The elephant in the room

Steve Kirsch
Executive Director
Vaccine Safety Research Foundation

June 11, 2022
The most important takeaways
You can’t trust the CDC, FDA, WHO, NIH, or your doctor

1. Andrew Wakefield: No vaccine has ever shown to have a positive risk-benefit. They never do the post-marketing studies because they know. It’s why ESP:VAERS was killed.

2. You should never take a vaccine until you see the data. The COVID vaccines are horrible. The deadliest vaccine in human history by 1000X.

3. **Masks never worked** and never will work. They make things worse.

4. All of the interventions from the government have made things worse. No exceptions.

5. You are actually better off listening to the CDC’s advice and doing the opposite. How sad is that?
The **3 most important** (life-saving) things you should know:

1. Always treat all COVID infections seriously
2. Always have the drugs and supplements “on hand” for immediate deployment
3. If you screw up and are hospitalized, check out ASAP. Hospitals are “death camps” if you have COVID.
We could end the pandemic instantly anytime we wanted:

1. Identify the best early and late treatment protocols. All should be near 100% effective.
2. Deploy them, e.g., offer early treatment kits for free or at nominal cost. Require hospitals to deploy practices with the best outcomes.
3. Tell people, “if you are sick, stay home and start treatment”

Do you know why we aren’t doing this?
Nobody will debate any of us on any of this.

That tells you everything you need to know.
WARM-UP EXERCISES

1. Neck rotations
2. Shoulder raises
3. Arm circles
4. Hip rotations
Which **singer** does not belong?
Correct!
Now for something a little harder ...
Have you lost a family member to COVID virus? To the COVID vaccine?
Which one is more deadly?

Steve Kirsch @stkirsch
Jun 10

Since March, 2020, if you have lost a family member to the jab or the virus, please let me know which one:

- 22% Virus
- 65% Vaccine
- 13% Both

315 votes, Closed
The elephant in the room
The vaccines have killed more people than COVID

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<td>Did any members of your household die from the COVID vaccine?</td>
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<td>A1</td>
<td>No</td>
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<tr>
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<td>Yes</td>
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Over **0.5%** of vaccinated report that they are “now unable to hold a job.” That’s **>1M people.**

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<th>ANSWERS</th>
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<td>A1</td>
<td>It will likely shorten my lifespan</td>
<td>35.38%</td>
<td>22.12%</td>
<td>23</td>
<td>31.76%</td>
<td>19.88%</td>
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<td>A2</td>
<td>I am now unable to hold a job</td>
<td><strong>15.38%</strong></td>
<td>9.62%</td>
<td>10</td>
<td><strong>16.37%</strong></td>
<td><strong>10.25%</strong></td>
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<td>A3</td>
<td>I am now unable to work a full day</td>
<td>27.69%</td>
<td>17.31%</td>
<td>18</td>
<td>25.28%</td>
<td>15.82%</td>
<td>16.11</td>
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<td>A4</td>
<td>It impacts my personal life</td>
<td>26.15%</td>
<td>16.35%</td>
<td>17</td>
<td>26.76%</td>
<td>16.75%</td>
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<td>A5</td>
<td>It is a minor annoyance</td>
<td>35.38%</td>
<td>22.12%</td>
<td>23</td>
<td>40.13%</td>
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<td>A6</td>
<td>None of the above</td>
<td>20.00%</td>
<td>12.50%</td>
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<td>12.19%</td>
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Now for something much more challenging...
Can you spot the **unsafe** vaccine?
Do you know that nobody at the CDC got that question right?
They all thought they all looked safe
They all thought it was just 100X over-reporting in 2021 and beyond!
Because that “hand-waving” argument fit their narrative
(the evidence in VAERS didn’t support their argument but they didn’t bother to check that and neither do the fact checkers)
But I know their argument is wrong
Do you know how I know it isn’t over-reporting?
It’s because I did something nobody at the CDC will ever do...
I asked the doctors!

They all told me that they’ve never seen any deaths after a vaccine before in their career until these vaccines.

Avg: 1 death per 1,000 vaccinated.

That makes sense since it’s comparable to our VAERS estimates of >250,000 dead. Isn’t that interesting!
BREAKING: Fifth largest life insurance company in the US paid out 163% more for deaths of working people ages 18-64 in 2021 - Total claims/benefits up $6 BILLION

Company cites "non-pandemic-related morbidity" and "unusual claims adjustments" in explanation of losses from group life insurance business: Stock falling, replaces CEO

If it’s just over-reporting to VAERS then how do you explain life insurance deaths 18-64 are 2.6X normal in 2021 (@ Lincoln National, fifth largest in US)

That is the BIGGEST KILLER OF ALL TIME

This new “disease” kills @ 6.5X the rate of heart disease (the former champ).

CDC is silent on what it might be. They do not have a clue.
And it’s clearly making people more likely to be infected, not less likely according to this study published in the NEJM.
... and because it’s not just happening here

This is data from the Australian government.

Red=COVID. Other bars are influenza.
... and because the symptoms of deaths reported in VAERS do NOT match “normal background death” profile.

Look at how tall the “grass” is relative to the DEATH bar for the COVID vax. It’s VERY broad. That is a DISASTER.

Nobody ever checked that (except me).

WHOOPS!
Selected symptoms of DEATH reports

The X-factor is how many times greater the counts are with the COVID vaccines vs. all other vaccines in 2019 and 2020 VAERS reports.

As you can see, even if all deaths were reported 100X more often this year, these symptoms cannot be explained. How can PE be 857X higher than in 2020?

How can thrombosis and thrombocytopenia both be so elevated this year? What’s the cause of that? The most likely explanation is VITT, which can ONLY be caused by a vaccine.
If VAERS was over-reported by 100X in 2021, then why are there only 83 US deaths from all other known vaccines combined in 2021 (which is lower than average), but 8,955 deaths from the COVID vaccines over the same time period. It can’t be selective over-reporting. So how do you explain that?

It sure wasn’t because we delivered 100X more COVID shots
The new charting option at OpenVAERS makes this easy to see.

It is **only** the COVID vaccines that have “a problem.” Nothing else.
But Pfizer told the FDA that there are fewer SAEs for the placebo than the vaccine!

7. Safety and Pharmacovigilance

The most commonly reported (≥10%) solicited adverse reactions in COMIRNATY recipients 16 through 55 years of age following any dose were pain at the injection site (88.6%), fatigue (70.1%), headache (64.9%), muscle pain (45.5%), chills (41.5%), joint pain (27.5%), fever (17.8%), and injection site swelling (10.6%). The most commonly reported (≥10%) solicited adverse reactions in COMIRNATY recipients 56 years of age and older following any dose were pain at the injection site (78.2%), fatigue (56.9%), headache, (45.9%), muscle pain (32.5%), chills (24.8%), joint pain (21.5%), injection site swelling (11.8%), fever (11.5%), and injection site redness (10.4%).

Among participants 16 through 55 years of age who had received at least 1 dose of COMIRNATY (N=12,995) or placebo (N=13,026), serious adverse events from Dose 1 up to the participant unblinding date in ongoing follow-up were reported by 103 (0.8%) COMIRNATY recipients and 117 (0.9%) placebo recipients. In a similar analysis in participants 56 years of age and older (COMIRNATY=8,931, placebo=8,895), serious adverse events were reported by 165 (1.8%) COMIRNATY recipients and 151 (1.7%) placebo recipients who received at least 1 dose of COMIRNATY or placebo, respectively. In these analyses, 58.2% of study participants had at least 4 months of
Someone is lying to you.

They can’t both be right.
If anything doctors were assured THESE vaccines were VERY WELL tested, so doctors would be less likely to report an AE for the COVID vaccines. After all, the phase 3 trial proved there were fewer AEs after these vaccines than placebo!

And doctors did NOT want to create vaccine hesitancy since that is contrary to the national interest.

Also, I was unable to find a single doctor who over-reported this year compared to previous years. Did you find one?

From the 5/27/2022 release of VAERS data:

Found 83 cases where Location is U.S. States and Vaccine is 6VAX-F or ADEN or ADEN_4_7 or ANTH or BCG or CEE or CHOL or DF or DPIPV or DPP or DT or DTAP or DTAPH or DTAPHEPBIP or DTAPIPV or DTAPIPVHIB or DTP or DTH or DTPHEP or DTPHIB or DTPHIH or DTPIPV or DTPPHIB or DTPPVHBHPB or EBZR or FLU(H1N1) or FLU3 or FLU4 or FLUA3 or FLUA4 or FLUC3 or FLUC4 or FLUN(H1N1) or FLUN3 or FLUN4 or FLUR3 or FLUR4 or FLUX or FLUX(H1N1) or H5N1 or HBHEPB or HBPV or HEP or HEPA or HEPAB or HEPATYP or HIBV or HPV2 or HPV4 or HPV9 or HPVX or IPV or JEV or JEV1 or JEVX or LYME or MEA or MEN or MENB or MENHB or MER or MM or MMR or MMRV or MNC or MQN or MNQHIB or MU or MUR or OPV or PER or PLAGUE or CNC or PNC10 or PNC13 or PNC15 or PNC20 or PPV or RAB or RUB or RV or RV1 or RV5 or RVX or SMALL or SSEV or TBE or TD or TDAP or TDAPIVP or TTOX or TYP or VARCEL or VARZOS or YF and Patient Died and Vaccination Date from '2021-01-01' to '2021-12-31'
### Pfizer-to-Flu Reporting Ratios per Million Fully Vaccinated, Ages 12-17

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<td>Menstruation &amp; uterine bleeding disorders</td>
<td>722</td>
<td>Coronary artery disorders</td>
<td>320</td>
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<tr>
<td>Vulvovaginal disorders</td>
<td>442</td>
<td>Cardiac valve disorders</td>
<td>154</td>
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<tr>
<td>Endocrine disorders of gonadal function</td>
<td>372</td>
<td>Myocardial disorders</td>
<td>3,584</td>
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<td>77</td>
<td>Embolism and thrombosis</td>
<td>180</td>
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<tr>
<td>White blood cell disorders</td>
<td>130</td>
<td>Central nervous system vascular disorders</td>
<td>179</td>
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<tr>
<td>Hepatic and hepatobiliary disorders</td>
<td>68</td>
<td>Arteriosclerosis, stenosis, vascular insufficiency</td>
<td>95</td>
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<tr>
<td>Renal disorders</td>
<td>60</td>
<td>Coagulopathies and bleeding tendencies</td>
<td>33</td>
</tr>
<tr>
<td>Autoimmune disorders</td>
<td>13</td>
<td>Vascular haemorrhagic disorders</td>
<td>29</td>
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</table>

Note: COVID-19 cannot account for higher VAERS reporting rates because reports with indication of COVID-19 infection were excluded from analysis. Comparison includes all reports to VAERS from Pfizer COVID-19 Vaccines through Oct. 8, 2021 to total reports from 5 flu seasons: 2015/16-2019/20.
On Jun 17, I learned that I was wrong.
They never spotted any safety signals because...
... they never looked!
New FOIA Release Shows CDC Lied About Its VAERS Safety Monitoring Efforts

They never found any safety signals, because they didn't look for them

Josh Guetzkow
8 hr ago
You can’t make this stuff up
(you really can’t)
They claim, “You don’t understand how VAERS works”

Techniques used include:

1. Denial
2. Gaslighting
3. Hand-waving
4. Appeal to authority
5. Censorship
6. Refusal to debate/discuss
7. Deplatforming
8. Ignoring future questions
9. “We’ll get back to you on that”
10. “Your document isn’t peer-reviewed”
11. Myths: “You can’t prove causality in VAERS”
This is my cat

If you took the “blue pill” then this will be the last slide you will remember.

