All you need to know about COVID vaccine safety

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IMPORTANT

Read this slide before continuing

Sometimes people hold a core belief that is very strong. When they are presented with evidence that works against that belief, the new evidence cannot be accepted. It would create a feeling that is extremely uncomfortable, called cognitive dissonance. And because it is so important to protect the core belief, they will rationalise, ignore and even deny anything that doesn't fit in with the core belief.

- Frantz Fanon
WE CAN WIN THIS

Based on this presentation, a California school board voted 3:1 in favor of rescinding vaccine mandates.
EXECUTIVE SUMMARY (1 of 2)

The vaccines kill more people than they can be expected to save for all groups, especially young adults. So far, over 150K Americans have been killed by the vaccines. We can show this 8 different ways. There is no doubt that the vaccines are the cause of all of these deaths because we can prove this with the Bradford-Hill criteria.

The FDA and CDC have deliberately ignored the safety signals: assuming the VAERS URF=1, ignoring clear fraud in Phase 3 trials, and refusing to do autopsies. They look the other way when highly respected pathologists such as Peter Schirmacher have determined that the vaccines are deadly. Government-led censorship is used to silence critics. Fear and intimidation techniques are used against doctors who try to speak out.
EXECUTIVE SUMMARY (2 of 2)

Early treatment can get us to near zero COVID without any of the safety risks associated with the vaccine. They are superior to vaccination in virtually every aspect. We’ve had 99% effective treatments since March 2020 and now they are even better (99.76%).

The one thing every hospitalized COVID patient has in common: they didn’t use a proven early treatment protocol.

Nobody in America will debate our team on the safety of the vaccines because nobody in America wants to admit they were wrong.

The vaccines should be immediately HALTED. Instead, we are doing the opposite by mandating deadly, experimental vaccines that were never properly tested.
Nobody is paying attention to the elephant in the room
Overall, the vaccines are killing more people than they save

Killed: 150K\(^1\)
Saved: 10K\(^2\)

\(^1\)Estimating the number of vaccine deaths computes over 150K excess deaths due to the COVID vaccines 8 different ways.

\(^2\)Pfizer's 6 month phase 3 trials result clearly shows 1 life saved for every 22,000 vaccinations. Since we've partially vaccinated almost 220M Americans, that's at most 10,000 lives saved as of Oct 10, 2021. But that's assuming the vaccines are as effective against Delta as they are against Alpha. So it's probably much less than 10,000 lives saved.
Nobody has been able to attack the data or our methodology\(^1\)

Nobody wants to debate this “on camera”\(^2\)

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\(^1\)So they have to rely on an hominem attacks or dismissals by authorities using hand waving arguments

\(^2\)[Challenge to the Scientific Community – It's Time for Honest and Open Debate on Vaccine Safety](#)
Even worse...
COVID vaccines kill more people than they save for all age groups over a 6 month efficacy period

Source: COVID cost-benefit by age computation
Killed>Saved for all ages

The table shows the Killed by vaccine:Saved from COVID death in 6 months numbers. Units for both columns are per million doses.

You can read this article which details how all these numbers were calculated.

For kids, we kill over 6 kids to save 1 kid from a COVID death. Mandating vaccination for anyone, especially school-age children, is proof of a corrupt society.

Bottom line: It is nonsensical to vaccinate any age group.

<table>
<thead>
<tr>
<th>Age</th>
<th>Killed</th>
<th>Saved</th>
<th>K:S</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>67</td>
<td>11</td>
<td>6.1:1</td>
</tr>
<tr>
<td>30-40</td>
<td>121</td>
<td>31</td>
<td>3.9:1</td>
</tr>
<tr>
<td>40-50</td>
<td>210</td>
<td>76</td>
<td>2.8:1</td>
</tr>
<tr>
<td>50-60</td>
<td>436</td>
<td>185</td>
<td>2.4:1</td>
</tr>
<tr>
<td>60-70</td>
<td>1031</td>
<td>450</td>
<td>2.3:1</td>
</tr>
<tr>
<td>70-80</td>
<td>2140</td>
<td>1133</td>
<td>1.9:1</td>
</tr>
<tr>
<td>80+</td>
<td>6276</td>
<td>3458</td>
<td>1.8:1</td>
</tr>
</tbody>
</table>
3 stopping conditions have already been met

1. # killed > # saved
2. >150K killed
3. >300K permanently disabled

Sources:
1. COVID cost-benefit by age computation
2. Estimating the number of vaccine deaths
3. OpenVAERS says 8,088 permanently disabled. Multiply by under-reporting factor (URF) of 41 to get the true number of cases
VISION TEST
Can you spot the unsafe vaccine?
(nobody at the FDA or CDC can, including the advisory committees)
THE FDA SAYS THESE ARE ALL “BACKGROUND DEATHS”
But if they were background deaths, all the bars would be the same height. Do these look like the same height to you?
And it’s all for nothing...

In Israel, the vaccines are making no difference in protecting people from being infected; the core use case.

Claimed benefit: 95%

Actual benefit: ~0%

More on Israel cases. Not really consistent with the story line pushed by legacy media in USA. Not a pandemic of the unvaccinated in Israel.
UK data shows VE = -109% for 40 year olds

In other words, if you are 40 and you get vaccinated, you are 2X more likely to be infected than an unvaccinated person.

In the latest Vaccine Surveillance report from Public Health England (PHE) the infection rate in double-vaccinated people in their 40s went above 100% higher than in the unvaccinated for the first time, reaching 109%. This translates to an unadjusted vaccine effectiveness of minus-109%.
So they changed the story...

“the vaccines help prevent you from being hospitalized if you get infected”
90% of hospital admissions are vaccinated in a region where 50% are vaccinated.

Note: This is a rare US hospital which tracked all-cause admissions by vaccination status. Most hospitals refuse to do this. This was an exception because one person spoke out to make the change.

Reference: Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital’s Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS
So they changed the story again...

“the vaccines help prevent you from dying if you get infected”
If you are <50, vaccines make you slightly more likely to die if you get infected.

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

<table>
<thead>
<tr>
<th>Variant</th>
<th>Age group (years)**</th>
<th>Total</th>
<th>Cases with specimen date in past 28 days</th>
<th>Unlinked</th>
<th>&lt;21 days post dose 1</th>
<th>≥21 days post dose 1</th>
<th>≥14 days post dose 2</th>
<th>Un-vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta cases</td>
<td>&lt;50</td>
<td>497,105</td>
<td>119,611</td>
<td>49,527</td>
<td>30,359</td>
<td>83,009</td>
<td>85,407</td>
<td>248,803</td>
</tr>
<tr>
<td></td>
<td>≥50</td>
<td>95,587</td>
<td>35,596</td>
<td>7,602</td>
<td>314</td>
<td>7,129</td>
<td>71,991</td>
<td>8,551</td>
</tr>
<tr>
<td></td>
<td>All cases</td>
<td>593,572</td>
<td>155,252</td>
<td>58,003</td>
<td>30,674</td>
<td>90,138</td>
<td>157,400</td>
<td>257,357</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deaths within 28 days of positive specimen date</th>
<th>Age group (years)**</th>
<th>Total</th>
<th>N/A</th>
<th>&lt;21 days post dose 1</th>
<th>≥21 days post dose 1</th>
<th>≥14 days post dose 2</th>
<th>Un-vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>204</td>
<td>N/A</td>
<td>7</td>
<td>6</td>
<td>11</td>
<td>48</td>
<td>132</td>
</tr>
<tr>
<td>≥50</td>
<td>2,336</td>
<td>N/A</td>
<td>32</td>
<td>11</td>
<td>138</td>
<td>1,565</td>
<td>590</td>
</tr>
<tr>
<td>All cases</td>
<td>2,542</td>
<td>N/A</td>
<td>41</td>
<td>17</td>
<td>149</td>
<td>1,613</td>
<td>722</td>
</tr>
</tbody>
</table>

Computation: Death rate of unvaxed < Death rate of vaxed since 132/248803 < 48/85407 (.053% < .056%)
Today in the UK, 66.7% fully vaccinated, but 80% of the deaths are fully vaccinated. Whoops.

