

CDC and FDA committees should resign for failing to spot safety signals

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The FDA, CDC, all committee members ignored all the information I provided **even after validated in papers published in medical journals**

See gab.com/stkirsch for some of these emails

So-called “fact checkers” all refuse to do a recorded zoom call.

So now I will go direct.

**Nobody is paying
attention
to the elephant in the
room**



**Massive number of
safety signals have
been triggered**



**Massive number of
safety signals have
been triggered
but nobody noticed**



> 150K dead

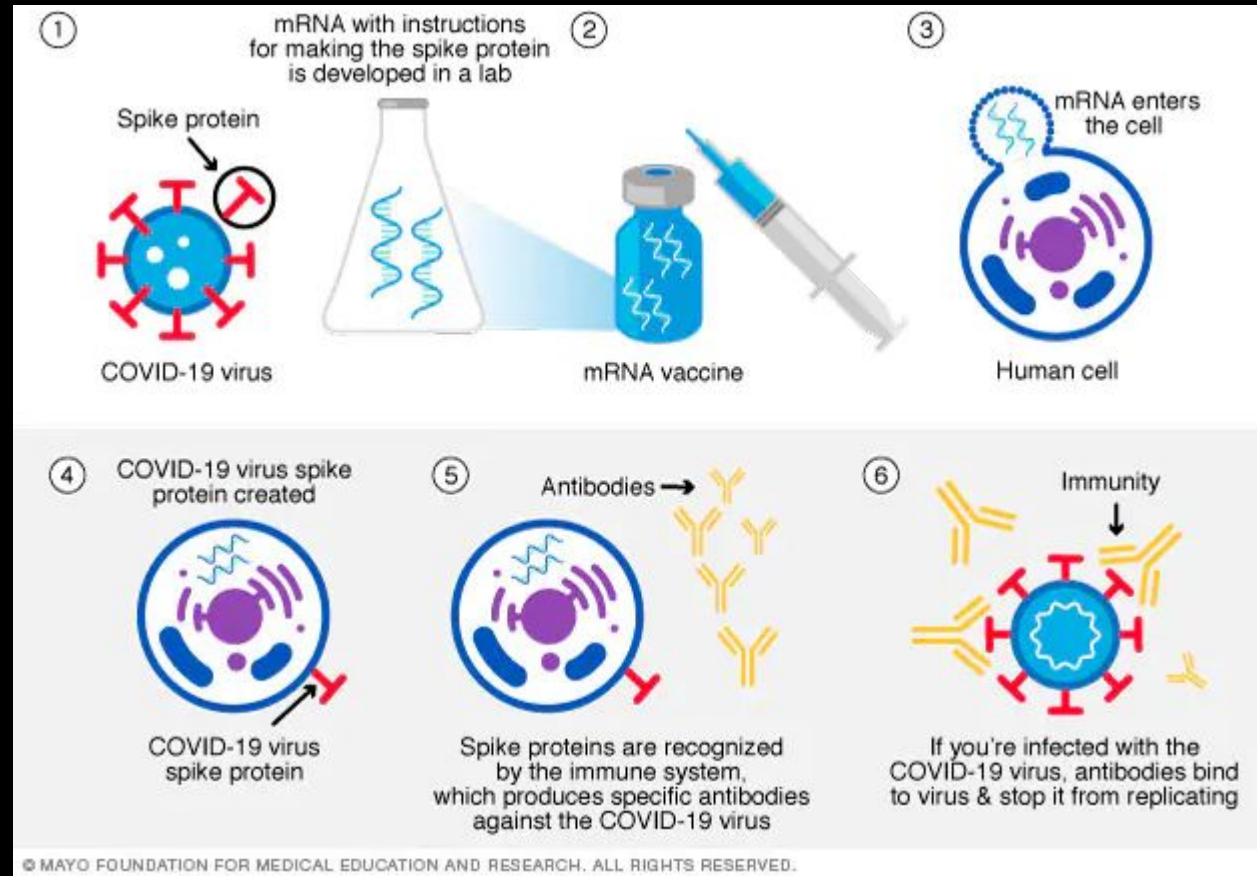
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Elevation of >1,000 severe adverse events

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)



DEATH

THE CDC SAYS “NO DEATHS” CAUSED BY THE VACCINE

The CDC is lying.