If anyone asks what I presented, you will tell people, “He has a cute cat.”

That is how mass formation works.

You will not remember anything that upsets your belief system.
Today

We are going to let the cat out of the bag
All we ever needed:

1. If you are sick, stay home
2. COVID-positive? Treat yourself using a proven early treatment protocol

I’d love to debate any public health authority on this, but nobody will debate me.
The elephant in the room
They’ve been lying to you.

The cure is worse than the disease.
This poll has been replicated in live audience surveys
Could it be...??
that the vaccine is so effective that it reduced COVID death rates to near zero for everyone who took it?

If true, it might explain why the death rate from the COVID virus is now so low, e.g., we traded 100 COVID deaths for 1 COVID death and 10 vaccine deaths. That would be a huge win, but it would look like the vaccine was killing 10X more people than the virus!

So let’s explore that possibility...
Let’s give the vaccine the benefit of the doubt and assume it is perfect. Nobody dies who takes the vaccine.

The problem is: The vaccine only works on people who take it! And only 70% of Americans took 1 dose or more.

So at best, the vaccine “saved” \((23\times(7/3))=53\) COVID deaths cf. to the 63 lives lost from the vaccine.

So even if the vaccine was perfect, we’re still killing more people with the vaccine (63) than we are saving (53).

So the vaccine is a non-starter.
But the vaccine isn’t perfect. It’s not even close.

I couldn’t find any credible evidence of the vaccine having a net mortality benefit anywhere in the world, and neither could [Joel Smalley](#) (who spends full time on this). The [peer-reviewed literature](#) set it at ZERO.

In the Pfizer trial, they showed that at the very best, the vaccine might save 1 COVID life for every 22,000 fully vaccinated people. So <15,000 lives saved total. For a virus that has killed over 1M people, that’s not impressive. **That’s a 1.5% dent in the problem.** And it pales in comparison to the 200,000+ killed by the vaccine.

But the reality is actually far worse...
The vaccine makes you more likely to die from COVID, not less.
So the vaccine is a “double whammy”

↑ Deaths from COVID

↑ Deaths from everything else
Elephant #2

The blue-pill people can’t replicate these poll

“Mass formation”
Our kids
This poll is the most important right now. It means we’re killing at least 117 kids for every child we might save with a perfect vaccine...

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<td>Died in 2020</td>
<td>30.8%</td>
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<tr>
<td>Died Jan - Oct 2021</td>
<td>19.2%</td>
<td></td>
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<tr>
<td>Died after Nov 2021</td>
<td>50%</td>
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52 votes · Final results

2:54 AM · May 19, 2022 · Twitter Web App
Details of that calculation

The same number of kids died in a 7 month period after the vax rolled out vs. a 22 month period before. This means post-vax, the all-cause mortality rate increased by a factor of 3. So if 100 kids died before, 300 kids now die, an increase of 200 kids. But 1.7% of kids who die will die from COVID per the CDC. So if we divide the 200 added deaths by the 1.7 max possible saved deaths, we get 117 killed per child saved if we had a perfect vaccine. This is exactly the same number Dr. Toby Rogers calculated 6 months ago using the VAERS data. Stunning.

Note: the CDC doesn’t have accurate recent death data by age so we have to use estimates like these. The precautionary principle of medicine says that all available evidence shows not to approve the vaccine. The FDA will ignore that.
Think about it…

Have you ever seen the ACM data for 5 to 11 year olds BEFORE vs. AFTER the vaccine rolled out?

Of course not. Neither have they.

They approve the vaccine anyway, with no data. That’s how corrupt the system is. Kill 117 kids to maybe save 1 child. That is the biggest elephant in the room by far.
The three most important slides in this deck
We know the stats in Sonoma county

Zero pediatric COVID deaths.

One death of 15-year-old Odin Maximillian Robinson who died in his sleep in Santa Rosa just two days after his second Pfizer shot from pericarditis.

How is that consistent with 1) an emergency and 2) a safe vaccine?
Compare to the top 4 reasons for this age group in this NEJM special report (2018): cancer, car accident, congenital abnormality, and drowning. So vaccine deaths were 41+29+8 vs. COVID deaths at 2 → We are killing 39 kids for every kid we might save.
Child deaths, age 5 to 18, since 2020

16 from “cure” vs. 0 from “disease”

Do your own survey if you don’t believe mine.

Primary cause of death
16 responses

- COVID-19, e.g., child was hospitalized for respiratory issues and died in the hospital
- COVID vaccine-related (i.e., vaccine either killed the child from cardiac, stroke, bleeding in the brain, or exacerbated a pre-existing condition)
These slides confirm we are killing far more kids from the vaccine than we are saving from COVID.
Surveys
The following surveys and analyses are hard to explain if they are telling you the truth.
This poll should make it crystal clear whether the COVID vaccines are safe or not. Which choice has killed more people than you know:

- 76% COVID vaccine
- 3% All other vaccines combined in the last 32 years
- 21% Nobody I know has ever died from a vaccine

851 votes · 25 minutes left
Which one has KILLED more people who you personally know:

- 2% COVID virus
- 32% Hospital mistreatment for COVID
- 42% COVID vaccine
- 3% Can’t decide
- 21% No deaths for all categories

668 votes · Closed

👍 40  21 replies  26 reposts  2 quotes
Steve Kirsch @stkirsch

Which one has *INJURED* more people who you personally know:

<table>
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<tr>
<td>1%</td>
<td>COVID virus</td>
</tr>
<tr>
<td>19%</td>
<td>Hospital mistreatment for COVID</td>
</tr>
<tr>
<td>63%</td>
<td>COVID vaccine</td>
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<tr>
<td>5%</td>
<td>Toss up</td>
</tr>
<tr>
<td>12%</td>
<td>Don’t know anyone with COVID injury</td>
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861 votes · Closed

62 likes
Have you ever wondered why, nearly everywhere we look, the COVID vaccines have NOT reduced excess mortality?

Wasn’t that the whole idea?
About me

MIT EECS ’78. Kirsch Auditorium named in my honor.

Retired high-tech serial entrepreneur. Age 65.

Started CETF which supported fluvoxamine, HCQ, camostat, interferon lambda studies. Featured on 60 Minutes.

Doubly vaxxed before learning of friends 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.

Each edge indicates one or more comments left by a given user on one of the 25 Substacks. Substacks that are closer together on the network have more of the same users commenting. The 25 Substacks chosen were the 25 most-shared Substacks on Twitter from April 26th — May 5th, 2022.

I’m the world’s #1 “misinformation spreader” on Substack

Substacks most frequently linked on Twitter 2022-04-26 – 2022-05-05

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"Substack comments", "tweets", and "retweets" columns include everything public from April 26th — May 5th, 2022. Orange text indicates a large amount of antivax content/COVID misinformation.
This tech millionaire went from covid trial funder to misinformation superspreader

After boosting unproven covid drugs and campaigning against vaccines, Steve Kirsch was abandoned by his team of scientific advisers—and left out of a job.

By Cat Ferguson

October 6, 2021
The misconduct by the medical community is now documented in the peer-reviewed scientific literature.

The press says I’m spreading “misinformation” but the peer-reviewed scientific literature says I’m telling the truth.

Who do you believe? The medical literature or the mainstream media?
A person who speaks out publicly when the official government mainstream narrative fails to match the reality in plain sight.
They do not want you to know what I’m about to tell you...
The **single** most important thing
If you are open to questioning your beliefs, “unexplainable” → easily explained
What if what they’ve been telling you simply isn’t true when you check it out?
What if they’ve been lying to you about pretty much everything related to COVID and to vaccines in general?
“Safe and effective”

“Severe reactions are rare”

Could these be lies?
Google search on vaccine deaths

Are there deaths related to the COVID-19 vaccine?

Reports of death after COVID-19 vaccination are rare. FDA requires healthcare providers to report any death after COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS), even if its unclear whether the vaccine was the cause.

https://www.cdc.gov > coronavirus > 2019-ncov > safety-...
Safety of COVID-19 Vaccines | CDC
Dr. Peter Schirmacher

1. Chief pathologist at the University of Heidelberg
2. One of top 100 pathologists in the world
3. Member German National Academy of Sciences
4. h-index: 100 (38,730 citations)
5. Did autopsy on 40 people who died within 2 weeks of vaccine → “30% to 40% died from the vaccine”

They threatened to kill his family if he spoke out. He has remained silent since the threat.

Reference: Chief pathologist insists on more autopsies of vaccinated people
Schirmacher validated

“The fine tissue analyses were performed by pathologists Prof. Dr. Arne Burkhardt and Prof. Dr. Walter Lang. The findings confirm Prof. Dr. Peter Schirmacher’s finding that among more than 40 corpses he autopsied who had died within two weeks of COVID19 vaccination, approximately one-third of those deaths were caused by the vaccination.”

In this study, 70% of deaths probable to very likely caused by vaccine.

Bhakdi and Burkhardt also found over 90% causality.

Someone is lying to you and it isn’t the Germans.

See
https://twitter.com/DrJohnB2/status/1440083692857135111

Original source
https://www.pathologie-konferenz.de/
Someone is lying to you. Big time.
We have the medical records to prove it.
There are **hundreds of thousands** of stories like the **ones documented here**. We have full contact info for over **1,000 seriously vaccine injured**. **That alone is a stopping condition.** We stop baby formula for 3 injured and 1 death. We stop peanut butter for 10 people who got sick.

Would you like to hear them? Can you explain them? Do you think all these stories are coincidences? Perfectly healthy before the jab and share up to 80 or more symptoms post-jab? Just bad luck?

Will any newspaper reporter in the world investigate? **How can so many people share so many symptoms right after the jab?**
Is it possible that the press has been lying to people about the safety of the vaccine?
Not a single member of the mainstream press who write articles about the vaccines will allow me to interview them.
Do you want to know why?
TRUTH
does not mind
being questioned

A LIE
does not like
being challenged
Have you ever wondered...
Why didn’t the ever publish the final numbers?

Why isn’t anyone in the medical community calling for this?
Don’t they want to know?
Why is it that the more you vaccinate the lower the # of absolute births

This the UK. They are starting to see the effect now that lots of women are vaccinated. It’s so bad they stopped reporting it after Feb.
In Germany, Q1 birth rates dropped 13% in one year.

That's a 9-sigma event.
In Germany, stillbirths are way up.

This is tragic. How do they explain this?
In Taiwan, birth rates dropped 23% in one year.

That’s a 26-sigma event.
Have you ever wondered...
Why are so many young, healthy people dropping dead all of a sudden?

And why is it only happening to recently vaccinated people?

Hmmm... the medical community is baffled! They cannot explain it.
footmdrph @footmdrph · Jun 2
Excellent chance it’s a side effect of the vaccine you forced him to get. Massachusetts men’s lacrosse player Aidan Kaminska dies at 19

Spirit Of Awareness @AwareSpirit369 · Jun 2
A 19 year-old Long Island lacrosse player Aidan Kaminska DIES ‘UNEXPECTEDLY’ while studying at University of Massachusetts Amherst.

