Agenda

Safety
Efficacy
Masks
Mandates
Recovered immunity
Early treatments
Rule breakers
Corruption of science and medicine
Censorship
About me

Retired high-tech serial entrepreneur. Age 65.

Started CETF which funded fluvoxamine, HCQ, camostat, ...studies. Featured on 60 Minutes.

Doubly vaxxed before learning my friends were dead/disabled after vaccination. Driven by data, not “popular opinion.”

Quit my company to focus 100% on saving lives.

Not a doctor so not subject to intimidation tactics.

No conflicts of interest. No history of misinformation spreading or conspiracy theories < May 25, 2021.
How to use this slide deck

Most all of the images are clickable and lead to the source study or data.
How science works

Create hypothesis.

See if the hypothesis can explain the data.
Which side is telling the truth?

The side that wants a debate.
Our claim

Our team’s hypothesis, that the vaccines are unsafe and largely ineffective, fits the data.

Their “safe and effective” hypothesis doesn’t. They don’t want to debate us. Even for $1M just to show up at the debate table (offered to members of the CDC and FDA external committee members). Nobody at the FDA, CDC, NIH, or any of the drug companies will debate us, even though it would reduce vaccine hesitancy (a key goal) if they won.
Safety
In the US, the vaccines kill more people than they are estimated to save

Killed: \(>150K\)
Saved: \(~10K\)

\(^{1}\)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 full 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 wild type virus. So it’s probably much less than 10,000 lives saved.
Vax is nonsensical
Killed > Saved for all ages

The table shows the numbers for Killed vs. Saved from COVID death over 6 months. Units for both columns are per million doses. The saved column assumes vaccines are 100% effective against projected COVID deaths over the 6 month efficacy period (the most optimistic scenario).

*This article* details how the numbers were calculated. Both columns are from US government data (VAERS and CDC) and subtract out background deaths.

Bottom line: It is nonsensical to vaccinate any age group.

<table>
<thead>
<tr>
<th>Age</th>
<th>Killed</th>
<th>Saved</th>
<th>K:S</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>67</td>
<td>11</td>
<td>6.1:1</td>
</tr>
<tr>
<td>30-40</td>
<td>121</td>
<td>31</td>
<td>3.9:1</td>
</tr>
<tr>
<td>40-50</td>
<td>210</td>
<td>76</td>
<td>2.8:1</td>
</tr>
<tr>
<td>50-60</td>
<td>436</td>
<td>185</td>
<td>2.4:1</td>
</tr>
<tr>
<td>60-70</td>
<td>1031</td>
<td>450</td>
<td>2.3:1</td>
</tr>
<tr>
<td>70-80</td>
<td>2140</td>
<td>1133</td>
<td>1.9:1</td>
</tr>
<tr>
<td>80+</td>
<td>6276</td>
<td>3458</td>
<td>1.8:1</td>
</tr>
</tbody>
</table>
Killed > Saved validated in multiple papers published in the peer-reviewed medical literature
Estimated over 200,000 deaths based on VAERS reports.

Published in peer-reviewed medical journal.
High vaccination rate → high excess mortality validated in new study from Germany (November 19, 2021)
Pfizer Phase 3: 6 month study result
Killed > Saved (10 > 1)

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).

<table>
<thead>
<tr>
<th>Group</th>
<th>Vaccine</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-unblind</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td>Post-unblind</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>17</td>
</tr>
</tbody>
</table>

1 person’s life was saved from COVID by the vaccine (see Table S4 showing 2 COVID deaths in placebo vs. 1 COVID death in vaccine group), but at an estimated cost of 10 all-cause mortality excess deaths. Cardiac arrest was 4X higher in vaccine group (see Table S4).

See this article for the latest updated numbers in pre-unblinding phase (21 vs. 17, a 23% increase in deaths).
Killed > Saved validated in latest FDA report (23.5% more deaths if got the vax vs. placebo)
Wait a second... weren’t the death rates in the UK supposed to go down after vaccination?!?
Wait a second... weren’t child deaths rates in the US supposed to go **down** after vaccination?!?
Vaccine as deadly as the virus

Admission that “the cure may be worse than the disease” by Taiwan health authorities.

Note: Not all deaths after vaccination are caused by the vaccine. Based on the VAERS data, we found that “only” 98% are caused by the vaccine. So deaths from both are comparable.
Odd how few infections in Asia before the vaccines rolled out

Just looking at the infection rates in Asia, that were flat until the vaccines rolled out made me wonder... There had been theory that their low rates of infection were because so many in Asia had been infected with other closely related SARS coronaviruses that they had Tcell and Bcell immunity if not neutralizing antibodies to this particular virus. Why are they now getting sick after vaccine? The vaccine must be interfering with their pre-existing Tcell and/or Bcell system. The delta can't be that much different than the Alpha to all of a sudden make them sick. It's the vaccines; either by destroying their immune system or the vaccine spike making them ill directly. Don't know if anyone is following this.
The smallpox vaccine is considered much too deadly to use.

Mathew Crawford’s analysis (which used government data from 35% of the world’s population) found 822 deaths per million fully vaccinated. Smallpox is 1 death per million vaccinated.
One of these vaccines is unsafe. Can you spot which one? (nobody at the FDA or CDC can, including the advisory committees!)

