 2021

	Age group (years)	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	Received 2 doses	Unvaccinated
Delta cases	All cases	92,029	79,336	11,015	6,242	13,715	7,235	53,822
	<50	82,458	71,311	9,892	6,154	9,850	3,689	52,846
	>50	9,571	8,025	1,123	88	3,865	3,546	976
Cases with an emergency care visit§ (excluding cases with the same specimen and attendance dates)‡	All cases	2,406	N/A	33	186	426	190	1,571
	<50	2,013	N/A	25	183	259	68	1,478
	>50	393	N/A	8	3	167	122	93
Cases with an emergency care visit§ (including cases with the same specimen and attendance dates)	All cases	3,460	N/A	51	249	564	348	2,248
	<50	2,728	N/A	40	238	321	94	2,035
	>50	732	N/A	11	11	243	254	213
Cases where presentation to emergency care resulted in overnight inpatient admission§ (excluding cases with the same specimen and attendance dates)‡	All cases	745	N/A	11	55	115	80	484
	<50	564	N/A	8	52	55	17	432
	>50	181	N/A	3	3	60	63	52
Cases where presentation to emergency care resulted in overnight inpatient admission§ (including cases	All cases	1,320	N/A	22	88	189	190	831
	<50	902	N/A	16	79	85	27	695
	>50	418	N/A	6	9	104	163	136

13

SARS-CoV-2 variants of concern and variants under investigation

	Age group (years)	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	Received 2 doses	Unvaccinated
with the same specimen and attendance dates)								
Deaths within 28 days of positive specimen date	Total	117	N/A	3	1	19	50	44
	<50	8	N/A	-	-	2	-	6
	>50	109	N/A	3	1	17	50	38

Data sources: Emergency care attendance and admissions from Emergency Care Dataset (ECDS), deaths from PHE daily death data series (deaths within 28 days)

My friend [Mathew Crawford did the analysis independently](#). He wrote this to me in a private email:

Assuming the data is not doctored (which is hard to do with national level data, and I have no reason to think this data is fake), it does look like there is efficacy in stopping cases and deaths for the Delta variant.

However, this is not what is important! As you have pointed out yourself, absolute risk reduction is what is more important, and an overall risk-benefit analysis is more valuable. Going back to my new table up top, I compute 555 cases reduced per 1 million jobs and

1.18 life saved per 1 million jabs. For the second jab, there are only **0.3 lives saved**, and that's the one with the higher rate of SAEs. That's just up to this point, and just per the Delta variant. Perhaps there will be 10 or 20 lives saved. **But there are already 30 deaths per million jabs in the Yellow Card database** [and that data is underreported].

And, as per the usual stipulations of a policy debate, a policy isn't just measured against the status quo, but against all policy options. **All that really needs to be proved is that a better option exists than mass vaccination to show malfeasance.** Might that be ring vaccination, the broad use of early treatment medicine? Those dodge the unknown horrors of ADE, leaky vaccine mutation, and mass infertility, which are all only guessable in impact (but certainly real concerns).

This [peer-reviewed paper](#) concluded the same thing: “This lack of clear benefit should cause governments to rethink their vaccination policy.”

Three members of the Editorial Board of the journal [Vaccines](#) resigned after [this paper was published](#) as [noted in this article in Science](#). Is this the example we should all emulate? If you don't like a scientific paper you bail? Why not publish a letter to the editor showing the flaws? The thing about science is that the truth eventually comes out. Bad papers get retracted, even from top journals like The Lancet if they are not true. Resigning without showing proof the paper was ridiculously flawed and was unethically published is immature. Where was the scientific misconduct?



The wife scientific @ProfKatieEwer · 7h

I have resigned from the Editorial Board of @Vaccines_MDPI following the publication of this article. It is grossly negligent and I can't believe it passed peer-review. I hope it will be retracted. @MDPIOpenAccess @ratripp #AcademicTwitter



Pepijn van Erp @pjvanerp · Jun 26

The latest article that is promoted by anti-vaxxers and corona sceptics is published by @MDPIOpenAccess, where someone must have fucked up really bad >>

[Show this thread](#)



Wouter Aukema
@waukema

The article - "The Safety of COVID-19 Vaccinations—We Should Rethink the Policy" - is now online.

I co-authored this article with Prof. Harald Wallach and Dr. Rainer Klement.

[Tweet vertalen](#)



The Safety of COVID-19 Vaccinations—We Should Rethink t...
Background: COVID-19 vaccines have had expedited reviews without sufficient safety data. We wanted to compare risks ...

36

151

534



Florian Krammer @florian_krammer · 6h

Good decision. I resigned too.

7

11

224



Steve Kirsch @stkirsch · 2h

Why not debate me?

These people should be embracing the truth, not running away from it.



The wife scientific @ProfKatieEwer · 9h

Replying to @florian_krammer @Vaccines_MDPI and 2 others

Professor Diane Harper, Founding Editor-in-Chief of @Vaccines_MDPI has also just resigned from the Editorial Board.



