180 questions about the COVID vaccines that nobody wants to answer

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Oct 26, 2021
FDA panel member (who is also Editor-in-Chief of NEJM) admits they have no clue if the vaccine is safe for kids.

Isn’t it irresponsible to approve this before you know?

Watch on YouTube.
Surely, this **totally** busts the myth that people who have recovered from COVID are a risk, doesn’t it? Doesn’t it make the CDC look idiotic?

New post on **The Expose**

**CDC Confirms They Have No Recorded Case of Someone Who Has Natural Immunity Being Re-Infected or Transmitting Covid**

by Rhoda Wilson

In response to a request made under the Freedom of Information Act (FOI) the U.S. Centers for Disease Control & Prevention (“CDC”) admitted it does not have any documented cases of unvaccinated people being re-infected or transmitting Covid to another person after acquiring natural immunity. In September a New York attorney, Elizabeth Brehm, had requested […]
If it’s perfectly safe, then how come an Army surgeon has to ground 3 out of 3 pilots due to vaccine injuries?
Toby Rogers risk-benefit analysis shows the vaccines are nonsensical for kids.

Where did he make an error?
Vaccinate 28M kids

... to save at most 45 lives with a vaccine with an unknown safety track record?

This makes no sense. Is there a credible risk-benefit analysis that justifies this?
Why are kids dropping like flies right after getting vaccinated?

If they didn’t die from the vaccine, then what killed all these kids?
How can a healthy 16-year-old boy die in the middle of his zoom math class?

He was fine 20 minutes before he died.
The doctors found nothing.

What did the CDC find?

VAERS ID: 1466009

ONSET: 27 days AGE: 16 SEX: M

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

READ FULL REPORT >

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

SYMPTOM(S): AUTOPSY, DEATH
Why did this 15 year-old die in his sleep?

Just 2 days after getting vaccinated.

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**VAERS ID: 1382906**
How did you miss all these safety signals?

Doesn’t this explain the deaths?

Note: this list is just a small subset of >1,000 symptoms that are elevated by these vaccines

<table>
<thead>
<tr>
<th>Symptom</th>
<th>X factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary embolism</td>
<td>570</td>
</tr>
<tr>
<td>Thrombosis</td>
<td>360</td>
</tr>
<tr>
<td>Myocarditis</td>
<td>118</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>80</td>
</tr>
<tr>
<td>Deep vein thrombosis</td>
<td>72</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td>65</td>
</tr>
<tr>
<td>Aphasia</td>
<td>42</td>
</tr>
<tr>
<td>Blindness</td>
<td>32</td>
</tr>
<tr>
<td>Death</td>
<td>29</td>
</tr>
<tr>
<td>Haemorrhage intracranial</td>
<td>20</td>
</tr>
</tbody>
</table>

Increased VAERS reporting rate in 15-24 year olds vs. avg rate over 5 years computed from VAERS data on Oct 22, 2021 by Steve Kirsch
If the vaccines are so safe, how come Taiwan officially admits that the vaccines kill more people than the virus?
Do you find this recent UK headline troubling?

Children are up to 16 times more likely to die with Covid-19 if they’ve had the Covid Vaccine according to latest UK Health Security Agency report

by Daily Expose

The latest report from the UK Health Security Agency shows that the Chief Medical Officer (CMO) for England’s decision to recommend all children over the age of 12 should be vaccinated against Covid-19 was a huge mistake because the data shows children are 16 times more likely to die with Covid-19 if they have been [...] 

Read more of this post

Source:
How are **Germany** and **Norway** both able to determine causality in sample sizes of 100 or less, but the **CDC** can’t determine causality in **over 9,143 deaths** it has **investigated**?!?

The CDC has not reported a death rate for children who have received a COVID-19 vaccine as higher than the rate of death for children who are infected by the virus.

In fact, the agency also says there is no clear evidence that any of the three COVID-19 vaccines used in the United States have caused any deaths.
How come deaths in Israel go up when vaccinations go up? And go down when vaccinations go down?
Why won’t anyone at CDC or FDA disclose the VAERS underreporting factor (URF) for this year?

How can you do a proper risk benefit analysis if you don’t know the URF?

Reason: John Su at the CDC never calculated it. He will never calculate it because it would blow the narrative. But the outside committees and mainstream media never ask about it so it is OK.
Using a URF of 41 (calculated using the CDC methodology), we find over 300,000 excess deaths in VAERS.

If the vaccine didn’t kill them, what did?
Is there any stopping condition to these experiments?

How many Americans have to die before you pull the plug?

How many kids have to die before you yell stop?
Why are there no autopsies for deaths after vaccination?

Schirmacher, one of the world’s top pathologists, found that at least 30% to 40% of the deaths that happened within 2 weeks after COVID vaccination were caused by the vaccine.
Why didn’t the highly unusual causes of deaths in these kids raise any red flags in the CDC 12-17 safety study?

They didn’t even comment. Just “move on, nothing to see here.”

If just 10 of the 14 deaths were caused by the vaccine, then that’s ~410 children killed so far which is nearly 10X more than we might save with these vaccines.
How many months do troponin levels stay elevated for after vaccination?
(super-high post-vax levels can be sustained for months; this is unprecedented)

<table>
<thead>
<tr>
<th>Alkaline phosphatase (U/L)</th>
<th>67 (reference &lt; 104 U/L)</th>
<th>66</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Troponin I (ng/mL) on presentation</strong></td>
<td>6.140 (reference 0-0.30 ng/mL)</td>
<td>27.0 (reference 0.012-0.120 ng/mL)</td>
</tr>
<tr>
<td><strong>Other Labs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peak Troponin I</td>
<td>10.453 (high sensitivity assay, reference ≤ 17ng/L)</td>
<td>44.30 (reference 0.012-0.120 ng/mL)</td>
</tr>
</tbody>
</table>

614X normal in 45 year old woman

Reference: Myocarditis after Covid-19 mRNA Vaccination
DOI: 10.1056/NEJMc2109975
Over 139,470 comments have been posted against the vaccines in kids.

We found only one comment in favor. How many do you find?
Did you ever read the Kostoff paper?

“In plain English, people in the 65+ demographic are five times as likely to die from the inoculation as from COVID-19 under the most favorable assumptions!”

(it’s even worse if you are younger)

My independent research qualitatively validated his result.

Source: [Why are we vaccinating children against COVID-19?](https://doi.org/10.1016/j.toxrep.2021.08.010), Kostoff
Why was this paper **removed** over the objections of the Editor?
“We found 19 times the expected number of myocarditis cases...”

From the Rose paper
“a 5-fold increase in myocarditis rate was observed subsequent to dose 2 as opposed to dose 1 in 15-year-old males”

From the Rose paper
Is this what you mean by “slightly elevated” risk?

From the Rose paper
Is this what you mean by “mild myocarditis”?

Viral myocarditis results in 2 in 10 people dead after 2 years and 5 in 10 after 5 years. It’s not mild. It’s dead heart muscle.

You can’t have “mild myocarditis” - in the same way you can’t be “a little bit pregnant”.
Aren’t you supposed to have more cardiac events as you get older?

From the Rose paper
Do these bar charts look the same to you?

Comparison of cardiac adverse events between 2021 (left) and 2019 (right)

Chart prepared by Jessica Rose
Why do scientists have to sue the FDA to see the Pfizer clinical trial data?
How can a kid who was in the Pfizer 12-15 year-old trial be paralyzed (likely for life) and not have that reported in the trial report to the FDA?

How can you approve a vaccine for < 12 when you haven’t yet investigated the 12-15 year old safety?

