Nicki Minaj was right and all the world’s COVID vaccine experts were wrong

By Steve Kirsch

Nicki Minaj made a tweet about a friend of her cousin who got vaccinated and had orchitis (swelling of the testicles) afterwards.

Tweet

Nicki Minaj @NICKIMINAJ - Sep 13
My cousin in Trinidad won’t get the vaccine cuz his friend got it & became impotent. His testicles became swollen. His friend was weeks away from getting married, now the girl called off the wedding. So just pray on it & make sure you’re comfortable with ur decision, not bullied

Nicki was globally mocked for this tweet by COVID vaccine experts and the mainstream media from around the world. As far as I could tell, not a single medical expert supported her position. Nobody in a position of authority came to her rescue. Nobody.

It turns out Nicki was absolutely right. And all the world’s authorities and medical experts were incorrect (aka FOS). The VAERS data shows a 17.7 elevated incidence with the COVID vaccines vs. baseline rates for testicular swelling. For orchitis, the elevation is 15.5X. Both results are highly statistically significant, i.e., they didn’t happen “by chance.”

Easy Fisher Exact Test Calculator

Success! The Fisher exact test statistic and statement of significance appear beneath the table. Blue means you’re dealing with dependent variables; red, independent.

<table>
<thead>
<tr>
<th></th>
<th>Category 1</th>
<th>Category 2</th>
<th>Marginal Row Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>200000000</td>
<td>200000000</td>
<td>400000000</td>
</tr>
<tr>
<td>Group 2</td>
<td>820</td>
<td>53</td>
<td>873</td>
</tr>
<tr>
<td>Marginal Column Totals</td>
<td>200000000</td>
<td>200000000</td>
<td>400000000 (Grand Total)</td>
</tr>
</tbody>
</table>

The Fisher exact test statistic value is < 0.00001. The result is significant at p < .05.
This is known as an “inconvenient truth.”

I posted the scientific evidence on Nicki’s Twitter feed: the VAERS results, the Fisher Exact tests. Twitter blocked my main tweet (with all the sub tweets) shortly after I posted it so no one would learn the truth.

So I decided to write this article for TrialSiteNews so that everyone can decide for themselves who to believe.

And let’s be perfectly clear. Assessing causality on a one-off basis is always nearly impossible to “prove.” It’s all a question of likelihood. The more the COVID vaccine symptoms are present the higher the likelihood of causality. It is much easier to assess causality in a statistical analysis, e.g., do the vaccines cause testicular swelling? ABSOLUTELY yes.

Did the vaccine cause it in this case? Nobody can say for sure. The temporal proximity makes it plausible. None of the experts who discounted this offered a more plausible explanation for the simultaneous expression of both testicular swelling and impotence. If someone has a more likely explanation than the vaccine, they should come forward with their analysis. I don’t know enough about the statistics on this combination happening on it’s own, but I suspect it is less common to occur naturally than after the vaccine.

In any event, this event is likely heavily UNDER REPORTED to VAERS and the anecdote suggests that it is a lot more common than people think.

Bottom line: Nicki should not have been criticized at all. It’s quite possible that her cousin’s friend was vaccine injured.

Misinformation and VAERS

But first, let’s get a few housekeeping issues out of the way about me and about the Vaccine Adverse Event Reporting System (VAERS), the reporting system relied upon by the FDA and CDC to track adverse events.

I am not a medical expert. I am just an engineer from MIT who graduated in 1980 with a couple of degrees. I understand science, math, and statistics. I have no conflicts of interest. I have no history of giving out medical misinformation.

I’m also knowledgeable about the VAERS system. When you have an adverse event that you report to the V-SAFE application, you are directed to VAERS to report it. This doesn’t work so well if you are dead. This is why deaths are somewhat under-reported.

I’ve written articles showing that the VAERS data shows that over 150,000 deaths are due to the vaccine. But people dismiss that and cite the CDC disclaimer about VAERS. The CDC
disclaimer gives people “permission” to ignore VAERS. The people who dismiss my arguments are not VAERS experts.

I have 5 independent ways that arrive at the same number. Nobody has been able to supply a comparable analysis (with 6 different independent approaches) that all converge on a different number. They just claim my number is wrong. How can they know I’m wrong if they don’t have the “correct” analysis??

The CDC disclaimer is wrong on so many fronts. My favorite article on the lunacy of believing that CDC disclaimer is If Vaccine Adverse Events Tracking Systems Do Not Support Causal Inference, then “Pharmacovigilance” Does Not Exist.