Note: These results cannot be explained by “over-reporting” because physician surveys say they are seeing >100X increase in adverse events with these vaccines. Nor can they be explained by “more people” were vaccinated this year vs. typical years.
One of these vaccines is unsafe. Can you spot which one? (This is the EU system. The same notes apply.)
High vaccine adverse events are not due to “over-reporting.” There are more events reported because there are more events occurring.

Small practice
750 patients
Reports in 29 years: 0
Reports this year: 25

Large practice
20,000 patients
Reports in 11 years: 0
Reports this year: 2,000¹

¹A more than 20,000X increase over the average year!
THE FDA SAYS THESE ARE ALL “BACKGROUND DEATHS”
But if they were background deaths, all the bars would be the same height!

The x-axis is days to onset. Note how the reports peak on the second day, and not the first day. This is consistent with the mechanism of action of the vaccine. It takes 24 hours for the spike protein production to reach peak production and begin to decline. The mRNA is mostly disintegrated after 48 hours, leaving just the spike protein on the cell surface.
The greater the number vaccinated, the higher the reported injuries.
Causality is crystal clear in the VAERS data for 5-11 year olds

Charts prepared by Jessica Rose
These numbers are unprecedented.

More AEs than for all vaccines in the last 30 years *combined*!

**NB:** Multiply all numbers by 41 to get the actual count.
For ages 5-11: Kill 117 → Save 1

Dr. Rogers is a specialist in risk-benefit analysis. Because he couldn’t find an accurate risk benefit analysis on the Internet, he did his own using CDC numbers and VAERS data extrapolated downward to the 5 to 11 age group.
The vaccines don’t just stay in your arm like a traditional vaccine.

The PEG coating enables them to go all over your body including your brain, heart, lungs, and blood vessels which can cause blot clots and inflammation everywhere. 50% have elevated D-dimer after vaccination.

Note that the liver, spleen, and adrenals distribution are not shown as these were all “expected.” This graph shows accumulation of the LNPs in the ovaries. This explains the huge number of adverse events in VAERS for women.
Menstrual issues are highly elevated by up to 8,800X vs. baseline.

CDC does not want you to know this.
A list of some of the cardiac events in VAERS...

Tachycardia is 7,973X above baseline.

Cardiac failure is 475X above baseline rates.
Cardiac risk more than doubled after vaccination
Cardiac risk more than doubled after vaccination
Ask yourself if cardiac arrest is typical in 3 year olds just 1 day after vaccination?
While some claimed the Gundry results were just a talk abstract, more troubling is that the results are validated in the VAERS database AND were confirmed by other researchers. Sadly, they won't publish because they would lose funding from drug companies.
There are more cardiac events in 2021 than 2019.

Note how the shape of the bars is not the same. If this was just “over-reporting” the overall shape would be the same. It isn’t.
**60X** higher rate of cardiac events on sports fields after vaccines rolled out. Why sports? Because the events are in plain sight of everyone! 100% reported.

The **only** viable explanation: caused by the vaccines. Nobody has any other explanation that fits the data.
“In October cardiac and circulatory events on the sportsfield went through the roof”

Unfortunately, nobody in public health appears to be interested in finding out why this is happening.

At least 69 athletes collapse in one month, many dead

The reports of athletes who suddenly collapse have been increasing noticeably lately. Heart problems such as heart inflammation are often the cause – one of the known life-threatening side effects of Covid vaccines, which even the manufacturers themselves warn against.
BROTHER AND SISTER BOTH DIE within 2 months of each other, but only after being vaccinated.

This is very unlikely to have been caused by chance. Both died from cardiac arrest.

Cardiac arrest is elevated by 93X baseline in VAERS.

If it wasn’t the vaccine, what is the most likely cause?
Two cricket players down within 10 minutes of each other

Uncontrolled shaking in both.

Both were vaccinated on June 30, 2021. They both collapsed on Friday, July 2, just 48 hours after being vaccinated.
NBA star
Brandon Goodwin

He’s done. Maybe forever.
Celine Dion

She’s done. Likely forever.

Her symptoms are very familiar to the vaccine injured. The VAERS data shows women are twice as likely to get neurological symptoms than men.
Nursing home
Before vax: 240 people
After vax: 40 people
200 people died after the vax rollout. Killed 84% of the nursing home.

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

If the vaccines are so safe, then how do you explain this??
The **CDC** is lying about “no deaths caused by the mRNA vaccines.”

Peter Schirmacher, one of the world’s top pathologists, did autopsies of 40 people who died after vaccination. He found that **at least 30% to 40% of the deaths were caused by the vaccine.** His work was later **validated by other German pathologists** who found even higher minimum percentages. The true percentage could be 100%. Schirmacher just set the floor.

Why can’t the CDC find a single death in over 18,000 cases worldwide?!?
Guess what the #1 most used vaccine is in Germany?

Yup. Pfizer.

Why can’t the CDC find a single death in over 18,000 cases worldwide?!?
Why didn’t the highly unusual causes of deaths in these 14 kids raise any red flags in the CDC 12-17 safety study?

12 of 14 deaths were “excess” (relative the normal number of deaths from other vaccines for that age range reported in VAERS). What caused all those excess deaths?