The FDA promised to investigate. They did nothing. Why?
Why didn’t anyone ask any questions about the gaming in the Pfizer Phase 3 trial?!? This is unlikely to happen by chance (p.< 0.00001).

### Table 2. Efficacy Populations, Treatment Groups as Randomized

<table>
<thead>
<tr>
<th></th>
<th>BNT162b2 (30 µg) n(^a) (%)</th>
<th>Placebo n(^a) (%)</th>
<th>Total n(^a) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomized(^b)</td>
<td>21823 (100.0)</td>
<td>21828 (100.0)</td>
<td>43651 (100.0)</td>
</tr>
</tbody>
</table>

Participants excluded from evaluable efficacy (14 days) population

<table>
<thead>
<tr>
<th>Reason for exclusion(^c)</th>
<th>BNT162b2 n(^a) (%)</th>
<th>Placebo n(^a) (%)</th>
<th>Total n(^a) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomized but did not meet all eligibility criteria</td>
<td>36 (0.2)</td>
<td>26 (0.1)</td>
<td>62 (0.1)</td>
</tr>
<tr>
<td>Did not provide informed consent</td>
<td>1 (0.0)</td>
<td>0</td>
<td>1 (0.0)</td>
</tr>
<tr>
<td>Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19-42 days after Dose 1)</td>
<td>1550 (7.1)</td>
<td>1561 (7.2)</td>
<td>3111 (7.1)</td>
</tr>
<tr>
<td>Had other important protocol deviations on or prior to 7 days after Dose 2</td>
<td>311 (1.4)</td>
<td>60 (0.3)</td>
<td>371 (0.8)</td>
</tr>
<tr>
<td>Had other important protocol deviations on or prior to 14 days after Dose 2</td>
<td>311 (1.4)</td>
<td>61 (0.3)</td>
<td>372 (0.9)</td>
</tr>
</tbody>
</table>

\(^a\) Number of participants with the specified characteristic.

\(^b\)These values are the denominators for the percentage calculations.

\(^c\)Participants may have been excluded for more than 1 reason.

Note: 100 participants 12 through 15 years of age with limited follow-up are included in the randomized population (62 in the vaccine group) and excluded from the evaluable population (24 in the vaccine group).
Are there any critical thinkers on the VRBPAC committee?

If so, can you please identify yourself?
Why won’t anyone **publicly debate** our team of experts on vaccine safety?
The complete list of my questions are posted on TrialSiteNews today (search for VRBPAC).

There are too many unanswered questions for you to approve the vaccine for 5-11 year olds.
Appendix

Additional questions the VRBPAC committee should answer.
My FDA testimony
Oct 26, 2021
They ignored everything I said

They voted 17-0 that the benefits outweighed the risk.
Why are mandates needed? Vaccinated and unvaccinated are just as likely to spread the virus.
Queensland, Australia getting so many vaccine injury reports that Queensland Health has announced it can’t keep up

https://www.afinalwarning.com/567336.html
Richard Rowe: 41-year-old former Florida congressional candidate tells anti-vaxxers "I don't give a sh*t what happens to you," dead seven weeks after second Pfizer mRNA injection
2 drop in 10 minutes. How do you explain that?
Why are mandates needed?

COVID vaccine mandates are necessary because the protected need to be protected from the unprotected by forcing the unprotected to use the protection that didn't protect the protected.

Get it?
There is no case for vaccinating kids under 12.

Look at the trend line. And that’s just for myocarditis. There are over 50 very serious side effects that the CDC refuses to acknowledge (including death).
There is no case for vaccinating kids under 12.

Here are the numbers from the CDC. But the “observed” numbers are raw VAERS counts and thus should be multiplied by at least 41 (the URF).

Expect 1-5, get 4,756. That’s not “slightly elevated risk.”
Isn’t the line supposed to slope the other way?

Don’t feel too bad; Chris Martenson couldn’t figure this one out either. Data is from 68 countries and 2947 American counties.

In other words, the vaccines are clearly making things worse.

Source: “No Discernable Relationship” between Vaccines and Cases
The biggest elephant in the room

The forced vaccination of 28 Million kids with an unproven vaccine in order to “best case” save just 14 COVID deaths is insane.

**Risks:** Short-term and long-term known and unknown

**Benefits:** All hypothetical.

The fact that the CDC/FDA safety monitoring is completely broken and cannot even detect death as an SAE doesn’t add to the public confidence at all.

Dr. Peter Schirmacher determined definitively that 30% to 40% of deaths post-vaccine were caused by the vaccine. Even after knowing this, the fact that the FDA and CDC still cannot pick up this critical safety signal at all should be extremely troubling to the entire world.
Other elephants in the room

1. The risk-benefit case for ages 5 -11 is based solely on hypotheticals.
2. Over 50% of these kids in this age group have had COVID-19 by now and are immune. This means that the greatest possible # of lives saved is just 14 kids.
3. The FDA assumes myocarditis is the only SAE. They don’t consider any of the SAEs like death, pulmonary embolism, cardiac arrest, intracranial hemorrhage, etc. that were the causes of death in the 14 child death cases the CDC analyzed.
4. They never talk about the URF in their meetings. This is preposterous. You cannot do a risk/benefit analysis without calculating the URF. The “excuse” they give is that VAERS is generates signals, but they have proven in their own presentations that VSD is similarly underreported. There is no “law” that says you cannot estimate event frequencies from VAERS events multiplied by the URF.
Other elephants in the room

5. The risk-benefit analyses are meaningless given that FDAs has not verified Pfizer’s efficacy data.

6. The immunobriging analysis for delta has not been verified by FDA and uses an assay not yet validated.

7. There is no need to extend the EUA to 5 to 11 year olds. Any parent who believes the COVID vaccines are truly safe and effective can simply use the approved vaccine off-label.

8. Mandates are unnecessary. There is no analysis showing a positive risk benefit from mandates when there is no underlying risk-benefit case from direct vaccination.

9. Where is the long-term risk-benefit analysis?

10. The trials for kids were underpowered. We need powered trials that show the risk-benefit.

11. There was gaming of the trials. If you were injured after the first dose, you were dropped from the trial. That’s not right.

12. The safety monitoring is severely broken.

13. People at the FDA and CDC repeatedly ignore all attempts to make them aware of the safety signals. Why?

14. If approved, we’ll spend $2B in order to kill thousands of kids. Stunning.
How can you infer that antibodies created against the wild type virus will confer significant immunity to our children against Delta that will significantly outweigh both the known and the unknown risks?

We need to see the math on that one in writing including a VAERS estimate. It would look something like this cost-benefit analysis. Where is the analysis???

And why isn’t the medical community not calling for this?!? They are (largely) silent. Are they all “captured”? 
The math just doesn’t work for kids
There are 28 million kids age 5 to 11

If the vaccines are super effective for Delta, we might save 1 in million kids from dying from COVID. That’s 28 kids saved. But half have had COVID so just 14 lives potentially saved.

While we don’t know for sure what the death rate due to the vaccine will be for this age group, a reasonable estimate from extrapolating our VAERS research would be ~30 vax deaths per million doses. So 56M doses will cause around 1,680 child deaths.

Killing 1,680 kids to save 14 kids doesn’t make a lot of sense to me. It means we kill 120 kids to maybe save 1 COVID death. We’d have to be wrong by more than 100X for this to even start to make any sense at all. Did we make a mistake?
The Toby Rogers analysis
He’s an expert on risk-benefit analysis of vaccines. Can you answer his 10 red flags? Did you read all the comments?

See also Let's go! Call to action, part 2, CDC
I watched the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) meeting today. A few quick thoughts:

Watching the VRBPAC meeting was like sitting at my desk for hours with a knife stuck in my chest. It injures one’s soul to watch so many ideologically-driven people ignore science and data to serve their class interests by poisoning kids.