WHY ARE SO MANY YOUNG ATHLETES DYING?

Something is wrong with the vaccines. Why are there no investigations?

The corruption must stop.

Jeff @fivedaysafox · Jun 2
Until we're willing to address the possibility that the forced vaccines caused this nothing will change and no one will ever be held accountable.

Massachusetts men’s lacrosse player Aidan Kaminska dies at 19

greg allegrezza @8pt138 · Jun 2
Massachusetts men’s lacrosse player Aidan Kaminska dies at 19 | Fox News. Another victim of the ‘safe and effective’ #vaccine most likely. How many more @massdph @MassGovernor? @UMassAmherst @P_McCulloughMD @MdBreathe
They actually had to invent a new disease, Sudden Adult Death Syndrome (SADS), to cover the deaths of people who are killed by the vaccine.

Note: I’m 100% serious. You can’t make this stuff up. Click the link. They really think we are THAT stupid.
You should get screened now for SADS. It is a new epidemic... no known cause!

Healthy Young People Are Dying Suddenly and Unexpectedly from Mysterious Syndrome in Australia - Doctors Baffled and Seek Answers

By Jim Hoft
Published June 8, 2022 at 8:58am
Comment

Now, the country is confronting an epidemic of Sudden Adult Death Syndrome. The syndrome is striking down healthy and active young people in Australia.

The Daily Mail reported:

TRENDING: Healthy Young People Are Dying Suddenly and Unexpectedly from Mysterious Syndrome in Australia - Doctors Baffled and Seek Answers

People aged under 40 are being urged to have their hearts checked because they may potentially be at risk of Sudden Adult Death Syndrome.

The syndrome, known as SADS, has been fatal for all kinds of people regardless of whether they maintain a fit and healthy lifestyle.
Dr. Urso @richardursomd · 15h
Stop Pretending to not see the obvious.

Actuaries have found 40% higher deaths rates in ages 18-64, since the beginning of 2021.

Aaron Kheriaty, MD @akheriaty · Jun 8
New levels of systematic mendacity. Sudden Adult Death Syndrome (SADS) is not a thing. These are cardiac deaths. Stop pretending we don't know why they are elevated. Just f***ing stop. Enough of this. It's only a mystery if you are blind. mol.im/a/10895067
How can five soldiers collapse in the UK for no reason?

Is this the new normal? If it wasn’t the vaccine, what was it? The press never asked.

Did you know that 10% of the UK’s national health service refused to be vaccinated? That’s why there is no vax mandate there: too many jobs would be lost.

Think about it: Why would 100,000 UK healthcare professionals refuse to be vaccinated if the vaccines are safe and effective?
Why are we seeing so many Black Swan events like these since the vaccines rolled out?
Why did 75% of the radiology department at UCSF/Marin file religious exemptions?

This is statistically impossible to have happened “by pure chance.”

How do you explain it?
Why are so many people having cardiac problems that nobody can explain? And why are these unexplained problems only happening just to the vaccinated?
A five-year-old suffers cardiac arrest while playing soccer

After he gets to the hospital, his heart stops 3 times in the hospital.

News reports silent on whether the 5-year-old was vaccinated.

Bad luck? An awful lot of “bad luck” lately, don’t you think?

Everyone is noticing “the new normal.”
Why are so many people jeopardizing their career speaking out?

These people were not previously “anti-vaxxers.”
A 14-page autopsy report shows the vaccines kill people

Explain to me why the CDC isn’t warning people that you can die from the vaccine. They have steadfastly denied admitting the link.

This is not the only such death. Here’s another case reported on TV news you probably never heard about either. They claim such deaths are “rare,” but that’s not what the VAERS data or our surveys show or what Peter Schirmacher’s study showed. Not even close.

Medical examiners are afraid to ascribe the cause of death to the vaccine. How do I know? Because I’ve talked with the Medical Examiners myself who admit it privately.
Dr. Liviu Klein, Chief of the Advanced Heart Failure and Transplant at UCSF, told 18 News that the risk of myocarditis is greater from COVID than from the vaccine.

Really? I tried calling his office to discuss his statistics. He didn’t return the call.

Despite this risk, Dr. Klein still recommends the vaccine.

“What is the risk of them developing the same problem without getting vaccinated? If you look at the same age group [young males] the risk of getting myocarditis from COVID is at least twice as high as getting myocarditis from the vaccine,” Dr. Klein continued.

For the Watts family, this rare side effect was life-changing.

“I don’t know what else to do, or where to even go from here,” George Sr. concluded.

A family is heartbroken. A young man was taken too soon for what doctors are calling a medical anomaly.
At least twice as high? Seriously?!?! So how come I couldn’t find a single cardiologist in America that is seeing that?

Despite this risk, Dr. Klein still recommends the vaccine.

“What is the risk of them developing the same problem without getting vaccinated? If you look at the same age group [young males] the risk of getting myocarditis from COVID is at least twice as high as getting myocarditis from the vaccine,” Dr. Klein continued.

For the Watts family, this rare side effect was life-changing.

“I don’t know what else to do, or where to even go from here,” George Sr. concluded.

A family is heartbroken. A young man was taken too soon for what doctors are calling a medical anomaly.
... and nobody else could either. Call around and check for yourself. We are making the problem worse.
“I don’t know any cardiologist who is seeing fewer cases of myocarditis after the vaccines rolled out. It’s just the opposite. Everything’s up.”
Is this what they mean by a “slightly elevated” risk of myocarditis?

The medical community didn’t say a word when the publisher unilaterally WITHDREW the paper.

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?

When the findings are broken down by age, elevated risks are found in younger adults. In the week following a Moderna second dose, the risk for males aged 18-24 was 44 times higher (CI, 22–88) and for females was 41 times higher (CI, 12–140). The risk following a Pfizer second dose decreased with age, peaking at 18 times higher in males aged 12-17 (CI, 9–35), whereas the risk from the higher-dose Moderna vaccine did not decrease with age. The results by age are depicted in the chart below (note the logarithmic scale, which compresses the higher numbers).
Is this what they mean by a “slightly elevated” risk of myocarditis? 14/371 vaccinated = 3.7% risk of myocarditis
Do you know any cardiologist in the world who has seen fewer cases of myocarditis AFTER the vaccines rolled out?!?!?

I haven’t found one.

I find the opposite.

Most of the papers comparing myocarditis rates rely on VAERS. But the CDC deliberately does NOT compute the under-reporting factor (URF). When a former NY Times reporter asked the CDC for the URF, they refused to answer the question. They never got back to him.
How could the CDC have missed this signal in Jan 2021?
CDC investigating rare myocarditis in teens, young adults; COVID-19 vaccine still advised for all who are eligible

Statement from the American Heart Association/American Stroke Association

Updated June 23, 2021 - HHS.gov - Statement Following CDC ACIP Meeting from Nation’s Leading Doctors, Nurses and Public Health Leaders on Benefits of Vaccination
There’s ~ 6% rate of heart injury at one US Air Force base after the vax.

This is based on reports from one of the pilots who talks with the other pilots.

But if anyone finds out, they will be grounded.
Is it possible that the vaccines could be making things worse?
That’s what the data says...
Why are COVID-19 rates higher for boosted than vaccinated Californians? California health officials say data can be misleading

In Santa Clara County, when the COVID numbers showed that the boosters made you 2X more likely to be infected (22.5 vs. 11.3 for doubly vaccinated), the public health officials gave a “hand-waving” explanation for the “odd trend” that “Oh, that’s because older people got the booster first and they are more likely to get infected since they have weaker immune systems.”

SJ Mercury Reporter John Woolfolk ate it up without asking any questions. Hook, line, and sinker.

When the numbers fit the narrative, they need no scrutiny. When the numbers aren’t good, they find excuses for why the numbers are “unreliable.”

What it means is that the boosters make things worse. But it’s something they cannot admit. So they have to make up excuses and hope that you believe them. They are lying.
The CDC admits it now too
But the spin is different than the excuse Sara Cody gave: now it is because the triple vaxxed are taking more risks!

There is always an excuse backed up with zero data.
There’s just one tiny little problem with their explanation
Older people are actually *less* likely to be infected, not *more* likely. Whoops.

That’s the problem with hand-waving explanations: you always have to verify them, but most people never do.

Data from the UK government shows unvaccinated older people are less likely to be infected than younger people. Santa Clara is finding the same thing they found in the UK: vaccination makes things worse.
The line is supposed to slope the other way!

Data is from 68 countries and 2,947 American counties

The vaccines do not protect against infection, they are making things worse, not better.

Source: “No Discernable Relationship” between Vaccines and Cases and Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States
Overall, the vaccines are killing more people than they save

Killed:  \( >200K \)\(^1\)
Saved:  \( <25K \)\(^2\)

\(^1\)Estimating the number of vaccine deaths and Suvey shows over 200,000 deaths.
\(^2\)Pfizer’s 6 month phase 3 trials result clearly shows 1 life saved for every 22,000 vaccinations. Since we’ve partially vaccinated over 250M Americans, that’s around 11K lives saved. But that’s assuming the vaccines are as effective against the current variant as they are against Alpha. So it’s probably < 10,000 lives saved using the Phase 3 trial as an estimator of benefit. Moderna claimed it saved 2 lives per 22,000 people vaccinated.
They should be stopped immediately for everyone.

There is no credible risk:benefit analysis showing a net benefit.
Masks
Is it possible that masks don’t work at all?
The science says…
Masks can’t protect you from COVID.

There isn’t a single study that shows that they work: all the studies show they do nothing. If anything, they appear to make you more likely to be infected.

You can even do a simple experiment yourself.

So who are you going to believe? The CDC? Or your own eyes?
Have you ever wondered...

If masks protect us from a virus, how come they don’t protect us from bear spray particles which are 10X larger?

These 2 marines wanted to find out. The military gas masks worked great. The KN95’s? A total and instant failure.

So why do you think they will work to protect you against COVID?

You’ve been completely duped by the authorities.
Is it possible that other things you’ve been led to believe aren’t true either?
For example, government reported statistics can be manipulated to make the vax look effective when it isn’t.
And the @ONS KNEW that there was a problem with confounding - making a zero efficacy vaccine APPEAR to have a positive effect.

@JesslovesMJK @profnfenton @joshg99 @MartinNell19 @chrismartenson @ChrisCottonStat

Hi,

I spoke to Julie briefly before she went on leave, and she mentioned you were looking into further work to consider the data on deaths by vaccination status. I think this was seeing if you could do anything to understanding the impact of the vaccination status on all-cause mortality and how this was impacting on the COVID related deaths.

In addition I wanted to throw in a bit more detail from one of the enquiries we’ve had, that I’d be really interested in your views on. In summary they basically highlight that under the conditions which occur in the ONS analysis it will always show the intervention as working. To quote more directly, these conditions are:

- The effects you want to avoid are pooled towards the start of the date range and decrease over time
- The percentage of population with the intervention increases over time

And they say (which maybe arguable about highly effective, but is reasonably) in this scenario an intervention with zero efficacy will appear highly effective.
Or data that isn’t supportive from Medicare, DMED, VSD, and BEST can simply be “ignored”
Dr. Meryl Nass

On how the FDA corrupts the data

FDA's new paper claiming myocarditis risk is surpassed by benefit

Meryl Nass <merylnass@gmail.com>
To: martin.kulldorff
Cc: Steve Kirsch; Robert F. Kennedy Jr.