The vaccine of course, but the CDC wasn’t allowed to say that. They said NOTHING. They didn’t even acknowledge that 12 of the 14 deaths were excess. Right after that paragraph, they changed the topic.
1 in 317 boys (16-17) will get myocarditis from the vaccine.

41X higher than they claimed

(in order to save ~1 in a million kids from dying from COVID)

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**Note:**

Two dose calc: \(\frac{1000000}{(5.2+71.5)\times 41} = 317\) (note 41 is the under-reporting factor (URF). Note that the FDA and CDC refuse to calculate or disclose the URF and assume it is 1. There is no evidence to support that. We can prove it isn't true. You can see the URF calculation [here](https://example.com) which uses the CDC’s approved methodology.

Reference: John Su, *Safety update for COVID-19 vaccines: VAERS*
Is this what they mean by a “slightly elevated” risk of myocarditis?

From the Rose paper that was published in Current Problems in Cardiology which publisher unethically censored. Do see now why it was censored? You can read the full paper here.
Is this what they mean by a "slightly elevated" risk of myocarditis?

**Notes:**
1. Total Vaccine Doses per Year Pre-Covid Vaccine: 325M+
2. Total Vaccine Doses 2021 including Covid: 725M+
3. For Up-To-Date Data [https://openvaers.com/covid-data](https://openvaers.com/covid-data)
If it wasn’t the vaccine, how do you explain this?

14 years in ER and ICU.

7 days after the vax available to 5-11 on Nov 10!

Deadly even at ⅓ the dose!
I wonder why newborn babies are suddenly dying in Scotland?
If it wasn’t the vaccine, how do you explain all these deaths from pulmonary haemorrhage for new born babies? This is a vaccine symptom!
Way more myocarditis after the vax
(exactly the opposite of what the committees believe)

Note: This is a comment from one of my followers on substack. He can be contacted here.
UK numbers clearly show more myocarditis cases after vaccine rollout.

Doctors believe the opposite. They don’t like looking at data like this.
So why do physicians think that the vaccines reduce the rates of myocarditis?

Because of articles like this one which completely fail to take into account that VAERS is under-reported by >41X
The reality
Myocarditis is >7X higher from the vaccine (=3157/450)

<table>
<thead>
<tr>
<th></th>
<th>Rate per 1M (infections or vaccinations)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID rate</td>
<td>450</td>
<td>Papers quote this for COVID.</td>
</tr>
<tr>
<td># VAERS reports</td>
<td>77</td>
<td>Papers erroneously use the unadjusted counts (raw counts).</td>
</tr>
<tr>
<td>Estimated actual rate</td>
<td>3157</td>
<td>Actual event rate for vaccine (URF=41)</td>
</tr>
</tbody>
</table>

This table explains why: 1) cardiologists observe higher cases this year; 2) hospitals are increasing staffing in cardio and 3) the people who claim the reverse are always citing papers instead of cardiologists with patients.
Damages DNA repair → increases risk of cancer

“Our findings... underscore the potential side effects of full-length spike-based vaccines.”
Should we ignore this data that the vaccines may be damaging us for life?
Hospitals are seeing more strokes and heart attacks

“Meanwhile, there has been an increase in people coming to the ER with more serious conditions, like strokes and heart attacks.”
Why are kids dropping like flies right after getting vaccinated?

If they didn’t die from the vaccine, then what killed all these kids?
Very few kids got vaccinated before the EUA rolled out. Two of them died within days of the shot, both from cardiac issues.
Adults are dying “unexpectedly” of “unknown causes”
Hospitals are preparing for a rapid rise in cardiac cases. Why?

Nurse Sarah @JustNurseSarah · 13h
I was just informed our CCU Dept will be adding 55-65 new staff (Cardiologists, NPs, PAs, RNs, Techs, Aides, RTs) in the next 4-6 months. When asked why, the response was, “Due to a forecasted rapid need in cardiac patient care”. Um, OK.... We can all read between the lines.
The only child of Ernest Ramirez was killed by the Pfizer vaccine on April 24, just 5 days after his first dose according to one of the world’s top cardiologists.

Ernest tried to notify the CDC of the death, but the CDC hasn’t called him back yet (7 months later). How do you explain that?
Another child paralysis...

You just never hear of these stories since they are never covered by the press.

It doesn’t mean it isn’t happening.
Deaths of teenage boys up 63%

How do you explain these headlines?!?
All cause mortality is up for the vaccinated groups and down for the unvaccinated.

It is supposed to be the reverse.
If these vaccines are so safe...

then why do they need the liability protection?!?!
How can excess deaths in the US be through the roof?!?!

Surely, the CDC is on the case. What is the cause????

Answer: Silence.
Whoops! Data from Scotland shows you’re 5X more likely to die if you get COVID and are vaccinated.