Latest UKHSA report shows Vaccinated accounted for 80% of Covid-19 Deaths and 60% of Hospitalisations in the last 4 weeks

by Daily Expose

The latest figures published by the new UK Health Security Agency on Covid-19 hospitalisations and deaths show that the Covid-19 injections still don't seem to be working. The 'Covid-19 Vaccine Surveillance Report - Week 41' was published by the UK Health
In Malaysia, vaccines make you more likely to die if you get infected.
Pfizer Phase 3: 6 month study result
Shows it killed more people than it saved

<table>
<thead>
<tr>
<th>Group</th>
<th>Placebo</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-unblind</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Post-unblind</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>20</td>
</tr>
</tbody>
</table>

1 person’s life was saved by the vaccine, but at an estimated cost of 7 deaths for a net difference of 6 deaths.
Do the math

Pfizer’s own study showed that you had to vaccinate 22,000 people to save 1 COVID life.

Even with the a ridiculously conservative VAERS underreporting factor (URF) of 3, and 220M vaccinated and 7,437 deaths in VAERS and 86% of those being causal, that means for every 22,000 people you vaccinate, you kill 1.9 people.

So even under extremely conservative assumptions, the vaccines are nonsensical: you are killing 2 people to save 1 person.
Statistical significance of Pfizer’s 6 month study

You can make an argument that the Pfizer death benefit numbers were not statistically significant. That’s right. They weren’t. But it’s the best data we have. And you can’t have it both ways.

If you are claiming the vaccines prevent COVID deaths based on the Pfizer study, then you can’t then ignore the fact that the study showed more people were killed than were saved.

Regardless of the statistical significance, the fact that the people who got the placebo had a lower death rate is consistent with the other results we found. Our arguments don’t rely on this result; it’s just an “interesting” data point.
Statistical significance of Pfizer’s 6 month study

And it’s important to note that the “death benefit” of 1 person per 22,000 vaccinated is not statistically significant.

The Pfizer data basically showed than any claimed “death benefit” from the vaccine was too small to measure.
All of these were and are completely UNNECESSARY

Vaccines
Boosters
Lock-downs
**Business closures / slowdowns**
Loss of income
Economic destruction
Social distancing
Mask wearing / kids sick from masks
Weekly testing of unvaccinated
Testing of non-symptomatic people
Vaccine mandates
Must be vaccinated to dine indoors
**The “unexpected” deaths (cardiac arrest)**
The disabilities
The FEAR
9 INCONVENIENT TRUTHS (1-5)

1. We estimated >150K excess deaths 8 different ways to make it bulletproof.
2. Nobody has found an error in our analyses to date (Sep 28, 2021) that invalidates all 8 ways and shows that the correct number is lower than what we claimed. Experts like Professor Jeffrey Morris admit they are clueless about # of deaths.
3. Our numbers have been validated in the peer reviewed medical literature (such as the Kostoff and Rose papers).
4. The CDC is lying to people that there are no deaths from the vaccines.
5. Nobody can show us a more accurate way to estimate the excess death count*

* Most all throw up their hands and say “I don’t know.” But if they don’t know the correct number, how can they claim our analysis is wrong? Answer: They can’t. They are being hypocritical.
9 INCONVENIENT TRUTHS (6-9)

6. Nobody from the CDC, FDA, or their respective outside committees (ACIP, VRBPAC) will agree to a public discussion on the matter despite overwhelming public demand for this. They won’t even disclose the URF.

7. Masks don’t work. The CDC says masks don’t work for smoke which is 25X bigger than the virus (50 to 120 nm in size). Cloth masks filter 5% (Fig 3A).

8. Recovered immunity >> vaccine immunity. Makes no sense to vaccinate recovered patient. Why prohibit a naturally immune person from campus?

9. Early treatment protocols are the safer, more effective, smarter alternative to vaccination. They offer up to a 99.76% risk reduction without safety issues.
THE 8 METHODS USED TO VALIDATE 150K DEATHS

1. VAERS excess death analysis
2. Excess CFR analysis
3. Excess death rate analysis
4. Small island study
5. Norway analysis
6. Professional pollster analysis
7. Physician surveys
8. British Airways pilot death statistics
9. Scotland government data

Note: No single method is definitive. But they all support 150,000 deaths or more. Nobody has been able to show that we cherry picked data, made a mistake in the data, or that our methodology was incorrect. We simply used the data and most obvious methods at hand. If there is a more accurate analysis, nobody has brought that to our attention. Instead, they focus on attacking our analysis because it doesn’t comport with their belief system. They are not focused on finding the truth.
Over 200K Americans killed by the vaccines so far

The detailed calculations showed background deaths were negligible. Therefore, a good estimate of the number killed is multiplying the actual number in VAERS (6,756 for US-only) by the under-reporting factor (URF) of 41 which is derived here.

6,756*41 = 276,996 excess deaths

So if the vaccine didn’t cause those excess deaths, then what did? All of the causes of death are consistent with the symptoms that are elevated by the vaccines.

The FDA, CDC, and the drug companies all say there have been no deaths from the vaccine and the only side effect is myopericarditis Someone is lying to you.
How we know for sure that the CDC is lying
Dr. Peter Schirmacher

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

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

Reference: Chief pathologist insists on more autopsies of vaccinated people
Schirmacher validated

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

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

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

See https://twitter.com/DrJohnB2/status/1440083692857135111

Original source https://www.pathologie-konferenz.de/
Norway also confirmed vaccine may cause deaths

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

The big question is: How are Germany and Norway both able to determine causality in sample sizes of 100 or less, but the CDC can’t determine causality in a single case of over 14,000 deaths it investigated?!?
They’ve been gaming all the safety data

Hospitals instruct staff **not** to report to VAERS

90% of hospital admissions are vaccinated in a region where 50% are vaccinated

The same rise in serious adverse events is happening at other hospitals, but nobody is talking

Reference: [Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital’s Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS](https://example.com)
Peer-reviewed scientific literature
“In plain English, people in the 65+ demographic are **five times as likely to die** from the inoculation as from COVID-19 under the most favorable assumptions!”

(it’s even worse if you are younger)

Source: [Why are we vaccinating children against COVID-19?](https://journals.sagepub.com/doi/full/10.1177/2217065X211042293), Kostoff
Thus, the ratio of $E_{SAE}$ to $O_{SAE}$ is 31 to 1, suggesting a URF of 31
\[
\frac{N_{SAE\_Pfizer\_trial}}{N_{SAE\_Pfizer\_VAERS}} = \frac{~1.4M}{43,948}.
\]

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

Since the URF for MAEs is very likely larger than for SAEs, it is satisfactory to assume that 31 is a humble estimate URF for all AEs (refer to Supplementary Table 2).
“Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically significant increase in “all cause severe morbidity” in the vaccinated group compared to the placebo group.

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

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

Source: US COVID-19 Vaccines Proven to Cause More Harm than Good... by J. Bart Classen, MD
More validation
Have you ever wondered why the death rate skyrockets whenever the vaccines are rolled out? It isn’t COVID. Could it be the vaccine??

cherryhills, 1 week ago
I did an analysis of random countries that had little to no incidence of covid cases for more than a year after the initial known outbreak in late 2019. In every case, the death rate skyrocketed within a few weeks of the vaccine rollout. Charts here:

https://twitter.com/milehijules/status/1425591290155225104?s=20

Source: https://twitter.com/milehijules/status/1425591290155225104?s=20
Athletes like Kyrie Irving are resisting vaccination. The press is hammering him.

Brandon Goodwin was forced to get vaccinated. For Goodwin, it ended his season; it may be the end of his career. The press doesn’t cover this.

Blood clots happen over 60% of the time (Hoffe study).

We don’t know how long they last because the FDA never measured it.
Both the team and the NBA tried to cover up Goodwin’s story so nobody would find out.

