Is it safe?
What the record-level data says

Steve Kirsch
stevekirsch.substack.com

Nov 30, 2023
Vote now
You can change your vote at any time during the presentation.

Limited to pre-registered attendees

pollev.com/stevekirsch655
About me

MIT ’78 SB/SM EECS

Former high-tech serial entrepreneur

Featured on 60 Minutes

Written over 1,500 articles on vaccines

Today: Misinformation superspreader (#1 search result on Google)
This tech millionaire went from covid trial funder to misinformation superspreader

Oct 5, 2021 — One Silicon Valley entrepreneur thought he could beat the odds. Medium banned him for misinformation. "Medium revoked my account for life. My ...
Benefits of calling for data transparency

Lifetime ban: LinkedIn, Medium, Twitter (2x), Wikipedia
Stripped of National Caring Award (Wikipedia)
Friends abandon you
Country club won’t take you
Corporate Board tells you to shut up or leave
Your Scientific Advisory Board quits en masse
You are censored on all platforms
YouTube removes your videos
YouTube cancels anyone who has you on their show
People call you a wack job behind your back
MIT won’t let you speak in your own auditorium
We have an old saying in Delta:

Don't get mad. Get even.

National Lampoon's Animal House (1978)
“Revenge of the Nerd”
THE FOLLOWING PRESENTATION HAS BEEN APPROVED FOR
NO AUDIENCES

BY THE CENTERS FOR DISEASE CONTROL (CDC) &
THE FOOD & DRUG ADMINISTRATION (FDA)

THE TALK ADVERTISED HAS BEEN RATED
MISINFORMATION
UNDER 17 REQUIRES ACcompanyING PARENT OR ADULT GUARDIAN
MOST OF THE MATERIAL MAY BE
CONSIDERED EXTREMELY UNSAFE.

www.cdc.gov  www.fda.gov
All-cause Deaths per day after a specific dose of a **safe vaccine** given at a random time to a fixed size cohort 

Slope downward rate depends on age of cohort injected. All ages is ~ 0.8% drop/yr. Medicare is 5% drop/yr from baseline \( (t_0) \). Y-axis intercept is lower for younger cohorts, higher for older cohorts. If vax is not given evenly over time, can be ripples in the line (above and below) based on background events (see red)
For a safe vaccine, the all-cause mortality (ACM) line always slopes downwards. **Always.**

Death in a fixed size cohort is a Poisson distribution where the mean goes down monotonically.
A “safe and effective” vaccine

1. Reduces ACM fluctuations **caused by that specific virus**
2. Reduces the y-intercept increase during pandemics (brings it closer to the normal baseline)
Temporal healthy vaccine effect (HVE) (gone after ~21 days)

NB: HVE is non-existent if most of the cohort is not in hospital/hospice (e.g., <60 yr old)
“Running out of time to die”

Death counts have to drop to zero if observation window is extended because the finite termination point means people run out of time to die.
“50% of people leaving for Dose 3”

Deaths per day since dose 2 for people who only got Dose 2
Mortality rate
(Deaths per 100K person-years)

Remains flat over time. Height depends on age mix of cohort.

CAUTION: May have noise artifacts at start and/or end if death and person-day counts are low at those points.
Any questions?
MIT Institute Professor Robert Langer did NOT want to see the data I’m going to show you tonight.

Your vaccine is killing people. Do you want to see the data?

Steve Kirsch
To Robert Langer (rlanger@mit.edu)

This message was sent with High importance.

I’d love to show it to you before my talk.

I’ll be showing it to the MIT community on Thursday at 6pm in the Kirsch Auditorium.

You can reach me at

-steve
Do you know why?
If he sees the data, he has a duty as a Board member of Moderna to immediately stop the shots.
Otherwise, he could be held **criminally liable** if they don’t stop the shots

(gross negligence manslaughter, corporate manslaughter, ...)

The PREP only protects from civil liability, not criminal liability
As soon as any of these companies are shown that these are “kill shots,” they have to act.
That’s why both Moderna and Pfizer refused to look when a member of the medical news media offered to show it to them
Does anyone want to take their place today and defend the COVID vaccine?
US Medicare

Gold standard data
Never before been made public
Same time period, same population, different vaccine.
This is a typical **unsafe** vaccine

(unsafe due to day 0 kill rate)

ACM ↓ 11% @365 from baseline

Deaths per day

HVE Days since shot

Pneumococcal vaccine
This is a very unsafe vaccine. Slope goes UP monotonically for 365 days straight! Unprecedented.

ACM @365 days is 26% from baseline @ 21 days

COVID vaccine
Nobody can debunk that slide. NOBODY.

They all ignore it.

It’s a third-rail. If you touch it, you lose the debate.
It didn’t save anyone
It killed people.
No doubt about it.
None whatsoever.
Should be **GRAU**

“Generally regarded as unsafe”

**Medicare: COVID Vaccine given in 2021 or 2022:**

# Died vs Days Died After first shot

**COVID vaccine**
Curves for other doses of COVID vaccine also slope **UP** over first 300 days.

WTF?!?! It is supposed to slope **down**.
I showed the world this in Feb 2023. Nobody cared.

