My name is Steve Kirsch. I am exec director of CETF. I have no conflicts.

Today, I want to talk about the two elephants in the room that the ACIP committee members all refuse to acknowledge:

1) the correct value of the VAERS URF
2) the missing of dozens of serious adverse events including death

The recognition of either of these elephants should cause the committee members to demand an immediate halt to the COVID vaccination program.

Our first elephant in the room is a very serious error committed by CDC staff member John Su who is the VAERS expert.

The ACIP committee has relied on Dr. Su for interpretation of the VAERS data, but he has misled the committee on a critically important issue… the under-reporting factor for VAERS this year, otherwise known as the URF.

He has led you to believe that VAERS is 100% reported. That's preposterous.

The VAERS URF is at least 41 for serious adverse events this year.

This was calculated using the methodology outlined in a paper authored by Dr. Su himself that was published last year.

I used the anaphylaxis data from the Blumenthal study; a study done at Mass General Brigham (MGB) published on March 8, 2021, in JAMA. The rates determined in that study largely agree with those found in the Hashimoto study " published June 14, 2021 in the *Journal of Travel Medicine*.

If you cannot challenge the methodology or the data, the precautionary principle demands that you accept the result... URF = 41.

@1:20

This has profound implications.

Myocarditis incidence now is 1 in 317 fully vaccinated 16 year old boys for the Pfizer vaccine based on John Su's slides presented at Aug 30 ACIP meeting, [based on the 76.7 per million reporting rate listed on the slide.]

But much more important is the death count.

There are 7,674 deaths reported in VAERS. Let's remove the total of all deaths REPORTED in an average year considering all of those background deaths. So minus 200.

7474*41 = 306,000 excess deaths this year. We should have stopped the vaccine at 50 deaths.

@2:06
We even used 7 independent methods to validate our estimate is correct. None of those other methods used VAERS. I even offered a $1M prize to anyone who could find a material error in either the data or methodology. **Nobody** has claimed the prize.

Contrary to the CDC's false claims, we can show causality of these deaths because **all the Bradford-Hill criteria** are satisfied.

If the vaccines didn't cause those excess deaths, then what did?

The CDC and FDA have no clue.

The committee MUST either answer that question or they should resign.

There is a second elephant in the room: Missing safety signals.

How can you miss 300,000 dead Americans as a safety signal?

How can you POSSIBLY miss pulmonary embolism? It is elevated by over 800X this year vs. previous years.

There are dozens more examples like these.

In summary, the ACIP committee members have not done their job with respect to safety, they have ignored all my efforts to make them aware of this data, and they all refuse to engage in any discussion of this data.

They should either:

1. call for an immediate halt to the vaccination program or
2. They should resign.

Japan paper: High anaphylaxis rates following vaccination with the Pfizer BNT162b2 mRNA vaccine against COVID-19 in Japanese healthcare workers: a secondary analysis of initial post-approval safety data”

Su paper: that was published one year ago in Vaccine [(The reporting sensitivity of the Vaccine Adverse Event Reporting System (VAERS) for anaphylaxis and for Guillain-Barré syndrome)]

JAMA paper: [entitled “Acute Allergic Reactions to mRNA COVID-19 Vaccines.”]