So why are they telling people the reverse?
Computing the VAERS URF

We used the method defined by the CDC, the anaphylaxis rates reported in the Blumenthal study in JAMA both shown here. Then we compare with the incidence rate of anaphylaxis in VAERS before the Blumenthal paper was published. We’ve vaccinated 97.5M people from the start thru March 2021 and there were 583 reports in VAERS who had an anaphylaxis reaction on their first dose. Using the MGH numbers with our own VAERS queries, we have 247 cases per million doses from the MGH study divided by 5.97 cases per million doses from VAERS. 247/5.97 = 41

Source: Estimating the number of COVID deaths in America (63 pages)

Rate of anaphylaxis was 2.47 per 10,000 doses
Validated it 12 other ways

All of these methods yielded excess death estimates of 150,000 or more

Source: Estimating the number of COVID deaths in America for the details on all 12 methods

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Excess CFR analysis</td>
</tr>
<tr>
<td>2. Excess death analysis</td>
</tr>
<tr>
<td>3. Small island study</td>
</tr>
<tr>
<td>4. Norway data</td>
</tr>
<tr>
<td>5. Poll #1</td>
</tr>
<tr>
<td>6. Poll #2</td>
</tr>
<tr>
<td>7. Doctor survey</td>
</tr>
<tr>
<td>8. Pilot data (British Airways)</td>
</tr>
<tr>
<td>9. Scotland data</td>
</tr>
<tr>
<td>10. Columbia university excess death analysis using public datasets from US and Europe</td>
</tr>
<tr>
<td>11. Indiana insurance company excess death rate 40% increase in 18 - 64 year-olds</td>
</tr>
<tr>
<td>12. Pfizer 6 month trial all-cause mortality data (21 vs. 17)</td>
</tr>
</tbody>
</table>
Efficacy
Efficacy is a red herring.

Discussing efficacy for a deadly vaccine!?!?

They want to shift the conversation to efficacy because the data is more confusing because they can point to studies that make it appear that the vaccine works like the one pictured here.

NOTE: There is a big difference in showing the vaccines prevent death from COVID vs. causing death from all-cause mortality (ACM). Many people don’t understand the distinction. The article pictured is the former. The previous section was the latter. See the difference?
The vaccines haven’t performed very well.

All-cause mortality is increased in every age group.

Click the image to read the entire thread.
Latest research suggests zero efficacy

From Mathew Crawford’s These Vaccines are Ineffective
Ireland latest numbers

Vaccination makes you *more likely to die* if you get COVID.

Ireland numbers:
- 58% ICU vaxxed
- 100% dead vaxxed
Vaccination is useless.
When are we going to figure this out?!?

The team is 100% vaccinated and it made no difference.

Half the team was likely naturally immune already.
The line is supposed to slope the other way!

Data is from 68 countries and 2,947 American counties

The vaccines do not work.

They are making things worse, not better.

Source: “No Discernable Relationship” between Vaccines and Cases
Wait a second…

Weren’t vaccines supposed to make it less likely you’ll be infected?!?
Holy moly.

This study shows that after three months the vaccine effectiveness of Pfizer & Moderna against Omicron is actually negative. Pfizer customers are 76.5% more likely and Moderna customers are 39.3% more likely to be infected than unvaxxed people.
[medrxiv.org/content/10.110...](medrxiv.org/content/10.110...)

### Estimated vaccine effectiveness for BNT162b2 and mRNA-1273 against infection with the SARS-CoV-2 Delta variants during November 20 – December 12, 2021, Denmark.

<table>
<thead>
<tr>
<th></th>
<th>Pfizer – BNT162b2</th>
<th>Moderna – mRNA-1273</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Omicron</td>
<td>Delta</td>
</tr>
<tr>
<td>Cases</td>
<td>VE, % (95% CI)</td>
<td>Cases, VE, % (95% CI)</td>
</tr>
<tr>
<td>14</td>
<td>55.2 (23.5; 73.7)</td>
<td>171</td>
</tr>
<tr>
<td>32</td>
<td>16.1 (8.6; 24.7)</td>
<td>454</td>
</tr>
<tr>
<td>145</td>
<td>9.8 (1.0; 26.1)</td>
<td>3,177</td>
</tr>
<tr>
<td>2,851</td>
<td><strong>76.5 (59.3; 95.5)</strong></td>
<td><strong>34,347</strong></td>
</tr>
</tbody>
</table>

**After booster vaccination:**

| 29     | 54.6 (30.4; 70.4) | 453                 | 81.2 (79.2; 82.9)  | 5                   | 82.8 (51)         |

*Confidence intervals; VE = vaccine effectiveness. VE estimates adjusted for 10-year age groups, sex and region (five strata) Vaccination was assumed 14 days post 2nd dose. Insufficient data to estimate mRNA-1273 b.1.1.529 (Omicron).*
Negative VE (UK government data on vaccine efficacy (VE)). It makes things worse.
Vaccine makes absolutely no difference on viral load

UCSF/UC Davis PCR study

An earlier study from Singapore showed that the virus began to clear faster (but only after 5 days), but the UCSF study (which sampled at random times) did not confirm that result.
This study from Singapore shows vaccinated patients clear the virus faster, but only after they’re most likely to have spread it!
Wait a second. I thought you said that vaccines are supposed to help you not get infected? This shows if you got vaccinated in the past you’re more likely to get the virus than an unvaccinated person.
How can they cancel Christmas in Gibraltar?!?

The vaccination rate there is >118% (they vaccinate people from Spain who come to Gibraltar to work).
Masks
Face mask historical timeline

Prior to COVID
For decades, studies have shown that face masks don’t work against respiratory virus epidemics.

2020
March 8: Fauci says masks don’t work (interview on 60 Minutes). “People should not be walking around with masks.”

April 3: The CDC issued guidance recommending that non-medical face coverings be worn in public.