GAME OVER: Medicare data shows the COVID vaccines increase your risk of dying

This is why the CDC has NEVER used the Medicare data to prove the vaccines are safe. And this is why NOBODY in mainstream medicine wants you to see this data. EVER. They ALL want it hidden. FOREVER.
Do you know why they never spotted any safety signals?
They were looking for this:

Deaths per day

Time since shot
not this:

Deaths per day

Time since shot
Including me!
The most damaging curve I saw. Know why?
This is people who got **exactly 2 shots**

Deaths per day
We can estimate Baseline1 using Baseline2!

Deaths per day

From day 180 to 400, 50% opted to get a 3rd shot

Baseline1 (pre-180 days)

50% increase Over baseline1. Stunning.

Baseline2 (post 180 day)
We also have anecdotes.
In a world where information is being withheld or distorted, anecdotes are often the best source of truth.

Here’s an example...
Jay Bonnar, 57 year old high tech sales exec

15 friends died “unexpectedly” post-vax. All dead were vaxxed. Prior to the vax rollout, 1 “unexpected” death in 30+ years

4 died **within 24 hours** of vaccine

3 of the 4 were < 30 years old

poisson.sf(14, .1) --> **7.0e-28**

→ the vaccine KILLED his friends. GUARANTEED.
Jay Bonnar, 57 year old high tech sales exec

15 friends died from the vaccine
0 friends died from COVID

Let that sink in...

>>> poisson.cdf(0,15)
3.0590232050182594e-07

→ The cure was far worse than the disease

Poisson distributions never lie. Trust 6.041.
“But we’re never going to learn about how safe this vaccine is unless we start giving it. That’s just the way it goes.”

– Dr. Eric Rubin
Editor-in-Chief
New England Journal of Medicine

Adjunct professor of immunology and infectious diseases
Harvard University
Well, we **now** have the safety data.
Just one small problem...
Nobody in public health has ever has ever looked at it *seriously*
Nobody ever has ever publicly released the record-level data for any vaccine
So we couldn’t look at it either
So nobody would be able to know the ground truth about any vaccine or pharmaceutical
But that changed for me on Nov 9, 2023
Thanks to a whistleblower @ New Zealand Ministry of Health
M.O.A.R (Mother Of All Revelations)
The irrefutable data on New Zealand's excess deaths from the C_v_d
www.youtube.com

YT - https://www.youtube.com/watch?v=IQ-ywRHhrIc
Do you want to see the video?
Me too! But Community Guidelines are way more important than saving lives. YouTube removed it < 5 min after posting.
We now have the data.
That nobody was ever supposed to see
And I just now made it available for anyone in the world to download
Along with free data analysis tools you need
It is record-level data. Official government data. Gold standard data. Ground zero data.

It does not get any better than this.
For professional misinformation spreaders such as myself, this data was the Rosetta Stone.
It can statistically PROVE whether a vaccine is safe or not.

The results are objective and easy to interpret.
Have you ever wondered why it is always kept hidden?
Today, for the first time in history, I will show you why.
I’m going to show you what the NZ record-level data says about the COVID vaccine
It's not pretty
Over 13 million people were killed worldwide.
For no benefit.
Whatsoever.
With one exception...
DOES IT PROVIDE IMMUNITY?

ONLY FOR THE MANUFACTURER.
The shots made it more likely that you’d die if you were elderly...

the very population the shots were designed to protect.
A safe vaccine should have a flat deaths/day profile (FLU)

Whoops! NOT SAFE.
A safe vaccine should have a flat deaths/day profile (PCV)

Whoops! NOT SAFE!
COVID vaccine
All ages, all doses

Death rate
(deaths per 100K person years)

Estimated baseline

Weeks since day of shot
Could anything be happening in the background to explain this?
You can vary all 4 independent variables and you see the same thing.
Mortality rate doubles for the elderly, but flat for the young over the exact same 2.5 yr calendar period

<60 year olds

80 to 90 year olds
Note: there are artifacts at the start and end of the plots. Those were expected and were explained at the start of the presentation.

The start is due to the fact we only have vaccinated records, so we have to build up over time. The end is running out of time to die.
“The NZ data confirms what we saw in the most recent ONS data. There is now no doubt the vaccine is increasing the mortality rate in older people.”

Norman Fenton
Professor of Risk Information Management
Queen Mary University of London
"I think that you've made a very strong case that the Covid genetic vaccines are associated with appreciably increased mortality rates for 6-12 months after each dose. This is particularly compelling in people over age 65. I am not aware of actual evidence that the increased post-vaccine mortality that you've shown has a different cause."

Harvey Risch, MD, PhD
Professor Emeritus and Senior Research Scientist in Epidemiology (Chronic Diseases); Yale Institute for Global Health

h-index: 110
By how much??
Avg over 5 doses, all ages is \(~100\) excess deaths per dose per 100K person-years.

\(\implies\) \(~1\) excess death per 1,000 doses on average.
So now we know why there was an unprecedented increase right after the vaccines rolled out in 2021.

It was the vaccine causing the excess deaths.
Killed estimate

13M people worldwide

675K Americans

Conservative estimate
Ethical Skeptic (ES) estimated 1.39M excess deaths in the US from Rasmussen survey data.
The same thing is happening in other countries
Denis Rancourt estimated 17M killed worldwide by the COVID vaccines

We are in the same ballpark.
UK ONS data
ACM significantly higher in the vaccinated for 20 consecutive months.

Nearly double in some months!