To counter the CDC disclaimer, I offered to bet anyone $1M that there are over 20,000 deaths vs. under 500 deaths. I’d have bet a higher number, but nobody believes that even 20,000 deaths is remotely possible so 20,000 is sufficient to prove my point.

I discovered that nobody would bet me. Which tells us all that nobody in the world strongly believes that there are <500 deaths from the vaccine, because if they truly were confident of that, then this is a quick way to make $1M for a few hours of work. The CDC still says there are NO deaths caused by the vaccine. Just 500 deaths would stop the vaccine; it was around 50 deaths in 1976 when they halted the H1N1 vaccine nationwide.

Unfortunately, people think the CDC is correct in their VAERS disclaimer. So they attack me as being incorrect. The FDA dismisses my analysis with the hand-waving argument that they disagree with me and there is nothing further to discuss. This is precisely why they never see a safety signal in VAERS: the FDA and CDC will ignore any rational person who challenges their set of (incorrect) beliefs.

It isn’t just me they won’t talk to; it is all of the VAERS experts, statisticians, doctors, and medical scientists that I confer with who all would love to challenge the false narrative. See the list at the end of this document.

If you are looking for a safety signal and have found nothing, why aren’t the CDC and FDA interested in what we have to say?

How to find out who is telling you the truth on issues you don’t understand

One easy way to find the truth tellers is to see which side will put their money where their mouth is on important issues under discussion.
Another way is a public debate. Truth tellers LOVE recorded public debates. Liars hate that and depend on censorship. Sound familiar? Censorship also takes the form of not running my op-eds, doing hit pieces on me, defaming me in Wikipedia, and making sure all reporters who support my position have their stories killed.

None of the “experts” who attack me will ever agree to a neutral public debate about this because they will be exposed as pushing an unsafe vaccine. There is no way they can explain all the evidence that is out there. The evidence is consistent with my hypothesis, not theirs.

Any open debate on vaccine safety would completely obliterate the narrative that the vaccines are safe and effective. That’s why the White House uses censorship as their weapon against people like me who are trying to tell the truth.

And just like they are unfairly attacking me, they are also unfairly attacking Nicki Minaj who did nothing more than tell the truth. They should all be ashamed of their behavior.

The “experts” all aligned to discredit Nicki

Here’s the Trinidad expert criticizing Nicki.
Steve Kirsch @stkirsh · 2h
Replying to @mjtimber2 and @NICKIMINAJ
newsday.co.tt/2021/09/15/dey... it's in the HEADLINE.

Deyalsingh: No evidence worldwide that covid19 vaccines cause testic...
Health Minister Terrence Deyalsingh said there have been no reports of
testicular swelling as a result of covid19 vaccines, either in Trinidad an...
🔗 newsday.co.tt

Here’s Sanjay Gupta laughing at Nicki Minaj:
Sanjay simply stated the vaccines don’t cause swollen testicles. That’s it. No evidence. Basically Sanjay is making this stuff up out of thin air. This is irresponsible medical journalism at its finest. Listen to him. He cites no evidence. He simply says the vaccines don’t cause this. That’s opposite to what the primary evidence (VAERS) says. But it doesn’t seem to matter to him. I have no idea what his evidence source is since he never cites it. Funny how nobody else is criticizing him, isn’t it?

Sanjay Gupta was absolutely certain the orchitis was not due to the vaccine. He had no information on the circumstances of the case. The only reasonably prudent action with safety data on an experimental product is to assume it is possibly related and then pursue the issue. Dismissiveness has been a dangerous part of the agenda. Because the Spike protein in circulation after the vax mimics the respiratory/systemic infection it is not surprising.
Fauci couldn’t resist commenting. He’s full of shit. “No evidence that it happens, nor is there any mechanistic reason to imagine that it would happen,” Dr. Anthony Fauci said.

Fauci couldn’t resist commenting. He’s full of shit. “No evidence that it happens.” Are you kidding me?!? He’s a buffoon. **He never even looked for the evidence that was in plain sight the entire time.** This is how all this misinformation happens.

Here’s what I mean by [hiding in “plain sight”](#)... a web page summarizing all this that anyone can load:
It’s right there. There are line items for miscarriage, testicular pain/swelling. All the stuff Fauci said the vaccine didn’t cause… it’s all there in plain sight: miscarriages, menstrual disorders, testicular pain/swelling, erectile dysfunction, vaginal/uterine hemorrhage, etc.