May: CDC publishes paper showing masks don’t work in either direction.

May 27: Interview with CNN, Fauci urged Americans to wear face masks in public

Sept 16: Dr. Redfield, CDC head, says “if we wear masks for 12 weeks, we’d bring this pandemic under control.” He said that face masks are more effective than a vaccine.

2021
Jan 20: Biden signs order requiring face masks to be used.
The medical journals distort the science

Science says masks don't work. They've never worked for respiratory viruses.

The CDC says masks don't work for smoke. The virus is 25X smaller than smoke.

When they did the first major study of masks against COVID in Denmark, the scientists found that masks made things worse. But the journals refused to publish the finding unless it was changed to fit the popular narrative. They changed the conclusion so it didn't match the data and their study was published. This is documented in this Editor's Choice article in the BMJ.
CDC journal: Masks don’t work in EITHER direction

"We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility."

This was a meta-analysis of research all the way back to 1946. It didn’t include the 1919 paper by W.H. Kellogg of the Calif State Board of Health that masks were useless in stopping the Spanish flu.

A 2015 RCT which showed that cloth masks promoted more flu-like infections was excluded.
Two recent arbitration cases decided masks do not work at all. The laws of physics are still the same today as they were in 2018.

September 10, 2015
James Hayes, a neutral arbitrator, issued a 136-page ruling saying that hospitals could not make nurses wear masks. The “scientific evidence said to support the [mask mandate] on patient safety grounds is insufficient,” he wrote.

September 6, 2018
Arbitrator William Kaplan agreed with Hayes, calling the evidence for mask mandates “insufficient, inadequate, and completely unpersuasive.” As he wrote in his ruling, “The preponderance of the masking evidence is compelling—surgical and procedural masks are extremely limited in terms of source control: they do not prevent the transmission of the influenza virus.”

Note: Flu and COVID are roughly the same size and are transmitted the same way. Masks didn’t work in either direction.

Source:
NEJM says masking does nothing. It is a reflex reaction to anxiety.

As late as April 1, physicians writing in the New England Journal of Medicine—the most prestigious health care publication in the United States—explained, “We know that wearing a mask outside health care facilities offers little, if any, protection from infection…. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.”14

Source:
129,000,000,000 (billion) masks per month
3,000,000 (million) masks per minute

“It’s just a mask”

96 unique pathogens found on used children’s masks
47 studies: masks ineffective at stopping COVID
32 studies: negative health effects of mask wearing
7 mask polymers including inhalable nano particles
71% case patients ‘had always been wearing masks’

1 Science News, Mar 10, 2022, Danish Study: “Face masks and the environment: Preventing the next plastic problem”
2 Rational Ground, Jun 6, 2021, Laboratory Analysis: “Dangerous pathogens found on children’s face masks”
3 LifeSite News, Jul 23, 2021, “47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects”
5 The Federalist Oct 12, 2020, “CDC Study Finds Overwhelming Majority of People Getting Coronavirus Wore Masks”
The Bangladesh study was the nail in the coffin for mask efficacy

Mask proponents proclaimed that the Bangladesh mask study PROVED masks worked.

But none of these experts looked closely at the study! As soon as they saw the result they wanted to see, they hailed the study as definitive!

Except for one tiny little problem: if you actually look at the underlying data, it proved masks did not work at all.

Read this analysis by UC Berkeley Professor Ben Recht Revisiting the Bangladesh Mask RCT and The cult of statistical significance and the Bangladesh Mask RCT (Nov 29, 2021)
Mandates
Then vaccine mandates are pointless.
“Once again publicly available data demonstrate that vaccines are not reducing infectivity or transmission, 2 of the main criteria for an injection to be considered a vaccine. Public health officials are brazenly proclaiming these embarrassing facts, while at the same time continuing to parrot the mantra to get vaccinated and stop the spread.

At this point, anyone with a working brain can see that whatever the vaccine mandate push is for, that it is not about public health and stopping the transmission of COVID.”

– Dr. Chris Martenson
"Imagine a vaccine so safe you have to be threatened to take it -- for a disease so deadly you have to be tested to know you have it!!"
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.
“I have no doubt that COVID-19 is the greatest threat to humanity we have ever faced; not because of a virus; ... but because of our response to it.”
Why are we mandating a vaccine that is deadly and largely ineffective?!?

Why COVID vaccine mandates are completely nonsensical
A short proof based on a new UC Davis/UCSF study showing the viral loads of the vaccinated and unvaccinated are identical.

Steve Kirsch
Nov 11 202 74
Recovered immunity
CDC admits
Recovered can’t spread the virus

CDC Admits Crushing Rights of Naturally Immune Without Proof They Transmit the Virus

After formal demand, the CDC concedes it does not have proof of a single instance of a naturally immune individual spreading the virus.

Aaron Siri

Nov 11  ❤️ 363  📡 261 🚀
New Harvard study confirms the CDC admission: recovered can’t spread the virus.
Early treatments
If you treat early with a combinations of drugs such as the Fareed-Tyson protocol you can reduce hospitalization by 99.76% and death by nearly 100% for all variants with no risk of death or disability. NIH totally ignores this.
Look what happened to COVID hospitalization rates when Japan adopted Ivermectin.