Source: UK ONS (Table 2)
UK data: The ACM goes up for the vaccinated on every dose. Not a coincidence.
And look what happened in the Philippines!
Philippines
Vax deaths were
5X COVID deaths
Philippines Excess deaths skyrocketed post-vax rollout
It's as clear as it gets:
A direct survey of over 10,000 Americans showed the vaccine killed > 3.5x COVID.

Nobody wanted to contact the responders or replicate the results.
Sound too hard to believe? Don’t take my word for it. Collect your own data (This X survey found a 3.86X ratio)

Since March 2020, if you lost a family member(s) to COVID or to the vaccine (or both), please let me know which one:

- COVID: 6.5%
- Vaccine: 25.1%
- Both: 3.4%
- No deaths in my family: 65%

4,076 votes - Final results
United States (Medicare)

Dose 1

Dose 2
Maldives record-level data shows **60% increase @ 180 days post shot**
Based on data from the Israel Central Bureau of Statistics, an average of 28.4 people died per day in Israel in 2022. This represents a slight decrease from the previous year, when an average of 28.7 people died per day.
Israel baseline calculation

28.4 * .83 = **23.5** deaths per day

Due to lower vax rate of elderly (it is the elderly who de)
2.5x increase in death counts from baseline of 23.5 to 60
Israel: In first 7 months after dose 2, deaths peak 3.8x from baseline. NOBODY NOTICES.
That chart has been in public view since Mar 7, 2023.

Nobody cares how many people the vaccine kills or injures.

The medical community does whatever they are told.

They are incapable of independent thought.
They do not want to lose their job.

Or their board certifications.

So most remain silent while the killing happens.
Dr. Peter McCullough, one of the top cardiologists in the world, just had his board certification revoked for saying that the COVID vaccines were killing people.
October 18, 2022

Peter McCullough, M.D.
5231 Richard Avenue
Dallas, TX 75206

Re: Notice of Recommended Disciplinary Sanction

Dear Dr. McCullough:

The American Board of Internal Medicine (ABIM) provided you notice by letter dated May 26, 2022 (the "Notice") that ABIM's Credentials and Certification Committee (CCC) would consider whether to recommend a disciplinary sanction against you in light of public statements you made about the purported dangers of, or li

The CCC met to consider this matter.

McDonald, M.D., M.P.H., Senior Vice President, Medical Education Residency Director, Academic Affairs; Ruth H. Ph.D., Research Associate; and Laura Paul Lantieri III and Emilia McKee.

Nothing in your declaration submitted in response to the Notice, or in the materials submitted to ABIM on your behalf, compels a different conclusion.

For these reasons, the CCC found that you have provided false or inaccurate medical information to the public. By casting doubt on the efficacy of COVID-19 vaccines with such seemingly authoritative statements, made in various official forums and widely reported in various media, your statements pose serious concerns for patient safety. Moreover, they are inimical to the ethics and professionalism standards for board certification.

In light of all the evidence and circumstances, the CCC determined to recommend that your board certifications be revoked.
U.S. Navy Medical Officer Exposes Defense Department Data Showing Alarming Increase in Heart-Related Issues Among Pilots Following COVID-19 Vaccination: Myocarditis Up by 151%, Heart Failure by 973% (VIDEO)

By Jim Hoft  Nov. 28, 2023 1:40 pm  1269 Comments
What an actual successful vaccine rollout could have looked like (bottom) But instead they lied, and made it much worse.
The debate is over
Vote now
You can change your vote at any time during the presentation.

Limited to pre-registered attendees

pollev.com/stevekirsch655
The opposition doesn’t want to talk about it
Even $10M is insufficient to get them to show up
If I lose, I will donate $1M to MIT.

If he loses, he will donate $1M to VSRF.

I just offered MIT Institute Professor Robert Langer $10M to debate me about COVID...

I think the mRNA shots are deadly. The evidence is in plain sight. I’m so confident that the data supports this that I’m willing to donate $10M to MIT...

Nov 10 • Steve Kirsch
Langer could have named a team of people to appear in his place.
He didn’t even give me the courtesy of a response.
I just offered Moderna up to $10M to challenge me on vaccine safety. The venue, the Kirsch Auditorium at MIT, is almost literally across the street from Moderna HQ. Nov 30 at 6pm. They can bring up to 12 people. I’ll be there alone.
$100K reward
and still nobody wanted to challenge me live
None of the anti-anti-vaxxers wanted to challenge me either.
Pierre Kory
just retweeted

It's so expensive to find someone to debate you now nowadays, isn't it?

Pierre Kory
agreed
If the CDC was honest...
COVID-19 vaccines can kill you

COVID-19 vaccines increase risk for infection, serious illness, and death

We made a mistake. We shouldn’t have recommended that people get the shots. Sorry about that.

All vaccines are unsafe. Andrew Wakefield was right.