Or there are article like this one:
If Fauci really wants to stop the medical misinformation, all he has to do is stop talking. Simple. Effective. Problem solved.

Comedians chimed in their expertise in the vaccine field:

-Ray Warren @RayWarr05645985 · 29m
Replied to @stkirsch
They dismissed or said period issues were very rare. Very rare as in over 35,000 in uk. I expect this will turn out equally rare. 😞

30,000 women have reported period disruption after getting a Covid j... The issues including an irregular menstrual cycle and painful periods were reported in the UK up to September 2. Most women said their ...

🔗 dailymail.co.uk
Trinidad officials said it was a wild goose chase.
Basically, these experts ignore all the negative data that doesn’t fit their agenda. And they gang up on anyone who has the courage to speak the truth to silence and ridicule them.

And Congress enables all this by doing absolutely nothing to stop the censorship.

All the evidence shows that all the experts were wrong and Nicki is right

Instead of people issuing opinions on whether vaccines cause orchitis or not, isn’t it time for us to look at the scientific data?

Did anyone produce any evidence that her cousin’s friend was lying? Nope.
Nobody even mentioned VAERS.

That’s our first clue that she’s telling the truth.

So I did a full investigation in VAERS and posted the result. But because it started heavily trending, Twitter censored it within hours of posting.

This is factual information based on a US government database search.

TWITTER CENSORS THIS AS MISINFORMATION.

And there is no appeal to their ruling. You cannot appeal their decision. They are right and you are wrong. ALWAYS.

Here’s the first message. Nobody is allowed to see the sub-tweets anymore… all censored.
Steve Kirsch
@stkirsch

Replying to @NICKIMINAJ

You are absolutely CORRECT and all the other experts are wrong. The data in VAERS shows a very clear elevation of testicular swelling after vaccination with the COVID vaccines... by 17.7X. Terrence Deyalsingh is lying when he said this hasn't been reported.

This Tweet is misleading. Find out why health officials consider COVID-19 vaccines safe for most people.

12:58 PM 3 Oct 2021 - Twitter Web
And if you do the same query for Orchitis, you get a **VERY** similar result... 15.4X elevation (vs. 17.7 above). The number are HIGHLY statistically significant due to the URF of VAERS events. A URF=41 is conservative. So here is the data from the VAERS queries and the Fisher Exact.
There was nothing misleading at all about the tweet. It was 100% factual. But you cannot argue with the Twitter censors. They are ALWAYS right and there is no appeal.

Truth about the vaccine must be censored because if it wasn’t censored, they wouldn’t be able to get anyone to take it. Censorship is hugely important, especially on social media platforms. When you have a product that is so unsafe that anyone informed wouldn’t take it, you can’t do it without censorship help.

Suppressing the truth is bad enough, but then you are given a very biased statement that fails to point out that the drug company’s own studies do not agree with these health officials.

Twitter never mentions that Pfizer’s own data shows that the vaccines kill more people than they save (18 vaccine group vs. 14 in placebo group). Why not give a balanced picture? Why are you giving expert opinions of experts who are wrong (and won’t debate the safety in a fair debate) rather than telling the world that the actual DATA from Pfizer doesn’t support the safety story?

In evidence based medicine, a double-blind randomized controlled trial data always out ranks expert opinion. But Twitter can’t figure that out. They probably never will.

Will any of these people ever apologize to Nicki? I doubt it. Because that would be an admission that 1) the vaccines caused an event that the FDA and CDC missed, and 2) it would expose all the world’s experts as giving out misinformation and 3) that Twitter was deliberately censoring truthful medical information. It’s not going to happen.

How could all the experts be wrong? Simple. They don’t check the data before they criticize people for making truthful statements. If you make any statement that is against the false narrative that the vaccines are safe and effective, you will get shot down, even when the facts don’t support it.

So, with that out the way, let’s get into the data.

An impossible anecdote

First we have a really interesting anecdote from one of my Twitter followers who saw my post. I just talked to him on the phone. It’s legit. There were 10 kids in the group:
So this is statistically IMPOSSIBLE (i.e., “highly unlikely to ever happen in your lifetime”) if the vaccines don’t cause this condition. I suspect this anecdote is not isolated. This is likely under-reported due to embarrassment.

Does this really affect half of teenage boys? I don’t know. The URF of this symptom would be really high.. Much higher than the 41 we’ll use below.