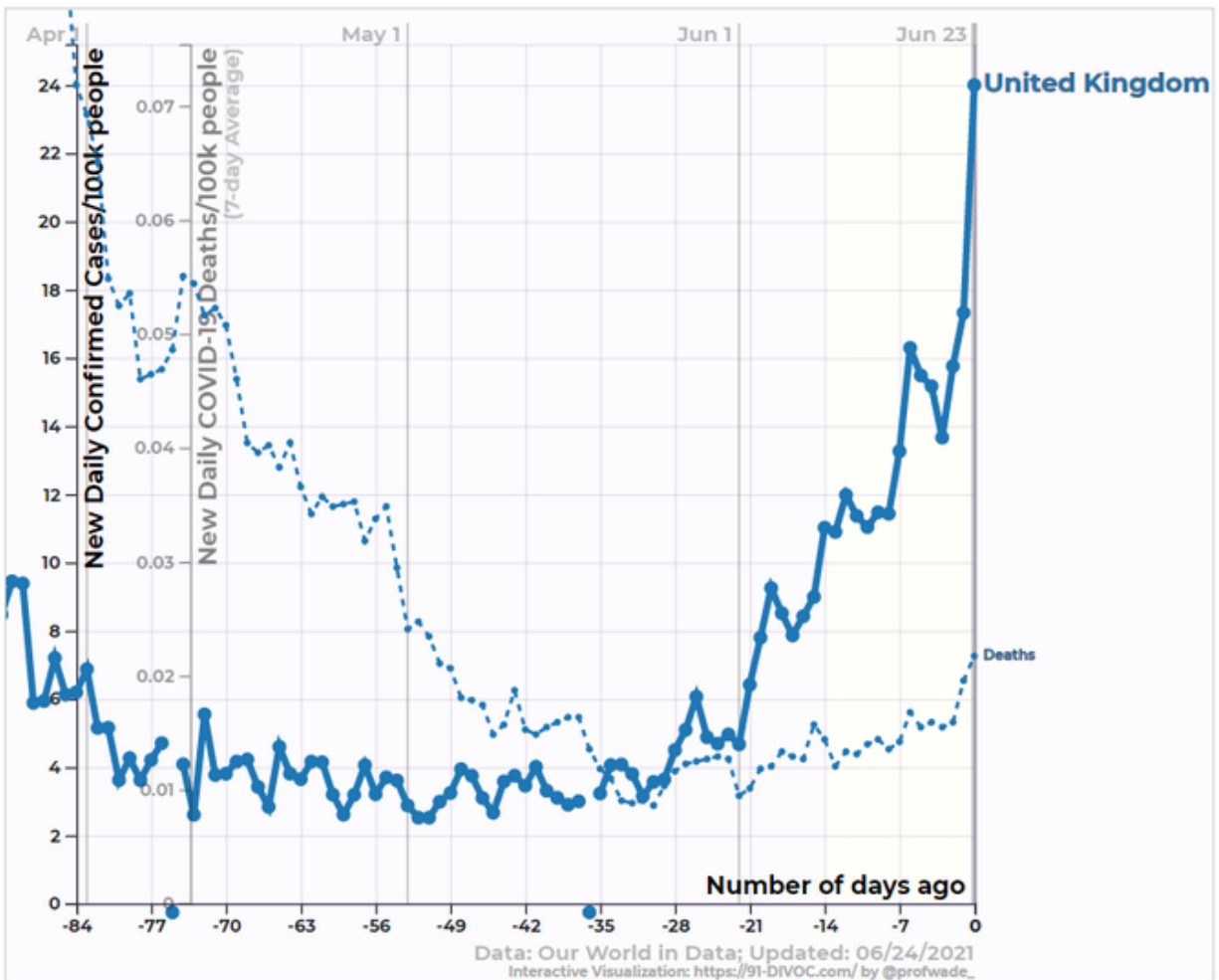
Steve Kirsch @stkirsch · 5h

None of these people who resigned will confront the truth



And finally, with one of the top vaccination rates in the world, we can't really call the UK a success, can we? This is what the academics want to see happen everywhere.

New Confirmed COVID-19 Cases per Day, normalized by population



One possible conclusion from this graph (and it's too early to say for sure) is that the world should have listened to the arguments of [Geert Vanden Bossche](#), one of the most famous scientists in the vaccine field, which are [further clarified in this excellent video by Chris Martenson](#) who pointed out that **there are really only two ways out of the pandemic: a sterilizing vaccine (using the complete virus as the antigen) or allowing infection and treating with early treatment leading to natural immunity.** Anything else won't work.

Conclusions from the UK data:

- 1) For >50, it's a wash in terms of net vaccine benefit (assuming perfect vaccine)
- 2) For <50, there is a 5X relative risk reduction benefit (assuming perfect vaccine)
- 3) Most of the deaths are older people, so overall effect is a wash (assuming perfect vaccine)

- 4) For all ages, the death rates from the vaccine case fatality rate from the current vaccine are larger than any benefit that the vaccines can confer on an absolute basis
- 5) Even if a safer vaccine were available with no excess deaths, the benefits would be marginal on an absolute basis.

The sounds of silence -- Vaccine version (2021)

I remember as a kid listening to “Sounds of Silence” by Simon and Garfunkel.

But I never imagined that was what I would hear when I contacted my own representative in Congress (Anna Eshoo) who I have faithfully supported for more than a decade and asked a few easy yes/no questions.

I asked her key staff members 4 easy questions and just heard crickets.

1. Will Anna request Fauci's unredacted emails? This will prove whether there was a cover up or not. The redactions to the released emails were illegal. Time to learn the truth. We can end all the speculation. All it takes is a letter from any committee chairman and the NIH already said they would comply. Senator Peters won't do it. Will you? If not, why not?

2. How many Americans will the US government kill with these vaccines before Anna calls for a halt to vaccinations? It's at 30,000 right now, so I presume the number is higher than that.

3. Has anyone in the office ever read my paper: [Vaccine safety evidence](#)? It's a bit hard to refute as it references scientific documents published in peer reviewed journals that the vaccine benefits not longer outweigh the risks, the antigen is toxic (unlike what the CDC says), that the Pfizer trial safety data omitted a 12 year old who is now permanently paralyzed less than 24 hours after vaccination, and more. There were only 2200 kids in that trial so that is a pretty high rate of paralysis. There is now a two page summary at the start. If there are any errors, please let me know.

4. Has Anna's office ever asked the CDC for the analysis of the 6,000 deaths in VAERS that proves that the vaccine didn't kill any of them (which is what the CDC claims)? May I see the analysis? If not, why not?