Some interesting wrinkles from the meeting.

- We submitted 140,000 public comments to the FDA and the vast majority (99.999% according to Steve Kirsch) were opposed to the EUA. That is now part of the public record. If these bureaucrats are not frightened by that they should be because we all have a long memory.
“The FDA’s risk-benefit analysis in connection with Pfizer’s Emergency Use Authorization (EUA) application to inject children ages 5 to 11 with their COVID-19 vaccine is one of the shoddiest documents I’ve ever seen.”
—Toby Rogers
Guetzkow FDA presentation

We’ll hospitalize more kids than we’ll save from hospitalization.

Vaccines more dangerous to kids than COVID

**EUA Will Do More Harm than Good**

*43 hospitalizations post-vaccination for every 18 prevented*

- **MMWR Report**: COVID-19 vaccinations among children and adolescents prevent ~2.8 hospitalizations per month per 100k
  - ~18 hospitalizations prevented per 100K over 6 months

- **MMWR Report** on V-Safe data: ~43 hospitalizations per 100k in just one week (!) following COVID-19 vaccination
  - ~43 hospitalizations per 100k every 6 months (if boosters needed)
  - 1 in 375 in ER or Hospitalized in first week after vaccination

https://tinyurl.com/HoldTheLineFDA
Overall, the vaccines are killing more people than they save

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

Do you find that troubling at all?

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

\(^2\)Pfizer’s 6 month phase 3 trials result clearly shows 1 life saved for every 22,000 vaccinations. Since we’ve partially vaccinated almost 220M Americans, that’s at most 10,000 lives saved as of Oct 10, 2021. But that’s assuming the vaccines are as effective against Delta as they are against Alpha. So it’s probably much less than 10,000 lives saved.
I offered to bet a $1M to anyone who believed the CDC was telling the truth about 0 COVID vaccine-caused deaths.

If there are <500 deaths, you win the bet.

No takers. Why?
I offered an unrestricted $1M research grant to anyone who could find an error in Mathew Crawford’s statistical analysis which showed 411 vaccine-caused deaths per million doses.

No takers. Why?

Perhaps it could be that it was correct and agreed with other independent methods?
The vaccines are nonsensical for every age group

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

This article which details how all these numbers were calculated. Nobody has supplied more accurate numbers to me. Why not?

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

Given this table, why do we need to mandate these vaccines for all ages?
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. If it wasn’t the vaccine, what caused this?

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

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

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

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

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

Full list: Estimating the number of COVID vaccine deaths in America
VISION TEST
Can you spot the unsafe vaccine? (nobody at the FDA or CDC can, including the advisory committees)
THE FDA SAYS THESE ARE ALL “BACKGROUND DEATHS”

But if they were background deaths, all the bars would be the same height, right?

Do these look like the same height to you? Why does it peak at Day 1?
Do you see anything unusual this year?

Numbers a bit high, right?

If it wasn’t the vaccine, then what caused this and how do you know that?
Why has stroke suddenly become a common occurrence in kids under 18?
Get used to the “new normal.”

Coincidentally, pulmonary embolism is strongly elevated by the vaccines.
If it wasn’t the vaccine, what explains this?
Any ideas on why this Mom converted from pro-vax to pro-choice?
If it wasn’t the vaccine, what explains this?

Two people I love are suffering shortly after 📈: One diagnosed with lung cancer. One in kidney failure w/ blood clots. Before 📈 both were in perfect health. I’ll never stop defending body sovereignty & will always speak truth for the un 📈 & 📈. 🙏 Know of similar stories, comment?
Nursing home
Before vax: 240 people
After vax: 40 people

200 people died after the vax rollout. None reported to VAERS. Not allowed.

Watch the video starting at 23:25 for just 30 seconds.

If the vaccines are so safe, then how do you explain this??
The wheels are coming off the bus
Getting vaccinated makes you more likely to be infected. Whoops!

Our solution: Mandate it for 5 to 11 year olds!
Why do we have to rely on newspaper stories of anecdotes to spot safety signals? Why isn’t the CDC picking up any safety signals?

VAERS shows a **24X** higher frequency of aphthous ulcer after the COVID vaccine vs. other vaccines. Nearly 12,000 estimated incidents (based on URF=41). Nobody thinks it is vaccine related since the vaccines are safe and effective.
Nicki Minaj was absolutely right. All the medical experts got it wrong. **All of them.**

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**Read what the science actually says.** All of the “experts” used hand waving arguments not backed up by any data to discredit her. None of them checked VAERS which showed a **17.7X** elevation vs. baseline. Should we now rely on hip-hop artists for adverse event reporting? The CDC still hasn’t confirmed this even though it is plain as day in VAERS. Is anyone home there??
Why did the slope of the total number of deaths suddenly change right when they rolled out the vaccines?

Hint: it was the vaccines that increased the death rate
A bit more detail on the slope...

You can see it in the density and 7-day moving average of the daily deaths too (which makes sense as the first derivative). Deaths were rolling over in late December, then surged. The CFR had stabilized late in the year, so the 18-day lag should show a relatively consistent ratio, but a small increase in cases gets associated with a larger increase in deaths. The decline in cases in late December did not result in a decline in deaths 18 days later, then the cases declined by nearly 50% with a death decline of just over 40%. That's the first moment in the pandemic when CFR goes up (on an 18-day lag), then falls quickly after the elderly are done getting vaccinated most places.
The only reason they “found” the myocarditis safety signal is because it made it to the Israeli media in April and leaked out—they had put a lid on it for about 6 weeks. It’s not like they have any safety monitoring at all. That’s why they can’t see the pulmonary embolism signal which is the most obvious. Or the death safety signal.
Any ideas?

Deek Martin @martin_deek · 3m
Replying to @stkirsch
@stkirsch Since every person who dies with covid is listed as a covid death then why isn't every vaccinated person who dies listed as a vaccine death?
This article from Health Impact News notes the excess morbidity and mortality risks exactly like the Classen paper predicted.

CDC isn’t pointing these risks out to kids for some reason.

Any idea why that is?
Have you seen their video?

What did you think? Did it want to make you get the jab?
UK judge got it right.
Deaths among male Children are 89% higher than the 5-year-average since they were given the Covid-19 Vaccine

BY THE EXPOSÉ ON OCTOBER 27, 2021 • ( LEAVE A COMMENT )

An investigation of official ONS data has revealed that since the Covid-19 vaccine was offered and administered to kids in England and Wales there has been a 89% rise in deaths among male children against the five-year-average, with the most recent week seeing an increase as high as 200%.
If the vaccines work, how come the all-cause mortality didn’t go down?

What caused the ACM to increase after vaccination started?
Do these rules from the CDC make sense?

Death <28 days of COVID positive test → COVID death

Any death within 28 days of a vaccine → NOT a vaccine death
See any errors?

Why would he lie?

“Hi, I’m Scott Youngblood, I’m a physician and I’m here to defend science, …”
Did Marc get it wrong? How?
The wheels just came off the bus. The FDA and CDC had been relying on data from Israel. Now we have Israeli physicians, scientists advising the FDA of ‘severe concerns’ regarding reliability and legality of official Israeli COVID vaccine data.

The FDA and CDC will ignore the letter. That’s their MO. So will Congress. Only Senator Rand Paul will notice.

Have you read their letter?
Interestingly, one of the most potentially catastrophic side effects of the mRNA vaccine is its interaction with cancer cells. According to a study at New York City-based Sloan Kettering Cancer Center, the mRNA has a tendency to inactivate tumor-suppressing proteins, meaning it can promote the growth of cancer cells.