4/28/2022

We can conclude that:

- FDA published a bogus modelling study (they admit the problems in the discussion) while hiding data on Moderna and hiding data from the rest of its ‘BEST’ collection of databases.
- FDA deliberately withheld data on the Moderna vaccine myocarditis outcomes despite knowing this vaccine caused the highest rates of myocarditis.
- FDA confabulated regarding the fact that essentially no one has received the licensed, brand-name Comirnaty vaccine and instead Americans received the indemnified EUA vaccine.

Meryl
Could these all be true?

COVID has killed <700K in the US

Masks **don’t work at all**

Early treatment with cheap repurposed drug combos prevent long-haul and death nearly 100%

All the interventions were bad (and never needed)
Have you ever wondered why they need liability protection if the vaccines are so safe?
Have you ever wondered why, if the vaccines are so safe and effective, the employees of Moderna and Pfizer are avoiding taking them?

Do you work at Pfizer or Moderna? If you do, please answer this poll: Are you vaccinated? (please repost so we can get answers)

4% Yes
96% No

52 votes · 5 days left

Like · Comment · Repost · Quote · Share
Why would a CEO of a big pharma company buy a fake vaccine card and risk going to jail?
There is only one answer: it is because he knows that the vaccine could kill him.
Deaths
Have you ever wondered why they aren’t showing you the Medicare data?
You are about to find out...
Because I’m going to show you data that the government has, but they don’t want to show you (because if they did, you’d realize they’ve been lying to you)
Medicare: The most reliable database

How can you explain the 50% rise in ACM from baseline after the vaccines/boosters rolled out? Weren’t they supposed to make things better?
That data I just showed you isn’t publicly available. I got it from an HHS whistleblower.
More importantly, how can ACM now be at an all-time high?

All the elderly have been vaccinated, the Omicron variant isn’t very deadly, and all the susceptible elderly have died.

See? That’s the big thing they cannot explain no matter how hard they try.
Q: Why isn’t that Medicare all-cause mortality (ACM) data publicly disclosed?

A: Because it shows people the truth about the vaccine. There is no other possible explanation for such a massive rise in ACM.
And if you ask the press WHY they aren’t asking about the Medicare data, they will ignore you. I guarantee it.

That tells you everything you need to know, doesn’t it?
THE PRESS (2021 and beyond)
It’s no longer about telling both sides of the story. When was the last time the NY Times asked Robert Malone, Peter McCullough, ... for their opinion on the latest CDC/FDA recommendations?

As of 2021, the press is about telling America one-side of the COVID story and censoring the other side.
Here’s the full Medicare data, broken out by age

If you are under 18, there is no emergency. There never was one

If you are over 18, the interventions made things worse since the peaks are higher than when you started.

Also, not the unique double peak Jan 2021. One peak was COVID, the second was the vaccine.
50% increase in ACM from baseline for age 18 to 40 after vaccines rolled out for this age range. Weren’t they supposed to reduce deaths?
Where is the “emergency” for kids?
UK ONS data: They CANNOT explain this
The data on this slide is directly from the UK Government Office of National Statistics.

We plotted the data for you to make it clear.

UPenn’s Jeffrey Morris thinks that the sickest people DON’T get the second dose. Prof. Fenton says it is obviously a data misclassification problem: they are putting the vaccine deaths from the new dose into the previous dose bucket to make the new dose look good.

What do you think?
UK ONS: Up to 6X ACM in the vaccinated elderly

It means it’s more likely to kill you than save you, just like the Pfizer trial showed. This is the data nobody wants to talk about. Think about it. How can your chance of death drop to 0 immediately after you take dose 2 (blue line in Jan)? It’s called “miscategorization,” i.e., fraud.

![Graph showing mortality rates vs unvaccinated population in England 2021-2022]
Excess mortality data (CDC website)

It's really hard to see the excess deaths due to the vaccine vs. COVID. They don't break out the excess deaths by vaccinated vs. unvaccinated. Why not?
How do you explain the huge rise in excess deaths in Q3, Q4 in US, Germany, Cyprus, ...?

Table 5.6
EXCESS MORTALITY BY DETAILED AGE BAND

<table>
<thead>
<tr>
<th>Age</th>
<th>Q2 2020</th>
<th>Q3 2020</th>
<th>Q4 2020</th>
<th>Q1 2021</th>
<th>Q2 2021</th>
<th>Q3 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24</td>
<td>119%</td>
<td>127%</td>
<td>108%</td>
<td>102%</td>
<td>121%</td>
<td>129%</td>
</tr>
<tr>
<td>25-34</td>
<td>129%</td>
<td>135%</td>
<td>124%</td>
<td>120%</td>
<td>131%</td>
<td>181%</td>
</tr>
<tr>
<td>35-44</td>
<td>124%</td>
<td>136%</td>
<td>129%</td>
<td>129%</td>
<td>132%</td>
<td>217%</td>
</tr>
<tr>
<td>45-54</td>
<td>123%</td>
<td>127%</td>
<td>130%</td>
<td>133%</td>
<td>121%</td>
<td>208%</td>
</tr>
<tr>
<td>55-64</td>
<td>117%</td>
<td>123%</td>
<td>130%</td>
<td>129%</td>
<td>116%</td>
<td>170%</td>
</tr>
<tr>
<td>65-74</td>
<td>116%</td>
<td>115%</td>
<td>133%</td>
<td>130%</td>
<td>108%</td>
<td>133%</td>
</tr>
<tr>
<td>75-84</td>
<td>113%</td>
<td>113%</td>
<td>132%</td>
<td>122%</td>
<td>105%</td>
<td>116%</td>
</tr>
<tr>
<td>85+</td>
<td>111%</td>
<td>102%</td>
<td>123%</td>
<td>110%</td>
<td>90%</td>
<td>98%</td>
</tr>
</tbody>
</table>

Source: Group Life COVID-19 Mortality Survey Report (p. 23, Table 5.6)
How do you explain how the deaths in Massachusetts changed from J→I ICD10 codes? (respiratory in 2020 → circulatory in 2021)

<table>
<thead>
<tr>
<th>ICD Code</th>
<th>ICD Description</th>
<th>2020 Average method Δ</th>
<th>2021 Average method Δ</th>
<th>2020 Average Excess</th>
<th>2021 Average Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>J</em></td>
<td>Diseases of the respiratory system</td>
<td>40.6%</td>
<td>21.0%</td>
<td>6,421.2</td>
<td>3,325.2</td>
</tr>
<tr>
<td>15,905</td>
<td>14,956 15,926 16,063 16,234 22,238 19,142</td>
<td>36.0%</td>
<td>15.9%</td>
<td>5,891.7</td>
<td>2,519.2</td>
</tr>
<tr>
<td>&quot;J10&quot;</td>
<td>Influenza due to identified zoonotic or pandemic influenza virus</td>
<td>41.7%</td>
<td>(88.3%)</td>
<td>25.0</td>
<td>-53.0</td>
</tr>
<tr>
<td>2</td>
<td>23 86 127 82 85 7</td>
<td>(33.2%)</td>
<td>(95.3%)</td>
<td>-42.2</td>
<td>-142.6</td>
</tr>
<tr>
<td>&quot;I209&quot;</td>
<td>Pulmonary embolism without mention of acute cor pulmonale</td>
<td>27.7%</td>
<td>45.6%</td>
<td>192.4</td>
<td>316.4</td>
</tr>
<tr>
<td>707</td>
<td>642 707 687 730 887 1,011</td>
<td>22.9%</td>
<td>38.3%</td>
<td>165.1</td>
<td>280.0</td>
</tr>
<tr>
<td>&quot;I272&quot;</td>
<td>Other secondary pulmonary hypertension</td>
<td>21.3%</td>
<td>26.5%</td>
<td>91.2</td>
<td>113.2</td>
</tr>
<tr>
<td>413</td>
<td>424 407 432 493 519 541</td>
<td>12.8%</td>
<td>14.9%</td>
<td>58.8</td>
<td>70.0</td>
</tr>
<tr>
<td>&quot;I312&quot;</td>
<td>Hemopericardium, not elsewhere classified</td>
<td>35.4%</td>
<td>56.3%</td>
<td>3.4</td>
<td>5.4</td>
</tr>
<tr>
<td>11</td>
<td>7 11 12 7 13 15</td>
<td>48.4%</td>
<td>78.6%</td>
<td>4.3</td>
<td>6.6</td>
</tr>
</tbody>
</table>
In plain English, the main cause of excess deaths:

2020: COVID
2021: COVID vaccines
Don’t take my word for it. You can do your own survey of people you know. People were 4X more likely to die a month after the shot than a month before the shot. Isn’t that interesting?

Survey shows over 500,000 killed by the COVID vaccines so far
A simple survey anyone can do provides convincing evidence that the COVID vaccines have killed over 500,000 Americans. They should be halted. Now.

Steve Kirsch 7 hr ago ❤️ 147 ️ 101 ️ ...
Huge excess deaths in New Brunswick

A mysterious spike in "excess" deaths in New Brunswick ... saw 636 more deaths than normal over a 20-week period.

That’s **8X** what COVID killed.

It’s a **22% increase** in expected ACM (it matches our estimate of the effect of the vaccine on ACM).

It wasn’t COVID. What was caused it?

Health officials are mystified.
Why did excess ACM go up after the vaccines rolled out?

The CDC VSD study claimed ACM goes down dramatically after vaccination.

The Seychelles and Israel are the two most heavily vaccinated nations on earth.

So why are ACM peaks and valleys shifted higher after the vaccines rolled out?
Why is it more likely you’ll die from the latest variant if you are vaccinated?

Farid is strongly pro-vax so this is not “misinformation.”

Pierre recently saw his first 14-year old with full-blown ARDS. He was fully vaccinated.
Just one adverse event, prion diseases, justifies stopping the vaccine
Just one adverse event, prion diseases, justifies stopping the vaccine.

Kills at least 1 per million vaccinated.

Causality is obvious (blue bars are low). So it isn’t random.

X-axis are the PatientID.
Vaccine injuries
The NIH has said they haven’t found any proof that the vaccine causes injuries.
Meet Marsha Gee

Top ICU nurse at UCSD who was honored to be one of the first people to get the vaccine.

She was a perfectly healthy 37-year-old before the shot.

Less than 1 hour later, half her face was paralyzed.

But that was just the beginning... today, 1 year later, she can't even get on a zoom call.

She has over 80 symptoms in common with vaccine injured like “bleeding behind the eyes,” “had to crawl to the bathroom,” ...

UCSD knew the vaccines were dangerous at the very start and they said and did NOTHING.
How can they explain 1.8M newly disabled after the rollout?

Population - With a Disability, 16 Years and over

Observation: May 2022: 32,686 (+ more)
Updated: Jun 3, 2022

Units: Thousands of Persons, Not Seasonally Adjusted
Frequency: Monthly

Initial Vaccines for Healthcare Workers
Biden Announces Mandates
Lockdowns Start
Roll out Period
Mass Vaccination Clinics Open

Shaded areas indicate U.S. recessions.
Source: U.S. Bureau of Labor Statistics
fred.stlouisfed.org
Cases
Why are cases sky high in the most heavily vaccinated countries?

The Seychelles and Israel.

Africa is shown for comparison in green. It is flat line.