Chuck Callesto 🔄 @ChuckCallesto · Oct 14

BREAKING REPORT: Hawks NBA Star Brandon Goodwin Reports Blood Clots From COVID Vaccine Ended His Season – NBA Told Him to Keep It Quiet..

In the midst of the fallout between the NBA and Kyrie Irving, a former Atlanta Hawks point guard has now sounded the alarm on how the vaccine ultimately ended his season last year, and how his team attempted to cover up the side effects he suffered from the shot.

Source: ATL Hawks Point Guard: ‘Yes, The Vaccine Ended My Season. One Thousand Percent’
Teen deaths up 47% since the jab rolled out.

Jab deaths are 10X higher than COVID deaths.

Think about it...

Source: Recent deaths in young people in England and Wales
Teen deaths up to 125% higher than the 5-year-average since they started to be given the Covid-19 Vaccine according to official ONS data

By The Exposé on October 13, 2021 • (Leave a comment)

An investigation of official ONS data has revealed that since the Covid-19 vaccine was offered and administered to teenagers in England and Wales there has been a significant rise in deaths among teens against the five-year-average with some weeks seeing an increase as high as 125%.

For children 12 to 15 years of age, the extremely short and small Pfizer Covid-19 vaccine clinical trial found the overall incidence of severe adverse events which left the children unable to perform daily activities, during the two-month observation period to be 10.7%, or 1 in 9, in the vaccinated group and 1.9% in the unvaccinated group.
In the UK, the vaccines are making things worse
Male teen deaths are up 63%
COVID deaths 12X higher
81% of deaths from vaccinated, but only 67% fully vaccinated
In the UK, the Medical Regulator admits that these vaccines are 4X more deadly than all vaccines combined over the last 20 years!

Source: UK Medicine Regulator confirms there have been four times as many deaths due to the Covid-19 Vaccines in 8 months than deaths due to all other Vaccines combined in 20 years
All cause mortality is up in Vermont.

It isn’t COVID.

They are the most vaccinated US state.

I wonder what is causing all the deaths? Hmmm...
Australia: 3X more deaths from the vaccine than from COVID.

The cure is worse than the disease.
In Taiwan, there are also more deaths from the vaccine than with COVID.
Anabel V. @Anabel_Villeroy · 27m
Replying to @stkirsch
The CDC is conveniently trying to hide vaccine-induced mortality data. Taiwan is not.

Anabel V. @Anabel_Villeroy · 49m
More die after 🍑 in Taiwan than from C19 itself.

Looks like Taiwan is recording vaccine deaths properly – unlike the US where you are not considered vaccinated until 14 days post-inoculation.

A convenient way for the CDC to hide vaccine-induced mortality data.
Fact checkers delight in saying VAERS can’t be used for pharmacovigilance

The scientific literature says otherwise.

Just because the CDC says something about VAERS doesn’t mean it is true. That’s a huge mistake that has cost hundreds of thousands of lives.

FDA says this is just over-reporting. That’s untrue. They provided no evidence of that, just hand waving. All the evidence shows they are lying.

We use the five Bradford-Hill criteria to establish causality. And we did the death calculations 8 different ways using 8 different data sources (including government data from 35% of the world’s population) and got the same results. So we didn’t rely on VAERS. That was just one method.

None of the fact checkers would ever dare to debate me in public. They hide in the shadows while people die.

Reference: If Vaccine Adverse Events Tracking Systems Do Not Support Causal Inference, then “Pharmacovigilance” Does Not Exist
Germany found boosters were too deadly... even for the elderly

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

“Given the fact that neither German authorities (PEI) nor European Medicines Agency EMA has approved this booster,” the association is urging the members to seriously reconsider the need for a booster as of now.
Nursing home: too deadly

4 dead/7 hospitalized after Pfizer Booster
Potential benefit: Save <1 life from COVID

Death:Life = 4:1

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

Sunnycrest nursing home
Whitby, Ontario, Canada
136 beds
Oahu nursing homes
Hale Nai = 288 and Avalon = 108 residents

They lost over 8% of their residents from the vaccine and < 2% from COVID (V:C=4:1).

The whistleblower, Abrien Aguirre, was fired for disclosing this.

Here’s his original interview and my extended interview.

Here is a discussion of patients are dying from the vaccine and not COVID.

Abrien Aguirre
UK funeral director John O’Looney: Deaths skyrocketed 250% after vaccination started

If you are short on time, start watching at 15:00 for just two minutes. “The death rate was extraordinary. I’ve never seen anything like it in 15 years as a funeral director and neither has anyone I’ve spoken to. And it began as soon as they started putting needles in arms.” Massive number of deaths of all ages and all locations started when they rolled out the vaccines. They were all covered up as “COVID deaths.”

Death rate skyrocketed by 250% in elderly after vaccines rolled out.

3-5 bodies a week in a single nursing home in a week.

Death rates only went up after vaccinations started.

Note: we were able to confirm this in the US, but nobody wanted their name used publicly.
How do you explain these anecdotes?
They are consistent with what the UK funeral director observed. If it wasn’t the vaccines, what is causing all these emergencies which never happened with COVID?

My friend who lives in Florida in a 55 and older community said this "I saw next to no ambulances or emergency vehicles in here between March and December... When people started getting the jabs in December January February March it was non-stop with ambulances emergency vehicles in the community"
People dying at 4X normal rate.

They are dying soon after vaccination.
The anecdotes match what the research finds
Everything is consistent: more vaccination → more deaths.

Dear all,
Please mark your calendars for a special open science session with Professor [Theo Schetters](mailto:theo.schetters@example.com) on **November 2nd, 2021**.
The title of his presentation: **A PERIOD OF TRANSIENT INCREASE IN ALL-CAUSE MORTALITY AMONG 65-80 YEAR OLD POPULATION IN THE NETHERLANDS COINCIDES WITH VACCINATION CAMPAIGN AGAINST SARS-CoV-2**

Prof. Schetters is looking to share his findings and discuss them with scientists who have done some analysis on the COVID-19 vaccines. I hope you can all join us for this session.
V:C = 2:1 to 7:1 in Pfizer’s own trial

The trial had just 2 COVID deaths in placebo group and 1 in the treatment group. Therefore there was only 1 COVID death saved. Overall there were 15 deaths in the treatment group; 14 in the placebo group.

**Bottom Line:** We killed 2 to save 1, leading to a net loss of 1 life.

Considering both phases, we killed 7 people to save 1 COVID life (net difference of 20-14=6), so V:C=7:1.

**Note:** The numbers in Pfizer’s study are not statistically significant because the study was never powered to show a death benefit. So this is not conclusive. It is just “interesting.”
Vaccination is nonsensical

Vaccines, mandates, and boosters are all nonsensical. We have a > 2:1 V:C ratio, but need at least 1:10 to be viable.

If we want to end the pandemic and get back to normal, we should copy what Uttar Pradesh did.

They didn’t rely on vaccination at all.

They used early treatment.

If we don’t want to end the pandemic, we should keep mandating vaccination over and over again, just like Israel.
Vaccinating kids, pregnant women, and those who have already had COVID is even worse

Our society today is driven by a single goal: vaccinate everyone alive, whether they need it or not.
Clinical trial fraud
Inconvenient truth: Pfizer isn’t trustworthy...

