The elephant in the room (MIT version)

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Full presentation available at
stevekirsch.substack.com

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, ivermectin, INF Lambda studies. Featured on *60 Minutes*.

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

Quit my company to focus 100% on saving lives.

Not a doctor so not subject to intimidation tactics.

No conflicts of interest. No history of misinformation spreading or conspiracy theories < May 25, 2021.

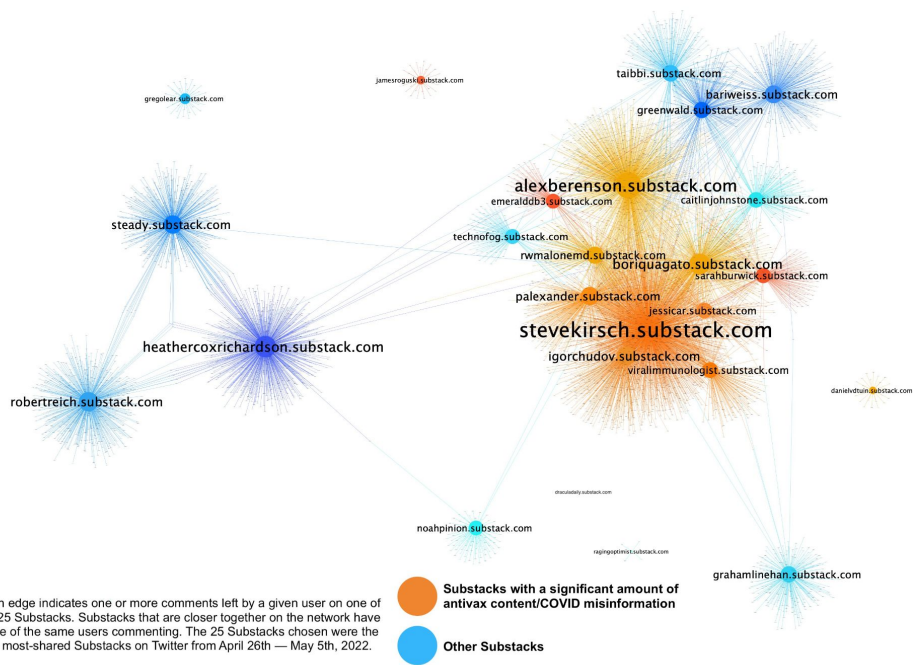# I'm the world's #1 "misinformation spreader" on Substack

Substack comment network — 25 popular Substack blogs
2022-04-26 — 2022-05-05

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.

Substacks with a significant amount of antivax content/COVID misinformation

Other Substacks

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

substack	substack comments	tweets	retweets
heathercoxrichardson.substack.com	4006	1870	1391
stevekirsch.substack.com	7151	1860	3457
viralimmunologist.substack.com	300	809	2385
rwmalonemd.substack.com	1025	712	447
palexander.substack.com	1722	582	656
technofog.substack.com	417	577	3983
alexberenson.substack.com	3166	569	668
steady.substack.com	877	541	2305
igorchudov.substack.com	1632	529	1265
grahamlinehan.substack.com	1059	519	509
boriquagato.substack.com	2823	508	145
caitlinjohnstone.substack.com	531	508	2917
robertreich.substack.com	1206	440	1049
bariweiss.substack.com	1782	426	2478
jessicar.substack.com	403	411	2121
taibbi.substack.com	669	411	1909
danielvdtuin.substack.com	88	392	3949
emeralddb3.substack.com	221	342	145
draculadaily.substack.com	0	321	261
jamesroguski.substack.com	55	301	216
ragingoptimist.substack.com	5	297	181
gregolear.substack.com	116	274	728
greenwald.substack.com	891	271	812
sarahburwick.substack.com	186	261	1549
noahpinion.substack.com	161	241	504

"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.

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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.

Survey: non-COVID deaths

1. Know anyone who died <1 month before scheduled to get dose 1?
2. Know anyone who died <1 month after got dose 1?
3. Know anyone who died <1 month after got dose 2?
4. Know anyone who died <1 month after got dose 3?

Survey: Is the CDC telling us the truth?

Do you believe any of these statements?

1. No deaths attributed to COVID
2. No association found between vaccine and vax injured
3. Masking reduces your risk of being infected with COVID
4. Benefits > risks for both mRNA COVID vaccines
5. Risk of myocarditis is slightly elevated

How do you know?

Is it either:
1. Trust in authority
2. I looked at the data myself

How confident are you that you know the truth? Will anyone here risk $1M defending any of the CDC assertions?

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

You've been lied to

The vaccines aren't safe at all

They are more likely to kill you than save you

Overall, the vaccines are killing more people than they save

Killed: >150K[1]
Saved: ~11K[2]

[1]Estimating the number of vaccine deaths computes over 150K excess deaths due to the COVID vaccines >10 different ways.
[2]Pfizer's 6 month phase 3 trials result clearly shows 1 life saved for every 22,000 vaccinations. Since we've partially vaccinated 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.