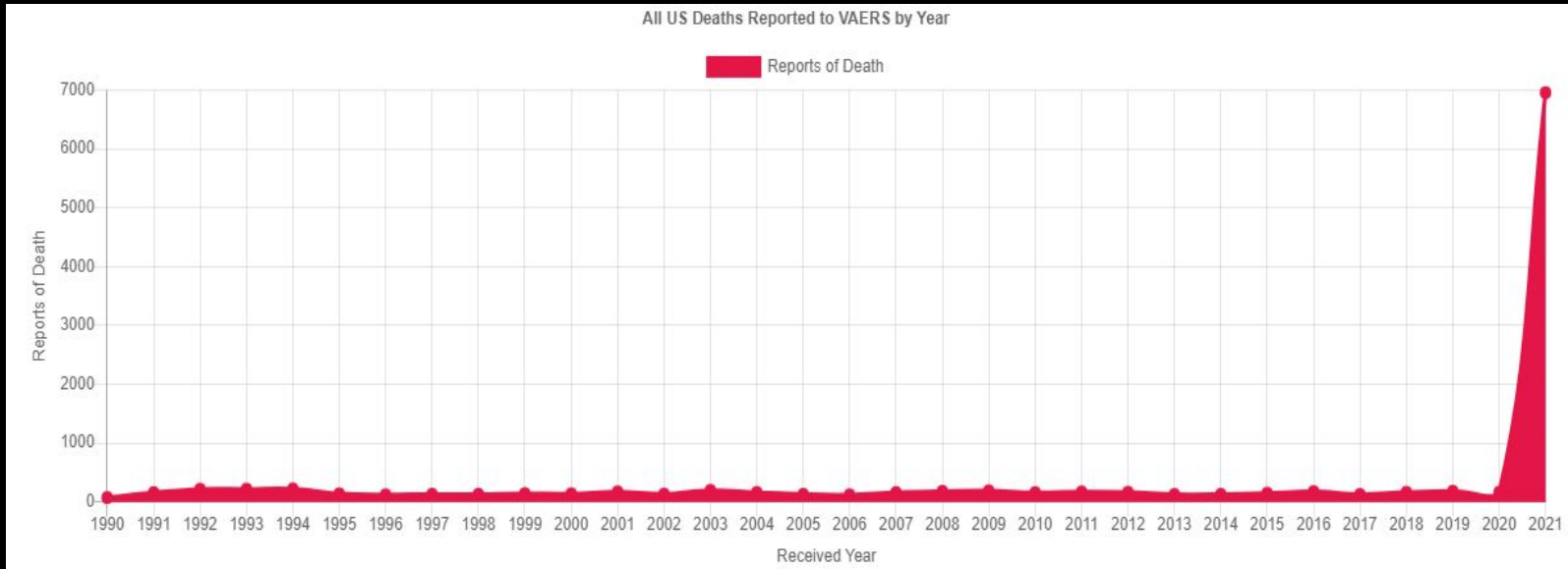
The committees haven't called them on that.

The committee members should resign.

VISION TEST

Can you spot the unsafe vaccine?

(nobody at the FDA or CDC can, including the advisory committees)



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.

August 1, 2021, 9:53 a.m. Science - Heidelberg

Chief pathologist insists on more autopsies of vaccinated people



Peter Schirmacher, Managing Director of the Pathological Institute at Heidelberg University Hospital. Photo: Uli Deck / dpa (Photo: dpa)

Why isn't this covered in the US mainstream media?

Reference: [Chief pathologist insists on more autopsies of vaccinated people](#)


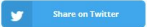
[Deutsch](#) | [Italiano](#) | [Español](#)

PRESS CONFERENCE ON MONDAY, 9/20/2021
4PM IN THE LIVE STREAM

**CAUSE OF DEATH AFTER COVID-19
VACCINATION**

**UNDECLARED COMPONENTS OF THE COVID-
19 VACCINES**

20.09.2021 16:00 | [Contact](#)

On Monday, 9/20/2021 in the pathological institute in Reutlingen, the results of the autopsies of eight people who died after COVID19 vaccination will be presented. 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. Microscopic details of the tissue changes will be shown during the live-streamed press conference. Prof. Dr. Werner Bergholz will report on the current parameters of the statistical recording of vaccination events.

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."

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/>

<https://odysee.com/@de:d/Pressekonferenz--Tod-durch-Impfung-Und-eklarierte-Bestandteile-der-COVID-19-Impfstoffe:b>

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 Schirmacher and Norway both able to determine causality in sample sizes of 40 or less, but the CDC can't determine causality in a single case of the [14,000 deaths](#) it investigated?!?

