The FDA’s BIG mistake

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What is VAERS?

Vaccine Adverse Event Reporting System

Interfaces: vaers.hhs.gov      medalerts.org      openvaers.com
What is the URF?

URF=Under-reporting factor

\[
URF = \frac{\text{# actual events}}{\text{# reported events}}
\]

URF for VAERS is between 10 and 100 [95% CI]
What is the PTR?

PTR = Propensity to report

PTR = \frac{\text{Avg URF}}{\text{URF this year}}

PTR for VAERS is almost always 1.
Raising PTR is very hard even with massive promotion.
What does the FDA believe?

<table>
<thead>
<tr>
<th></th>
<th>URF</th>
<th>PTR</th>
<th>Causality</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDA claim</td>
<td>1</td>
<td>10</td>
<td>0%</td>
</tr>
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</table>

“This is all just excess reporting of “background events” because the PTR is so high because of the “high profile” of the vaccination program.”
What does the data say?

<table>
<thead>
<tr>
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<td>FDA claim</td>
<td>1</td>
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<tr>
<td>The data</td>
<td>41</td>
<td>.25</td>
<td>99%</td>
</tr>
</tbody>
</table>

“The data says the FDA has a vivid imagination.”

See [Estimating the number of COVID vaccine deaths in America](#) for the derivations.
What this means

Multiply every number you see by 41 to get the true number of Americans dead or injured.
What this means
The emperor has no clothes

There is no analysis showing URF=1

There is no analysis showing VAERS is “over reported” this year and everything is just background events

There was no attempt to look for causality since they can rely on the “you can’t use VAERS to determine causality” myth

This is all just “wishful thinking” on the part of the FDA and CDC supported by hand waving arguments
Maine CDC director questioned under oath

He basically says he hasn’t got a clue on whether any of the deaths were caused by the vaccine. Those are all handled by the CDC in Atlanta and he has no clue who is responsible for doing that.

Source: Dr. Shah - Director of Maine CDC - Exposed Under Oath!!!
Why this matters

The FDA and CDC have been acting as if $\text{URF}=1$ and $\text{PTR}>>1$ and there is no causality on all events except myopericarditis.

There is absolutely no data to support any of these assertions, but no reporter or “fact checker” has ever asked for evidence.

When asked to supply the data, both the CDC and FDA stopped responding.

If you don’t believe me, ask them yourself.
My claim

URF is most likely ~ 41.

99% of the deaths are excess deaths and likely caused by the vaccine. Same is true for the adverse events.

PTR is reduced this year making the numbers even more stunning in comparison to previous years.

99% of the deaths were causal. Most all of the serious adverse events reported that first appeared after vaccination with a high relative event rate are mostly all causal. The higher the X factor, the greater the percentage that are causal.
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.

### Symptom Table

<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><strong>71</strong></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
The evidence for each of my claims (1 of 2)

**URF=41**
Calculated via approved CDC methodology using two anaphylaxis studies published in peer reviewed medical journals

**99% of the excess deaths this year are causal**
Deaths in previous years are typically around 1% of the deaths reported this year. Also, the symptom “fingerprint” isn’t the same. Also, Peter Schirmacher’s study. Also, dose dependency. Also timing of the reports coincides with the injection (peaking after 24 hours).

**Methodology Source:** [The reporting sensitivity of the Vaccine Adverse Event Reporting System (VAERS) for anaphylaxis and for Guillain-Barré syndrome](https://www.cdc.gov/vaccines/vac-cls/vaers/reports-urfs/sensitivity-anaphylaxis.html)

**Calculation:** [Estimating the number of COVID vaccine deaths in America](https://www.cdc.gov/vaccines/vac-cls/vaers/reports-urfs/calculation-covid-deaths.html)
The evidence for each of my claims (2 of 2)

PTR is actually reduced this year, not increased
This is supported independently by the numbers in VAERS, doctor surveys, and logical arguments.

For example, there are 3.9 times as many otitis media infections reported this year in VAERS as in previous years, but there are 17X more events reported. If PTR was same as in previous years, we should have seen 17X as many infections this year. Since we saw only 3.9, it appears the propensity to report is .23 this year, i.e., $\frac{1}{4}$ of the normal rate.

For details, see Estimating the number of COVID vaccine deaths in America
Also...

There are 17X more events reported this year (593K) than previous years (35K). You cannot explain that with a PTR of 10.

And your PTR can’t possibly be more than 10 because you’ve already admitted that your highest URF=10 in an earlier paper.

Whoops! You’re now stuck between a rock (17X) and a hard place (10X) with no way out.

CDC earlier paper: The reporting sensitivity of the Vaccine Adverse Event Reporting System (VAERS) for anaphylaxis and for Guillain-Barré syndrome
This means that the FDA’s claim that this is all “excess reporting” is BS. Virtually all of the deaths reported in VAERS are “excess deaths.”

If it wasn’t the vaccine that caused all these deaths, then what was it?
There are four big problems here

The **FDA and CDC are deliberately misleading everyone**, including their external committees by “pretending” that VAERS is fully reported. Hence, all the adverse event rates are “within normal limits” instead of “a disaster.”

Secondly, by avoiding the math, autopsies, refusing to do dose-dependent analysis of the VAERS data, claiming anyone who challenges them is “wrong” using hand waving arguments, and claiming reporting is higher this year, they can claim, “See? No causality.”

Thirdly, their [adverse event monitoring algorithm](https://example.com) is flawed.

Fourthly, they ignore all attempts by competent third parties to call these deficiencies to their attention. They basically tell us to “go away.” So they know what is going on, but nobody in Congress is going to call their bluff.
The vaccines are nonsensical for everyone.

This will prove to be the greatest fuck up in human history.

Nobody will admit it.

Nobody wants to talk about it.
NOMOdy WILL DEBATE US ON THE SCIENCE

None of these so called “vaccine experts” will accept an open fair debate on the science.
SUMMARY

The FDA and CDC never actually calculated the PTR or URF. They assumed URF=1 and the PTR was a very large number.

They have been assuming nothing was wrong and never bothered to do the simple calculations that their assumptions were nonsensical.

When confronted with requests to provide the URF and PTR calculations they simply stopped responding.

Therefore, they have no fucking clue how dangerous these vaccines are because they didn’t do the basic homework to interpret the numbers from their primary adverse event monitoring system and they don’t want to admit it.

The reality is that the numbers are approximately 41 times the numbers reported in VAERS and nearly all the events that were expressed after vaccination with an elevated event rate are causal.

The vaccines are a train wreck and should have been stopped in January.
FOR MORE INFO

See the Vaccine article on skirsch.io

It has links to everything, including this presentation