Recommendations

1. Ask Israel for all the adverse event data. Why is this being kept secret if the vaccines are so safe? Israel has the best records in the world
2. There is a military database that is also 100% recorded. Why can't we grant researchers access to search that database for vaccination dates and adverse events?\
3. Why not allow researchers to do queries on the [Vaccine Safety Datalink \(VSD\)](#)?
4. Federal law should be passed to make VAERS data reporting mandatory by doctors for all adverse events within 30 days of vaccination date
5. Federal law to have coroners enter death and last vaccination date into VAERS so we don't lose any death records

Summary and conclusion

1. The current gene-based vaccines are unsafe for use in humans. They have already killed over 30,000 previously healthy Americans and disabled many more. We are way past the normal stopping condition of 50 deaths. Even if we ignored the stopping conditions, the net death benefit is negative for the current vaccines.
2. The best short term solution is to allow natural infection and treat early with an effective early treatment protocol. That will get us to herd immunity very quickly. There is no need for masks and social distancing since this is a very treatable disease. Current early treatments offer >100X risk reduction with virtually no risk of disability or unknown long-term side effects. The public would need to be re-educated since we have told them there is no early treatment.
3. If you are going to vaccinate for this virus, it only really makes sense to deploy a **safe, sterilizing vaccine**. Otherwise the virus will mutate and we will never get rid of it. We are already seeing signs of this in high vaccination areas like the UK and Bahrain. We should not cut corners. With early treatments, there is no need to rush this.
4. We need to get rid of the corruption at NIH and FDA including Tony Fauci, Cliff Lane, Francis Collins, and Janet Woodcock. They have enabled the greatest health disaster in US history.
5. Censorship of legitimate medical information on social networks must end. These networks are the new "public square" and should be regulated so that people are free to express their opinions to anyone who chooses to listen.
6. Never again should we deploy a vaccine on the American public without proper testing and without informed consent.
7. The databases such as V-SAFE should be made transparent.
8. VAERS reporting should be required and the VAERS system should be modernized.

Appendix

Notes I've received, all self explanatory.



Chris Sky @chrissaccoccia1

4 British airways pilots pass away in virtually 1 week. They pretend they aren't "linked" meanwhile they were ALL jabbed and we know flying makes the blood clots worse. COVER UP @British_Airways

British Airways @British_Airways

@kmacbean123 Sadly four members of our pilot community passed away recently. Our thoughts are with their family and friends. However, there is no truth whatsoever in the claims on social media speculating that the four deaths are linked. Julie

June 18th 2021

652 Retweets 1,372 Likes

My name is Doctor xxxxx. I'm an Internist in Chicago Illinois. Below is a description of one of my patients who did have both Pfizer shots and then began to develop horrible left sided lower abdominal pain for which he had to be hospitalized.

She is a 62 -year-old female who had a 'shot' 2.5 months ago **and she now has a 6 cm ovarian cyst** that might be taken out soon. She had to go to a hospital for the evaluation. I'm not sure how we would do a spike protein assay if she wanted to consider this..

Patient received these shots on 4/6 and 4/23 of 2021. She arrived in the ER for this left sided pain on June 10, 2021.

She also had a **pancreatic cyst that grew from 2 cm to 7 cm after her getting the shot**. She was being followed and the cyst in the pancreas never really changed much until right after she received a shot. A biopsy has been performed already for this cyst of the pancreas on June 7, 2021, which was shown to be negative for neoplasm.

Message.

Hi Steve. My good friend of over 30 years who is a pilot for British Airways has not been told much and it seems about the same as the media posts from BA. So no info I'm afraid. Thank you for all that you have done and are doing. As a total data nerd and science type I've been following this with a critical eye since Jan 2020. I'm just about at the same view point on most items as yourself, and just hoping beyond hope that the veil falls away and the masses get to see what has happened. Best wishes to you, Iain.

[Reply](#)

network.

Originally reported by [View From the Wing](#).

At British Airways, at least four pilots have died this week, but the airline wants you to know that their deaths are totally unrelated; [Reuter's and Fact Checkers](#) are working hard to dispel any rumors that the pilots could have died from the COVID-19 vaccine. British Airways boasts that [85% of its employees are vaccinated](#). Airlines are so quick to obey the COVID-19 vaccine narrative that they forget the welfare of their own employees is at stake.

According to flightaware.com, 120,000 cancellations per year is the average for global flights. [An average day would see 329 cancellations](#). [A 2 day average would see 658 cancellations](#). [But between Friday and Saturday, 3,533 cancellations occurred](#). [That's a 580% increase in cancellations globally in the past 2 days.](#)

Hello Mr. Kirsch. I'm Jamaican and sadly, our country is not using ivermectin widespread. Both my parents have ivermectin but I had to pay \$250 US per box for them to have it at home.....just in case. The average jamaican cannot afford that. A few pharmacies have it but they have inflated the price to \$500 US per box. Our government will not help but is open to the private sector helping. I am not sure if you know of any businessmen in Jamaica . I'm thinking that if ivermectin can be procured at a very cheap price, it may be able to be used by proivermectin physicians. I live in Georgia and I have to admit that my country is corrupt and so I am not sure how to proceed.

@mikeyabrahams an OBGYN/? comedian is very pro-ivermectin over then. Do you have any connections to help?

Hi Steve,

I cancelled my Pfizer vaccination today with 30 minutes to spare.

Your appearance on the DarkHorse Podcast, and your forensic analysis raised so many unanswered safety questions.

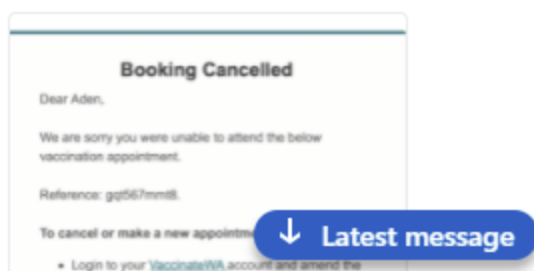
Ordinarily, I have no qualms following the scientific consensus.