THURSDAY 09 SEPTEMBER 2021


Tidsskriftet
DEN NORSKE LEGEFORENING

ARTICLES SUBJECT AREAS EDITIONS AUTHOR GUIDE MEDICAL JOBS SEARCH Q

Deaths in nursing homes after covid-19 vaccine

ORIGINAL ARTICLE COVID-19 GERIATRICS / INFECTIOUS DISEASES / GENERAL MEDICINE / COMMUNITY MEDICINE ENGLISH

SUMMARY
Torgeir Bruun Wyller, Bård Reikvam Kittang, Anette Høyen Rønhoff, Pernille Harg, Marius Myrstad *About the authors*

MAIN FINDINGS

ARTICLE
INTRODUCTION
In the period 27.12.2020–15.2.2021, about 29,400 of Norway's approx. 35,000 nursing home patients vaccinated with the mRNA vaccine BNT162b2. During the same period, the Norwegian Medicines Agency received 100 reports of suspected fatal side effects from the vaccine. An expert group has examined the reports and assessed the degree of causal link between vaccination and deaths.

MATERIAL AND METHOD

RESULTS

MATERIAL AND METHOD

Published: May 19, 2021
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Received 6.5.2021, first revision submitted 13.5.2021, approved 14.5.2021.

Open access CC BY-ND

 PlumX Metrics

To ponder...

Question: The Germans figured out the vaccine third dose was unsafe. How can it be perfectly safe for doses 1 and 2, but deadly on dose 3?

Answer: It can't be. It's the exact same vaccine. It's always been deadly, but nobody was paying attention before.

07.09.2021-15:01

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An alle
zugelassenen Ärzte/-innen
Ermächtigte Ärzte/-innen

in Mönchengladbach

Kassenärztliche
Vereinigung
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Datum 07.09.2021

Ihr Zeichen

Ihre Nachricht vom

Unser Zeichen

COVID-19 (Stand 07.09.2021)

Sehr geehrte, liebe Kolleginnen und Kollegen,

kurz eine sehr **wichtige Info** zum Impfgeschehen!

In Oberhausen hat es nach Durchführung von 90 Auffrischungsimpfungen in einem ASB Haus zahlreiche schwere Komplikationen, davon ein Todesfall und 2 Reanimationen gegeben.

Insgesamt sind von 90 Impfungen 9 heftig erkrankt, überwiegend mit kardiopulmonalen Problemen. Entsprechende Meldungen an das Paul-Ehrlich-Institut, das Gesundheitsamt und die KVNO sind erfolgt, die notwendigen Untersuchungen laufen.

Wir müssen Sie zeitnah über die Vorkommnisse informieren, zumal weder eine arzneimittelrechtliche Zulassung durch die EMA noch eine STIKO Empfehlung für diese Auffrischungsimpfungen derzeit existieren!

Ich möchte Sie herzlich bitten, selber ärztlich zu entscheiden, ob Sie nicht lieber auf die Zulassung oder Empfehlung warten wollen, oder Sie diese Auffrischungsimpfung tatsächlich für so dringlich halten, dass diese auch ohne Empfehlung der STIKO oder CoronaimpV-konforme Zulassung durchgeführt werden müsste.

Wir halten Sie natürlich auf dem Laufenden.

Mit herzlichen Grüßen

Ihre

Dr. med. A. Theilmeier
Vorsitzender der KSMG
der Kassenärztlichen Vereinigung

Dr. med. H. Hüren
Vorsitzender der KSMG
der Ärztekammer

D-dimer, Troponin

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-dimers. **That is not normal.**
3. Other doctors have confirmed these results
4. The elevation (e.g. levels @1500) can persist for 3 months.
That is not normal.

CDC says vaccine-induced heart damage is “mild.” The troponin numbers show they are lying.

(these post-vax levels can be sustained for months and are absurdly high; there is no precedent for this)

Alkaline phosphatase (U/L)	07	00
Troponin I (ng/mL) on presentation	6.140 (reference 0-0.30 ng/mL)	27.0 (reference 0.012-0.120 ng/mL)
Other Labs		
Peak Troponin I	10,453 (high sensitivity assay, reference ≤ 17 ng/L)	44.30 (reference 0.012-0.120 ng/mL)

614X normal in 45 year old woman

Reference: [Myocarditis after Covid-19 mRNA Vaccination](#)

> 1,000 serious symptoms elevated

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

Full list: [Estimating the number of COVID vaccine deaths in America](#)

None of the “false idols” will debate us

	Vaccine	5 yr	X factor		
death	1058	47	450		
Pulmonary embolism	1131	7	3,231		
Deep vein thrombosis	895	9	1,989		
Haemorrhage intracranial	15	2	150		
Multi-organ dysfunction	20	3	133		
Guillain-Barre	292	272	21		
Blindness	473	41	231		
Aphasia (inability to talk)	722	39	370		
multiply B/C by 5 since C is 5yr					
multiply B/C by 4 since B is under-reported by 4X this year vs. previous years					
NOTE: Limited to 20 to 60 age range in US (excludes foreign)					
Need to multiply the COVID numbers by 41 to get true incidence rate					