See the difference?
Wait a second...
Isn’t the surge supposed to be happening in the most unvaccinated countries?!?
Triple dose → 3X more likely to be infected

UK government data (before they stopped publishing it).

How do you explain that?
How come the boosted are the slowest to clear the virus?
Yet in the least vaccinated countries, cases are way down.
The “experts” says that’s because their reporting is deficient.
But when you actually talk to the doctors in Africa, you hear a different story.
Namibia

Very low vaccination rate. COVID cases through roof in early 2021.

Dropped to near zero in Sept 2021. Remained very low since then. Very small numbers are dying now. Vaccines started in July 2021.

They stopped breaking out cases and deaths by vax status shortly thereafter because the numbers showed the vaccines made things worse. The trends never reversed.

Vax rate: 20%
Cases: 159,503
Deaths: 4,028 (.16% of pop)
2.5M population
Efficacy
The science says the vaccines harm your immune system, possibly irreparably. Was that the effect you wanted?
The science says the vaccines create more harm than benefit.

WHOOOPS!!!

Study from UCLA, Stanford. Peter Doshi is an author.

Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials

Abstract

Introduction: In 2020, prior to COVID-19 vaccine rollout, the Coalition for Epidemiologic Preparedness Innovations and Brighton Collaboration created a priority list, endorsed by the World Health Organization, of potential adverse events relevant to COVID-19 vaccines. We leveraged the Brighton Collaboration list to evaluate serious adverse events of special interest observed in phase III randomized trials of mRNA COVID-19 vaccines.

Methods: Secondary analysis of serious adverse events reported in the placebo-controlled, phase III randomized clinical trials of Pfizer and Moderna mRNA COVID-19 vaccines (NCT04368728 and NCT04470427), focusing on potential adverse events of special interest identified by the Brighton Collaboration.

Results: Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI: -0.4 to 20.6 and -3.6 to 33.8), respectively. Combined, the mRNA vaccines were associated with an absolute increase of serious adverse events of special interest of 13.6 per 10,000 (95% CI: 2.1 to 25.4). The excess risk of serious adverse events of special interest surpasses the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively).

Discussion: The excess risk of serious adverse events found in our study points to the need for formal harm-benefit analyses, particularly those that are stratified according to risk of serious COVID-19 outcomes such as hospitalization or death.
Hospitalizations
Why are hospitalizations going up in Israel and not in Africa?

I thought the vaccines kept you OUT of the hospital?
Is it possible that our data isn’t being captured accurately?
Check one

☐ Vaccinated

☐ Unknown

Shouldn’t there be an “unvaccinated” box? Whoops!

So unknowns are considered “unvaccinated.” That’s part of the reason for the “pandemic of the unvaccinated” myth.
The peer-reviewed scientific literature says the vaccines should be stopped
CAUTION: Twitter has determined that JAMA contains unsafe material.

Warning: this link may be unsafe

https://jamanetwork.com/journals/jama/fullarticle/2792524

The link you are trying to access has been identified by Twitter or our partners as being potentially spammy or unsafe, in accordance with Twitter’s URL Policy. This link could fall into any of the below categories:

- malicious links that could steal personal information or harm electronic devices
- spammy links that mislead people or disrupt their experience
- violent or misleading content that could lead to real-world harm
- certain categories of content that, if posted directly on Twitter, are a violation of the Twitter Rules

Ignore this warning and continue
Here’s the article Twitter doesn’t want anyone to see. You aren’t supposed to know that the vax didn’t work very well and went downhill rapidly thereafter.

The CDC study examined the effectiveness of the two-dose Pfizer COVID-19 injection in children (ages 5 to 11) and adolescents (ages 12 to 15) between December 2021 and February 2022 during the Omicron variant predominance.

The authors found that the estimated effectiveness of the Pfizer shot declined significantly in the two groups by the second month after dose two: 29 percent in children and 17 percent in adolescents. When the mRNA shots were issued emergency use authorization prior to any predominant variant, the effectiveness of two doses was 100 percent in children and 91 percent in adolescents.

“Among children and adolescents, estimated VE [vaccine effectiveness] for 2 doses of BNT162b2 against symptomatic infection was modest and decreased rapidly,” the authors wrote.

In the graph provided in the study, near the fifth month after dose two, the vaccine’s effectiveness was negative in the adolescent group, meaning the vaccinated were more likely to have symptomatic COVID-19 than the unvaccinated.

Figure 2. BNT162b2 2-Dose Adjusted Estimated Vaccine Effectiveness Against Symptomatic SARS-CoV-2 Infection in Children and Adolescents

A screenshot of a graph showing the effectiveness of the Pfizer COVID-19 shot in children and adolescents after dose two. (iamanetwork.com/Screenshot by The Epoch Times)

Data beyond two months was not available for children as the vaccine’s effectiveness was only assessed for that short period of time.
Whoops. The vaccines can really mess up your immune system. CDC is silent. (Seneff paper)

In this paper, we call attention to three very important aspects of the safety profile of these vaccines. First is the extensively documented subversion of innate immunity, primarily via suppression of IFN-α and its associated signaling cascade. This suppression will have a wide range of consequences, not the least of which include the reactivation of latent viral infections and the reduced ability to effectively combat future infections. Second is the dysregulation of the system for both preventing and detecting genetically driven malignant transformation within cells and the consequent potential for vaccination to promote those transformations. Third, mRNA vaccination potentially disrupts intracellular communication carried out by exosomes, and induces cells taking up spike glycoprotein mRNA to produce high levels of spike-glycoprotein-carrying exosomes, with potentially serious inflammatory consequences. Should any of these potentials be fully realized, the impact on billions of people around the world could be enormous and could contribute to both the short-term and long-term disease burden our health care system faces.
Questions to ask yourself:

1. Why hasn’t the CDC warned us about any of these?
2. How can the NIH not be able to ascertain whether the vaccine causes injury after 500 published papers?

They are doing the same thing to us that they did to Andy Wakefield
Modern and NIH paper says the vaccine can inhibit your ability to create antibodies against the virus.

Whoops! We forgot to warn you that you’re 13X less likely to develop full immunity to the virus if you take the jab. Sorry!

3. The vaccines impair our ability to resist future variants of the virus. The more we vaccinate, the more vulnerable we become. This paper is extremely troubling: Anti-nucleocapsid antibodies following SARS-CoV-2 infection in the blinded phase of the mRNA-1273 Covid-19 vaccine efficacy clinical trial. It points out that the more times people are vaccinated, the less likely they are to develop broad-based immunity when they get the actual virus. What this means is the more vaccines you get, the less likely you are to develop full immunity from the virus when you get it (which you will since the vaccines are going to make that more likely).

Igor's newsletter has a great writeup of the paper. Here is the most important image from his article:

Seropositivity at the PDV (odds ratio 1.90 per 1-log increase; 95% confidence interval 1.59, 2.28). And yet, viral copies at the illness visit did not fully explain the large difference in PDV seropositivity between arms: for any given viral copy number, the odds of anti-N seropositivity were 13.67 times higher for the placebo arm than the vaccine arm (95% CI 5.17, 36.16). For example, a vaccine recipient with 2.0 log10 viral copies/ml on illness visit has an estimated probability of PDV ant-N seropositivity of 0.15, while for a placebo recipient with the same illness visit viral copy number, the estimated probability is 0.71.

In plain English, you are more than 13X less likely to develop full natural immunity to a breakthrough infection after your initial two jabs.
“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)

The **publisher unilaterally retracted the paper** because if the vaccines were deadly, the CDC would have stopped it. The Journal Editor resigned 3 weeks after the decision to pull the paper.

Source: [Why are we vaccinating children against COVID-19?](https://doi.org/10.1016/j.toxrep.2021.08.010), Kostoff
205,809 dead and 212,69 disabled. Does that sound like a safe vaccine to you?

Thus, the ratio of $E_{\text{SAE}}$ to $O_{\text{SAE}}$ is 31 to 1, suggesting a **URF of 31** ($N_{\text{SAE_Pfizer_trial}}/N_{\text{SAE_Pfizer_VAERS}} = \sim 1.4M/43,948$).

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

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1 The Brand Name Pfizer-BioNTech COVID-19 Vaccine, the Previous Name: BNT162b2 or the Company Name: Pfizer Inc. and BioNTech SE can be used in the case of the Pfizer-BioNTech COVID-19 product. The Brand Name mRNA-1273 and/or Company Name: Moderna, Inc. can be used in the case of the Moderna COVID-19 product.
2 mRNA biologics are not true vaccines. True vaccines undergo time-dependent testing protocols to ensure safety and efficacy, typically ranging between 10 and 15 years. True vaccines are a preparation of a weakened or killed pathogen, such as a bacterium or virus, or a portion of the pathogen’s structure that, upon administration to an individual, stimulates antibody production or cellular immunity against the pathogen but is incapable of causing severe infection. The mRNA biologics do not satisfy either these requirements and as such are more akin to experimental treatments than vaccines.
"Results prove that **none of the vaccines provide a health benefit** and all pivotal trials show a statistically 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...](https://www.trendsintmed.com/196) by J. Bart Classen, MD
8 months after 2 doses your immune system is worse than an unvaccinated person.

Whoops!

This is why we see shingles come back in vaccinated but not in unvaccinated.
But according to Jonathan Jarry, the “Pseudoscience Buster” at McGill, I am a misinformation spreader for pointing out the high rate of shingles recurrence as acknowledged in the peer-reviewed literature.

In my defense, according to VAERS, there were 54 shingles reports following the COVID vaccines in the US and associated with death. There was 0 cases in 2020 for all vaccines combined. 54/0 is infinity which is off the charts for most charts I’m aware of.

Demonizing vaccines is very fashionable these days in contrarian circles. All they need do is zero in on a bit of fragmentary data and blow it out of proportion.

On The Dr. Drew Show, Kirsch said that “shingles is something that the FDA knows is caused by the [COVID-19] vaccine, sort of the retriggering of shingles,” before boldly claiming that “shingles numbers are off the charts for this particular vaccine.”

“Off the charts?”

Shingles is caused by the awakening of a dormant virus, varicella-zoster, in the human body. This virus causes chickenpox when we’re young. It can lay low for decades and then wake up to cause painful inflammation. Given that nearly 582 million doses of a COVID-19 vaccine have been given in the United States alone (where Kirsch’s conversation with Dr. Drew was taking place), an “off the charts” number of people who suddenly develop shingles after receiving the vaccine would surely be in the six digits at least, right?

A systematic review of published cases of shingles following (though not necessarily caused by) COVID vaccination identified 54 cases. Another found 91. Both concluded that, while it was possible the vaccine had somehow awakened the varicella-zoster virus in these people, this cause-and-effect link could not be established. As it turns out, a lot of bad things can happen after receiving a vaccine for no other reason than bad things happen regularly. If we cherry-pick these reports to scare people, we should also share post-vaccination reports claiming nose bleeds, anal leakages, and the unbelievable swelling of the male reproductive apparatus.
Selected non peer-reviewed scientific literature
Worldwide Bayesian Causal Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A Big Data Analysis of 145 Countries

“The statistically significant and overwhelmingly positive causal impact after vaccine deployment on... total deaths and total cases per million should be highly worrisome for policy makers. They indicate a marked increase in both COVID-19 related cases and death due directly to a vaccine deployment that was originally sold to the public as the “key to gain back our freedoms.”

In other words, the data shows the interventions are making things worse, not better.