But the censorship and obvious cognitive dissonance at play were red flags that I could not dismiss.

Ultimately, I felt making an informed decision was impossible.

I'll keep monitoring the situation for now.

Thank you!
Aden



We (the Canadian Covid Care Alliance) received the following message from an optometrist on Friday. It is perfectly safe and effective as long as you ignore the injuries and deaths. What is equally troubling is when I tell other MD colleagues that I know a 24 year old athlete who died in his sleep less than 24 hours after Pfizer jab, and the docs just sort of shrug and think "oh well, no big deal".

Message:: Practising optometrist in Ontario.

Seeing Post c19 vaccinated cases trickling in suffering fr branch retinal vein occlusions (eye stroke), post lasik corneal inflammations, conjunctival hemorrhages, blepharitis & inflammatory dry eyes etc.

Find it extremely laborious & difficult to report vaccine injuries in my profession! Even more frustrating to witness staff and patients not making true informed consent re taking novel vaccine/gene therapy into their bodies when the motivations for doing such are family/friends' pressure, mainstream/social media's glowing reporting of covid vaccines AND no other safer alternatives, future implementation of vaccine passports for travel/ group events etc.

I am aware of the FOIA request from Canada that resulted in the disclosure of the Japanese document, which is in my opinion very shocking.

I am already alarmed by the high concentrations found in the spleen. I think this is highly significant for the potential to cause neurodegeneration due to prion protein misfolding in coming years. There is already a very clear understanding of the large role that germinal centers in the spleen play in eventually inducing Parkinson's disease.

However, the fact that high concentrations were found in the ovaries and the adrenal glands in this Pfizer study is perhaps even more alarming. The ovary accumulation could account for the high number of miscarriages in pregnant women who were vaccinated, and also in the irregular menstrual cycle, in some cases associated with heavy bleeding and discharge of debris. It may also cause future infertility problems in young vaccinated girls and women.

I suspect it may show up in all the glands, since they have greater access to the lymph system, and it is very clear that dendritic cells carry the mRNA into the lymph system from the injection site in the arm.

I can't predict what effects the mRNA and the production of spike protein would have on the adrenal glands, but I can't imagine that it would be good!

I also wonder about the thyroid, the pituitary gland, the pineal gland, the prostate gland and all the rest. Were they even tested?

Stephanie Seneff
Senior Research Scientist
MIT

Mike sent you a Direct Message.

Hi Steve, I appreciate your passion and your efforts in finding alternative treatments for COVID-19. I'm wondering if any of these treatments might be helpful for people with serious side effects from the COVID-19 vaccine itself. I just learned that my friend's father (likely in his 70s) is suffering from giant cell arteritis. His first symptom was losing a lot of sight in right eye 4 days after taking the vaccine. His Dr said it might not be caused by vaccine, but they aren't sure. They are trying steroids but he is still suffering. I wonder if the anti-inflammatory properties of Ivermectin or other repurposed meds might be worth trying. Do you have any input on this? I haven't seen anything

I have to tell you that my father got the jab and he has been hospitalized with idiopathic hypertension about 15 times since he took the jab. The ER doctor told me she has had many people come in saying " I did not feel or have this before COVID jab..."

I also work at a school and kids have been complaining of headaches constantly for having a mask all day and during recess some of them have collapsed. The worse part is that when I ask them to take a mask break they are petrified of doing so!

What is happening ??

Thank you,

The contact information I have is for K... S... , who is a nurse practitioner, and was the young woman in the middle of the other two on xxxxxxxx. Still has multiple tremors and

severe pain that has continued for 6 months after being vaccinated and haven't stopped.

She is intelligent and articulate and is being suppressed. Her medical background gives her good insight into what is really going on. She will tell you about her journey to find treatment, the harassment from others who do not believe her - even being threatened by the State Board to have her nursing license revoked for speaking out, and her compassion for others who have been COVID vaccine injured.

She has given me permission to pass along her cell number, so you can contact her - her story must be heard!

"Hello Steve! I just watched Darkhorse podcast and listened to what you had to say along with the other gentleman. My 31 year old daughter received the vaccine in April and had the second shot in May. On June 1 she told me she had been sick for the last three weeks. The very next day she had difficulty breathing and was admitted to the hospital with diabetic keto acidosis. Her potassium level was below one. She was in ICU for 5 days. Other than having eczema, she is a very healthy person. Now she is battling diabetes one. I feel almost certain that this is a result of taking the vaccine. I hope you can answer me, Have there been other similar cases? I also wanted to tell someone like yourself about this experience. I feel absolutely crazy thinking about

what is going on. Thank you so much for your efforts and the help that you are doing for others..



Public Awareness Campaign to Combat Coronavirus (COVID-19)



20 June 2021

Individuals vaccinated		
(First dose)	(Second dose)	(Booster dose)
1043787	899514	65575

Daily COVID-19 Report

Today's Number of Tests (PCR tests)	New Cases	Additional Recoveries	Today's Deaths
13607	465	1062	9