1. Pfizer’s own 6 month study showed that you were more likely to die if you got the vaccine (see page 33).
2. The age 12-15 trial was way too small to show effectiveness or safety. With just 1,129 kids, it had one permanent paralysis that was never reported to the FDA (Maddie de Garay). Today, nobody has been warned about this and there was no investigation by the FDA. Nobody has officially acknowledged it ever happened. They ignore it.
3. Pfizer paid one of the largest criminal fines ever imposed on a drug company for the arthritis drug Bextra.
4. The Pfizer consent form allows for participants who need emergency care and go straight to their doctor or hospital to be ejected from the study.
5. Pfizer Phase 3 participants had 8 to 10X lower health risks (diabetes, cardiac arrest) as we showed here. There were a LOT of exclusions that enabled them to recruit such a healthy cohort. 110 people should have died in the placebo group. Only 14 did.
6. Causes of death were higher in the vaccine group, e.g., 4X higher rate of cardiac arrest.
7. Participants found it extremely hard to report adverse events (there were messages in the Facebook group about this but Facebook removed the evidence so nobody would know)
8. Five times (5X) higher drop off in the treatment arm than in the control arm (see next slide note the 311 vs. 61 in the last two rows); that's statistically impossible. Nobody asked about it.
9. The company is incompetent. They can’t seem to find any safety signals even though obvious in VAERS (The adverse event table shows that the vaccines adversely impact every organ in the body). Pfizer still can't figure out if anyone has died.
10. No autopsies to determine cause of death were done in the treatment group. That’s really odd especially when a top pathologist (one of the top 100 pathologists in the world) says at least 30% of deaths within 2 weeks after vaccination were caused by the vaccine. Why weren’t autopsies done on the people who died after being vaccinated? Answer: They don’t want anyone to know what they died from.
11. They cut the trial short at 6 months. NO MORE CONTROL GROUP. We’ll never know the long-term effects like vaccine-enhanced infectivity and replication, prion diseases, linked-epitope suppression, autoimmune diseases, cancers, ...
Why didn’t anyone ask any questions about the gaming in the Phase 3 trial?!? This is very unlikely to happen by chance (p.< 0.00001).
Why hasn’t the FDA investigated the Maddie de Garay clinical trial fraud?

1. She was in the Pfizer Phase 3 12-15 year old trial
2. She was 1 of just 1,131 kids in treatment arm
3. She was paralyzed less than 24 hours after her second Pfizer shot.
4. Pfizer reported her case as “abdominal pain” rather than “permanent paralysis” so they would get approved.
5. Today, she has no feeling below her waist, she can’t hold her head up on her own, she has to eat through a feeding tube.
6. It isn’t clear she will improve over time.
7. Physicians don’t know how to treat her.
8. She was never ejected from the trial.
9. FDA Commissioner Janet Woodcock promised an investigation, but the parents have never been contacted by the FDA or CDC as promised.
10. She has received $0 in compensation. ZERO.
11. Maddie has been banned from social media platforms for violating their guidelines so she can’t share her story.
Don’t worry. There are no conflicts of interest.

Nothing to see here.
What the vaccines do to our bodies is unprecedented
How mRNA vaccines work

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

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 muscle 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.
But the scientific literature says they are lying; they say they spike protein is cytotoxic

1. Be aware of SARS-CoV-2 spike protein: There is more than meets the eye
2. Toxicological insights of Spike fragments SARS-CoV-2 by exposure environment: A threat to aquatic health?
3. SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2
4. Pay no attention to the spike proteins behind the curtain
5. Clearing up misinformation about the spike protein and COVID vaccines
6. SARS-CoV-2 spike protein induces abnormal inflammatory blood clots neutralized by fibrin immunotherapy
7. SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro
8. SARS-CoV-2 spike protein induces abnormal inflammatory blood clots neutralized by fibrin immunotherapy
The vaccine can **permanently damage** your immune system

The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses

**SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro**
Adverse event table
This is a partial list of adverse events. Here is a more complete list.

Nearly every event was elevated.

Jessica Rose found over 10,000 event types.

No vaccine in history has this range of adverse events. It is unprecedented.

Note that the elevation of risk is often temporary, e.g., for cardiac arrest. This table only compares the number of events reported this year vs. previous years.

Example: Cardiac arrest was reported 71X more often than normal, but that risk is only elevated for an unknown amount of time.

For example, troponin levels only stay elevated (up to levels >10X that of heart attack levels) for a few months. D-dimer, troponin, and spike protein can be elevated for months after vaccination. This is not normal.

Dr. Peter McCullough would be delighted to talk to the press about actual patients, but the press isn’t interested in reporting on this.

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

Full list: Estimating the number of COVID vaccine deaths in America
Cardiac arrest example

71X elevated vs. baseline
(avg over 5 years for all vaccines; 57/4*5=71)

Note: The 71X elevation is in a period shortly after vaccination and not the entire year!
Minnesota Woman and Christian Missionary has Legs Amputated After Taking Pfizer Jab – May Also Lose Her Hands – GoFundMe Account Set up

By Jim Hoft
Published July 29, 2021 at 9:00am
1071 Comments
“I’ve been talking to Cardiologists across the country. And what they have been saying is that they’ve been seeing much more inflammatory-thrombotic events such as heart attacks, pulmonary embolisms, and DVTs.”

Dr. Vinay Julapalli, MD
Interventional Cardiologist
20X increase in cancers

BREAKING: Dr. Ryan Cole, Idaho pathologist and owner and operator of a diagnostics lab, reports a ‘20 times increase’ of cancer in vaccinated patients
... because your immune system gets depressed.

Per this doctor in linked video, based on tests he's done on a patient before & after the vaccine, the graphene oxide spike protein injection attacks CDT4+ cells.

In doing that this injection DOES NOT GIVE

Read more

US DOCTOR DOES FULL BLOOD TEST BEFORE AND AFTER COVID VACCINE - INDICATES DAMAGE TO IMMUNE SYSTEM

🔗 BitChute

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

(in order to save ~1 in a million kids from dying from COVID)

---

Note:
Two dose calc: 1000000/((5.2+71.5)*41)=317 (note 41 is the URF even though the FDA and CDC refuse to calculate the value)

Reference: John Su, Safety update for COVID-19 vaccines: VAERS
CDC says vaccine-induced heart damage is “mild.” The troponin numbers show they are lying. (super-high post-vax levels can be sustained for months; this is unprecedented)

<table>
<thead>
<tr>
<th>Alkaline phosphatase (U/L)</th>
<th>670 (reference 0-100 U/L)</th>
<th>660 (reference 0-100 U/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Troponin I (ng/mL) on presentation</strong></td>
<td>6.140 (reference 0-0.30 ng/mL)</td>
<td>27.0 (reference 0.012-0.120 ng/mL)</td>
</tr>
<tr>
<td><strong>Peak Troponin I</strong></td>
<td>10.453 (high sensitivity assay, reference ≤ 17ng/L)</td>
<td>44.30 (reference 0.012-0.120 ng/mL)</td>
</tr>
</tbody>
</table>

614X normal in 45 year old woman

Reference: Myocarditis after Covid-19 mRNA Vaccination
Prion disease is super rare. There are usually about 300 cases a year in America - it's always been a one in a million disease.

We've now had *eleven* anecdotal reports of prion disease brought to our attn, w symptoms generally starting about 3 wks post-mark, w rapid decline. 😞
Autoimmune disease marker extremely elevated (5,000 times normal)

AngiD
@AngiD

Sep 29, 2021 6:24 AM

Steve i have msg you in twitter about my neurology pt with side effects. I thank you so much for your response. We have seen several rare autoimmune diseases in the elderly recently just show up. All have been vaccinated second dose in March/February. GAD 65 labs at 25000 norms are 0-5. Any way I lost my job Monday for refusing to comply with the governors executive order. I would love to help get the word out about the vaccines. If you are looking for an RN to help let me know please. angi_d@gmail.com
How can D-dimer be elevated for months after vaccination?!?

1. D-dimer is lagging indicator of blood clots.
2. **Hoffe**: >60% have elevated D-dimer
3. Other doctors have confirmed these results
4. The elevation (e.g. levels @1500) can persist for 3 months.
Sadly, none of this matters
Because nobody at the CDC or FDA cares
In all other cases, we halt the trial at the first sign of something amiss in just one patient.
In 1976, we halted the Swine Flu vaccine nationwide after just 32 deaths

Federal officials urged widespread vaccinations after swine flu broke out among soldiers at Fort Dix, New Jersey, killing one of the 14 diagnosed with the illness. But the program was suspended after at least 25 people died from vaccine reactions. Other estimates put the death toll at 32 people, while about 500 others later suffered from Guillain-Barre syndrome, which damages nerves and can lead to paralysis.