Both the Moderna and Pfizer injections are experimental mRNA vaccines. The FDA has only granted these injections Emergency Use Authorization (EUA) and they will remain in trials through 2023, yet the government, media and corporations are all promoting them as though they are guaranteed safe.

This systemic deception will, in my opinion, end up being judged in the rear-view mirror of history as one of the most reckless acts of medical treachery ever committed against the human race.

If this so-called vaccine does cause more people to get cancer, think of the possibilities from a purely business point of view.

20X increase in cancers

Anything to worry about?
Isn’t it time to update the rules so that only unvaccinated people over 30 can be treated by hospitals or fly on airplanes?

That seems like the best way to protect people.
Dr. Lee’s letter (page 1)

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

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

Source: SENT VIA EMAIL October 6, 2021 Dr. Peter Marks Director, CBER Food & Drug Administration 10903 New Hampshire Avenue, W071
Iceland
Sweden
Finland
Denmark
Norway

All either suspend or recommend against using Moderna for young people. Do they know something we don’t know??
What does Sweden know that we don’t?

Will any evidence change Biden’s mission to vaccinate everyone?

Moderna is stopped for anyone under 31.

Swedish authorities have suspended the use of Moderna’s COVID-19 vaccine for those under 31 after several patients developed a heart condition. The move comes as other countries also consider halting the use of the vaccine in younger adults. The suspension is indefinite, and further research is needed to understand the connection between the vaccine and the heart condition. (Source: westernjournal.com)
Who is telling the truth?

"To judge from recent scientific and media output, there appear to be two parallel realities currently existing side-by-side in Covid world. In one, the vaccines are highly effective at preventing infection and transmission, and any data that suggests otherwise is being misrepresented or is biased or contains some kind of basic error. In the other – the one that bears a much closer resemblance to the one we actually live in – vaccine effectiveness against infection has been declining significantly and after six months is basically zero. At some point, one of these realities is going to have to give way because they can’t both be true. I know which one my money’s on.”

New Lancet Study From Sweden Shows Vaccine Effectiveness Against Infection Dropping to Zero and Sharp Decline Against Severe Disease As Well - The Daily...
There are 28M kids 5 to 11.

Shouldn’t we be super careful here?

How many deaths will we prevent?

How can you be absolutely sure deaths from vaccine aren’t > deaths from COVID like all the data says?
This new data seems a little troubling. How do you explain it?

New post on The Expose

Fully Vaccinated are suffering far higher rates of infection than the Unvaccinated, and it is getting worse by the day; there is no justification for Vaccine Passports

by Daily Expose

IT’S OFFICIAL: Most of the UK’s vaccinated population are suffering far higher rates of infection than the unvaccinated, and it is getting worse by the day. By Martin Zandstra The UK’s Health Security Agency publishes detailed Covid statistics, which, for the last 7 weeks, have been tabulated by age-group and vaccination status. This now allows […]

Read more of this post
Why are there similar dropout rates in the -007 study?

(just like in the main trial... but this time it is 6X bigger)
Why are there similar dropout rates in the -007 study? (just like in the main trial... but this time it is 6X bigger)
“If vaccine injuries are the reasons for these unexplained exclusions, then absolute efficacy numbers are overwhelmed by vaccine injuries, and the experimental biologic inoculation products are dangerous.”

—Mathew Crawford

So... what were the reasons for the exclusions?

Table 14. Vaccine Efficacy – First COVID-19 Occurrence After Dose 1 – Phase 2/3 Initial Enrollment Group – 5 to <12 Years of Age – Dose 1 All-Available Efficacy Population

<table>
<thead>
<tr>
<th>Efficacy Endpoint Subgroup</th>
<th>Vaccine Group (as Randomized)</th>
<th>BNT162b2 10 µg (N=1517)</th>
<th>Placebo (N=751)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n¹b</td>
<td>Surveillance Timec (n²d)</td>
<td>n¹b</td>
</tr>
<tr>
<td>First COVID-19 occurrence after Dose 1</td>
<td>3</td>
<td>0.483 (1463)</td>
<td>17</td>
</tr>
<tr>
<td>Dose 1 to before Dose 2</td>
<td>0</td>
<td>0.086 (1463)</td>
<td>1</td>
</tr>
<tr>
<td>Dose 2 to &lt;7 days after Dose 2</td>
<td>0</td>
<td>0.028 (1461)</td>
<td>0</td>
</tr>
<tr>
<td>≥7 Days after Dose 2</td>
<td>3</td>
<td>0.369 (1461)</td>
<td>16</td>
</tr>
</tbody>
</table>

Abbreviations: NE = not estimable; VE = vaccine efficacy.
a. N = number of participants in the specified group.
b. n¹ = Number of participants meeting the endpoint definition.
c. Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from Dose 1 to the end of the surveillance period for the overall row and from start to the end of range stated for each interval.
d. n² = Number of participants at risk for the endpoint.
e. Two-sided 95% confidence interval (CI) for VE is derived based on the Clopper and Pearson method adjusted for surveillance time.
Where is the troponin data in the Pfizer -007 study (5-11 year old)?

(Sure, it was supposed to be there and it’s missing, but nobody will notice. The mainstream media will never ask about it. Guaranteed.)
If you were hospitalized, which drug would you take and why?

Do you support the FDA choice?

<table>
<thead>
<tr>
<th></th>
<th>Melatonin (pills, OTC)</th>
<th>Remdesivir (intravenous injection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td>Many</td>
<td>Gilead</td>
</tr>
<tr>
<td>Patent</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>COVID-19 trials</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>Peer-reviewed and published</td>
<td>10</td>
<td>18</td>
</tr>
</tbody>
</table>

**Evidence base for FDA approval for in-hospital Covid-19 treatment**

<table>
<thead>
<tr>
<th></th>
<th>Melatonin (4 trials by Oct. 26, 2021)</th>
<th>Remdesivir (1 trial by May 1, 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>1650</td>
<td>1062</td>
</tr>
<tr>
<td>Mortality Risk Reduction</td>
<td>79%</td>
<td>26%</td>
</tr>
<tr>
<td>95% Confidence Interval</td>
<td>44% to 92%</td>
<td>-1% to 46%</td>
</tr>
<tr>
<td>Safety</td>
<td>Very safe</td>
<td>Some concerns: bradycardia, kidney injury</td>
</tr>
<tr>
<td>Price per treatment</td>
<td>&lt;5 US dollars</td>
<td>2500-3100 US dollars</td>
</tr>
<tr>
<td>Fauci’s statement</td>
<td>Crickets</td>
<td>&quot;This will be the standard of care&quot;</td>
</tr>
<tr>
<td>Has FDA authorized it?</td>
<td>Crickets</td>
<td>Yes, on May 1, 2020 based on the 1 trial above</td>
</tr>
<tr>
<td>Billion dollar deals with big governments</td>
<td>Crickets</td>
<td>USA, EU, India, etc.</td>
</tr>
</tbody>
</table>
“Unless virology and immunology are being rewritten, I cannot imagine how mass vaccination of our youngsters and children will not lead to an even more disastrous outcome of all the scientifically irrational and unjustifiable vaccination efforts. Not only will these dramatically increase the children's risk to succumb to (accelerated) Covid-19 disease but it will also take away the highly efficient capacity of healthy, unvaccinated people to diminish the dangerous, ever rising viral infectious pressure in the population. By vaccinating our youngsters, children and, even more generally, all people in excellent health, we deprive an important part of the population from its ‘anti-viral’ capacity and instead turn them into a breeding ground for more infectious and increasingly NAb-resistant variants. In other words, mass vaccination of children will inevitably obstruct the process of building herd immunity in the population.