Percentage of new positive cases from today's tests **3.42%**

Total Tested (PCR tests)
4911205

Active Cases **7676**

Status of cases

Stable 7511	Critical 165
--------------------	---------------------

Recoveries **253910**

Active cases receiving treatment **128**

Deaths **1306**

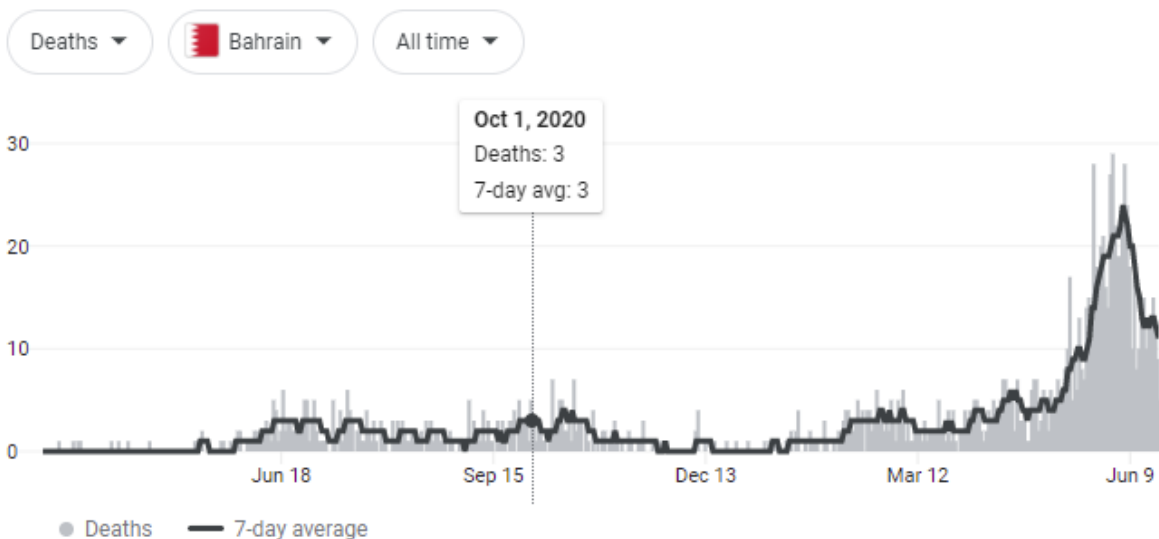
This note from Bahrain was published at TrialSiteNews. Worth reading about forced vaccinations there.

Here is an excerpt: “In Bahrain, **COVID cases before the vaccines were in the range of 300 cases and 3-5 deaths a day. After mass vaccination, it reached more than 3,000 cases and 30 deaths a day.** Many witnesses -including people I personally know- speak of loved ones who have died after getting the vaccines however young and healthy they were prior. If you go to social media accounts **you can see hundreds of stories from all around the GCC about death cases, however, the government never ever says this is due to vaccines.** One time, the government in Bahrain said that a number equaling 16% of that day's death cases were vaccinated with both shots, later they removed it. Another time they admitted that 10% of deaths from January until the end of May were vaccinated with both shots. It is worth noting that they consider people who have received one shot NOT vaccinated.”

These are the stats for Bahrain. In short, the whole country is vaccinated (because there are severe penalties for non-compliance) but the COVID cases and deaths are actually higher now than before they ever started vaccinating people. Ouch!

New cases and deaths

From [JHU CSSE COVID-19 Data](#) · Last updated: 2 days ago



Each day shows deaths reported since the previous day · [About this data](#)

Bahrain was much better off before they required everyone in the country to be vaccinated. Whoops!

 The medical community says it is perfectly safe for pregnant women to be vaccinated. Sure. They all just happened to lose their babies within weeks of the vaccine. We have a family friend--- same story. Unknown causes.



Mainfreight fell \$1.80 to \$75.30 on a day ch

ery ran out of puff after falling 18c or 2.93 per cent to \$5.97, impacted by a competitor's comments in China. **Feihe**, China's largest infant formula maker, said sales would drop sharply in the next one to two years since many women cannot bear children within six months of coronavirus vaccination – and thus delaying births.




Synlait Milk, which supplies a2 Milk, fell 9c or 2.5 per cent to \$3.51

The broad rally seen over the previous three trading days also petered out. Market leader **Fisher & Paykel Healthcare** was down 5c to

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PFIZER

 **Debiprasad Dash** asked a question  . ..
April 23 at 5:07 PM · 

My Wife took pfizer vaccine first shot 3 weeks back and after 15 days we lost our baby, can any one share if it is safe for expected mother to get vaccinated for Covid-19?

MISCARRIAGE

7 MONTHS PREGNANT

 facebook.com

 **Debiprasad Dash** asked a question  . ..
May 9 at 2:50 PM · 

After losing our boy on 7th month of pregnancy my wife is heartbroken, I am trying my best to bring her back to normalcy. I know it is difficult, but we have no choice at this moment, meanwhile just want to ask on question in this group?
We are Non-US citizens and I am thinking to adopt a child in USA, any of you have any information regarding same ? eligibility, process, cost ?






<https://t.me/covidvaccineinjuries>

MODERNA

LOST BABY AT 31 WEEKS

Jasmin Jean
I got the Moderna vaccine in January when I was around 16 weeks. I lost my son at 31 weeks of unknown cause. Not sure if the vaccine is related.

2 mos Like Reply More



Jasmin Jean

The image shows a social media post on a mobile device. At the top, the word "MODERNA" is written in large, bold, black letters. Below it, the text "LOST BABY AT 31 WEEKS" is displayed. A comment from a user named "Jasmin Jean" is visible, with a profile picture of a woman. The comment text reads: "I got the Moderna vaccine in January when I was around 16 weeks. I lost my son at 31 weeks of unknown cause. Not sure if the vaccine is related." Below the comment are icons for a thumbs-up, a speech bubble, and a sad face, along with the number "2". At the bottom of the post, there are options for "2 mos", "Like", "Reply", and "More". Below the text is a photograph of a woman lying in a hospital bed, holding a newborn baby wrapped in a patterned blanket. At the bottom of the photo, the name "Jasmin Jean" is written next to a small profile picture.



The HighWire @HighWireTalk · Jun 5
Dr. Peter McCullough has raised the alarm about the #Covid vaccine spike proteins. Now, another respected professor, viral immunologist from Canada, Byron Bridle PhD, brings forth more corroborating evidence into the investigation thehighwire.com/videos/troubli...

PI listen to the video interview in link for 4 minutes



MKRathi · Jun 6, 2021, 2:44 AM



Teodrose Fikremariam @Teodrose_Fi... · 8h
If there's ever a time for everyone to put aside our differences & unite, that moment is now! We must protect our children from biotech corporations.