Please read all the comments. Different comparators tested didn’t change the outcome.
Why are the most vaccinated countries getting the most number of cases and deaths?
Should you get vaccinated?
Consider...

There is plenty of data that cannot be explained if the vaccines are safe.

There is no all-cause mortality (ACM) analysis provided by the US government or any other government.

The medical community worldwide refuses to demand such an analysis.

Are you feeling lucky?
Why don’t we have the risk-benefit data for *any* vaccine?

What we want is to follow 100,000 people starting on Jan 1, 2021.

Half get the vaccines on schedule.

Half stay unvaccinated.

How many are alive at the end of the year in each group?

Does anyone know the answer to that question? Doesn’t it trouble anyone that nobody knows the answer?
Think about it...

Why would the CDC not want to release the data?
The only reason they wouldn’t want to release a study like this is if either 1) they don’t have the source data or 2) the result was unfavorable and would expose that they killed people.

Which one is it? Either option has to be very troubling.
Fraud in the Phase 3 clinical trials used to justify the EUA approval
Serious adverse event data was gamed in the trials

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.

Vaccine safer than placebo?!? Are you serious? How can anyone believe that?

The VAERS numbers are impossible if this statement is true. THEY ARE LYING. THEY HIDING THE SAE’s in the phase 3 trial. This is corruption at the highest levels and nobody in the medical community is speaking out about the fraud.
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 signal?

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. Ask “them” to explain to you how this can happen if the trial wasn’t gamed.
The CDC knew in January 2021 that the vaccines were unsafe, but they said NOTHING

The huge spike in pulmonary embolisms (1,219X above normal) was in public view in January 2021 in VAERS. To this day, the CDC has never acknowledged this safety signal. Wow. That’s really corrupt.

Steve Kirsch  Mar 16

Remember Sgt. Schultz on Hogan’s Heroes? “I know nothing, nothing!” was his iconic line (see the video for the 3 second clip of this; see this video for a 30 sec clip).
Whoops!

A 25% increase in cardiac arrest is a HUGE serious adverse event.

How come the CDC never warned us about the association?

How could that not have showed up in the clinical trials?!!

Why isn’t this news in the US?

Why isn’t anyone being warned?

If this wasn't caused by the vaccine, then what is the cause?
Dramatic, unexplained rise in cardiac arrests in ICU

EMS calls in the 16–39-year-old population with potential factors including COVID-19 infection and vaccination rates. An increase of over 25% was detected in both call types during January–May 2021, compared with the years 2019–2020. Using Negative Binomial regression models, the weekly emergency call counts were significantly associated with the rates of 1st and 2nd vaccine doses administered to this age group but were not with COVID-19 infection rates.
In California, COVID is a state emergency: 9 people per day are dying.

That’s a 1.2% increase in mortality. At what point is it not an emergency?

But the vaccines are increasing mortality by 20% or more from life insurance company reports and other data. Why aren’t THEY the emergency?

Nobody wants to answer that question.
Why can’t we discuss our differences openly?
UCSF Professor Vinay Prasad wrote, “Scientists who express different views on Covid-19 should be heard, not demonized.” That was 2 years ago. There is no sign anyone is listening to his advice. In 2 years, there have been no debates. Zero.
Government officials are calling for censorship instead of open debate. That’s anti-science.
If you disagree the narrative, you are censored. Doctors have had license revoked. Censorship and intimidation tactics are unamerican. Public health officials should be agreeing to OPEN PUBLIC DEBATES, not silencing the opposition. We do not request they be censored for spreading misinformation. Similarly, they shouldn’t request we be censored for telling the truth.
No authority will debate us “on camera”¹ about any of these topics...even for $1M just to come to the debate table

Can you guess why?

¹Challenge to the Scientific Community – It's Time for Honest and Open Debate on Vaccine Safety
Because we have the data
Even when they say they will do ANYTHING to end vaccine hesitancy... they really mean “anything BUT debate the misinformation spreaders”

My offer to Peter Marks to end vaccine hesitancy

CNN quoted FDA’s Dr. Marks as saying he is compelled to do ANYTHING to end vaccine hesitancy. I suggested he debate us. Do you think he will accept? Don’t hold your breath.

Steve Kirsch's newsletter

Steve Kirsch
39 min ago
Vaccines are supposed to have a positive risk-benefit ratio.
These don’t.
They’ve never produced a credible risk-benefit analysis ever for these vaccines … comparing COVID death rate improvement vs. increase in non-COVID ACM (including accidents).

Why can’t they provide a credible study? Their VSD study was deeply flawed. It showed an IMPOSSIBLE result. The data from the UK is also problematic.

Are they:
1. incompetent,
2. hiding the data (as admitted to The NY Times)
3. don’t have the data (they should admit it)

So which is it?
The sad truth is...
COVID vaccines killed > saved
∀ ages

Source: COVID cost-benefit by age computation
### # killed per person saved

<table>
<thead>
<tr>
<th>Age</th>
<th>VAERS</th>
<th>UK ONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>6.1</td>
<td>16.9</td>
</tr>
<tr>
<td>30-40</td>
<td>3.9</td>
<td>4.8</td>
</tr>
<tr>
<td>40-50</td>
<td>2.8</td>
<td>4.8</td>
</tr>
<tr>
<td>50-60</td>
<td>2.4</td>
<td>3.4</td>
</tr>
<tr>
<td>60-70</td>
<td>2.3</td>
<td>2.9</td>
</tr>
<tr>
<td>70-80</td>
<td>1.9</td>
<td>1.6</td>
</tr>
<tr>
<td>80+</td>
<td>1.8</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Killed > Saved for all ages**

The numbers match up **within a factor of 2** for all but one age range using two completely different methods and databases.

**Think that was a coincidence?**
Why doesn’t the CDC publish this ratio, especially for kids?

\[
\text{Risk} = \text{Non-COVID ACM} \uparrow \\
\text{Benefit} = \# \text{ COVID deaths} \downarrow
\]
Telltale blood clots

Up to 93% of embalmer cases have telltale clots.

Watch the video. Up to 93% of cases exhibit these unique clots.

These are NOT standard post-mortem clots that are found in people who are more susceptible to coagulation. They are subtly different in texture.

Some of these clots are formed post-mortem. But some large clots are formed while the patient is still alive. There are cases of people still alive with massive leg blood clots.

These clots are smoking guns that people are being harmed. No comment from the CDC. They do not want to see any tissue samples.
Have you ever wondered …

1. Why isn’t there a study showing D-dimer and troponin levels before the shot vs. after the shot?
2. Why aren’t we documenting the rate of telltale blood clots (see the 53 second video) and the vaccination status of the case?

There is a reason we aren’t doing this: it’s not a safe vaccine. Doing these studies would expose the fraud. So they aren’t done.
Why we need regular risk-benefit assessments

Instead of “there’s a new variant, get vaccinated”
How do we explain all the failed pregnancies?

Do you know anyone who was vaccinated who subsequently had a pregnancy end either in a healthy baby or NOT a healthy baby. Look at all 5 options before choosing an option:

- 9% # Good > # Bad outcomes
- 30% # Bad > # Good outcomes
- 13% Equal number of Good and Bad outcomes
- 9% 100% Good
- 39% 100% Bad

23 votes - 22 hours left
Here is their (lame) attempt to convince you the vaccines work
The clinical trials can’t tell us whether ACM for mRNA is positive or negative. But they claim the adenovirus vaccine is clearly beneficial.

Yet the FDA halted the J&J adenovirus vaccine in the US for safety reasons!

Which implies the mRNA vaccines are even more unsafe since the “safer” vaccine per this paper was ruled unsafe).
1 person’s life was saved by the vaccine (2 died in unvaccinated group vs. 1 in vaxxed group), but at an estimated cost of 7 non-COVID ACM deaths. So the point estimate is we killed 7 people to save 1 person.

Both VAERS and the UK ONS data both show the vaccine kills more people than it saves as well. So while the trial death numbers weren’t statistically significant, they were consistent with other data.

Source: [More people died in the key clinical trial for Pfizer’s Covid vaccine than the company publicly reported](https://www.verywellhealth.com) and [Did the Pfizer Trial Show the Vaccine Increases Heart Disease Deaths?](https://www.cdc.gov) updated the counts.

Note: for the [Moderna vaccine](https://www.moderna.com), the numbers claimed were 16 and 16, showing no ACM benefit as well.
The flawed VSD study published by the CDC

Showed the vaccine reduces non-COVID ACM by 72%. That’s impossible. The vaccine mimics the same response as the virus. Know anyone whose live got better after they got COVID? Also, if this were true, the government would be encouraging everyone to get COVID. That’s a huge effect!!! Impossibly huge!!! Why didn’t this show up in any RCTs?

Reason: confounded by other factors, misclassification of vaxed ACM deaths as unvaxxed deaths, or both.

There is no mechanism of action that can possibly reduce non-COVID ACM in the vaccinated. If there is, it is the most amazing medical discovery of all time.

The VAERS data, UK ONS data, life insurance company data, athlete deaths, etc. show the opposite.

See: FDA discovers Fountain of Youth and Proof of Statistical Sieves in Vaccine Efficacy Data
They can’t explain any of this
(I have 100s of slides that nobody can explain to me… even with a “name your price” offer)
Every single major intervention that the government promoted actually made the problem worse:

- Vaccines
- Social distancing
- Masking
- Lockdowns
- Mandates
- Testing

I’d love to debate any public health authority on this, but nobody will debate me.
Here’s the proof

Which one is **dumber?** (please answer and **re-post so we can get the right answer**)  

- 0% A rock  
- 0% A doornail  
- 38% Biden’s COVID policies  
- 55% **No difference between the 3 choices above**  
- 7% Tough…. I can’t pick a winner… i want to see how others voted

482 votes · 6 days left
My 3-part COVID mitigation plan

1. If you are sick, stay home
2. COVID-positive? Treat yourself using a proven early treatment protocol
3. Doctors should suggest safe treatments from a recommended set and report results to a central database

That’s it. That’s the entire plan.

I’d love to debate any public health authority on this, but nobody will debate me.
How this can even happen
It is set up to fail with no accountability.

Elections won’t fix this.

The lower two-thirds of this chart is increasingly the government as we know it, and its power is unaccountable to the president, to Congress, to the courts, or to the voters. From what we know about the operations of the FDA, DOL, CDC, HHS, DHS, DOT, DOE, HUD, FED, and so on throughout every combination of letters you can think of, is that they are typically captured by private interests powerful enough to buy themselves influence, complete with revolving doors in and out.
Mandates
Then vaccine mandates are pointless.
Were there any benefits to mandates?

I wasn’t able to find any.
Can anyone explain this?

<table>
<thead>
<tr>
<th>Vaccine</th>
<th># Killed/M vaccinated</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox</td>
<td>1</td>
<td>Halt</td>
</tr>
<tr>
<td>COVID-19</td>
<td>&gt;1,000</td>
<td>Mandate for all</td>
</tr>
</tbody>
</table>
“Where there is risk, there must be choice”
“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
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
So why are we mandating vaccination for those with recovered immunity when they can’t infect anyone?
It’s because the people responsible for the mandates refuse to listen to anyone who disagrees with them.
6 foot rule
Here is the science behind that
The reality is the virus floats around in the air for hours to days

When you advance 6 feet in line, you step right into the middle of the storm that they set for you
MIT found the same thing.