At this point, we have two anecdotes from people we trust suggesting that this is real.

**VAERS analysis confirms testicular swelling events are elevated after the COVID vaccines**

Let’s see if we can also confirm in VAERS as that would really add a lot of weight to the argument that this wasn’t just a “coincidence.” And then we’ll talk about mechanisms of action confirmation for even more credibility.

It’s always nice when we use a large primary safety data source like VAERS. It will also show everyone just how under-reported VAERS is. Even if just one of those 10 kids was telling the truth, the under-reporting factor in VAERS for this condition is likely huge.

So now let’s dig into the data. We’ll use a VAERS under-reporting factor (URF) of 41 based on my previous work. This is very conservative. The article also discusses the propensity to report and that allows us to compare previous years with this year with a correction factor (we are not trying to get a super accurate answer but just get in the ballpark).

Now we run some VAERS comparative analysis between what gets reported in a typical year vs. this year.
Search Results

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

**Found 64 cases where Vaccine is COVID19 and Symptom is Testicular swelling**

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-44 Years</td>
<td>18</td>
<td>28.13%</td>
</tr>
<tr>
<td>44-65 Years</td>
<td>23</td>
<td>35.94%</td>
</tr>
<tr>
<td>65-75 Years</td>
<td>14</td>
<td>21.88%</td>
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<tr>
<td>75+ Years</td>
<td>3</td>
<td>4.69%</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
<td>9.38%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>64</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Case Details
The second analysis was over 10 years (all vaccines). 64/3.6 is a 17.7X higher incidence rate than for a typical vaccine side effect. That’s clearly an elevated condition.

If we multiply each event by the URF of 41, we can then do a test for statistical significance over 200M people and that easily passes:

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 Years</td>
<td>5</td>
<td>13.89%</td>
</tr>
<tr>
<td>3-6 Years</td>
<td>1</td>
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<tr>
<td>9-12 Years</td>
<td>2</td>
<td>5.56%</td>
</tr>
<tr>
<td>12-17 Years</td>
<td>5</td>
<td>13.89%</td>
</tr>
<tr>
<td>17-44 Years</td>
<td>8</td>
<td>22.22%</td>
</tr>
<tr>
<td>44-65 Years</td>
<td>8</td>
<td>22.22%</td>
</tr>
<tr>
<td>65-75 Years</td>
<td>4</td>
<td>11.11%</td>
</tr>
<tr>
<td>75+ Years</td>
<td>2</td>
<td>5.56%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>2.78%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>100%</td>
</tr>
</tbody>
</table>
VAERS analysis confirms orchitis events are elevated after the COVID vaccines

Now we do the same test for orchitis which is another name for the same class of symptoms:
Search Results

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

Found 20 cases where Vaccine is COVID19 and Symptom is Orchitis

Table

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-44 Years</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>44-65 Years</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>65-75 Years</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>75+ Years</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Case Details
So we have $20 / 1.3 = 15.3 \times$ elevation so not that much different than we found earlier (17.7X).

Clearly both are elevated. Now we multiply by the URF of 41 (which is very conservative) and test for significance:
In short, so far, all the data we have shows Nicki was right and the experts were wrong.

VAERS analysis confirms erectile dysfunction events are elevated after the COVID vaccines

Here’s the search for COVID vaccines:
Search Results

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

Found 171 cases where Vaccine is COVID19 and Symptom is Erectile dysfunction or Organic erectile dysfunction

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-44 Years</td>
<td>39</td>
<td>22.81%</td>
</tr>
<tr>
<td>44-65 Years</td>
<td>48</td>
<td>28.07%</td>
</tr>
<tr>
<td>65-75 Years</td>
<td>11</td>
<td>6.43%</td>
</tr>
<tr>
<td>75+ Years</td>
<td>3</td>
<td>1.75%</td>
</tr>
<tr>
<td>Unknown</td>
<td>70</td>
<td>40.94%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>171</td>
<td>100%</td>
</tr>
</tbody>
</table>

Here’s the search for 10 years worth of all previous vaccines:
So 171/1.8 = 95X

In other words, your chance of impotence is elevated by nearly 100X after the COVID vaccine vs other vaccines. We have all the Bradford-Hill criteria now satisfied for causality. In addition we can add dose dependency (97 dose 1 and 43 on dose 2) as shown below.