Read this article about @WHO's decision & share this article EVERYWHERE using #WHOSaysStopJabs. ghionjournal.com/who-issues-cri...



MKRathi · 7:30 PM

I watched the entire DarkHorse podcast video of you with Brian Weinstein and Dr Robert Malone. It was re-uploaded 2x by a new account on YouTube. Not sure how long it will remain on the platform. I learned about it on a podcast of Charlie Kirk's. I dropped everything to watch it in its entirety. I shared both the Apple podcast and the link to the YouTube video already with friends. Thank you for continuing your efforts to get valuable, transparent information to the public, for trying to inform and influence government officials, and the hundreds of other touch points you are making in this on-going trauma and crimes against humanity due to COVID19. Since the start, I have been a proponent of the use of prophylactics, vital need for early treatment with existing therapeutics, and a strong opponent of ema "vaccines" on anyone (especially women and children). We cannot give up nor give in on any battlefield. This is a war against humanity. It takes everything within us to continue forward, even when they

call us crazy (which is the least of their insults). Day by day more and more people in all walks of life and spheres of influence are joining with us. Thanks Steve, you are making a difference. Ellen in Arizona

I cannot thank you enough for raising my awareness. Only time will tell how this all plays out.

I'm now noticing how just raising valid questions within my circle of friends and family is triggering cognitive dissonance.

Three concerning incidents I would like to highlight to you.

(1). My friend who is a 40-year-old male, with no underlying medical conditions, developed severe heart palpitations within six weeks of receiving his first dose of the AstraZeneca vaccine. The pain was severe enough that he went to hospital in the middle of the night. According to the Cardiologist, the cause could not be established, though it might be stress related. The vaccination did not come up in the conversation with the Doctor.

(2). My brother-in-law who is also in his early 40s, with no underlying medical conditions, received a vaccination (unsure which type). Within the space of a few weeks, he blacked-out at work and was rushed to hospital. He then developed hives all over his body. The vaccination did not come up in the conversation with the Doctor.

(3). Yesterday I learnt my mother was diagnosed with diabetes. She is in her 70s and she is the first person to be diagnosed with diabetes in my family. She was fully vaccinated eight weeks ago. Apparently: "she was always borderline pre-diabetic". The vaccination did not come up in the conversation with the Doctor.

It seems the standard practice after receiving a vaccination is that you are asked to wait for 15 mins before leaving the clinic.

This may explain why people are failing to make the most obvious connection between receiving the vaccine and their new medical conditions.

It is likely we are being primed to believe that adverse reactions can only occur within this arbitrary period. And anything that occurs after 15 minutes, cannot be attributed to the vaccines. It's almost like a socially and medically engineered blindspot.



Hi Steve,

I have a family friend that became paralyzed after receiving the 2nd dose of the vaccine. He was hospitalized for several weeks and now moving into a long term care facility.

There have been other stories like his where people suffer paralysis after receiving the vaccine.

Kindly,

Trial Site News article (via LinkedIn)

I read your article on Trial Site News. I am a dentist, assistant professor, and sit on a national council of the ADA focused on advocacy and prevention. When Covid first hit and data was scarce, I followed the recommended mask and social distancing recommendations as most did. Over time, I became more alarmed by the group think and politicization of Covid. When talks of the vaccine began and the death rate was relatively low, I wondered why it was being so forcefully pushed in the media and on social platforms. Censorship put my suspicion over the edge. Anytime measures are taken to silence thoughtful discussion and scientific discourse, my alarm bells go off. Then, my own anecdotal experience validated all of what my instinct and intuition was telling me.

I had what I am sure to be a close, prolonged exposure to Covid. I was never symptomatic. I had two negative tests and a negative antibody test. I also work in what was designated as one of the highest risk professions for exposure. Yet, I was fine. Then the vaccine rolled out, and most of my clinical and academic colleagues and students lined up immediately to receive it, under strong encouragement from our administration and healthcare leaders. I considered it, realizing my colleagues might think I was a quack for not getting it. After all, I am the faculty member who teaches the public health curriculum for crying out loud! I am not a conspiracy theorist. But when I asked myself why I would be getting the vaccine if I chose to do so, I knew the answer was peer pressure, and I couldn't come to terms with that. I had been exposed. And I knew that either my own immune system had been capable or my chances of recovering if I did get it were excellent. So I opted not to get vaccinated. Now, by mandate, I have to submit to a weekly test to continue my teaching responsibilities at the dental school. Which is fine. 5 negative tests so far.

At my upcoming ADA Council meeting in July, I suspect in the public health company I'll be in, I will be likely the only unvaccinated in attendance. I have watched as the ADA has lobbied in favor of telling patients to get the vaccine and even lobby for dentists to be able to administer it. I will be required to wear a mask during the meeting (no science there), yet my vaccination status is supposedly "confidential."

I kept telling those close to me, "Since when do all the scientists not care about science?" "Why do we not care about testing and results?" "Why are low risk individuals being told to vaccinate when no data is available on the long term effects?" "Why are these alternative views being removed from or flagged in the media?" It all seemed weird and "off" to me. These seemed like reasonable, objective questions, yet I heard none of them from the mainstream narrative. As a friend of mine says, "The answer is money. What's the question?"

When I approached the PhD microbiology faculty member who gave a presentation on the vaccine to our faculty assembly to ask why those who had already been exposed or contracted Covid were being encouraged to vaccinate, the answer I got was, "Well, they **THINK** the immunity you get from the vaccine will last longer than the natural immunity exposure will provide." For me, that wasn't good enough. I need something better than that to inject something into my body for which, I know, I had little risk for adverse outcome in the first place. **And now, your article shines the spotlight on why "They THINK..." isn't good enough.**

Thank you for speaking out and trying to do right by the public. For standing up for intellectual honesty and the scientific method. I fear we will be reaping the consequences of this for years to come. I hope I'm wrong.