- CNN
But for COVID vaccines, the collateral damage doesn’t matter.

They don’t care how many people we kill or disable. It’s not even measured.

As of Oct 13, 2021, the FDA and CDC don’t know the URF. If they cared, that would be the very first thing they’d compute since it is required for risk/benefit analysis. It’s easy to do. It took me less than an hour. Instead, they act as if the URF=1 without evidence.

And there isn’t even a category for “COVID Vaccine Deaths.”

The bottom line is this: As far as I know, none of the people who work at the CDC or FDA give a shit about how many people they kill with the vaccines. No one. Period. Full stop.
Hi Steve,

How can the FDA not have some kind of estimate for the URF at this late stage of the declared pandemic?! How have at least five international groups (incl. yours) done this and come up with #s in the same reasonable ballpark and they don't have this info. on-hand?! ...despicable and embarrassing. Surprisingly, I have seen some people on the other side of the narrative trying to publish papers on the basis that the VAERS has captured 100% of the problems! The FDA needs to provide some leadership in this area.

Sincerely,
Byram

Byram W. Bridle, PhD
Associate Professor of Viral Immunology
Office Room #4834
Lab Room #3808
Building #26 (NIMR, room 304, 5th floor)
People have been trying to send a message
Top FDA officials are objecting

But no coverage of that in the US mainstream media for some reason.

Source: Letter by Krause and Gruber published in the Lancet
I agree with all their reasons
The creator of the V-Safe application wanted to tell you not to take the shot.

But he died right after he got vaccinated.
Over 200,000 vaccine injury stories posted on Facebook to protest to mainstream media whitewashing vaccine safety

See WXYZ-TV’s Facebook post
The people of Israel have been trying to tell their government that the vaccines are unsafe, but the Israeli Ministry of Health is removing their reports to make the vaccine look safe.

Source: How Israeli Ministry of Health, deleted thousands of testimonies, Avi Barak Media
Or they will just change the numbers to whatever they want.

Source: https://www.facebook.com/yaffa.shirraz/posts/10159513990177629
The pilots and air traffic controllers are objecting

Terry Siciliano 7 hr ago

I have faithfully served 33 years as an American Airlines pilot and flown over one million people safely all over the world. As an AA 787 Captain, I am threatened to be terminated on November 24th all because of a so-called mandate for a so-called vaccine. I have never felt so completely betrayed and am anxious to join my fellow pilots in this fight. Good for the brave, Southwest Airlines pilots! The Air Traffic Controllers are also in this war and standing up. Last night, they shut down Jacksonville Center by walking out while over 650 flights cancelled. TOTAL news blackout.

https://citizenfreepress.com/breaking/florida-flights-cancelled-air-traffic-controllers-conduct-mass-sickout-to-protest-vaccine-mandate/. Spread the word!!!!

Source: URGENT: A Southwest Airlines pilot explains why you will not hear anything about vaccine mandates from his union, Alex Berenson substack
Even the police are now starting to defect
America is objecting to the forced mandates by quitting in record numbers.

Robert Reich 🔄 @RBReich · 18h
A record 4.3M Americans quit their jobs in August, the highest quit rate since the Job Openings and Labor Turnover Survey began tracking it in 2000. Food service and retail industries saw the highest number of workers leaving.

Call this what it is: an unofficial general strike.
... which jeopardizes public safety

Chuck Callesto ⬇️ @ChuckCallesto · 19m

BREAKING REPORT: State Senator Lisa Kim says "There will be 911 CALLS THAT GO UNANSWERED in the state of Maine" after 12 midnight due to Vaccine mandates...
France's long-time vaccine policy chief, Christian Perronne weighs in.

Coronavirus
France's long-time vaccine policy chief: Covid policy is "completely stupid" and "unethical"
Politicians’ motivations are being exposed
Rasmussen poll
54% of the American public think Fauci has lost all credibility

Only 36% disagreed
ICU docs are starting to speak out

But the FDA simply ignores them until they hire a top lawyer like Aaron Siri.

Source: Whistleblower: FDA and CDC ignore reports of serious Covid-19 vaccine injuries from highly credentialed pro-vaccine ICU physician
Dr. Lee’s letter (page 1)

“I have never witnessed so many vaccine-related injuries until this year.”

Funny, that’s what the VAERS data says too. Maybe we shouldn’t keep ignoring it like the mainstream media and fact-checkers tell us.

Source: SENT VIA EMAIL October 6, 2021 Dr. Peter Marks Director, CBER Food & Drug Administration 10903 New Hampshire Avenue, W071
Senior Army flight surgeon warns pilots could die in mid-flight from vaccine side effects

36. I personally observed the most physically fit female Soldier I have seen in over 20 years in the Army, go from Collegiate level athlete training for Ranger School, to being physically debilitated with cardiac problems, newly diagnosed pituitary brain tumor, thyroid dysfunction within weeks of getting vaccinated. Several military physicians have shared with me their firsthand experience with a significant increase in the number of young Soldiers with migraines, menstrual irregularities, cancer, suspected myocarditis and reporting cardiac symptoms after vaccination. Numerous Soldiers and DOD civilians have told me of how they were sick, bed-ridden, debilitated, and unable to work for days to weeks after vaccination. I have also recently reviewed three flight crew members’ medical records, all of which presented with both significant and aggressive systemic health issues. Today I received word of one fatality and two ICU cases on Fort Hood; the deceased was an Army pilot who could have been flying at the time. All three pulmonary embolism events happened within 48 hours of their vaccination. I cannot attribute this result to anything other than the Covid 19 vaccines as the source of these events. Each person was in top physical condition before the inoculation, and each suffered the event within 2 days post vaccination. Correlation by itself does not equal causation, however, significant causal patterns do exist that raise correlation into a probable cause; and the burden to prove otherwise falls on the authorities such as the CDC, FDA, and pharmaceutical manufacturers. I find the illnesses, injuries and fatalities observed to be the proximate and causal effect of the Covid 19 vaccinations.

38. I can report of knowing over fifteen military physicians and healthcare providers who have shared experiences of having their safety concerns ignored and being ostracized for expressing or reporting safety concerns as they relate to COVID vaccinations. The politicization of SARS-CoV-2, treatments and vaccination strategies have completely compromised long-standing safety mechanisms, open and honest dialogue, and the trust of our service members in their health system and healthcare providers.

Source: AFFIDAVIT OF LTC. THERESA LONG MD IN SUPPORT OF A MOTION FOR A PRELIMINARY INJUNCTION ORDER – Deep Capture
According to the latest Public Health England report, the only country with granular weekly data, the COVID-19 case rates are higher per capita among the vaccinated in every age group over 30. Among those in their 40s, the case rate is nearly double among the vaccinated, for a vaccine efficacy – at least against infection – of a stunning -86%.

Source: Horowitz: The data is in, and we are now worse off than before the experimental shots

The numbers are becoming increasingly impossible to ignore (VE is always supposed to be positive)
Many websites are dedicated to victims who are still alive.
Many websites are dedicated to those who are dead.
Drugs and supplements taken daily by a vaccine injured nurse.

Before the vaccine she took nothing.
Many injured so badly they can never work again
Their lives are destroyed
0

Compensation paid by US government
Our children
CDC 12-17 year old study: 14 deaths

Not natural causes. Not “background deaths.”

CDC reviewed 14 reports of death after vaccination. Among the decedents, four were aged 12-15 years and 10 were aged 16-17 years. All death reports were reviewed by CDC physicians; impressions regarding cause of death were pulmonary embolism (two), suicide (two), intracranial hemorrhage (two), heart failure (one), hemophagocytic lymphohistiocytosis and disseminated Mycobacterium chelonae infection (one), and unknown or pending further records (six).