Hmmm... wonder what caused that?

Tokyo in particular is kicking COVID's ass with IVM – fewest hospitalized since before pandemic. Come on world, wake up wake up wake up

@PierreKory
Just taking **aspirin** after getting sick reduces your chance of being hospitalized by over 40%.

After these adjustments, aspirin use was associated with a 43% reduced risk of intensive care unit admission, a 44% reduced risk of mechanical ventilation, and a 47% reduced risk of dying in the hospital.
Fluvoxamine alone has far greater death benefit than any of the vaccines

Reduces risk of death by 92%... Turns COVID into the flu.

By contrast, Pfizer’s own study showed only a 50% death benefit. Fluvoxamine is 6X better.
But they don’t want you to know any of that
Every early treatment that works is ignored (unless it comes from big pharma)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Improvement</th>
<th>RR [CI]</th>
<th>Studies</th>
<th>Patients</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paxlovid</td>
<td>95%</td>
<td>0.05 [0.00-0.81]</td>
<td>1</td>
<td>1,219</td>
<td>$700</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Fluvoxamine</td>
<td>89%</td>
<td>0.11 [0.01-0.85]</td>
<td>2</td>
<td>277</td>
<td>$4</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Nigella Sativa</td>
<td>84%</td>
<td>0.16 [0.05-0.48]</td>
<td>3</td>
<td>915</td>
<td>$5</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Budesonide</td>
<td>82%</td>
<td>0.18 [0.04-0.79]</td>
<td>1</td>
<td>146</td>
<td>$4</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>81%</td>
<td>0.19 [0.10-0.35]</td>
<td>6</td>
<td>912</td>
<td>$1</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Bromhexine</td>
<td>79%</td>
<td>0.21 [0.06-0.72]</td>
<td>2</td>
<td>96</td>
<td>$5</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>79%</td>
<td>0.21 [0.07-0.61]</td>
<td>2</td>
<td>240</td>
<td>$2</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Quercetin</td>
<td>79%</td>
<td>0.21 [0.02-1.82]</td>
<td>2</td>
<td>194</td>
<td>$5</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Bamleriumab</td>
<td>79%</td>
<td>0.21 [0.11-0.41]</td>
<td>6</td>
<td>17,653</td>
<td>$1,250</td>
<td>high variant dependence very few trials/events</td>
</tr>
<tr>
<td>Melatonin</td>
<td>78%</td>
<td>0.22 [0.06-0.75]</td>
<td>2</td>
<td>91</td>
<td>$1</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Zinc</td>
<td>74%</td>
<td>0.26 [0.03-2.33]</td>
<td>3</td>
<td>982</td>
<td>$1</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Proxalutamide</td>
<td>73%</td>
<td>0.27 [0.03-2.39]</td>
<td>2</td>
<td>445</td>
<td>n/a</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Curcumin</td>
<td>71%</td>
<td>0.29 [0.11-0.74]</td>
<td>6</td>
<td>707</td>
<td>$5</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Povidone-iod..</td>
<td>71%</td>
<td>0.29 [0.16-0.54]</td>
<td>7</td>
<td>878</td>
<td>$1</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Antiandrogens</td>
<td>68%</td>
<td>0.32 [0.17-0.59]</td>
<td>2</td>
<td>357</td>
<td>$5</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Casičimidib/..</td>
<td>68%</td>
<td>0.32 [0.16-0.67]</td>
<td>5</td>
<td>22,392</td>
<td>$2,100</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Ivermectin</td>
<td>67%</td>
<td>0.33 [0.24-0.47]</td>
<td>29</td>
<td>27,658</td>
<td>$1</td>
<td>intravenous or injection</td>
</tr>
<tr>
<td>Sotrovimb</td>
<td>67%</td>
<td>0.33 [0.01-8.16]</td>
<td>1</td>
<td>583</td>
<td>$2,100</td>
<td>intravenous or injection</td>
</tr>
<tr>
<td>Hydroxychloro..</td>
<td>64%</td>
<td>0.36 [0.28-0.46]</td>
<td>33</td>
<td>54,693</td>
<td>$1</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Molnupiravir</td>
<td>54%</td>
<td>0.46 [0.23-0.88]</td>
<td>5</td>
<td>2,078</td>
<td>$700</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Nitazoxanide</td>
<td>49%</td>
<td>0.51 [0.13-1.95]</td>
<td>5</td>
<td>1,414</td>
<td>$4</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Favipiravir</td>
<td>48%</td>
<td>0.52 [0.36-0.76]</td>
<td>4</td>
<td>410</td>
<td>$20</td>
<td>very few trials/events</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>43%</td>
<td>0.57 [0.07-4.78]</td>
<td>2</td>
<td>208</td>
<td>$1</td>
<td>very few trials/events</td>
</tr>
</tbody>
</table>
Because they need you to believe that mass vaccination is the **ONLY** way out.
This is why doctors look the other way at the data.

They truly believe the vaccine is the only way out because they trust the CDC.
...even when the data shows the vaccines make the problem worse.