- Name withheld for fear of retribution (which is really sad to have to say that)



Jennifer Depew, RD
@deNutrients

...

This is really bad news - **spike protein** break down chemicals in water are **neurotoxic to tadpoles**.

[biorxiv.org/content/10.1101/2021.06.19.448111](https://www.biorxiv.org/content/10.1101/2021.06.19.448111)

Spike protein is a toxin - making urine of recently vaccinated people a toxic waste entering the water supply.

bioRxiv
THE PREPRINT SERVER FOR BIOLOGY

An insight into neurotoxic and toxicity of spike fragments SARS-...
[biorxiv.org](https://www.biorxiv.org)

12:09 PM · 6/19/21 · [Twitter for Android](#)

#election2020 #COVID19 #copolitics #coronavirus

THE COLORADO HERALD

EVENTS AR



Thousands of flights cancelled as vaccinated pilots fall ill or die



@ Herald Staff June 21, 2021 7:51 am 11 Comments

airlines, covid-19, vaccine



According to a 2014 study published in the Journal of Thrombosis and



Haemostasis, pilots suffer an increased risk of clotting issues due to



Bill Usry @wrusry · 2m



Replying to [@stkirsch](#)

Went to my annual exam this week (in US) and I asked my physician if he had seen any adverse reactions from the vaccines. He said, "surprisingly, I have seen a lot of neurological side effects". Hopefully, you will get some usable data.



Joshua Stern · 2nd

1d ...

Ask me about Immanuel Kant and Alan Turing (psst - it's about AI!)

(2 of 2) Regarding Malone, who gets a mention here, I think it is obvious that he knows his science inside and out, and he raises many issues which only a scientist of his background **can** raise, and **should** be raised, and it is shocking if they have **not** been raised in the larger discussions. However, Malone's communications on LinkedIn are also **discussion**, not formal scientific papers, and perhaps he takes some liberties with sourcing, asking for reactions and feedback. Which, really, is all even a fully formal and refereed paper is all about, when it comes right down to it. But Malone can hardly say "good morning" without shining some light on things that the formal vaccine processes, the FDA, or I argue the Big Pharm companies on their own initiative, **SHOULD** have been doing, publicly, and to the best of our public knowledge, have not. Just why LinkedIn is his chosen platform must remain a mystery, but I always pay attention to anything he posts.

Like · 15 | Reply · 6 Replies

[Load previous replies](#)



Pelham_3 @Pelham_3 · Jun 24

This is literally a new low for humanity. Terminally ill children will not be granted a wish.. from the make a wish foundation... unless.. you guessed it.. they're fully vaccinated.



[twitter.com/pelham_3/statu...](https://twitter.com/pelham_3/status...)

If you wonder why there are only 6,000 deaths in the VAERS system, ...(note this is from a physician in Canada but the same thing happens in the US):

Nella Mauceri

I haven't seen so many cases clustered closely together.

I've got 1300 pt

Every time I fill out an AEFI

It is disregarded by public health

2:29 PM



✓ Jim Corr Channel

Forwarded from Red.Pill.Pharm... (Red.Pill.Pharm...)



Iceland becomes first country in Europe to lift ALL coronavirus restrictions: Masks and social distancing scrapped from Saturday

Iceland will be the first country in Europe to lift all its Covid-19 restrictions as it is set to scrap face masks and social distancing, the country's health minister said today.

The North Atlantic country will lift all its domestic restrictions on Saturday in accordance with recommendations made by Chief Epidemiologist Þórólfur Guðnason.

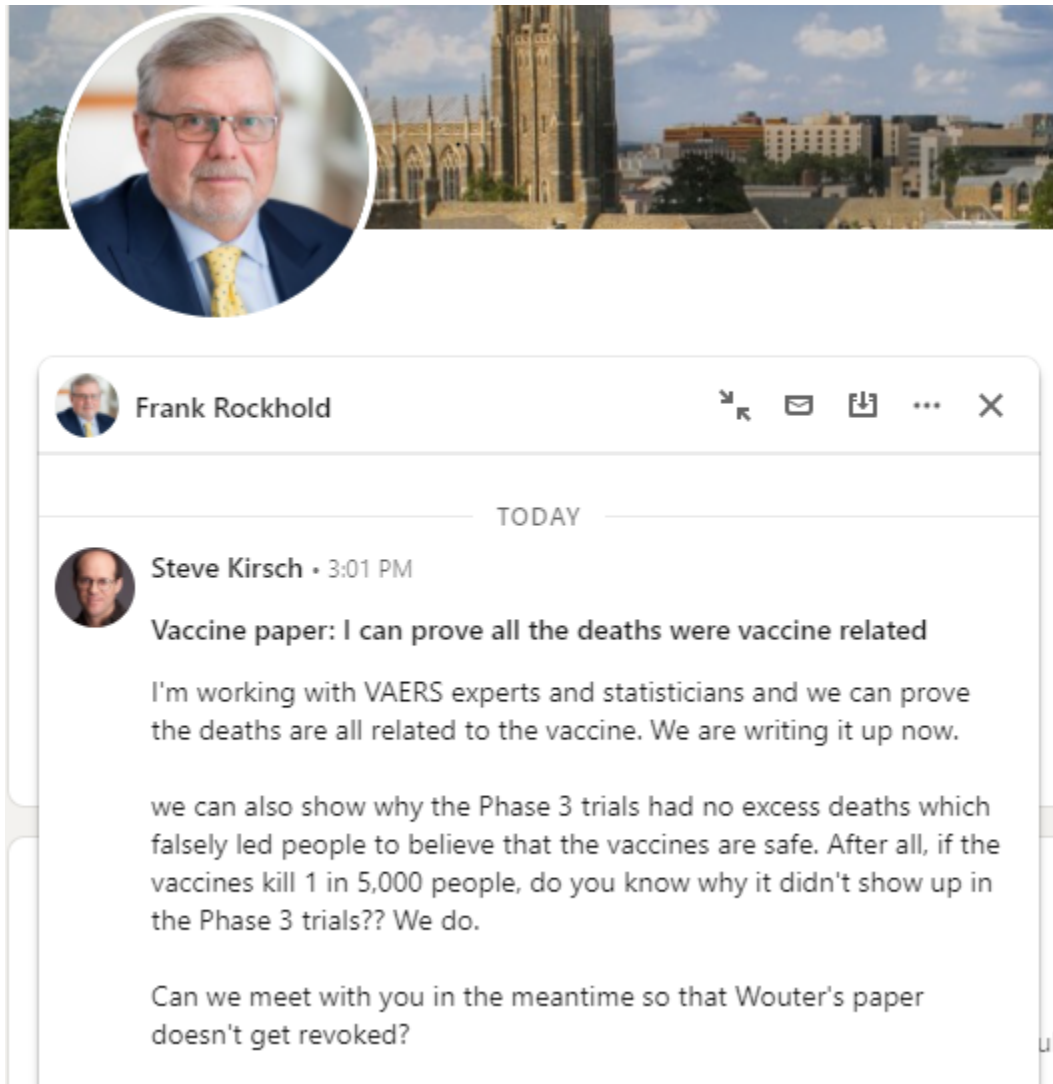
Article:

<https://bit.ly/35WDnoF>

Subscribe:

<https://t.me/redpillpharmacist>

Frank Rockhold asked Vaccines to pull the paper that vaccines aren't a viable risk-benefit tradeoff. I wanted to see if he wanted to discuss evidence proving the authors of the paper got it right. He responded that he was not interested in our data.



Twitter message on 7/5/21:

I'm reading all of this today. It will take me a while to go through it all, I see. In the meantime, I wanted to just share my personal experiences. My mother developed chest pain three days after the vaccine. She is 78 years old and a picture of health. She went to get a work up and was diagnosed with left ventricle heart failure. I recently talked to her doctor after he diagnosed her with congestive heart failure and mentioned that she got this condition three days after the second vaccine. He assured me that the vaccine

could not have caused her heart failure. He was so matter of fact. How does he know that? How can this be a coincidence? My brother-in-law received the Pfizer vaccine in April. After having a nightly dinner with my sister, he began to feel tingles and then pain in his extremities. My sister had already retired for the evening when he was suddenly paralyzed from the chest down. He called for her as loud as he could but she was upstairs asleep with the door closed and did not hear him. He crawled to the phone and called 911. My SISTER was awakened by Cobb County fire to alert her that her husband was downstairs. He was rushed to the hospital where he was diagnosed with an acute inflammatory condition involving his central nervous system. He was given many medications and released to rehab two weeks later. He is still having issues. My brother took Moderna in April. After 5 days, he began to have uncontrollable facial spasms on his left side. He was prescribed gabapentin and muscle relaxers. My mother and brother in law were both reported to VAERS. No one has followed up to this day. There is something terribly wrong with these vaccines, and I worry about my mom and my brothers every day. This is not abstract nor is it hypothetical. It's happening and we all need to be talking about it. I'm with you 100%. I'm with this cause! Thanks for listening and thank you for the research and putting your money and time behind this. Love to you and yours. Tracy

Dear Dr. Malone,

My name is xxx, I am 43 years old and I contact her from Italy.

This morning in my favorite newspaper an article appeared that spoke of his intervention regarding the vaccination campaign carried out by governments.

In Italy we are now witnessing unilateral debates where cross-examination is practically prohibited.

Faced with this almost intimidating and unclear climate, I freely decided not to undergo the vaccine.

Information regarding possible dangers is practically non-existent and vaccination campaigns focus on ridiculous and not very serious arguments.

They try to convince young people with the mirage of quieter entrances to discos and public parties.

I apologize if I allow myself to bother you but I would like to know your opinion on this situation and if you would recommend the vaccine to healthy people under 50.

I sincerely thank you and wish you the best

Best regards

Axxxx Cxxxx

My husband and I have learned to be quiet about it as well for our own professional careers. One time when he was interviewing for a high level administration position at a university, he was on a small dinner panel with some other university staff and my husband inquired if his entree was gluten free (we have found auto-immune diet as a way out of neuro-immune issues) and one of the deans who was interviewing him asked about how long he had been GF and he explained that it helped out son with attention and focus and motor control and the guy said they did the GFCF diet for their son with autism. And then told B that he knows it sounds crazy, but his son regressed following vaccines, and their diet helped him function well again. 🤔 Well if this thing that happened to my son was truly one in a million, how did my husband encounter another parent with the same story during a professional interview? It's never been one in a million. But it's also never been at this scale before. This is truly frightening.

Hi Steve,

Thank you for sharing your post. Am emailing you privately in hope to stay Anonymous. I received the Moderna vaccine about through 3-4 months ago. On the first shot, I experienced dyspnea at rest and on exertion, chest pain, palpitations, diaphoretic, chronic fatigue but worse with exercise or any strenuous activities. With my second I experienced mild anaphylactic reaction with temporary left extremity paralysis lasting about 2-4 hours on my left leg and 48 hours on my left arm. I was workup for cardiac sequela, findings were benign. Also I had experienced constant headaches for about 1 month, it has since resolved but I still feel chronic fatigue despite taking various supplements to boost my energy. I resulted to drinking coffee although I'm not a coffee drinker. I reside in Vt, I'd contacted Senator Bernie's office's the Washington office and the Burlington office, Vermont legal Aid and Vt Health services to no avail. I now have a hospital bill of \$1200 as a result. Will be following up with PCP in June 28. I am afraid to speak up out of fear of retaliation or loosing my job as a medical provider. Any help would be helpful.

Many thanks

Jun 27, 2021, 12:58 PM

You accepted the request