For a detailed analysis of each death, see page 56-64. While suicide could be considered unrelated, why would any sane person (and all the kids who died were sane) want to vaccinate themselves just before killing themselves? In talking to other vaccine victims, we quickly learn that the reason that so people many people commit suicide after getting the vaccine is to end the physical pain caused by the vaccines. All deaths were consistent with the hypothesis of vaccine caused events.
Children are up to 16 times more likely to die with Covid-19 if they’ve had the Covid Vaccine according to latest UK Health Security Agency report

The latest report from the UK Health Security Agency shows that the Chief Medical Officer (CMO) for England’s decision to recommend all children over the age of 12 should be vaccinated against Covid-19 was a huge mistake because the data shows children are 16 times more likely to die with Covid-19 if they have been vaccinated.
Vaccinating kids is not just dumb -- it is insane

“Unless virology and immunology are being rewritten, I cannot imagine how mass vaccination of our youngsters and children will not lead to an even more disastrous outcome of all the scientifically irrational and unjustifiable vaccination efforts. Not only will these dramatically increase the children’s risk to succumb to (accelerated) Covid-19 disease but it will also take away the highly efficient capacity of healthy, unvaccinated people to diminish the dangerous, ever rising viral infectious pressure in the population. By vaccinating our youngsters, children and, even more generally, all people in excellent health, we deprive an important part of the population from its ‘anti-viral’ capacity and instead turn them into a breeding ground for more infectious and increasingly NAb-resistant variants. In other words, mass vaccination of children will inevitably obstruct the process of building herd immunity in the population.

There can be no doubt that large scale immune interventions which ignore the immune pathogenesis of the disease are recipes for massive disasters.”

Geert Vanden Bossche
Just the number of kids killed by the vaccines are more than have died from COVID... ever

COVID vaccines have killed over 574 kids (12-17) to date

As more and more teens die from “unusual causes,” the FDA panel approves both the Moderna and J&J vaccines for boosters. These deaths don’t matter to them. Not one bit.
What do you say to the parents?
Kids don’t just die in the middle of a zoom call

20 minutes earlier they checked on him and he was fine

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

READ FULL REPORT >

VAERS ID: 1466009
ONSET: 27 days AGE: 16 SEX: M

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

SYMPTOM(S): AUTOPSY, DEATH
Deaths like this never happened before the jabs rolled out.

I wonder why they are happening now?

lifesitenews.com
Healthy 16-year-old boy dies during online class after second Pfizer jab: VAERS database - ...
15 year-olds never die in their sleep

Yet this happened 2 days after getting vaccinated.

VAERS ID: 1382906
KIDS IN ONTARIO KILLED BY THE VACCINE

“Inexplicably taken away”
The obituary never mentions the vaccine so nobody will ever know.
0

COVID child deaths in same period
Simone Scott would like to warn kids not to get the vaccine. But she’s dead.
Mother is forced to get vaccinated → child is severely damaged.

The mother had to have a C-section. The hospital said, "We won’t do it if you haven’t been vaccinated." The mom had no choice.

Now her baby is likely permanently neurologically damaged.

Please watch this video. The same symptoms are common in vaccine victims. For a newborn baby to have these symptoms is unprecedented.

Click the image to watch the video. (twitter removed it)

More vaccine injury stories.
When will the politicians recognize that the vaccines are killing our kids?

15-year-old Boy who had the Pfizer Covid-19 Vaccine collapses and dies whilst playing football four days later

BY DAILY EXPOSE ON OCTOBER 10, 2021 • ( LEAVE A COMMENT )

A 15-year-old boy collapsed and died whilst playing football four days after he had been given a second dose of the Pfizer mRNA Covid-19 injection.

The boy sadly lost his life on the 22nd July 2021 according to a Vaccine Adverse Event Reporting System report submitted on the 23rd July. The report, which can be found here under VAERS ID: 1498080, states that the child “collapsed on [a] soccer field while playing soccer at a local camp”.
All of these kids sacrificed their lives to send you a message
Are you listening?
Only a few bright lights
Pfizer admits: we don’t know if it works in kids

5.2 Unknown Benefits/Data Gaps

The unknown benefits and data gaps associated with the Pfizer-BioNTech COVID-19 vaccine when used in adolescents 12-15 years of age are the same as those detailed in the memorandum authorizing the vaccine for emergency use in for the individuals 16 years of age and older. They relate to:

- Duration of protection
- Effectiveness in certain populations at high risk of severe COVID-19
- Effectiveness in individuals previously infected with SARS-CoV-2
- Future vaccine effectiveness as influenced by characteristics of the pandemic, changes in the virus, and/or potential effects of co-infections
- Vaccine effectiveness against asymptomatic infection
- Vaccine effectiveness against long-term effects of COVID-19 disease
- Vaccine effectiveness against mortality
- Vaccine effectiveness against transmission of SARS-CoV-2
Iceland
Sweden
Finland
Denmark
Norway

All either suspend or recommend against using Moderna for young people.
Slovenia

Slovenia Suspends J&J shot after 20-year old student death
Ottawa will cover burial costs

At least they recognize the vaccines are deadly. Nobody else does.

“The department has budgeted $75 million for all claims “

The population of Ottawa is 1.4M. Assume 50% vaccination rate and 1% death rate. 7,000 deaths @$10K per claim. They budgeted for a death rate 10X higher than we are estimating!
Early treatment
COVID is a lot less dangerous than the flu if it is treated early with existing drugs.
Almost no one had to be hospitalized or die if the CDC or NIH had told people about proven early treatments.

Instead, they told people to do nothing...
... because they (incorrectly) believed that the vaccine was the only way to end the pandemic.

So they deliberately suppressed all other options.
We’ve known successful treatment protocols since March 2020

Dr. George Fareed and Dr. Brian Tyson share early treatment protocol
In India, they showed that if you do a nasal rinse every night, nobody gets COVID.
If you treat early with a combinations of drugs like Ivermectin, fluvoxamine, inhaled budesonide, HCQ, ...

You can avoid hospitalization and death by 99.76%

(for all variants with no safety issues)
Just taking **aspirin** after getting sick reduces your chance of being hospitalized by over 40%.

After these adjustments, aspirin use was associated with a 43% reduced risk of intensive care unit admission, a 44% reduced risk of mechanical ventilation, and a 47% reduced risk of dying in the hospital.
Fluvoxamine alone
has far greater death benefit than any of the vaccines

Reduces risk of death by 92%... Turns COVID into the flu.
But they don’t want you to know any of that.
Because they need you to believe that mass vaccination in the \textbf{ONLY} way out
They are lying to you
Early treatment has always been the superior approach.
But it has been suppressed by the government because it would detract from the (false) narrative that the vaccine/herd immunity is the ONLY way to end the pandemic.
That is why fluvoxamine was completely ignored after successfully completing phase 2, phase 3, and real-world evidence trials. It was accepted by the journal (The Lancet Global Health) but they are sitting on it.

The NIH ignored it as a possible COVID solution. NEUTRAL. Which means “do not use.” So physicians don’t use it.
Uttar Pradesh is now COVID-free
They used early treatments.

Vaccination rates there are miniscule (now 11%).
Kerala by contrast...

The Indian state of Kerala has 3% of India's population, and 67% of its inhabitants have at least one vaccination. One would expect Kerala's COVID cases to be so low as to be invisible in a chart of India's very low overall cases. Yet this state of just 33 million people accounted for 65% of all of India's cases on Thursday, and even more in recent weeks. It has essentially been the only state experiencing a surge in recent months. It also happens to be the Indian state that has rejected ivermectin.

Source: [Horowitz: Heavily vaccinated state accounts for 65% of India’s COVID cases after rejecting ivermectin](https://www.horowitz.com/heavily-vaccinated-state-accounts-for-65-of-india-s-covid-cases-after-rejecting-ivermectin)
Vaccination is not the solution
Vaccination is making things worse, not better.

In Israel, cases reached an all-time high after the boosters were rolled out.
Vaccination is not the solution
The same thing is happening in Singapore with an 80% vaccination rate. Just like in Israel, cases are at an all-time high (as of Oct 9, 2021)
Vaccines are the worst way to solve this problem (152X higher infection rate per capita)
Early treatment benefits
No masking
No social distancing
No more lockdowns
No more mandates
Broader immunity
Herd immunity
The medical community claims early treatments don’t work

Can you see a difference? AVUC used early treatment to get a 99.76% risk reduction; the rest of Imperial County didn’t. The CDC isn’t interested in exploring.
Which drug would you take if you got COVID?