They used science to discover this.
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 100% for all variants with no risk of death or disability. NIH totally ignores this. They refuse to look at the data.
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 or pills.

Reduces risk of death by up to 92%...

Turns COVID into the flu.

By contrast, Pfizer’s own study showed only a 50% death benefit. Fluvoxamine is 6X better. Biden promotes the Pfizer drug and ignores fluvoxamine entirely in his State of the Union speech.
Anecdotes
Hailey Bieber
25 years old
Suffers a stroke
March 12, 2022

Here's another article stating she revived the vaccine and they believe it's what caused the blood clot. This woman is 26 years old. That is EXTREMELY uncommon and has increased 1000 fold post vaccine. It's just the facts. Here's another article for you

Is Hailey Bieber Vaccinated: What Happened to Hailey Bieber? Covid Vaccine, Blood Clot In Brain, Hospitalized With Stroke Symptoms? According to multiple...
Justin Bieber says he has facial paralysis due to Ramsay Hunt syndrome

By Lisa Respers France, CNN

Updated 6:58 PM ET, Fri June 10, 2022

Justin Bieber
28 years old
Suffers paralysis

June 10, 2022

99% chance it was the vaccine.
Both events happened < 90 days of each other

They shouldn’t have happened at all.
Why aren’t people connecting the dots?
Most people trust their doctors for advice. Doctors are too busy to verify, so they trust other doctors. The top doctors trust the authorities. The authorities are corrupt. If a doctor thinks independently, they get their license to practice medicine restricted or revoked. So everyone tows the line and does what they are told.
Anecdotes

Silicon Valley top neurologist (20,000 patients)
1,000 VAERS cases this year (vs. 0 in past 11 years). That’s 5% with significant vaccine injuries. → AE rate for this vaccine is 10,000X higher than expected.

Dr. Ira Bernstein (700 patients)
25 AE reports this year vs. 0 in the past 29 years; 2 deaths from the vax. → AE rate up 725X.

Sunnycrest nursing home in Ontario, Canada with 136 beds
All residents given booster: 4 dead; 7 hospitalized. Might save ~2 COVID deaths over a year. Not even close to beneficial.
Germany found boosters were too deadly too... even for the elderly

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.
Hi, Steve!

Greetings from Germany, Bonn.
I went on on a demonstration walk the 3rd of Jan. in Altenburg, Thüringen. I got to speak to a woman helping people with their taxes. She told me, she had have 12 pensioners she worked for. An 4 of theses DIED after the vax. I found it really toooo many!

She told me, the doctors around wouldn't like to vax any longer. Only people who were asking for it. They needed the persons alive..... .

A 41-year old young mother of a 1 month old girl got vaxed after birth. On Dec. 22nd,21 she was at the parkingspace of a supermarket - al of the sudden fell and dead!!!! Horrible. But I expected such things to happen. As a pharmacist that became critical mid November.

Greetings to the States, thanks for your very important work!!!
“Staggering mortality rate” in Norway. 23 dead. 100% of the 13 deaths investigated so far implicated the vaccine.

Norway’s nursing home residents die days after first COVID shot

By BNN Staff-Writer • June 6, 2022

Within days of receiving their first shot of the COVID-19 vaccination, nearly two dozen nursing home residents in Norway died, prompting a health warning for elderly patients above 80 years old.

The Norwegian Medicines Authority (NMA) announced the deaths of 23 patients who had been given the Pfizer/BioNTech vaccine for coronavirus on Friday. Thirteen of those victims have undergone postmortem examination, with findings indicating that common adverse effects from the vaccine were to blame for the staggering mortality rate.
Palo Alto Commons (PAC)

6 died <5 weeks after given shot, including a former Federal judge

No comment from PAC despite a promise to respond.

Medical Examiners (MEs) never see nursing home deaths like this because it isn’t deemed worthy of investigation. In addition, they are overworked and scared. Most ME’s are also blue pilled.

Furthermore, MEs are NOT permitted to call it a homicide because it is a consented medical intervention. So the police won’t investigate and the DA won’t prosecute.
How can you explain a **22X normal** death rate for athletes dying **in plain sight**?
Passed away unexpectedly

“The University of Massachusetts Amherst was left mourning the death of star lacrosse player Aidan Kaminska this week after the 19-year-old Long Island native “unexpectedly” passed away on Monday morning.” Here is the UMass vax policy requiring vaccination. They are not liable for the death. Read the 2,000 comments on the news article.
Sean Hartman

Sean never made it to his 18th birthday. He passed away shortly after getting the Pfizer vaccine.

No known cause of death. He just died. Just like that. But it WASN’T the vaccine according to the press.

The Toronto Board of Health removed his father’s comments asking for answers from the video record.
Advocate Health Care
70,000 employees
1,000 unvaxed (required to do weekly testing)

~100% of cases were found in vaccinated (~600 in quarantine) who are not regularly tested

“But the company can’t complain about the waste of testing the unvaccinated — because politically it goes against the narrative. Politicians and vaccine companies want the public to believe the unvaccinated are at risk or pose a risk, and that the vaccine gives some benefit. In this very large health company, it is the opposite.”

– High level source in the company
  <name withheld by request>
Censorship
I have a list of >100 questions
My first question: Can you answer any of the questions below?
I haven’t met anyone yet who could answer the first question.
Too many Black Swans

1. Athletes dying at 22X normal rate after vax rollout
2. Q3-Q4 death rates off charts in US, Germany, Cyprus (40%... a 12 sigma deviation) → something is causing it and it isn’t COVID, so what is? It’s the greatest cause of death ever and the CDC is silent.
3. 20-year-olds die in their sleep < 24 hours after the shot.
4. 7-year-olds dying from myocarditis is the new normal.
5. “Died unexpectedly” is the new normal.
6. 75% of radiology dept at UCSF/Marin refusing the booster because of what they saw first-hand
7. 4 kids at MVCS with myocarditis (1 in 100 rate),
8. Young kids in VAERS all dying from causes consistent with COVID vax deaths and all inconsistent with normal deaths (cardiac arrest, bleeding in brain), ...
How does the medical community respond to my evidence?

1. Through personal attacks (like this, this, this, this and this, to name a few).
2. If you want to attack my results, show us all the “correct” answer. They never do that.
3. It’s easy to make me look bad when I’m not around to challenge their attacks.
It’s not about me. A large group of scientists all went “rogue” at exactly the same time I did. And things are getting SO ridiculous that even mainstream docs like UCSF Professor Vinay Prasad are getting much more vocal about what has been happening.

Vinay Prasad, MD MPH 🗣️📸🔗@VPrasadMDMPH · 5h
Replying to @VPrasadMDMPH
Damage to vax programs will be horrific in decades to come. This administration has made major errors. It pushed too hard on the wrong ages, wrong risk groups; It demanded too little evidence from Pfizer. When necessary childhood vaccine programs collapse, they will be to blame
“Fact checkers” run for cover when challenged

1. None of the people who attacked me are willing to have a live video discussion including McGill’s “Pseudoscience Buster” Jonathan Jarry. He blocked me when I suggested a recorded discussion.
2. I’m happy to debate these people live.
3. Here’s a response I wrote to the MIT hit piece.
Only one expert, Yale Professor Jason Abaluck, has ever consented to have his study challenged on camera

1. Jason was the first author on the highly acclaimed Bangladesh mask study which was hailed by the medical community as “proof” that masks work.
2. So we asked Jason if we could ask him a few questions.
3. He said “Yes” but on the condition that only one person could question him (because that’s how science works).
4. Jason’s credibility was destroyed by one of our team members and his study was thoroughly discredited by Professor Norman Fenton. You can watch the video where he tries to appeal to authority when he can’t answer the questions.
5. This is a perfect example of why none of the public health will accept our challenges. When you are promoting junk science, it’s important to ensure that you can’t be challenged. The best way is to censor and deplatform your critics. That’s how it works in science. The news media does it too. Check out this tweet from Jake Tapper.
The news media refuses to be challenged as well

Instead of attacking what we say, the press engages in ad hominem attacks.

That is exactly what you do when you don’t have the facts on your side. Attack the person and avoid having to be challenged on the facts.

Check out this tweet from CNN’s Jake Tapper.

Jake’s excuse for not debating RFK Jr. is that Jake didn’t want to give him credibility. He wrote “I’m not going to lend credence to ...” (see Jake’s full tweet)

Wow. Just wow. I’m not making this up.

You can see all the details in my Substack article.
Final thoughts
We are winning. < 30% drinking the Kool-Aid

(PeopleFish Survey, June 2022)
The most effective way to red-pill someone

When they see with their own eyes that the reality doesn't match the narrative, i.e., they have a friend who is vaccine injured.
We think this is a BIG problem

Nothing to see here folks. Move along.
How do you explain this?

1. We shut down a baby formula plant if there are 3 infants hospitalized
2. We shut down a peanut butter plant if 10 people get sick (0 deaths)
3. We mandate a vaccine after hundreds of thousands of people are killed by the vaccine.
The most important things to remember

The vaccines need to be stopped immediately.

The CDC, FDA, and NIH are all corrupt. Others are simply duped and haven’t figured that out yet because the lack the motivation, time, interest, or technical skills to look at the underlying data. Cognitive dissonance plays a big role.

The vaccines don’t appear to help at all in preventing COVID deaths: countries with high vax rates have higher COVID infections and deaths.

The cure is worse than the disease: the vaccines raise ACM by ~20%, more than COVID does.

Masks don’t work; if anything, they make things worse. Social distancing doesn’t work. Lockdown kill more people than they save. Mandates are nonsensical.

Early treatments work. It’s all we EVER needed. Ignored.

Ernest Ramirez lost his only son to the COVID vaccine.
The most important things to remember

If you don’t have symptoms OR have recovered from COVID, you’re unlikely to be a threat to anyone.

False positive rates of tests are high; **only test if you have symptoms.**

The virus is killing only 9 people a day in Calif (population 40M). This is a 1% increase in the death rate in California. This is considered an “emergency” justifying emergency powers.

We were unable to find anyone who knew a single child who died from COVID. Why are we vaccinating them?

Vaccines don’t reduce variants. The CDC has no evidence of that. It’s likely the opposite.

Listen carefully to what the CDC says and do the opposite.
All of these entities have chosen to look the other way as over 500,000 Americans were killed, including our kids. All refuse to publicly debate the issue. **The lack of public accountability is a huge problem.**

Federal health agencies (FDA, CDC, NIH)
Members of Congress
Mainstream medical community
Mainstream media
Mainstream social media companies
Public health officials
Local and state government officials

You shouldn’t trust them ever again.
This is just the start of our story...

Pretty much everything they've told you about COVID is wrong.

But it doesn’t end there.

Other vaccines aren’t safe either.

The data shows you are actually better off skipping the vaccines than taking them. Much better (10X).

Not because vaccines per se are a bad idea. But because the vaccines we have aren’t safe.

And now you know why there is no risk-benefit analysis available for any vaccine.

Andrew Wakefield was right. Vaccines cause autism. None of them are safe.
Where did they hide all the bodies?

1. In the increase in all-cause mortality for normal causes of death
2. In the higher number of COVID deaths: making people more susceptible to COVID infection and death by depressing their immune system
3. Through miscategorization of vaccine deaths as COVID deaths

All of this makes the signal very hard to find due to the confounders.

So how do we know we got it right?
How do we know we got it right?