Nobody wants to debate us "on camera"[1]

Not even for [$1M just to come to the debate table](#)

Can you guess why?

[1][Challenge to the Scientific Community – It's Time for Honest and Open Debate on Vaccine Safety](#)

Even worse...
COVID vaccines
killed > saved
∀ ages

Source: <u>COVID cost-benefit by age computation</u>

killed per person saved

Age	VAERS	UK ONS
20-30	6.1	16.9
30-40	3.9	4.8
40-50	2.8	4.8
50-60	2.4	3.4
60-70	2.3	2.9
70-80	1.9	1.6
80+	1.8	n/a

Killed > Saved for all ages

The numbers match up within a factor of 2 for all but one age range.

Think that was a coincidence?

The New York Times

The C.D.C. Isn't Publishing Large Portions of the Covid Data It Collects

The agency has withheld critical data on boosters, hospitalizations and, until recently, wastewater analyses.

Dr. David Kessler, chief science officer of the White House Covid-19 response team, and Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention, at a House Select Subcommittee in 2021. Pool photo by Amr Alfiky

By Apoorva Mandavilli

Published Feb. 20, 2022   Updated Feb. 22, 2022

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?

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Mayo Clinic Doctor: The "Vaccine" Is Useless Against New Variant

shtfplan.com

Why we need regular risk-benefit assessments
Instead of "there's a new variant, get vaccinated"

How do you explain how the deaths in Massachusetts [changed from J→I ICD10 codes](#)?
(respiratory in 2020 → circulatory in 2021)

ICD Code	ICD Description							2020 AVERAGE method Δ	2021 AVERAGE method Δ	2020 AVERAGE EXCESS	2021 AVERAGE EXCESS
Raw Data 2015	Raw Data 2016	Raw Data 2017	Raw Data 2018	Raw Data 2019	Raw Data 2020	Raw Data 2021		2020 TREND method Δ	2021 TREND method Δ	2020 TREND EXCESS	2021 TREND EXCESS
J	Diseases of the respiratory system							40.6%	21.0%	6,421.2	3,325.2
15,905	14,956	15,926	16,063	16,234	22,238	19,142		36.0%	15.9%	5,891.7	2,619.2
J10	influenza due to identified zoonotic or pandemic influenza virus							41.7%	(88.3%)	25.0	-53.0
2	23	86	127	62	85	7		(33.2%)	(95.3%)	-42.2	-142.6
I269	Pulmonary embolism without mention of acute cor pulmonale							27.7%	45.6%	192.4	316.4
707	642	707	687	730	887	1,011		22.9%	38.3%	165.1	280.0
I272	Other secondary pulmonary hypertension							21.3%	26.5%	91.2	113.2
413	424	407	432	463	519	541		12.8%	14.9%	58.8	70.0
I312	Hemopericardium, not elsewhere classified							35.4%	56.3%	3.4	5.4
11	7	11	12	7	13	15		49.4%	78.6%	4.3	6.6

J

I

In plain English, the main cause of excess deaths:

2020: COVID
2021: COVID vaccines

Pierre Kory, MD MPA
@PierreKory

U.S Group Life Insurance Mortality Survey. P. 23 data on Q3 is terrifying. Am told Q4 looking the same. Some CEO's speaking out. How many more have to die for states to revolt against Federal HHS by stopping vax & allowing access to early Rx like TN & NH?
soa.org/48ff80/globala...

Table 5.6
EXCESS MORTALITY BY DETAILED AGE BAND

Age	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
0-24	119%	127%	108%	102%	121%	129%
25-34	129%	135%	124%	120%	131%	181%
35-44	124%	136%	129%	129%	132%	217%
45-54	123%	127%	130%	133%	121%	208%
55-64	117%	123%	130%	129%	116%	170%
65-74	116%	115%	133%	130%	108%	133%
75-84	113%	113%	132%	122%	105%	116%
85+	111%	102%	123%	110%	90%	98%
All[10]	116%	115%	128%	122%	107%	139%

How do you explain the huge rise in excess deaths in Q3, Q4 in US, Germany, Cyprus, …?

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Medicare

How can you explain the huge rise in excess deaths after the vaccines/boosters rolled out?