But 15% fewer people get the second dose, and the vast majority of the people who skip the second dose are those who either (1) had a bad reaction to the first dose or (2) saw their friends having a bad reaction and decided to skip it (the slide showing this is midway in the deck). So the number should be 15% lower on the second dose reports. It isn’t. So there is dose dependency here as well, likely that people after the second dose reacted so badly they didn’t come back for a second dose.
From the 9/3/2021 release of VAERS data:

Found 97 cases where Vaccine is COVID19 and Vaccine Dose is '1' and Symptom is Erectile dysfunction or Organic erectile dysfunction

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-44 Years</td>
<td>30</td>
<td>30.93%</td>
</tr>
<tr>
<td>44-65 Years</td>
<td>25</td>
<td>25.77%</td>
</tr>
<tr>
<td>65-75 Years</td>
<td>2</td>
<td>2.06%</td>
</tr>
<tr>
<td>75+ Years</td>
<td>3</td>
<td>3.09%</td>
</tr>
<tr>
<td>Unknown</td>
<td>37</td>
<td>38.14%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>97</td>
<td>100%</td>
</tr>
</tbody>
</table>
As for the test for significance, here it is:

**Easy Fisher Exact Test Calculator**

Success! The Fisher exact test statistic and statement of significance appear beneath the table. Blue means you’re dealing with dependent variables; red, independent.

<table>
<thead>
<tr>
<th>Results</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Marginal Row Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>2000000000</td>
<td>2000000000</td>
<td>4000000000</td>
</tr>
<tr>
<td>Group 2</td>
<td>7011</td>
<td>73</td>
<td>7084</td>
</tr>
<tr>
<td>Marginal Column Totals</td>
<td>2000000711</td>
<td>200000073</td>
<td>4000000784 (Grand Total)</td>
</tr>
</tbody>
</table>

The Fisher exact test statistic value is < 0.00001. The result is significant at p < .05.

So once again, all the experts were wrong. The effect is highly statistically significant.
Mechanism of action

Is there a plausible mechanism of action here that can be causing the swelling.

Absolutely. Physicians are experiencing swelling in other parts of the body. Why would the testes be an exception? If you do a VAERS search for “swelling” you see that I’m right. It’s happening all over people’s bodies.

Here’s a plot of the biodistribution of the lipid nanoparticles that are used to deliver the mRNA instructions. Note that some organs are omitted so you can see the detail more clearly.

Clearly the ovaries are having much more uptake than the testes.

So if we refer to the original Pfizer data, and look for the heart on page 16 and the testes on page 17. We see comparable concentrations at 48 hours!

We know the vaccines injure kids' hearts (myocarditis). Since it looks like we’re delivering similar amounts to the testes, it is plausible to believe that the testes might be damaged in a similar way due to the blood clots and inflammation that the spike protein causes.
Finally, keep in mind that the spike protein is toxic and it is being delivered to every part of your body. Even if Wikipedia doesn't agree with me, the scientific literature does. Here is a mix of papers and articles referencing papers on this:

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

The effect is confirmed in the scientific peer-reviewed literature too

Ultrasound Imaging Findings of Acute Testicular Infection in Patients With Coronavirus Disease 2019


Ultrasound Imaging Findings of Acute Testicular Infection in Patients With Coronavirus Disease 2019: A Single-Center-Based Study in Wuhan, China

Liao Chen 1, Xin Huang 1, Zuohuizi Yi 2, Qing Deng 1, Nan Jiang 1, Chuangli Feng 1, Qing Zhou 1, Bin Sun 1, Wenwei Chen 1, Ruiqiang Guo 1

Affiliations expand

- PMID: 33174632
Abstract

Objectives: Coronavirus disease 2019 (COVID-19), caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has become a global pandemic, raising widespread public health concerns. Our team treated hospitalized patients with COVID-19 in Wuhan, where the outbreak first began, and we suspected that SARS-CoV-2 may cause testicular infection in male patients. We conducted this study to explore that observation.

Methods: We enrolled male patients with a confirmed diagnosis of COVID-19 and performed a bedside ultrasound (US) examination of the scrotum, focused on findings of acute inflammation such as tunica albuginea thickening, enlargement and heterogeneous echogenicity of the testis, epididymis, or both, an abscess, scrotal wall edema, and hydrocele. Then we compared the proportions of observed epididymo-orchitis in patients from different age groups and COVID-19 severity groups.