Andrew Wakefield, Bobby Kennedy, me, and many more were all “red-pilled” by vaccine victims or by family members of vaccine victims.

All the data was consistent: doctor surveys, patient surveys, VAERS data, data from other countries, analysis of government data, mechanism of action, anecdotes.

The authorities can’t explain the data; refuse to answer any questions: The authorities have ducked my questions. Fact checkers run away when challenged. In Canada, no health authority would challenge 3 Canadian doctors.
Presentation available at stevekirsch.substack.com
My popular slide decks

The elephant in the room
Vaccine Essentials
All you need to know
Vaccine policies
Things you need to know
180 questions they can’t answer

Read until you are convinced
Appendix
Or how about this YouTube video about the vaccine injured in Minn?

> 250,000 views of this forum in MN. This is a 3 minute clip.

The first speaker was injured <30 hours after taking the vaccine, her doctor said it was the vaccine, and Pfizer refuses to reply.

More importantly, there are over 3,700 comments, virtually all supportive.

No policy change from the governor of MN.

Minnesotans share horror stories of alleged COVID-19 vaccine injuries
Twitter... nearly identical result

Since March, 2020, if you have lost a family member to the jab or the virus, please let me know which one:

- Virus: 22.8%
- Vaccine: 65.3%
- Both: 11.9%

202 votes · 6 days left
8:10 AM · Jun 11, 2022 · Twitter Web App
Unique double peak never seen before. One is COVID. Other peaks are sharp. The other is the vaccine.
30% increase in ACM from baseline for age 40 to 65 after vaccines rolled out. Weren’t they supposed to reduce deaths?
Can you explain why...

“Reproductive health decisions should be made between a patient and their doctor. Full stop.”

YET...

Vaccination decisions should be made by your employer, state, or federal government. Full stop.
Ways to estimate 500,000 deaths from the jab

VAERS has 13,150 deaths. If we remove 10% for background deaths and COVID deaths post-vax, and multiply by the VAERS under-reporting factor (URF) of 41, we get 485K deaths.

There are over 10 different ways I was able to get to similar numbers.

Insurance companies show ACM increases of 40% post vaccine. Even if half are COVID, but the other half are unexplained. I think that at least 20% is from the vaccines.

My surveys of my red-pilled followers consistently show more people have died from the vaccine than from COVID.

The Medicare data shows a 50% increase in ACM after the jabs rolled out. That's in excess of the ACM increase from COVID.

Surveys of neutral audiences show that if they know a vaccine injured person, the vaccines have killed ~33% of the number that have died from COVID. So that would be 330,000.

Even if we are super conservative and assume VAERS is fully reported, and Dr. Peter Schirmacher’s lower bound of 30% due to the jab is true, we still looking at > 3,000 deaths which is 10X beyond any sane stopping condition for a vaccine.
About this presentation

All the images are hyperlinked to the original source.

If you are reading this in Google docs, you have click the image and then click the title of the page in the lower left corner.

You can save the Google docs version as a PDF.

Permission given to make copies and derivative works of this presentation.

There are speaker notes on some slides.
The five Bradford-Hill causality tests

When we look at the VAERS data, we can satisfy the Bradford-Hill criteria because 1) the SAE profile of the reports isn’t background and 2) the responses are dose dependent. This is impossible to explain if there is no cause-and-effect.
Attempts to discredit VAERS

Some refer to VAERS analysis as “dumpster diving” which is not true:

1. It is the official database for adverse event reports. If you have an AE, you are told to report it there EXCLUSIVELY.
2. The CDC uses VAERS to show the vaccines are safe. You can’t have it both ways.
3. You can prove causality using VAERS (despite their claims otherwise).
Meet UCSF Professor Vinay Prasad
He’s one of the few truth tellers in medicine.

“You try to say anything that goes against the grain you’re going to get fact checked four times. I happen to know something about that.”

Watch the 5 second clip here: https://youtu.be/pLJDRmc9jJk?t=446
The DoD manipulated the DMED data

The DMED database showed huge increases in 2021 and the military claimed a database migration dropped 90% of the records of the comparison group. The new numbers do NOT add up. The numbers are being manipulated, but NOBODY will talk about it on the record and the press won't cover the story.

DoD Secretary Austin refused to respond to Senator Johnson’s letter or call for an investigation.

Lt. Col. Pete Chambers briefs 3,000 servicemen on the vax; only 6 want to take it. He’s relieved of his duties.

Three DoD whistleblowers are livid about the amount of injury to our military. One of them estimates the rates of myocarditis among servicemen at 4%.

See: Defining away safety signals
4. There are the same number of deaths due to COVID-19 in both years “despite” the vaccine that is claimed to reduce mortality by up to 95% (Figure 26). More unusually, the 2021 COVID-19 mortality takes off in the middle of summer, completely out of season. Still, in both years, COVID-19 only accounts for just over 1% of all deaths which is not what you would expect given how much attention it has been given.

Massachusetts death record data FOIA

Zero COVID deaths in ages 5 to 15 in all of Massachusetts in 2020 and 2021.
Why are we vaccinating all our kids?!! Nobody is dying.

For age 40 to 64, the same number of people died both years! The vaccines made no difference. COVID was 1% of deaths.

Think about that. 1% of deaths means about 30,000 deaths per year, same as the flu.

Source: The Definitive Guide to COVID and COVID vaccine deaths
SAEs in 1 out of 125 $\rightarrow$ VAERS URF=40
Implies a VAERS URF of 40. I calculated 41 from the anaphylaxis data in Nov 2021. This is another confirmation.

So 12,000 excess deaths in US in VAERS * 40 URF = 480,000 estimated deaths
FDA is no longer requiring an efficacy bar for vaccine approval

UCSF Professor Vinay Prasad is outraged.

Nobody else seems to mind.

The death rate in kids is infinitesimal. Zero kids under 16 died in Massachusetts in 2020 and 2021 from COVID.

A less than 50% relative risk reduction is unmeasurable.

Every doctor should be outraged at this, but they are silent.

This is a corrupt system.
The CDC admits they make stuff up

CDC recommends that everyone 5 years of age and older get vaccinated as soon as possible.

So, on March 8, 2022, ICAN, through its attorneys, filed a Freedom of Information Act request asking for its evidence that vaccines decrease variants.

The CDC’s response? “A search of our records failed to reveal any documents pertaining to your request.”

Why does this matter? Just watch this interview on the Highwire with virologist and vaccine expert, Dr. Geert Vanden Bossche, explaining how COVID-19 vaccines are driving the emergence of variants and potentially more virulent, deadly variants.
Why aren’t any of the fully approved mRNA vaccines available?

Q: Why wasn’t the Pfizer EUA revoked after full approval? FDA policy says they must revoke it since the drug is approved.

A: Pfizer will not produce any of the approved vax until they get full liability protection which happens after they get it approved for kids.

That’s why they need to create an excuse to vaccinate kids. It gives them full liability protection for all ages. Who cares if we kill >100 kids to (maybe) save 1 life from COVID. Do you know kids don’t die from COVID? In 2020 and 2021 in Massachusetts, there were ZERO COVID deaths in kids <16.
Why did the CDC recommend the vaccine for pregnant women?

What safety data did they rely on at the time they made the recommendation?

As far as we know, there wasn’t any.

Isn’t that irresponsible?

Why isn’t the press pointing that out? Are they corrupt?
A long list of courageous truth tellers with no COIs

People have risked their lives or careers to expose the truth. The “misinformation spreaders” appeared all at the same time?!? How did that happen?
No accountability

No public health official anywhere in the world will agree to a public challenge by any qualified experts who disagree on any COVID-19 mitigation measures: lockdowns, masking, vaccination mandates, vaccine safety.

Only one person has ever agreed to be challenged: Professor Jason Abaluck. His study was discredited. Badly. Very badly. In less than 60 minutes.
Why can’t anyone answer any of my 100 questions?
It would instantly stop all “misinformation.”

I even offered a cash reward. No takers.
If the COVID vaccines don’t kill anyone, how do you explain this (~100X normal)?
THE FDA SAYS THESE ARE ALL “BACKGROUND DEATHS”
But if they were all background deaths, all the bars would be the same height. Do these look like the same height to you?
ELEVATION FACTORS FOR EACH SYMPTOM

1. Myocarditis is #274 normal
2. Pulmonary embolism is 954X normal
3. Bell’s palsy is 1,533X normal
4. Heavy menstrual bleeding is 8,820X normal

Does this look like a safe vaccine to you? How can the CDC not notice this and warn people? We’ve asked them but they refuse to answer.
COVID vaccines do NOT match the “normal AE” profile of a safe vaccine.

Why are there >100X as many reports for the COVID vaccines vs. all the flu vaccines in the same year?

The ratio of Pain vs. No adverse event reports is stunningly different for COVID vax vs. FLU vax.
Support my call to action?

It is unethical to give a vaccine that kills more people than it saves.

The COVID vaccines should be halted. NOW.
Conflicts of interest

$350M of payments made to NIH leadership and others over 10 years (2010 to 2020). The amounts for each person were redacted. The NIH refused to respond FOIA for recent years and is being sued.
3 stopping conditions have already been met

1. # killed > # saved
2. >150K killed
3. >300K permanently disabled

Sources:
1. COVID cost-benefit by age computation
2. Estimating the number of vaccine deaths
3. OpenVAERS says 8,088 permanently disabled. Multiply by under-reporting factor (URF) of 41 to get the true number of cases
CDC says vaccine-induced heart damage is “mild.” The troponin numbers show they are lying.

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

<table>
<thead>
<tr>
<th>Alkaline phosphatase (U/L)</th>
<th>0-70</th>
<th>201</th>
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<tbody>
<tr>
<td>Troponin I (ng/mL) on presentation</td>
<td>6.140 (reference 0-0.30 ng/mL)</td>
<td>27.0 (reference 0.012-0.120 ng/mL)</td>
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<tr>
<td>Other Labs</td>
<td></td>
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</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>
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614X normal in 45 year old woman
How can a safe vaccine cause blood clots in 62% of patients?

If it isn’t 62%, then what is the correct number?

More importantly, how is it possible that nobody knows?

D–dimer tests show at least 62 percent of mRNA “vaccinated” patients have microscopic blood clots, reports Dr. Charles Hoffe M.D.
D-dimer increase is 408X elevated in this vaccine over normal

D-dimer (#53) is well above myocarditis (#274)
>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)

Reference: John Su, Safety update for COVID-19 vaccines: VAERS
Why would a child who recovered from Omicron get vaccinated? That makes no sense.

It is creating harm.

This is an OBVIOUS mistake and yet the CDC allows it to happen.

It is really tragic that a healthy kid who had Omicron would get a booster soon thereafter, and get Myocarditis.

It is sad that our vaccine regulators have focused so much on boosting, that 2 resigned, and this safety signal is ignored.

Science has a long arc; won't age well.
Nextdoor survey
4% had long term issues

Israeli government survey: 4.5% had neurological problems

Q: Why is there no mainstream survey like this?
A: Because they don’t want you to know that they goofed.
And it’s all for nothing...

In Israel, the vaccines are making no difference in protecting people from being infected; the core use case.

Claimed benefit: 95%

Actual benefit: ~0%

We knew this in Sept 2021
Dr. Nath is studying the vaccine injured at NIH

But he’s been unable to find a link between the vaccines and the vaccine injured.

Simply stunning.
The ICD-10 code that no doctor knows