Data from December 2020 to July 2021

bit.ly/MMWR7043e2
LET’S DIVE INTO THE DATA

(that nobody wants to see)
It’s from a whistleblower deep inside the New Zealand Ministry of Health.
4M records
~ 33% of all vaccine records in NZ

Vaccinated people only

Dead and alive
I’ve personally authenticated the data and the leaker.
And even the most vocal supporters of the vaccine concede that the New Zealand data is HIGHLY accurate.
The Real Truther @thereal_truther · Nov 7
Replying to @AntiHateNetwrk and @Answers4Sean
NZ tracked data VERY accurately.
New Zealand records biggest increase in registered deaths in 100 years

By: Julia Gabel and Chris Knox

19 Feb, 2023 07:46 PM 3 mins to read

Alarming Acceleration in New Zealand Excess Deaths, Latest Official Figures Up 70% on Last Year

By: Guy Hatchard | November 13, 2023 | 2520 | 0
See the baseline on each dose? The healthiest people are opting for next dose (others have learned). The remainder are less healthy, but their body slowly recovers so their mortality rate falls back down.
70 year olds: FAIL

See the baseline on each dose? The healthiest people are opting for next dose (others have learned). The remainder are less healthy, but their body slowly recovers so their mortality rate falls back down.
See the baseline on each dose? The healthiest people are opting for next dose (others have learned). The remainder are less healthy, but their body slowly recovers so their mortality rate falls back down.
90 year olds: FAIL

See the baseline on each dose? The healthiest people are opting for next dose (others have learned). The remainder are less healthy, but their body slowly recovers so their mortality rate falls back down.
All ages: FAIL

See the baseline on each dose? The healthiest people are opting for next dose (others have learned). The remainder are less healthy, but their body slowly recovers so their mortality rate falls back down.
The curves **should be flat**.

Did those curves look flat to you?
Sanity check...
The upper plot is the MR (Mortality Rate in deaths per 100K person years) vs. calendar time (in months for <60 yr olds. It’s a flat line!!!

This indicates 4 things:

1. No “mass extinction” event happened in the background
2. The vaccine isn’t killing younger people as significantly as older people
3. Our data is good
4. Our analysis tools are good (no bugs)
Was it caused by the vaccine?

No other viable alternative.

Meets all 5 Bradford Hill criteria for causality.

What else could induce such a huge change in mortality in only the vaccinated population and is correlated with the time of the shot?
Bradford Hill criteria for vaccines

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

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

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

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

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

Massive increase in all-cause mortality
Who is Robert Malone

Not 14M Lives Saved, But Over 17M Dead from the mRNA COVID vax

Lancet Infectious Diseases must retract this fundamentally wrong “peer reviewed” manuscript. But what happens when a Nobel Prize is granted based on bad data?

ROBERT W MALONE MD, MS
NOV 23, 2023

Share

THE LANCET
Infectious Diseases

Global impact of the first year of COVID-19 vaccination: a mathematical modelling study

Oliver J Watson, PhD • Gregory Barnsley, MSc • Jaspreet Toor, PhD • Alexandra B Hogan, PhD • Peter Winskill, PhD • Prof Azra C Ghani, PhD • Show footnotes

Open Access • Published: June 23, 2022 • DOI: https://doi.org/10.1016/S1473-3099(22)00325-6 •
These researchers, in their own words:

‘...have found no evidence in [their] extensive research on ACM [All-deaths Cause Mortality] that Covid vaccines had any beneficial effect. If vaccines prevented transmission, infection or serious illness, then there should have been decreases in mortality following vaccine rollouts, not increases which were observed in every elderly group subject to rapid booster rollouts. And, mortality would not have increased solely when vaccines were rolled out, where no excess mortality occurred prior to vaccine rollouts, as we have documented in 9 countries across 3 continents.’

spectator.com.au/2023/11/excess...
By the way, did you see this new report from Dowd? I've been working in the cancer field for 30 years and never seen anything like this. "Seismic" would be an understatement.
Normal is now **totally upside down**

“I was talking with embalmer Richard Hirschman from the "Died Suddenly" movie last week on the phone. Richard said that he has embalmed 63 bodies over the last 2 to 3 months, and he has seen the "white fibrous clots" in 32 of them (i.e., just over 50%). And of the 50% of bodies that do not have the white fibrous clots, Richard is seeing traditional "currant jelly" clots and the newer "coffee grounds" (i.e., micro-clotting) in the vast majority of those bodies. In fact, Richard said that of the last 63 bodies that he has embalmed, only 6 (i.e., **less than 10%**) of those bodies had no clotting of any kind (i.e., normal looking blood). Pre-Covid, Richard used to see the traditional "currant jelly" clots and "chicken fat" clots in **only about 15% of his corpses** (i.e., 85% of his corpses had normal looking blood).”

- Thomas Haviland, USAF
  Major, Retired
CDC and FDA will say there is “no evidence” of harm

They refuse to investigate or view any adverse event data submitted from outside their organizations.
4 facts you need to know about the COVID vaccines
COVID vaccines: **all risk, no benefit**

<table>
<thead>
<tr>
<th>Risk/benefit</th>
<th>Impact</th>
</tr>
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<tbody>
<tr>
<td>Risk of infection</td>
<td></td>
</tr>
<tr>
<td>Risk of hospitalization from COVID</td>
<td></td>
</tr>
<tr>
<td>Risk of death from COVID</td>
<td></td>
</tr>
<tr>
<td>Risk of death (ACM)</td>
<td></td>
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</tbody>
</table>

*Red = Bad  
Green = Good  
Yellow = Neutral*
Who should be getting these shots?
NOBODY
How come we aren’t being told that?
Systemic defect
CDC
Don’t have the record-level data → “the vaccine is safe.”

The States
Have the data, but trust the CDC so they NEVER look at the data they have.