Results: A total of 142 patients with COVID-19 were enrolled in our study, and 32 (22.5%) patients had acute orchitis, epididymitis, or epididymo-orchitis on scrotal US imaging, according to the diagnosis criteria. The observed risk of acute scrotal infection increased with age, with the incidence reaching 53.3% in men older than 80 years. We also observed that men with severe COVID-19 had a significantly higher possibility of epididymo-orchitis compared to the nonsevere COVID-19 group (P = .037).

Conclusions: This study shows US imaging evidence that SARS-CoV-2 may cause infection of the testis or epididymis, and the risk is worthy of the attention of clinicians.

Keywords: acute scrotum; coronavirus disease 2019; severe acute respiratory syndrome coronavirus 2; ultrasound imaging.

Bradford-Hill causality

We've exceeded all 5 Bradford-Hill criteria for vaccines in this paper. There isn’t any other plausible explanation for the excess events that occur after these vaccines.

If we look at other non-causal events such as worts, metal poisoning, otitis media, hepatitis, etc. there is no elevation found in the data. The specific events have a plausible mechanism of action and are likely occurring at a much more substantial level than a URF of 41 would estimate.
Attacks on this analysis

If you think I’m wrong and the vaccines cannot cause this symptom, I will make the same $1M bet. The terms would be similar to the term sheet I use for betting people on vaccine deaths (we’d substitute “vaccine causes testicular swelling” as the item to be decided upon).

So if you think Fauci is right, see my term sheet and have your attorney contact my attorney.

Attacks on this analysis like “VAERS is over-reported this year” or “there are 2 false reports in VAERS” or “you are not a doctor” or anything else like that are all instantly defeatable by the bet. If you think any of your criticisms are valid, then why not take my money? If you are not willing to back your arguments with cash, that tells me you are not confident at all in your position and you are just trying to create FUD and waste my time. That’s counter-productive. The bet simply makes it crystal clear who is serious and who is not.

For those who think you can’t infer causality from VAERS, they should read If Vaccine Adverse Events Tracking Systems Do Not Support Causal Inference, then “Pharmacovigilance” Does Not Exist. We’d love to debate you on this issue. As for any claims that this is wrong because people believe that there is a higher propensity to report this year, there are two things wrong with that argument:

1. Nobody ever produces any actual evidence that that is the case (it’s all hand-waving)
2. We have evidence that shows the propensity to report was flat (see the paper)

In short, none of the world experts who criticized Nicki will put their money where their mouth is. Instead, they will continue to spread misinformation and not be held accountable for it.

Recently, I was in a debate with Honourable Fitzgerald Ethelbert Hinds, the Minister of National Security for Trinidad/Tobago on Power102fm radio. The radio station booted me off the zoom call when it was clear that Minister Hinds was losing badly. The comments from the Trinidad listeners were telling. None of them supported their own official. This is why nobody wants to debate me; because the public can see who is telling the truth when a liar and a truth teller get into a debate.

Sadly, such debates opportunities are rare since none of the public officials allow themselves to be challenged by someone who knows the data.

Summary

This sums things up pretty nicely:
Thank you Nicki Minaj for telling the truth and not backing down when you were unfairly attacked.

I hope you will take a look at the vaccine information I’ve posted at skirsch.io and help people to become aware of it.

A note to the fact checkers

Before you fact check this article and spew out more misinformation doing so, why don’t you educate yourself on the facts first by at least reading the 600 pages of material I prepared for you here so you will at least know something.

Not that it will make any difference.

After this article is falsely fact checked, I’ll modify the article to respond to the fact check.

And the fact checkers will never debate me or bet me that they are right. They are faceless and nameless and operate in the shadows and don’t respond to corrections.

If you want to fact check me, show yourself and debate me in a public forum.

But they will never do this. They would lose. Badly. Just like Minister Hinds. That’s why they never dare show their names or faces. The evidence is not supportive.

A simple law could restore freedom of “true” speech

It would be great if there were a federal law enabling anyone to recover statutory damages of $50,000 anytime a large social media company blocked information that was factual (and not illegal). That’s a simple law. Wouldn’t it be great if truth would be protected in America?
This would REALLY fix the censorship problem in a heartbeat.

A note about censorship

I’m also sure that all the social media companies will block any message or tweet that tries to reference this article. They do not want you to read this article. Because if you read this article, you will realize how they have been lying to you about the safety and side-effects of the vaccine from the very beginning.

Sadly, no one in Congress wants to ensure that “truth” is protected from censorship on the popular communication platforms.

We live in a new world today. I’ve never seen anything like this.