<table>
<thead>
<tr>
<th></th>
<th>Drug A</th>
<th>Drug B</th>
<th>Drug C</th>
</tr>
</thead>
<tbody>
<tr>
<td># Patients tested</td>
<td>6,000</td>
<td>385</td>
<td>377</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>0.025%</td>
<td>7.3%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Death</td>
<td>0%</td>
<td>0%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
You’d should take the one that our government says doesn’t work

<table>
<thead>
<tr>
<th></th>
<th>Fareed + Tyson</th>
<th>Molnupiravir</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td># Patients tested</td>
<td>6,000</td>
<td>385</td>
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</tr>
</tbody>
</table>

Note: The Fareed and Tyson protocol has been available for 18 months but the FDA and CDC are not interested. The key drugs used in the protocol have been around for 40 years so have a proven safety record. By contrast, Molnupiravir has just 30 days of follow up.
You should not take the drug that Merck wants you to take.

Source: Merck Ignores Molnupiravir's Cytotoxicity

Merck's Molnupiravir—An Independent Newspaper Reports on the Potential Risk for DNA Mutation & Cancer
Early treatment benefits

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

People are dying of COVID in the hospitals because we are treating them with drugs and protocols that are hurting more than helping such as Remdesivir. There are known late treatments that we disallow.
ASK YOURSELF

Have you ever heard of anyone who got treated early with a proven early treatment protocol ever die from COVID?

Dr. George Fareed has treated over 7,000 COVID patients. 0 deaths for anyone who got treated early.

The one thing all the people in the hospital for COVID today have in common is none of them were treated early with a proven early treatment protocol such as the Fareed-Tyson protocol with a 99.76% risk reduction and no deaths or disabilities from the treatment or COVID. It works equally well for all variants.

Rochelle Walensky will never say that. Not in a million years. They won’t call Fareed. Ever.
Q: Do you know why there are vaccine mandates?
A: Because no sane person would take it without coercion
Censorship
THE PUBLIC WANTS A DEBATE ASAP
... but the CDC and FDA refuse
and both outside committees refuse to defend the CDC claims that the vaccines are safe.

Steve Kirsch  @stkirsch
3d -

Should members of the VRBPAC and ACIP committees (these are the FDA and CDC vaccine committees respectively) engage in a public debate with our scientific team (listed at the end of skirsch.com/covid/Refuse.pdf) on vaccine safety to explore the question of whether the vaccines kill more people than they save and the number of Americans killed so far by these vaccines?

Yes, let’s have an open discussion ASAP  100%

No, this is inappropriate. It should be done via the published literature in slow motion  0%

654 votes · Closed

166 likes  27 comments  65 reposts
Challenge to the Scientific Community – It’s Time for Honest and Open Debate on Vaccine Safety

TrialSite has published articles that counter the mainstream narrative promoted by the CDC, NIH, and the US government. While we have been criticized, we believe that transparent and open debate is the best way to uncover the risks as well as the benefits. The authors we have presented on TrialSite are experts in their fields with decades of experience and impeccable credentials. Silencing scientists and physicians with smear campaigns, bans, and threats strikes us as Un-American, and contrary to the public interest.
NOBODY WILL DEBATE US ON THE SCIENCE

No authority figure who is promoting the false narrative will debate any of us in public on vaccine safety. Rochelle Walensky, Tony Fauci, Eric Topol, Bob Wachter, Monica Gandhi, Lena Wen, Chris Cuomo, Sanjay Gupta, … you name it. None of these so called “vaccine experts” will accept an open fair debate on the science.

They don’t want to be embarrassed for misleading people. They all want to silence my team. It’s their only option. See diagram at left.

Note: There was a Trinidad official (Minister Hinds) who made the mistake of accepting a debate with me on vaccine safety and he lost badly...very badly. When things weren’t going his way, I was locked out of the Zoom call by the radio station so they could do ad hominem attacks on me after I was booted since they couldn’t attack the science.
One of the comments

Iharnisch331
October 4, 2021

Personally, I have found that often what isn’t being addressed is often far more informative than what is being addressed.

My concerns as a scientist and researcher involved in clinical research trials throughout my career is that the normal process of questioning everything and evaluating information on any relevant issues associated with the treatment have been completely blocked. The possibility of rational discussion regarding COVID-19 vaccine safety is not available and the simple act of raising questions or concerns has become riddled with threats to an individual’s career. This is not science nor is it the practice of medicine. It is appalling that we are unable to even have the discussion let alone resolve the questions without being blackballed or threatened with a loss of licensure.

Kudos for putting the challenge out however I am afraid that it will be met with the wall of silence that defines this moment in time for anyone who dares have a narrative different from the accepted one being presented to the world.

The sad fact is that if you actually were concerned about science, medicine, public health, or solutions to the pandemic-driven issues, you wouldn’t take this approach. Stopping discussions, creating categories of taboo questions, and threatening those who want explanations for logical, scientifically sound questions only fuels the conspiracy theorists fires...
Censorship required
The methods the US government uses to suppress the truth includes spreading misinformation, intimidation, mandates, and censorship.

Our government is deliberately ignoring early treatments; they tell everyone that early treatment don’t work. They demonize the key treatment used by India to be COVID-free. Their agenda is to push the vaccine, not to cure COVID.

Social media companies will censor, demonetize, and/or ban you for telling the truth. If you are a doctor, you can have your license revoked if you say the vaccines are unsafe. This way, the public “believes” that the vaccines are safe since no doctor is speaking out against it.
Dr. Robert Malone is blocked from reading NEJM.
Nicki Minaj was absolutely right

Read what the science actually says. All of the “experts” used hand waving arguments not backed up by any data to discredit her. She was telling the truth.
CAUTION

The Biden Administration does not believe in allowing people with dissenting views to be heard. They believe in censorship of people who are trying to spread the truth like me. They even have a list of people to censor. Sadly, truth is NOT considered “protected speech” in America.

The information in this presentation is fatal to the false narrative. You risk being suspended from Facebook, Twitter, LinkedIn, etc. if you spread links to this presentation.

Wikipedia may also post defamatory statements on your Wikipedia page like they did to mine. You will not be able to get this removed. Ever. No matter what the facts say later. They even laugh about it.
Twitter disables messages that challenge authority, even when they are right.

I have written and called the FDA and CDC numerous times asking them to defend their own paper. They refuse to answer.

Twitter censored *my article* as “misinformation” so nobody will know.

When you lack the data to defend your position, you must defend via censorship.
If you try to save lives with accurate reporting, Twitter will silence you like they did to this reporter.
For example...

Twitter is doing the exact opposite of keeping people safe.

The are suppressing the truth and not allowing Robert Malone to warn people about the dangers of these vaccines.

Robert Malone invented the mRNA vaccine and they are not allowing him to speak.

Are we in China?

Pfizer’s own study showed 20 people who took the vaccine died vs. 14 people who didn’t take the vaccine.
Dear Mr. Kirsch,

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

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

Sincerely,

Lorrie H. McNeill
Director
Office of Communication, Outreach and Development
Center for Biologics Evaluation and Research
U.S. Food and Drug Administration
lorrie.mcneill@fda.hhs.gov
FDA’S STEVEN A. ANDERSON DOES NOT CARE IF YOU DIE

I saw a video of Steven A. Anderson of the FDA where he says he’s in charge of safety monitoring at the FDA for the COVID vaccines.

I called Dr. Anderson multiple times and sent him and his staff emails multiple times. I was ignored. I was trying to tell them we found safety signals that the FDA had missed.

Jessica Rose is one of the world’s leading experts on VAERS and is a team member.

Dr. Anderson never responded. Attached is the latest attempt to expose the truth.
UCSF’s Monica Gandhi won’t respond

When CNN calls, Monica also has time to talk to them. It’s all softball questions.