Nobody has analyzed the data to find a safety signal
Infection
Cleveland Clinic study: More doses → more infections
Hospitalization
Research Letter
April 6, 2023

Risk of Death in Patients Hospitalized for COVID-19 vs Seasonal Influenza in Fall-Winter 2022-2023

Yan Xie, PhD1; Taeyoung Choi, MPH1; Ziyad Al-Aly, MD1

**Table. Baseline Characteristics in Seasonal Influenza and COVID-19 Group Before and After Propensity Score Weighting**

<table>
<thead>
<tr>
<th></th>
<th>Before propensity score weighting</th>
<th></th>
<th>After propensity score weighting</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Seasonal influenza (n = 2403)</td>
<td>COVID-19 (n = 8996)</td>
<td>SMD(^b)</td>
<td>Seasonal influenza (n = 2403)</td>
</tr>
<tr>
<td></td>
<td>Mean (SD), y</td>
<td></td>
<td></td>
<td>Mean (SD), y</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;=65 y, No. (%)</td>
<td>70.52 (11.68)</td>
<td>73.42 (12.25)</td>
<td>0.24</td>
<td>73.81 (12.22)</td>
</tr>
<tr>
<td></td>
<td>665 (27.67)</td>
<td>1787 (19.86)</td>
<td>0.18</td>
<td>481 (20.03)</td>
</tr>
<tr>
<td>&gt;65 y, No. (%)</td>
<td>1738 (72.33)</td>
<td>7209 (80.14)</td>
<td>0.18</td>
<td>1922 (79.98)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Race, No. (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>607 (25.26)</td>
<td>2066 (22.97)</td>
<td>0.05</td>
<td>562 (23.40)</td>
</tr>
<tr>
<td>White</td>
<td>1694 (70.50)</td>
<td>6421 (71.38)</td>
<td>0.02</td>
<td>1713 (71.29)</td>
</tr>
<tr>
<td>Other</td>
<td>102 (4.24)</td>
<td>509 (5.66)</td>
<td>0.07</td>
<td>128 (5.34)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex, No. (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2245 (93.42)</td>
<td>8580 (95.38)</td>
<td>0.09</td>
<td>2295 (95.51)</td>
</tr>
<tr>
<td>Female</td>
<td>158 (6.58)</td>
<td>416 (4.62)</td>
<td>0.09</td>
<td>108 (4.49)</td>
</tr>
<tr>
<td>COVID-19 vaccination status, No. (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not vaccinated</td>
<td>454 (18.89)</td>
<td>1865 (20.73)</td>
<td>0.05</td>
<td>429 (17.84)</td>
</tr>
<tr>
<td>1 dose</td>
<td>114 (4.74)</td>
<td>384 (4.27)</td>
<td>0.02</td>
<td>112 (4.68)</td>
</tr>
<tr>
<td>2 doses</td>
<td>517 (21.51)</td>
<td>1841 (20.46)</td>
<td>0.03</td>
<td>530 (22.06)</td>
</tr>
<tr>
<td>Boosted</td>
<td>1318 (54.85)</td>
<td>4906 (54.54)</td>
<td>0.01</td>
<td>1332 (55.43)</td>
</tr>
<tr>
<td>Influenza vaccine, No. (%)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

SAME STATS!! There is supposed to be a difference. **So neither vaccine provides ANY protection!**
If the flu and COVID vaccines protected against hospitalization, this is what you *should* see

<table>
<thead>
<tr>
<th>Vaccine status</th>
<th>Hospitalized for Flu</th>
<th>Hospitalized for COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID booster</td>
<td>50%</td>
<td>5%</td>
</tr>
<tr>
<td>Flu</td>
<td>5%</td>
<td>50%</td>
</tr>
</tbody>
</table>
So that paper *inadvertently showed* that:

1. Flu vaccine doesn’t protect against infection or hospitalization
2. Ditto for COVID vaccine
In practice, protection against death is < the net protection from hospitalization.

In other words, neither vaccine works at all.

**NO BENEFIT WHATSOEVER.**

This is VA fully reported data. Nobody can explain this, including the author.
I asked the author of the paper why he didn’t write a paper pointing out that he just proved that the COVID and flu vaccines don’t work.

He said he didn’t have time.

(You can’t make this stuff up. You really can’t.)
Death
Death from COVID
US Nursing home data

Shots made you **more** likely to die from COVID
COVID Vax

Pre-Omicron
IFR avg = .15

The vax rollout had **NO detectable** impact on the IFR!

Post-Omicron
IFR avg = .02

Omicron had an **instant** impact on IFR.

COVID cases vs. COVID deaths
US Nursing Home data from CMS
Odds ratio relative to odds on 12-27-20 (effective start of mass rollout to nursing homes)
Odds = COVID death:COVID survive

Vaccine rollout
Booster rollout
Omicron
Bivalent booster
Apple Valley Village Health Care Center saw >7X higher COVID death rates after COVID vax rollout. Wasn't it supposed to decrease rates?

It's in the official Medicare reports! And an employee revealed that 30% of the residents died directly after the shots. Bottom line: the CDC lied and people died.

STEVE KIRSCH
AUG 14, 2023
No one currently working at Apple Valley Village returned my calls
ICYMI: "The report shows the rate of COVID-19 deaths in Atlantic Canada was more than 7X higher last year compared with the year before."

Anyone @jsm2334 want to explain this one? If it wasn't the shot,...
Same is thing is happening in Australia... people are more likely to die from COVID now even though variant is less deadly! Look at number of thumbs up!