Their solution: boosters!
Early treatment benefits
No masking
No social distancing
No more lockdowns
No more mandates
Broader immunity
Herd immunity
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
A Day with the Experts - Community COVID-19 Conference

NOVEMBER 20TH, 2021 | NOON - 6PM (EASTERN)

Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

Brian Procter1, Casey Ross1, Vanessa Pickard1, Erica Smith1, Cortney Hanson1, and Peter A. McCullough2

<table>
<thead>
<tr>
<th>Percent of Cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
</tr>
<tr>
<td>16</td>
</tr>
<tr>
<td>14</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

N=849 PCR + High Risk COVID-19

74.9% Risk Reduction
P<0.001

87.6% Risk Reduction
P<0.001

Death
Hospitalization

Early Ambulatory COVID-19 Therapy
Expected

Permanent link to preprint on Authorea:
https://doi.org/10.22541/aua.16100355.547207911v1

ASK YOURSELF

Have you ever heard of anyone who got treated early with a proven early treatment protocol ever die from COVID?

Dr. George Fareed has treated over 7,000 COVID patients. 0 deaths for anyone who got treated early.

The one thing all the people in the hospital for COVID today have in common is none of them were treated early with a proven early treatment protocol such as the Fareed-Tyson protocol with a 99.76% risk reduction for hospitalization and no deaths or disabilities from the treatment or COVID. It works equally well for all variants.

Rochelle Walensky will never say that. They won’t call Fareed. Ever.
WHY IS THE NIH IGNORING ALL THE DATA?

There is no question, benefits >> risks for dozens of interventions.

If there is an effective treatment with repurposed drugs, can’t get an EUA for the vaccines.

This is why George Fareed never got a return phone call.

The objective of NIH is NOT saving lives. The objective of the NIH is to make money for big Pharma.
The rule breakers
Uttar Pradesh is now COVID-free
They used early treatments.
Vaccination rates there are miniscule (now 11%).
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
Mandates encourage bad behavior

Mandates require you to vaccinate. But that’s the worst possible strategy because then you can spread the virus for life.

The virus is endemic. You are going to get it sooner or later. So there is no benefit to delaying since we have treatments that are 100% effective in keeping you out of the hospital.

If you get naturally infected, when you recover, you can’t spread the virus which the CDC was privately forced to admit.

If we ever want to end the pandemic and get to herd immunity, recovered immunity is exactly what we want and vaccination is exactly the wrong way to get there.

Aaron Rodgers did exactly the right thing for himself, his team, and for society. He’s the model. He contributes to herd immunity. His teammates do not.
SAN JOSE, Calif. — A month ago, the coronavirus seemed headed for a long winter’s nap in masked and well-vaccinated California. Gov. Gavin Newsom boasted that the Golden State “continues to lead the nation” as the only state to reach the Centers for Disease Control and Prevention’s yellow “moderate” tier of community virus transmission.

COVID-19 cases are not falling in California anymore. They have climbed back up to the CDC’s blood-red “high” level of virus transmission as the highly contagious delta variant continues to wreak havoc.

Meanwhile, the virus has gone quiet in Deep South states that abandoned mask orders, opposed vaccine mandates, posted lower vaccination rates and saw larger outbreaks over the summer. California’s case rate is now well above Texas’ and double Florida’s, which along with the rest of the Gulf Coast are down to the CDC’s orange “substantial” transmission level.
How do we know masking, vaccination, testing are useless? Because people who ignore the rules don’t do worse health wise. Congregation increased 3X in size.
The Gym Maui tripled membership after ignoring mandates. Nobody left.
 Corruption
Health experts are ignoring the elephant in the room

Health experts met today to discuss the uptick in severe cardiac problems and heart attacks in younger people and athletes.

No obvious cause could be identified, though suggestions included "running too fast", "excessive Monster energy drinks", "online hate" and "climate change".
Forced vaccination using a known deadly vaccine is a corrupt. We are next.

Facing surge, Austria will mandate COVID-19 shots, lock down

By EMILY SCHULTHEIS and KIRSTEN GRIESEHABER  an hour ago

November 19, 2021
California Governor Gavin Newsom

Got booster. Dropped from sight for 12 days after due to GBS. Claimed no injury.

**He's lying.** I offered him $5M to disclose his vaccine-related medical records or produce a blank paper if he's being honest. No response!

He's mandating that you and your kids get injured too. He won't allow *his* kids to get vaccinated, but he mandates it for *your* kids.
Doctor commits suicide over vax genocide

When was the last time you saw this happening for a safe vaccine?
We don’t seem to learn from our mistakes

From 1936, nearly 100 years ago.
Ivermectin for COVID has multiple peer-reviewed published meta-analysis + systematic reviews.

This is the highest level of evidence in evidence-based medicine.
This paper by Jessica Rose was unethically withdrawn by the publisher because they didn’t like what it said that myocarditis is far more widespread than the CDC said.

“Withdrawn” is used when the author withdraws the paper!??!
“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.”
—Dr. Toby Rogers
Why do scientists have to sue the FDA to see the Pfizer data?
“You want to see the data?! No problem! We’ll have it ready for you in 55 years!”
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. Nobody investigated. Why?
Why didn’t anyone ask any questions about the gaming in the Pfizer Phase 3 trial?!? This didn’t happen by chance (p.< 0.00001). Number excluded >> effect size! Nobody said a word except my team members.
Serious adverse event data was gamed in the trials

**Vaccine safer than placebo?!? Impossible!**

The total number of serious adverse events reported among the placebo and vaccine group were comparable, with 103 events reported among the vaccine group and 117 among the control group, though a break-down and comparison of serious adverse events was not provided.
Whoops!