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

Geert Vanden Bossche
Shouldn’t we be worried about damage to our immune system?
Way too many cardiac problems on the field nowadays, don’t you think? How do you explain the increase which only happened after they rolled out the vaccines?

See:
1. Another day, another professional soccer player has an on-field cardiac arrest
2. Remember when Christian Eriksen - an incredibly fit soccer player - WENT INTO CARDIAC ARREST (EDIT) at the European championships in June?
Boris Johnson has said the vaccines don’t prevent infection or passing it on.

Why are vaccine passports and/or mandates needed then?

How stupid are people?
Mandates are presumably needed to protect the vaccinated. But where is the math so we can do the risk/benefit analysis?

If I don’t get vaccinated, how many other people am I projected to kill?

If I do get vaccinated, how many other people am I projected to kill?

Why is there **no analysis of this anywhere?**

Note: Since the vaccine doesn’t stop transmission, there appears to be little benefit to vaccine mandates. In fact, it is likely more beneficial for society for the unvaccinated to acquire recovered immunity, right? Have you seen the calculations?
Can you explain this to me?

“COVID vaccine mandates are necessary because the protected need to be protected from the unprotected by forcing the unprotected to use the protection that didn't protect the protected.”
Was the “public safety quit factor” included into the calculation of risk/benefit of mandates?
Still think we are the few?

@Scootercaster @ScooterCasterNY · 8h

"Hold The Line" Chant what appears to be thousand of municipal workers including FDNY, EMS, NYPD and SDNY #HappeningNow in Brooklyn Bridge

Show this thread
Shouldn’t we be worried that vaccinated people who later get the natural virus end up with lower immunity to the virus compared to an unvaxed person?

natural infection than age matched individuals in the general population (ii) waning of the N antibody response over time and (iii) recent observations from UK Health Security Agency (UKHSA) surveillance data that N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination.

Source: COVID-19 vaccine surveillance report - week 42 (UK government)
Do we have OCD on COVID deaths?

If we want to save kids, why not focus efforts on vehicle safety?
If people aren’t dying from the jab, then why did Safeway pharmacist Nichole Belland resign vocally saying “I will not give this poison to people”?

She observed significantly higher deaths from the vaccines than from COVID.
If the vaccine works so well, then why are 40% of all COVID deaths in America last week vaccinated?

Answer: we are starting to “catch up” with Israel.

Date: October 22, 2021
If the vaccine works so well, then why was it forbidden by the Hasidic Rabbinical court?

Robert W Malone, MD
@RWMaloneMD

Apparently the testimony to the Hasidic Rabbinical court in New York City was useful, and a decision has been rendered.

SARS-CoV-2 vaccination is absolutely forbidden in children, and cautioned for adults.

I will post the hebrew and english versions when available.

6:26 PM · Oct 28, 2021 · Twitter Web App

7,591 Retweets 368 Quote Tweets 21.1K Likes
Why were the 5-11 trials deliberately underpowered? This means you can’t find any safety problems or show a benefit.
Celine Dion, who once advocated vaccine shots, is now unable to perform due to muscle spasms most likely caused by the vaccine. There was a fact check which failed to rule out the vaccine as the cause. She cannot speak out due to her contract. The reason they don’t reveal the cause of her spasms is because it is from the vaccine. Duh.

MamaBear • 3 days ago • edited
Get on it, Bobby!
I’m so heartbroken. It is unbelievable that they have the audacity to say that we don’t have enough data available to deny the jabs to those who want to protect their children. So basically, they are asking other parents to voluntarily sacrifice their children so everyone can see if this stuff works or if anyone gets injured or possibly dies. Are you serious? What is wrong with people!
And why are we even permitting anything under EUA? We should take the other stuff off the market! There is no reason for anything under EUA because their are treatment options!
I hope God finds a way to let the truth come out and then let there be judgement day!
By the way, a little off-topic, but maybe not really: Celine Dion is very ill. She had to cancel the whole series of upcoming shows all the way through February because she was unable to rehearse. Apparently she has muscle tremors. When I read that, my first search was to see if there was any information online in reference to whether or not she had gotten the jabs. And sure enough…. Back in Spring of 2021… may God protect her.

Jennifer • MamaBear • 3 days ago
That is very sad about Celine Dion. And I remember her encouraging people to go and get those experimental mRNA shots. "I encourage everyone to get vaxxed now because I now believe it's the only way to rebuild immunity across the world." ~ Celine Dion
When in reality, it's a New World Order genocide. It is as Dr. Michael Yeado, former VP and Chief Scientist of Pfizer publicly stated: "I'm warning you, that your government and governments around the world are lying to you. They're not telling the truth and that means something else is afoot. And I'm here today to tell you there is something very, very bad happening, and if you don't pay attention, you will soon lose any chance, to do anything about it." It is as if the people are under a big hypnosis. A MK Ultra project has been launched on humanity and it has to be stopped.
Isn’t it odd that for vaccines, we only limit safety studies to near-term outcomes? You cannot “unvaccinate” someone.

I’m still concerned that the "vaccine" narrative that we hear is mainly focused on/ limited to the near-term effects, especially deaths. In fact, there appear to be a number of traditions established for "vaccines" that are unique for potentially toxic substances. For example, near-term deaths. For smoking, pesticides, etc., we recognize that their chronic effects may take years, or even decades, to materialize. For these other substances, we also test for carcinogenicity, mutagenicity, reproductive effects, etc. For "vaccines", however, we limit the focus to the very-near-term. Additionally, the "vaccine" inserts read (for every vaccine I have examined) that they were not tested for carcinogenicity, mutagenicity, or reproductive effects. Where did this tradition for "vaccines" originate and, more importantly, why has it been allowed to persist? Given that we have waived liability for the manufacturers for damage caused by the vaccines, one would think the safety tests would be more rigorous, not less, than for other toxic substances. Obviously, the converse is true.

With that background, it is beyond amazing to me that supposedly knowledgeable medical professionals would volunteer their own children as guinea pigs for these "vaccine" trials.
If the vaccine is so safe, how come more than 60% have elevated D-dimer levels, some lasting for months?

How come this was never measured in any of the trials?
A top neurologist in California (who is afraid to speak out publicly due to fear of retribution) reports that 10% of her 20,000 clients had vaccine injuries that should be reported to VAERS. Before this

Isn’t that a bit high for a “safe” vaccine?
The typical hospital would rarely, if ever, have children in the ICU due to COVID.

But once the vaccines were rolled out, vaccine-injured children are now commonplace in the ICU.

Why is that?
Why are the vaccinated more and more likely to contract COVID as time goes on? It can’t be just waning vaccine efficacy because it goes negative.

Latest UK PHE Vaccine Surveillance Report figures on Covid cases show that doubly vaccinated 40-70 year olds have lost 40% of their immune system capability compared to unvaccinated people. Their immune systems are deteriorating at around 5% per week (between 2.7% and 8.7%). If this continues then 30-50 year olds will have 100% immune system degradation, zero viral defence by Christmas and all doubly vaccinated people over 30 will have lost their immune systems by March next year.

By a concerned reader

The 5 PHE tables below from their excellent Vaccine Surveillance Report, separated by 4 weeks, clearly show the progressive damage that the vaccines are doing to the immune system’s response.

People aged 40-69 have already lost 40% of their immune system capability and are losing it progressively at 3.3% to 6.4% per week.
For kids < 19 years old, the average survival rate of COVID is 99.9973% per John Ioannidis.

Doesn’t this mean we should be mandating vaccination for pretty much every disease that can kill people, right?