Heavily Vaxxed Australia: First 3.5 Months of 2022 has Double the COVID-19 Deaths from 2020 & 2021 Combined
If the vaccine is so beneficial, why are 95% of the clinics refusing to offer it?

Western Australian Media Not Pleased That Only 1-20 GP Clinics Offering the Latest COVID-19 Jab
All-cause mortality
Gold standard
Time-series cohort analysis of record level data
## Time series cohort analysis

<table>
<thead>
<tr>
<th>Person</th>
<th>Week 1</th>
<th>…</th>
<th>Week 4</th>
<th>…</th>
<th>Week 28</th>
<th>Week 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>steve</td>
<td>Shot 1</td>
<td></td>
<td>Shot 2</td>
<td></td>
<td>Shot 3</td>
<td>die</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bucket (dose)</th>
<th>Man weeks</th>
<th>Number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Four independent variables

\( t_o \) = observation time window
\( t_d \) = time since dose
\( D \) = dose number
\( A \) = Age

Dependent variable

\( MR = \) Mortality rate in deaths/(100K person-years)
To analyze, you look at the impact of each independent variable on the MR.

Four plots tell the story.

(This isn’t rocket science)
<table>
<thead>
<tr>
<th>Independent variable (IV)</th>
<th>Meaning</th>
<th>Expected result for MR as fcn of IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>$t_0$</td>
<td>Observation time window</td>
<td><img src="image1.png" alt="Graph" /></td>
</tr>
<tr>
<td>$t_d$</td>
<td>Time since dose</td>
<td><img src="image2.png" alt="Graph" /></td>
</tr>
<tr>
<td>$D$</td>
<td>Dose #</td>
<td><img src="image3.png" alt="Graph" /></td>
</tr>
<tr>
<td>$A$</td>
<td>Age</td>
<td><img src="image4.png" alt="Graph" /></td>
</tr>
</tbody>
</table>
What is record level data?

Why is it important?

What does it tell us about the COVID vaccines?
What is record level data?

One (or more) records for each person who was alive on Jan 1, 2020:

- Year of birth
- Date of death, if dead
- Vaccination history (date, type, dose #, lot #), if any
This is record level data:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>mrn</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>7/22/2021</td>
<td>Pfizer BioNTech</td>
<td>1939</td>
<td></td>
<td>first dose date, still alive, could have other doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>7/22/2021</td>
<td>Pfizer BioNTech</td>
<td>1963</td>
<td></td>
<td>unvaccinated, alive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>7/22/2021</td>
<td>Pfizer BioNTech</td>
<td>1952</td>
<td></td>
<td>second dose date, still alive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>5/19/2021</td>
<td>Pfizer BioNTech</td>
<td>2004</td>
<td></td>
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<td></td>
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<tr>
<td>7</td>
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</tr>
<tr>
<td>8</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>6/10/2021</td>
<td>Pfizer BioNTech</td>
<td>1970</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>5/26/2021</td>
<td>Pfizer BioNTech</td>
<td>1989</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>5/5/2021</td>
<td>10/29/2021</td>
<td>Pfizer BioNTech</td>
<td>1917</td>
<td>dead; this is date of the first dose. May be other doses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>5/28/2021</td>
<td>Pfizer BioNTech</td>
<td>1988</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>11</td>
<td></td>
<td>3/1/2022</td>
<td></td>
<td></td>
<td>1958</td>
<td></td>
<td>unvaccinated, dead</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Record-level data is **key**

→ we will know **instantly** if a vaccine is safe or not.
Other countries
Same deal
Could the data be confounded in every country we checked?

No. We can slide the observation window in every country and the results don’t slide.
Which means that the **ONLY explanation** is that the vaccines caused the excess deaths.
Occam’s razor doesn’t even apply.

There is only one option left.
At this point, we are rearranging deck chairs on the Titanic.
But wait! There’s more!
Was there a benefit?
NOPE.

There wasn’t even a benefit!

None zero zilch NADA.

The IFR post vax increased!
That is why record level data is never disclosed and why nobody calls for it.

They do not want to know the truth themselves. And they don’t want you to know the truth either.

Because if the truth was ever exposed, the public would be very upset.
Only one person in the world is regularly pushing for data transparency of public health record-level data?

Can you guess who it is?
The world’s #1 “Misinformation superspreader”
I offered it first to the:

FDA
CDC
Pfizer
Moderna
California Dept of Public Health officials
I even advertised to see if any qualified person wanted to see the data. No takers.
I wanted to give them an opportunity to explain how I got it wrong before I went public.
I don’t want to spread misinformation.

I really don’t.
But nobody will take the time to explain to me (and my colleagues) how we all got it wrong.
They all refused my offer
They said “the vaccines are safe” and didn’t want to see the record-level data that they’ve never seen before.
“We are the Federales! You know...the CDC. Data?!? **We ain’t got no data!** We don’t need no data! I don’t have to show you any stinkin’ data!”
You don’t have to trust me
Do your own research
The record level data is now, finally, publicly available
Think I got it wrong?

Can we see your analysis and your data?

How do you explain the data?

I’m willing to defend my analysis in a recorded public forum. How about you?
Downloading the data

This article has instructions for how to download the data (and for viewing the video of my MIT presentation).

Steve Kirsch's newsletter

Data from the New Zealand Ministry of Health shows that the COVID vaccines have killed over 10 million worldwide

It's finally here: record-level data showing vaccine timing and death date. There is no confusion any longer: the vaccines are unsafe and have killed, on average, around 1 person per 1,000 doses.