Pfizer gets caught cheating on the safety data.

Nobody cares.
The definitive podcast on Pfizer trial cheating.
Dr. David Wiseman pulls no punches in this interview. Highly recommended
Dr. Boaz Lev, Head of Israel MTE claimed that he had never heard of the VAERS numbers.

Truly stunning.

(80 seconds)
This is why nobody dies from the vaccine

Jeffrey M Pontious  5 hr ago

Steve, I've been following this whole saga carefully ever since I saw you on Brett's Dark Horse podcast with Robert Malone. You and Malone were the catalyst for seeing through all the lies. I haven't heard anything about the following, so thought I would see if you have. A good friend of mine works for one the largest telecommunications companies in the US. He had made the decision along with many colleagues at the company not to take the "vaccine." The company forced their hand and mandated the jab, so he reluctantly took it and felt pretty bad for several days. A colleague of his also relented, took the jab and sadly died within a couple of days. So, here is the interesting part that may be contributing to the undercounting of deaths. The family was told if they wanted the deceased's life insurance, then they had to remain quiet about the causal relationship between the jab and his death. Apparently, many if not all, policies deny claims relating to experimental medications. I've also heard some health insurance policies won't pay claims for vaccine-related adverse events. This would also keep non-death adverse event reporting suppressed. I just wondered if you have heard anything about the insurance aspect in your travels? Keep up the great work, Steve!
Two-faced doctors

Publicly they must endorse the vaccine

Privately they say do not use
This is why doctors don’t warn their patients:
Fear of losing their license
Why the medical community reacts very slowly

Note that the author requested anonymity for fear of retribution
Censorship
Even for $1M, they won’t answer any questions. Not one.
Anthony Roberts @kennykeano · 9h
Reptying to @stkirsch
I’ve never seen anything like this in my life. If what they’re saying is true it should be easy money.

Steve Kirsch @stkirsch · 8h
Correct.
Censorship

“Removed for violating community guidelines”

Please click the image and hear what the author had to say.
Deborah Conrad

18 year physician assistant. Fired just days after speaking out.

She couldn’t get any of her questions answered either. “Just do as your told.”

Watch the interview
Safety: **Vax 100x more lethal than COVID**

ColleenHuberNMD  Writes The Defeat Of COVID  · Nov 3

This very topic got me suspended permanently from Twitter back in February. I had quoted Dr. Hervé Seligman, infectious disease professor at Univ of Marseilles, a direct and verifiable quote that the Pfizer shot was dozens of times more lethal for seniors and hundreds of times more lethal for everyone else than the covid shot. I included a link to the original article in Israel National News, and that did it. No more Twitter for me. I think of the lives that could have been saved if seeing that quote could have caused anyone to reconsider and to defer a very reckless medical treatment.

ColleenHuberNMD  Writes The Defeat Of COVID  · Nov 4  Liked by Steve Kirsch

Typo: I typed this too fast yesterday. The infectious disease researchers had opined that the Pfizer shot was deadlier than naturally acquired covid disease.
Hospitals

“Our way or the highway”
Summary
SUMMARY

1. Vaccines are both unsafe and ineffective. Everyone should AVOID.
2. The vaccinated are as contagious as the unvaccinated. Only people with recovered immunity stop the virus from spreading.
3. Mask wearing is useless.
4. Mandates are counter-productive and unethical.
5. Vaccination with a non-sterilizing vaccine in the middle of a pandemic is dangerous; the worst possible solution.
6. If you get COVID, treat with an early treatment protocol.
7. Mitigation measures aren’t needed; we’ll all get it anyway. Focus should be on early treatment + natural immunity.
8. Early treatment is the only way to get to zero COVID. It is better on every metric.

Nobody will debate us because they can’t defend their positions when faced with the facts.

The one thing every hospitalized COVID patient has in common: they didn’t use a proven early treatment protocol.
FOR MORE INFO

See the Vaccine article on skirsch.io

It has links to everything, including this presentation
Let's be clear... it's not about the science

The Pfizer clinical trial in kids 5 to 11 is so shoddy. As you heard on the webcast, they really just don't care about the data. This is a performance, it's not science.

On Tue, Nov 2, 2021 at 9:34 AM Steve Kirsch <stk@skisch.com> wrote:

how was the seroprevalence only 8% in the Pfizer trial???? huh?

Hi Steve:

Thanks for your message. Yes, 42% of kids (5 to 11) have had COVID and recovered from it. So in a sane world, that would factor into the equation and they would be spared from being injected with products that they do not need. But we don't live in a sane world.

Biden and the Pharma Cult (including CDC & FDA) are uninterested in previous infection and recovery rates. As you know, they want to vaccinate EVERYBODY, thereby likely wiping out the natural immunity that the 42% have. Biden and the Pharma Cult will never test for antibodies or previous infection as they run counter to this desire.
Pfizer’s stunning admission

Myocarditis rates are at least 4.8X worse than the FDA is telling us due to this proof that VAERS is at least 4.8X underreported (since Optum reported 4.8X higher rates than VAERS)