But when I ask her to challenge me in a recorded debate on whether the vaccines are safe, she won’t answer my emails.

Allegedly, I’m a threat to society because I am spreading misinformation to millions of people.

If that is true, then why doesn’t Dr. Gandhi stop me? The most effective way to do that is to debate me and prove to the world I’m wrong.

But you see, she can’t do that because she knows I’m right. That is why she won’t debate me. Ever. Not for all the tea in China.
AT THE VERY LEAST...INFORMED CONSENT

Why not require everyone to read this “informed consent” booklet (all 106 pages) prior to being vaccinated? At least this way, they will understand the risks.
SUMMARY
The vaccines kill more people than they save.

Nobody will debate us.

Early treatment can get us to zero COVID: Uttar Pradesh vs. Kerala. It is better on every metric.

Fareed-Tyson protocol is 99.76% effective.

The one thing every hospitalized COVID patient has in common: they didn’t use a proven early treatment protocol.

Nobody in America likes to admit they were wrong.
TIME TO TAKE A STAND...
TOGETHER

“An individual who breaks a law that conscience tells him is unjust, and who willingly accepts the penalty of imprisonment in order to arouse the conscience of the community over its injustice, is in reality expressing the highest respect for the law”

– Martin Luther King, Jr.
TAKE ACTION

Businesses should stop complying with the vaccine checks and masking orders. They are nonsensical.

Demand the school boards do not comply with the mandates on vaccination and mask wearing.

VOTE for politicians who support what the data says
SUMMARY

The vaccines kill more people than they save.

Nobody will debate us.

Early treatment can get us to zero COVID: Uttar Pradesh vs. Kerala. It is better on every metric.

Fareed-Tyson protocol is 99.76% effective.

The one thing every hospitalized COVID patient has in common: they didn’t use a proven early treatment protocol.

Nobody in America likes to admit they were wrong.

We can start by demanding the school boards do not comply with the mandates on vaccination and mask wearing.
The latest research that everyone should be aware of:
A recent study in Israel found that the “main” side effects of the vaccines are seen in the people who should be aware of them. What does that mean for you and your family?

Steve Kirsch
Nov 17 2021, 8:12 PM —

Help wanted!-
I’ve been getting a lot of love and support from the people who are following along with the vaccine story. I have a team of experts I work with to help make sure that everyone is informed.

Steve Kirsch
Nov 17 2021, 8:12 PM —

COVID vaccine debate topics
In this article, we will explore some of the key issues surrounding COVID-19 vaccines. There are a few things we need to talk about.

Steve Kirsch
Nov 17 2021, 8:12 PM —

Ask me anything
As always, I’ll be happy to answer any questions you have about the vaccine debate.

Steve Kirsch
Nov 17 2021, 8:12 PM —

Anne Rumpf wrote a great piece about the right things to do and the right thing for the vaccine.

Steve Kirsch
Nov 17 2021, 8:12 PM —

We got you!
I see you getting interested! We’re all in this together. Stay tuned for more updates.

Steve Kirsch
Nov 17 2021, 8:12 PM —

Atmospheric common news stories
A collection of news stories about topics that are currently trending in the media.

Steve Kirsch
Nov 17 2021, 8:12 PM —

The best way to end the pandemic? Early treatment!
With the new data coming in, we can now see that early treatment with a combination of anti-inflammatory drugs and other treatments can greatly reduce the risk of hospitalization and death from COVID-19.

Steve Kirsch
Nov 17 2021, 8:12 PM —

Everyone missed this one — vaccinated people are up to 5X more likely to be hospitalized than unvaccinated people.

Steve Kirsch
Nov 17 2021, 8:12 PM —

A recent study in Israel found that vaccinated people are 5 times more likely to be hospitalized than unvaccinated people. This is a critical point that the media should be aware of.

Steve Kirsch
Nov 17 2021, 8:12 PM —

Justin Newsome is writing about his vaccine injury and here’s how I will prove it. my $2M offer
I have seen the same type of thing with my vaccine injury. But in this case, his kids aren’t vaccinated either. He wants YOUR kids to be vaccinated, but he can’t.

Steve Kirsch
Nov 17 2021, 8:12 PM —
FOR MORE INFO

See the Vaccine article on skirsch.io

It has links to everything, including this presentation ("All you need to know").
APPENDIX
CORRECTIONS?

If you find an error, please post it to this link on Gab for everyone to see.
Early treatment is ignored

Uttar Pradesh is now COVID free because they embraced early treatments.

Unfortunately, in the US, the NIH says these don’t work despite multiple systematic reviews and meta analyses published in peer-reviewed journals, the highest level of evidence-based medicine (EBM).

The FDA ignored all this data. The vaccine is the only solution they will consider in their risk benefit analysis. NOBODY in the VRBPAC advisory committee said one word about early treatment in their meeting on Sept 17 when they approved a 3rd dose of Pfizer for those over 65. They don’t believe the vaccine causes any deaths at all and they can’t explain any of these anecdotes.
Here’s how we compute the 2:1 ratio that shows the vaccines are nonsensical
V:C defined

V:C is the ratio of the number of vaccine-caused deaths per million doses (V) relative to the projected number of COVID deaths that could be saved by the vaccine over a 6 month period per million doses (C).

A number like 2:1 means we kill 2 people for every COVID death we save. That’s bad.
V:C viability
For a COVID vaccine to be viable, we need a V:C of 1:x where x > 10, i.e., you want the risk to be small compared to the benefit.

If you are saving the lives of >100,000 people, you don’t want to have to kill >10,000 people to have to do that. That would unconscionable in a civilized society and would be unprecedented in modern times, especially when we have a viable alternative—early treatments that work with over 99% risk reduction that don’t have any safety issues.
V:C varies by place, time, age

V:C depends on the vaccine type, the rate of COVID deaths in your community at a particular time, and your age. For this presentation, we’ll compute this as a country-wide average for the US.
Is the vaccine safe for some age groups?

The vaccines may have a positive risk / benefit for people in a certain demographic.

The CDC and FDA think the vaccines are perfectly safe and have killed no one, so they have never done this analysis. For example, the VRBPAC unanimously approved boosters for people over 65.

None of the panel members made the risk-benefit calculation. They were guessing.

Were they right? No. They were dead wrong based on both our calculations and the real-world evidence.

Here’s what the detailed calculations showed...
Pfizer is the safest of the three vaccines

In general, the three vaccines in the US work through a very similar process.

The vaccines have an estimated death rate of close to 1 death for every 1,000 people who are vaxed. All of them kill more people than they are likely to save over a 6 month effectiveness period.

Pfizer is the safest, Moderna and J&J are much more dangerous (see the comparison for sources).

<table>
<thead>
<tr>
<th>Vax type</th>
<th>Doses delivered (M)</th>
<th>VAERS US deaths</th>
<th>D/M</th>
<th>Deaths per fully vaccinated per M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer</td>
<td>218.8</td>
<td>3033</td>
<td>568</td>
<td>1,136</td>
</tr>
<tr>
<td>Moderna</td>
<td>149</td>
<td>3023</td>
<td>831</td>
<td>1,662</td>
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<tr>
<td>J&amp;J</td>
<td>14</td>
<td>675</td>
<td>1977</td>
<td>1,977</td>
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</tbody>
</table>
WATCH

You Retweeted
RancidHoglitosis @Hoglitosis · 41m
Replying to @VaccineTruth2
Transcript;

COVID-19 VACCINE
EXPOSED
PART 1
PROJECT VERITAS
BE BRAVE. DO SOMETHING.

Federal Govt Whistleblower Goes Public with Secret Recordings: ‘Gov...
Investigating and exposing corruption in both public and private
institutions.
projectveritas.com
WATCH
The tweet was 2 minutes of my public testimony at VRBPAC. After 790K views and 10K retweets, Twitter forced the author to remove the video clip. Twitter is endangering lives by blocking the truth from people. I now use Gab and encourage people to switch.