STEVE KIRSCH
NOV 30, 2023
Confirming authenticity

The data has an audit record in it which proves its bona fide - it's a financial system first and foremost so it is designed to be validated every step of the way by a very complex rules engine which means it has to be reconciled and can be audited.

Every single record has to pass validation.

This is the Oracle policy adviser/rules engine. It means it’s passed all quality and financial checks and is a valid record it cannot ever ever be denied. Each and every one of them contains a record like this.

Also, if it was fraudulent data, the NZMH would have said so. And if Barry Young didn’t work at NZMH, they would have said so.
this is the oracle policy adviser/rules engine. It means its passed all quality and financial checks and is a valid record

it cannot ever ever be denied

each and every one of them contains a record like this
Overcoming objections
“You can’t **prove** the vaccine caused this! You didn’t control for confounders.”
There are no confounders or combination of confounders that could explain these observations happening consistently worldwide. The effect sizes are too large and too consistent and temporally linked to the injection. The vaccine is the only explanation that is even remotely viable.
Q: “Where did they hide the bodies?”
New Zealand records biggest increase in registered deaths in 100 years

Excess deaths in 2022 among worst in 50 years
Alarming Acceleration in New Zealand Excess Deaths, Latest Official Figures Up 70% on Last Year
US had 600K excess deaths in 2021 alone (3.4M vs. 2.8M normal deaths).

It’s a good bet that over half of these were vaccine deaths.
John Beaudoin analyzed the Massachusetts death records and found 4,000 deaths caused by the vaccine. He should have found fewer than 15 if the vaccine was safe. He found 266X higher than “safe” expectations!

See: Public Health Crimes 2020 - 2022
20 Most Vaccinated countries

“The results are daunting! No country has improved, all have deteriorated! Significantly!”

How many countries saw an improvement of relative excess mortality with mass vaccination?
- Improvement: 3
- Deterioration: 17

How many countries achieved normal mortality levels with vaccination?
- Improvement: 0
- Deterioration: 20

<table>
<thead>
<tr>
<th>#</th>
<th>iso_code</th>
<th>location</th>
<th>people_vaccinated_per_hundre</th>
<th>From</th>
<th>To</th>
<th>type</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>Improved w/ vaccine?</th>
<th>No excess w/ vaccine?</th>
</tr>
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<tbody>
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<td>1</td>
<td>ARE</td>
<td>United Arab Emirates</td>
<td>106 2018 2019</td>
<td>cmr</td>
<td>14.9%</td>
<td>31.1%</td>
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<td>QAT</td>
<td>Qatar</td>
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<td>cmr</td>
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<td>Hong Kong</td>
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<td>cmr</td>
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<td>7.2%</td>
<td>29.3%</td>
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<td>17.5%</td>
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<td>11.9%</td>
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<td>19</td>
<td>MYS</td>
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<td>26.3%</td>
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<td>Ireland</td>
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<td>8.1%</td>
<td>FALSE</td>
<td>FALSE</td>
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</tr>
</tbody>
</table>
See a problem?

Source: OpenVAERS
See a problem? Western Australia

Figure 1: Number of AEFI reports by vaccination month and year overlayed with reporting rate per 100,000 doses administered by vaccination month and year (2018-2022).
Medical examiners: willful blindness

and then independently adjudicated each death from extracted data. Our conclusion was 73.9% of deaths after vaccination are either direct due or significantly contributed to by known mechanisms (myocarditis, blood clots, etc.) resulting from COVID-19.
~10,000 “died suddenly” events in full public view. Virtually all are in the vaccinated. Unprecedented.
Only 1 in 500 unvaccinated
Or births never happened

This tweet really resonated with people.
“Clearly baffling”
- Ed Dowd
People are seeing the evidence for themselves
Q: “If this is really true, why aren’t any of my MIT professors speaking out?”
Some are.

MIT Professor Retsef Levi is “red-pilled.”
Others choose to remain silent.
Is that how science is supposed to work?

Is that the new role model?

“Duck and run for cover” when challenged with credible data?
Do you want to see a real debate on the data?

Or shall we censor one side for you?
They want the debate to happen in the scientific literature → > 20 years to resolve simple yes/no questions like “Do vaccines cause autism?”

It’s been >20 years; no one will debate their side!
We want it to happen now, in a real time dialog.
Q: “If this is really true, why don’t I know anyone who died from the vaccine?”
A: “You probably do and just didn’t realize it.”
“Highly likely”

MIT News
ON CAMPUS AND AROUND THE WORLD

Paul Lagacé, professor of aeronautics and astronautics, dies at 63
Lagacé, an expert on composite materials and structures, was passionate about MIT and the Boston Red Sox.
Sara Cody | Department of Aeronautics and Astronautics
July 20, 2021

MIT News
ON CAMPUS AND AROUND THE WORLD

Peter Baddoo, Department of Mathematics instructor, dies at 29
Baddoo was a respected and admired scholar, teacher, mentor, and colleague.
MIT Human Resources
March 16, 2023
Do you know someone personally who died from side effects of the COVID-19 vaccine?

- Yes: 7%
- No: 69%
- Not sure: 24%

National Survey of 1,110 American Adults
Conducted October 26 and 29-30, 2023 by Rasmussen Reports
Data transparency is the key to reform
All we need is **ONE place**... a state or a country.
Or we elect a courageous new leader who believes in data transparency and will fix the corruption in the FDA and CDC
We instantly will dramatically reduce:

SIDS
Autism
Autoimmune diseases
Heart disease
Food allergies
Doctor visits
...