Clearly, we will do whatever it takes to prevent any death from any disease, no matter how many people we have to kill to do it. It’s no longer about spread and risking others (since vaccines don’t prevent that). It’s all about just saving lives lost from COVID now, no matter how many people we have to kill to do that.
If the CDC can’t even figure out that masks don’t work, why should we trust them on vaccines?
The CDC thinks VAERS is fully reported. How do they explain this?

PennyWittbrodt, 38 minutes ago

So out of the 5 major hospitals in our area, at least 4 are not reporting at all or are telling me they are only reporting specific cases. No doctor or hospital I've spoken with has told me they are reporting issues even when they BELIEVE the vaccine is causal. Also, people don't just get on and make vaers reports to skew numbers and as a nurse (retired) I can tell you people aren't making false reports because the first screen that pops up before you begin the report is that you will be convicted for giving any false info. People back out of reporting, not because they had planned to misrepresent a vaccine reaction, they back out because they are scared that if they get a detail wrong they will be prosecuted. Doctors have told me they don't have time to report and have been told nothing of reporting requirements. The CDC made that mandate and apparently didn't advise hospitals, doctors etc. I'm not sure how a doctor would know he is required to report. There's no way he could know unless he happens to read it on cdc. Nothing has gone out to inform of this requirement.
If the UK data supports vaccination as being safe and effective, why did they change the reporting format so nobody can tell what is going on?
How can a safe vaccine cause all these side effects?

PennyWittbrodt, 6 hours ago

Poor Yuri. He thinks all hospitalizations and deaths are being reported?? The VA in Cincinnati has not reported even 1 post vaccine hospitalization (all of which are required to be reported regardless of whether the doctor thinks the vaccine is causal or not.) My mother who is 71 developed myocarditis within 24 hours of jab 2. The hospital refused to report it. My brother got J&J and within 24 hours his normally stable blood sugars (under 150) climbed to the mid 200s and are still that high despite no change in diet and a doubling of his medications. Additionally his triglycerides which were 230 or less for the past 7 years. After the vaccine his triglycerides shot up over 800. They've doubled his medication. He still isn't back to baseline. His doctor has not reported it. Baptist Hospital staff in Lexington ky told me they were told the only things they had to report to vaers was anaphylaxis or myocarditis in patients under 30. The VA doesn't even have a system set up to allow them to report to VAERS. They are just now even talking about how to report.
Why hasn’t the CDC spotted kidney failure as a side effect? Kidneys were pretty important last time I checked.
Why is everyone scared to be interviewed by me?

I can’t even get anyone prominent (50K Twitter followers or more) to consent to be interviewed about “vaccine safety” where all I do is ask questions!
OK, so what really did kill this teen then?

And why don’t they tell us the actual cause of death for these 60 cases???
How come there weren’t ~110 deaths in each arm?

Could they have “picked” a super-healthy cohort by “accident”?

During the blinded, controlled period, 15 BNT162b2 and 14 placebo recipients died; during the open-label period, 3 BNT162b2 and 2 original placebo recipients who received BNT162b2 after unblinding died. None of these deaths were considered related to BNT162b2 by investigators. Causes of death were balanced between BNT162b2 and placebo groups (Table S4).
How come there weren’t ~110 deaths in each arm?

Could they have “picked” a super-healthy cohort by “accident”?
How can the CDC deny that recovered immunity is superior in every way to vaccine immunity?

Why force recovered people to get vaccinated?
Aren’t 91 studies enough evidence or do we need even more studies?
Did you find any of these stories compelling?
This Oct 22 CDC study claims the vaccines can cut your death rate from ALL CAUSES by up to 72%.

That’s impossible. 33% of deaths of 25-44 are from accidents. How can the CDC publish this junk?

How come nobody at the FDA, CDC, NIH, and in medical academia is saying a word that this paper is garbage? Seriously?!?

If you want proof the CDC is lying about vaccine safety, this paper delivers it.

Source: Mortality study reinforces safety of COVID-19 vaccinations and mm7043e2 COVID-19 Vaccination and Non–COVID-19 Mortality Risk — Seven Integrated Health Care Organizations, United States, D
How come they forgot to mention that the vaccine killed more people than it saved?

20 deaths after vaccine vs. 14 deaths on placebo

WHOOOPS!
\textbf{Note:}
Two dose calc: $1000000/((5.2+71.5)*41)=317$ (note 41 is the URF \textit{even though the FDA and CDC refuse to calculate the value})

John Su was caught on video saying that VAERS captures most myocarditis case reports. But this slide from Pfizer at the Oct 26 VRBPAC meeting shows that Su is lying. The slide shows VAERS must be under reporting for myocarditis by at least 5X. Whoops!
Whoops! Kids are more likely to hospitalized from the vax than from COVID.

Whoops again. Dr. Paul Offit, who is on the FDA committee, said publicly it is exactly the opposite. These people are clueless.
Myocarditis is more common from the vaccine than from COVID by 15X

<table>
<thead>
<tr>
<th></th>
<th>COVID</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection rate</td>
<td>37 per 100,000 per week</td>
<td></td>
</tr>
<tr>
<td>Rate of myocarditis in</td>
<td>2.3%</td>
<td></td>
</tr>
<tr>
<td>infected teen boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total myocarditis cases</td>
<td>204</td>
<td>75*41= 3075 (using URF of 41 and data from</td>
</tr>
<tr>
<td>per million teen boys</td>
<td></td>
<td>John Su, Safety update for COVID-19 vaccines: VAERS)</td>
</tr>
<tr>
<td>over 6 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Isn’t VE supposed to be positive for Delta?

### Table 9. Post-Hoc Analysis of Vaccine Efficacy Against Centrally Confirmed Moderate to Severe/Critical COVID-19 With Onset at Least 14 Days After Vaccination by Virus Variant, Final Efficacy Analysis, Study 3001, Per-Protocol Set (Analyses not Verified by FDA)

<table>
<thead>
<tr>
<th>Variant</th>
<th>Ad26.COV2.S N=19400 Cases</th>
<th>Placebo N=19398 Cases</th>
<th>VE% (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference strain</td>
<td>32</td>
<td>108</td>
<td>71.5% (57.3, 81.4)</td>
</tr>
<tr>
<td>B.1.1.7 (Alpha)</td>
<td>9</td>
<td>29</td>
<td>70.1% (35.1, 87.6)</td>
</tr>
<tr>
<td>B.1.351 (Beta)</td>
<td>36</td>
<td>56</td>
<td>38.1% (4.2, 60.4)</td>
</tr>
<tr>
<td>B.1.617.2/AY.1/AY.2 (Delta)</td>
<td>11</td>
<td>10</td>
<td>-6.0% (-178.3, 59.2)</td>
</tr>
<tr>
<td>B.1.427/429 (Epsilon)</td>
<td>8</td>
<td>17</td>
<td>54.7% (-10.8, 83.1)</td>
</tr>
<tr>
<td>P.1 (Gamma)</td>
<td>74</td>
<td>112</td>
<td>36.4% (13.9, 53.2)</td>
</tr>
<tr>
<td>C.37 (Lambda)</td>
<td>43</td>
<td>46</td>
<td>10.0% (-39.5, 42.0)</td>
</tr>
<tr>
<td>P.2 (Zeta)</td>
<td>34</td>
<td>93</td>
<td>64.8% (47.3, 77.0)</td>
</tr>
<tr>
<td>B.1.621 (Mu)</td>
<td>38</td>
<td>57</td>
<td>35.8% (1.5, 58.6)</td>
</tr>
</tbody>
</table>

Source: Figure 6, fa-trl-vac31518cov3001.pdf

* N=Total number of participants at risk

https://www.fda.gov/media/153037/download
Why don’t we just wait for the “clinical trials” to finish? Israel is doing the real “clinical testing” for us.
Was this paper wrong?

“Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically significant increase in "all cause severe morbidity" in the vaccinated group compared to the placebo group.

Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately ...”

Source: US COVID-19 Vaccines Proven to Cause More Harm than Good... by J. Bart Classen, MD
Was this paper wrong?

Thus, the ratio of $E_{SAE}$ to $O_{SAE}$ is 31 to 1, suggesting a URF of 31

$$\frac{N_{SAE\_Pfizer\_trial}}{N_{SAE\_Pfizer\_VAERS}} = \sim 1.4M/43,948.$$  

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

Since the URF for MAEs is very likely larger than for SAEs, it is satisfactory to assume that 31 is a humble estimate URF for all AEs (refer to Supplementary Table 2).

Source: Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?, Jessica Rose
Was this paper wrong?

The scientific literature says otherwise.

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

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

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

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

Reference: If Vaccine Adverse Events Tracking Systems Do Not Support Causal Inference, then “Pharmacovigilance” Does Not Exist
Was this analysis wrong?

Leithiser concluded that “Emergency Use Authorization (EUA) is not only unwise but creates a strong possibility of causing more harm than benefit.”

If he’s wrong, what error did he make?

---

**Vaccination for Children Aged 5 through 11**  
A Data-oriented Perspective

In response for the Request for Comments for the FDA meeting on “Vaccines and Related Biological Products” (FDA-2021-N-1088-0001)

**Robert Leithiser, Ph.D. – October 21, 2021, Updated October 25, 2021**

**Introduction**

This paper reviews current data relevant to the relevancy of the Pfizer Covid vaccine for children aged 5 – 11. We focus is on evaluating usefulness based on mortality costs/benefits. The following data analysis is provided:

1) Childhood mortality from COVID-19 in the US and other countries including factoring of healthy versus unhealthy
2) Potential Myocarditis risk to this group inferred from Pfizer vaccine in the closest age group of 12 - 18.
3) Review of the Pfizer trial and its validity to effectively evaluate the vaccine efficacy and safety

The paper closes with recommendations regarding the approval of the Pfizer vaccine based on the potential harm weighed against the benefits derived from the data analysis.
How come the CDC didn’t retract their pregnancy guidance after the correction was issued?
If myocarditis is as rare as the CDC claims, then how can just this one hospital in Australia be seeing 30-40 cases a day?

Isn’t that a bit hard to explain?
Is Norman right that ACM is the right measure? If not, what is?

Probability and Risk

Improving public understanding of probability and risk with special emphasis on its application to the law. Why Bayes theorem and Bayesian networks are needed

Thursday, 23 September 2021

A comparison of age adjusted all-cause mortality rates in England between vaccinated and unvaccinated

Norman Fenton and Martin Neil

The UK Government’s own data does not support the claims made for vaccine effectiveness/safety.

In a previous post we argued that the most reliable long-term measure of Covid-19 vaccine effectiveness/safety is the age adjusted all-cause mortality rate. If, over a reasonably prolonged period, fewer vaccinated people die, from whatever cause, including Covid-19, than unvaccinated people then we could conclude that the benefits of the vaccine outweigh the risks. We also pointed out that to avoid the confounding effect of age, it is
How come the ACM is higher in the vaccinated? Isn’t it supposed to be the other way around?
How do you explain that the case rates are higher in the vaccinated? Isn’t it supposed to be the other way around?

Prof Norman Fenton @profnfenton · Oct 21
Interesting. In fact, in EACH age category from 30 up the case rate is higher in the double vaccinated than the unvaccinated. Moreover, as we highlight here probabilityandlaw.blogspot.com/2021/10/compar... ONS may be underestimating number of unvaccinated so unvacc rates are likely even lower than stated

Dr Clare Craig @ClareCraigPath · Oct 21
Case rates per 100,000 are now double in the double vaccinated population than the unvaccinated for people aged 40 to 79.

assets.publishing.service.gov.uk/government/upl...
Why did this German association pull support for the boosters?

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

“Given the fact that neither German authorities (PEI) nor European Medicines Agency EMA has approved this booster,” the association is urging the members to seriously reconsider the need for a booster as of now.
Isn’t this too high a price to pay?

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

Death:Life = 4:1

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

Sunnycrest nursing home
Whitby, Ontario, Canada
136 beds
How can this happen if the vaccines don’t kill anyone?

Hale Nai = 288 and Avalon = 108 residents

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

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

Here's his original interview and my extended interview.

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

Abrien Aguirre
UK funeral director John O’Looney: Deaths skyrocketed 250% after vaccination started. What caused it?

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

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

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

Death rates only went up after vaccinations started.

Note: we were able to confirm this in the US, but nobody wanted their name used publicly.
How do you explain this?

B BlanknBlank, 3 weeks ago
I live in a jurisdiction in the Caribbean with a tiny number of C19 deaths. We have a very high vax rate. On an FOI we received a YTD number of deaths for 2021 Jan-Aug. Vaxes started in Jan 2021. Because of our unique situation we are going to get a very interesting contrast compared to the same period last year. I can tell you, it's not looking good. Waiting for clarification from office of vitals. In short, excess death is up significantly with zero C19 deaths.

C cherryhills, 3 weeks ago
I did an analysis of random countries that had little to no incidence of covid cases for more than a year after the initial known outbreak in late 2019. In every case, the death rate skyrocketed within a few weeks of the vaccine rollout. Charts here:

https://twitter.com/milohijules/status/14255912801552251047?_=20

B BlanknBlank, 3 weeks ago
Very interesting. In your charts the deaths are listed as C19. In the case of my location, we have no C19 deaths since the rollout and a tiny number overall before vax, however the all death rate has gone way up. In otherwords, death rates were normal until the vax was introduced. Our next step is to FOI the health ministry and request stroke and heartattack stats for the past 5 years and YTD 2021.
We’d never seen messages like this before happening on a regular basis nowadays.
How come VE is -109% for 40 year olds in the UK?

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

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

In other words, after a short honeymoon period, the vaccines make it MORE likely you will be infected.

New study from Sweden, (preprint) published in The Lancet, reveals that #Covid19 vaccines have a very short lasting effect!

- VE against infection drops below 50% CDC threshold at 5 months (6m for severe)
- VE against infection becomes negative at 8m

#Covid #Corona #Coronavirus
CDC says spike protein is “harmless” but...

A Closer Look at How COVID-19 mRNA Vaccines Work

COVID-19 mRNA vaccines give instructions for our cells to make a harmless piece of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19.

1. First, COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the muscle cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.

2. Next, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn’t belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19.
... the scientific literature says they are lying; they say they spike protein is cytotoxic

1. Be aware of SARS-CoV-2 spike protein: There is more than meets the eye
2. Toxicological insights of Spike fragments SARS-CoV-2 by exposure environment: A threat to aquatic health?
3. SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2
4. Pay no attention to the spike proteins behind the curtain
5. Clearing up misinformation about the spike protein and COVID vaccines
They can’t both be telling the truth.

Who is lying and how do you know?
How can you possibly rule out original antigenic sin at this point?

This is when immunity to one strain alone may lead to permanently impaired immune response to the three other serotypes, causing worse and longer illness.
If the vaccines are so safe, why is this archbishop encouraging his peers to speak out?
Shouldn’t the FDA ban this as false and misleading advertising?

It fails to mentions deaths and disability as required by law (informed consent).
If Congress wants to find out where the virus really came from, then why is Congresswoman Anna Eshoo refusing to ask the NIH for Fauci’s unredacted emails?