Did you know...

Cases of “overnight autism”

0 vs 44

(2 weeks before scheduled vax vs. 2 weeks after scheduled vax)

Source: Pediatrician Doug Hulstedt
SIDS ...

50% within 48 hours of vax

Omaha PD ghosted me after I filed a FOIA request.
In 2009, Congress decided it was better if the NIH did NOT do a study comparing the two cohorts.

Members of Congress tried to get a bill to force the NIH to do just **ONE** study. The bill was immediately killed in committee.

The bill, H.R.3069 — 111th Congress (2009-2010), was introduced on June 26, 2009 with 9 co-sponsors including Ron Paul. It never made it out of committee.

Here’s the summary:

Requires the Secretary of Health and Human Services (HHS), acting through the Director of the National Institutes of Health (NIH), to conduct a comprehensive study to: (1) compare total health outcomes, including the risk of autism, between vaccinated and unvaccinated U.S. populations; and (2) determine whether vaccines or vaccine components play a role in the development of autism spectrum or other neurological conditions.

The bill would have forced the NIH to do just ONE study.
HR 3069 (2009) was killed in committee!

They don’t want to know.

They don’t want you to know either.

They are corrupt. QED.
Every fully vax vs unvaxxed comparison ever published in the peer-reviewed literature shows the unvaxxed are healthier. NO exceptions.
Large pediatric practices in US

>25 years: 0 autism, ADHD, ... Kids never get sick

**Secret:** Avoid all vaccines, Tylenol, ...
They have to be hidden or they will lose their license to practice medicine for going against the consensus
Heart disease doesn’t affect the FULLY unvaccinated

Your cardiologist simply forgot to tell you.

“**The cure cannot be worse than the problem itself.**”
- President Donald J. Trump, October 22, 2020, Presidential Debate
BOTTOM LINE

Refuse all vaccines until there is data transparency
How will they respond to this?
“We don’t respond to external analyses”
OR
“It isn’t published in a peer-reviewed journal. We don’t have to respond to it. You can’t make us look.”
“... and if it gets published, we’ll get the paper retracted. Guaranteed. That’s how “science” works.”
“The vaccines are safe. We’ve given billions of doses and nobody has died. You can trust us… even though we never did proper autopsies on all the unexpected deaths and we never did the time-series cohort analysis ourselves on the record level data so we don’t actually really know if it is safe or not, to be honest.”
FINAL THOUGHTS
Hiding public health data

worse health outcomes
So why are we doing it?
STOP HIDING THE DATA
SET THE DATA FREE
NOW
Vote now
You can change your vote at any time during the presentation.

Limited to pre-registered attendees

pollev.com/stevekirsch655
SLIDE DECK is posted on my Substack right now.

Please share.
Thank you to my paid subscribers on Substack; you enable me to be able do this research.
Contact me

Steve Kirsch
@stkirsch

Truth-teller, critic of Vaccine Safety Risk,
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If you need to contact me about anything (interview request, fact check request, ask a question, let me know about something, want to debate me, found an error, etc), here's how to contact me:

How to contact me

kirschsubstack.com

X @stkirsch

Steve Kirsch’s newsletter

I’ll be speaking at MIT on Nov 30 on what the record level data shows about the COVID vaccines

My offer of $100K to challenge me on the record level data had no takers of sufficient prominence to make it interesting for the audience. This post has...

Steve Kirsch’s newsletter

I write about COVID mitigation policies, vaccines, neurological disorders and conditions, corruption, censorship, and early treatments. The data shows the
APPENDIX
How will this end

Market pressure on vaccine makers by financial markets

Public will stop buying their products

More courageous doctors will speak out

Honest epidemiologists will very gradually have to admit they were wrong

Congress will make the record level data public

...
Questions

Who will be the first to point the finger?

How quickly will this collapse?

When will the mainstream media cover the story?

How many more people will have to die before the authorities put a stop to the insanity?

**How much Moderna and Pfizer stock can I afford to sell short?**
Summary

The most trustable data is, in general, the data that is not voluntarily being disclosed to the public. Anecdotes are now often much more reliable than what is published in the peer-reviewed literature.

No government anywhere in the world has ever voluntarily disclosed the record-level data on the safety of any vaccine needed to assess safety.

No FOIA request ever made has ever returned a document showing that the necessary safety assessments for a vaccine was ever done (UK ONS comes the closest). They don’t want to know.

All FOIA requests to obtain record level data always fail. They claim the databases aren’t linked. So you can never compel their production.
COVID vaccines: all risk, no benefit.

This data is the most extensive dataset ever released on COVID.

COVID vaccines are killing over 1 \textbf{person per 1,000 doses} on average (all-cause mortality).

They make the elderly more like to die from COVID.
What do you think?
Warm up exercise
What do we mean by “safe”? 

FDA says: AVOID!

FDA says: SAFE!

How is it possible that these experimental gene therapy products are still advertised as "safe & effective" when the data is as clear as it gets?
Mortality rate (deaths per 100K person years) of test group 100 weeks prior to injection
One of these vaccines isn’t safe
Can you spot the unsafe vaccine?

MR vs week from shot given

MR before vaccine given

A

B