Does she have something to hide???
Isn’t it odd that countries with the highest vax rates have the highest transmissions?

Karen Iacovelli Forster TRUTH @KikiForster 1 like 9m
@stkirsch this doesn’t compute with the hard data that 68 highly vaxxed countries have covid spikes; that CDC’s own research found that the 4 of the highest vaxxed counties in the US had high virus transmission. 57 counties with the lowest vax rates (26.3 max less than 20% in others) had the lowest transmission. Paper released from Stanford showed vax has no discernible effect upon mitigating virus. The opposite happening. Belgium news just reported high vax rate causing spikes.
This was slide 18 of ACIP Chair Grace Lee’s presentation at the August 30, 2021 ACIP meeting.

Nobody noticed that it is impossible for pulmonary embolism, DVT, and intracranial hemorrhage to not be elevated by the vaccines.

Start watching this video (TFNT9) at 19:50 for the full story of this remarkable mistake.

Do you think the Figure is accurate? The ACIP committee members all do. Nobody said a word. They have no clue about safety signals or mechanism of action of these vaccines. I fell off my chair when I saw her present this slide.
Another troubling statistic for kids: this one on all-cause mortality (likely due to the vaccines).

Child deaths are 52% higher than the 5-year-average since they were offered the Covid-19 vaccine, after previously being 14% down according to ONS data

New data published by the Office for National Statistics has revealed that the number of children to have died since Chris Whitty advised the Government they should be offered the Covid-19 vaccine is 52% higher than the five-year-average, after previously being 14% down on the five-year-average up until the Joint Committee on Vaccination and Immunisation being overruled.

On September 13th 2021, the four Chief Medical Officer’s (CMO’s) of the United Kingdom wrote to the Government advising them to offer all healthy children over the age of 12 a single dose of the experimental Pfizer mRNA Covid-19 injection. The most important public health benefit the CMO’s
Why would the number of deaths due to “abnormal clinical findings” go up after vaccination started? That’s odd. Hmm...
Coercion. No informed consent.

Click the image to hear this mom’s story about her son.
This video is just two minutes long. Watch it. It’s from Trinidad where they are forcing the vaccines on people there.

The mom cries, “He was bleeding. He was bleeding in his brain.” Exactly like the 2 of 14 kids who died in the CDC’s 12-17 year old study.

This is not a coincidence. This is not normal. This is not an anecdote. Her child is dead. He was killed by the vaccine.
Mother forced to get vaccinated → newborn get vaccine symptoms
The mother had to have a C-section. The hospital said, “We won’t do it if you haven’t been vaccinated.” The mom had no choice.

Now her baby is neurologically damaged.

Please watch this video. The same symptoms are common in vaccine victims. For a newborn baby to have these symptoms is unprecedented, isn’t it? How often does that happen? Never?
The rate of uncategorized deaths is increasing faster than can be explained normally. Why?
Isn’t this a violation of the Nuremberg Code?

Coercion and lack of informed consent

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.\[13\]
Isn’t this a violation of the Nuremberg Code?

Coercion and lack of informed consent
Shouldn’t we be worried about vaccine-enhanced replication and infectivity?
Early treatment

The better alternative to end the pandemic
Early treatment with existing drugs using a 99% effective protocol (such as the Fareed and Tyson protocol) is the faster, safer, cheaper, and saner way to end the pandemic.

No lockdowns, no masking, no social distancing required.

Higher immunity. Fewer deaths than the vaccines.

But nobody wants to go against what the CDC says even when they are wrong. See c19early.com for details.
Lots of drugs work.

There are many combination protocols that work that use these drugs.
Uttar Pradesh is now COVID-free
They used early treatments.

Vaccination rates there are miniscule (now 11%).
Horowitz: Heavily vaccinated state accounts for 65% of India's COVID cases after rejecting ivermectin

Kerala by contrast...

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

Source: Horowitz: Heavily vaccinated state accounts for 65% of India’s COVID cases after rejecting ivermectin
Aren’t vaccines the worst way to solve this problem?

Why not copy India with early treatment? (152X higher infection rate per capita in US)
Why did we ignore the fastest, safest, and cheapest way to end the pandemic?
Early treatment

Why are all these treatments being ignored?

Why is nobody interested in the Fareed-Tyson protocol? It beat the Merck drug on every parameter. 99.76% real-life efficacy.
Why aren’t we allowing doctors to prescribe a medicine that is proven in multiple systematic reviews and meta-analyses…

THE HIGHEST LEVEL of evidence-based medicine?

Is there strong evidence that IVM kills more people than it saves? Where?

P.S. I know Dr. Haider. He is fabulous. This problem is being exasperated by the FDA, CDC, AMA. Why? What evidence do they have of harm. Why can’t we see it?
Fluvoxamine

Proven in a large Phase 3 clinical trial and other trials, it reduced death from COVID by over 90% to be published in *Lancet* Oct 27, conveniently 1 day after the VRBPAC meeting!

Why are we ignoring it?

How can you have an EUA for a vaccine in light of this? You can only get an EUA if there are no other alternatives.
How can you have an EUA when:
1) there is no “emergency”
2) there is a proven viable alternative (early treatment with fluvoxamine is proven in Phase 3 trial to reduces death by over 90%)

@TogetherTrial manuscript on the survival benefit of #fluvoxmaine for early #covid19 outpatient therapy is eventually coming out in @LancetGH (?this week, ? next week ?sometime). The journal seem to be slow walking this manuscript -- business as usual, not really important.

3:06 PM · Oct 18, 2021 · Twitter Web App

Most impressive result is that in those who tolerated #fluvoxamine & took >=80% of the possible doses (~75% overall), there was 1 death in the fluvoxamine group & 12 in the placebo group. This is a 91% reduction in odds of death. Odds Ratio = 0.09; 95% CI 0.01–0.47 #IDTwitter

One "problem" is #fluvoxamine only costs $10, thus no big corporate marketing machine promotes.
Why is the CDC staying completely silent about Vitamin D?!?

One of my top recommendations for safeguarding your health at this time is to optimize your vitamin D level. In my lecture, I show a graph that clearly illustrates the correlation between higher vitamin D levels and your risk of dying from COVID-19. At a level of 17 ng/mL, the death rate is nearly 100%. At a level of 35 ng/mL, which is still below the ideal minimum of 40 ng/mL, the death rate is near zero.

Source: Dr. Mercola’s 2021 Biohacking Lecture

Unfortunately, the US government forced Mercola to delete all content after 48 hours so I can’t provide a link.
Early treatment benefits

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

People claim we are making money on opposing vaccination, but they never say how.

How?

1. Steve Kirsch
2. Robert Malone
3. Geert Vanden Bossche
4. Byram Bridle
5. Peter McCullough
6. Ryan Cole
7. Bret Weinstein
8. Chris Martenson
9. Paul Alexander
10. Jessica Rose
11. Meryl Nass
12. Mathew Crawford
13. Charles Hoffe
14. Marc Girardot
15. George Fareed
16. Stephanie Seneff
17. Aditi Bhargava
18. Vinu and Vinay Julapalli
19. Dr. James Lyons-Weiler
20. ...
How come mainstream media isn’t asking any of these questions?

Are they paying attention or are they asleep at the wheel?
Conversation starters

I could have added another 100 questions, but these should provide a decent set of conversation starters when talking with those who believe the false narrative that the vaccines are safe and effective and that mass vaccination with a leaky vaccine is a viable strategy in the middle of a pandemic.
FOR MORE INFO

See the Vaccine resources article on skirsch.io

It has links to everything I’ve written on vaccine safety. Most items have both the PDF and source files. Feel free to plagiarize.