OF MEDICARE DEATHS PER MONTH - ALL CAUSE MORTALITY
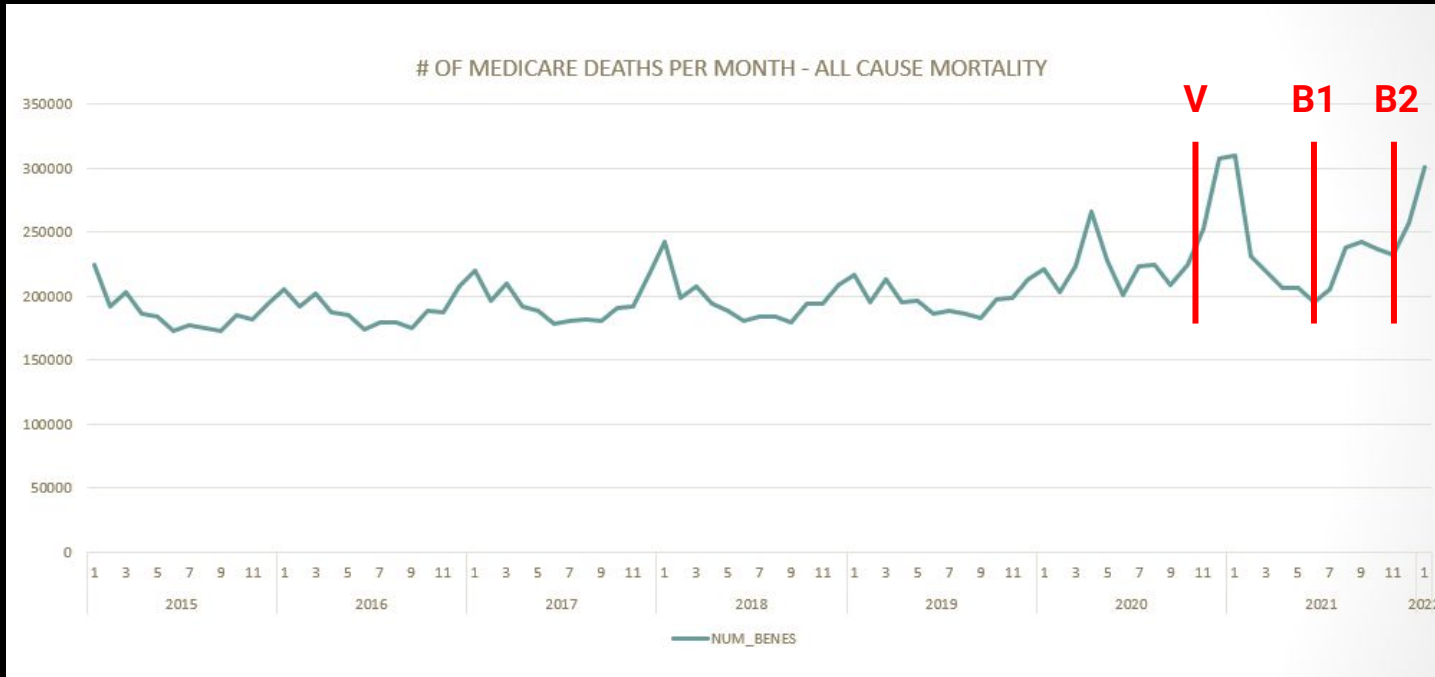
For example, **government reported statistics can be manipulated** to make the vax look effective when it isn't
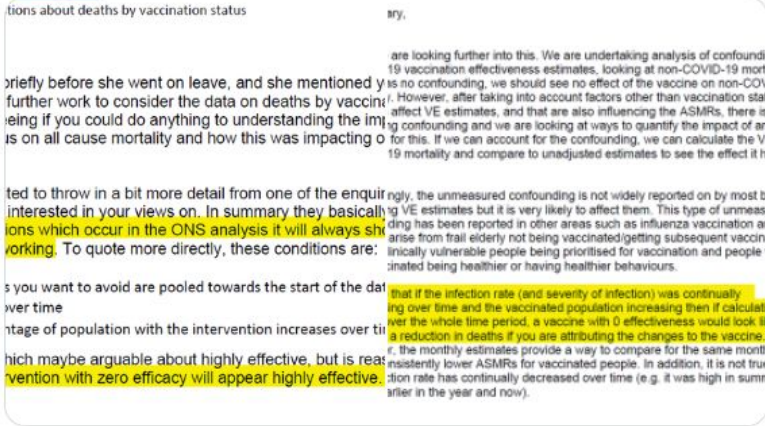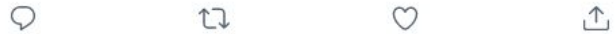
Jikkyleaks (Fan account) 🐭
@Jikkyleaks

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 @MartinNeil9 @chrismartenson @ChrisCottonStat

4:39 AM · May 13, 2022 · Twitter Web App

57 Retweets   5 Quote Tweets   193 Likes

Subject: More questions about deaths by vaccination status

Hi,

I spoke to Julie briefly before she went on leave, and she mentioned you were looking at some 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.

Why do we believe that the CDC is lying about the safety of the vaccine?

Because if they are telling the truth, **too many things cannot be explained.**

How do we explain the excess deaths?

UK ONS: Higher ACM in the vaccinated

The risk-benefit is even worse. It means it's more likely to kill you than save you, just like the Pfizer trial showed.

All-Cause Mortality Rate vs Unvaccinated - England 2021-2022
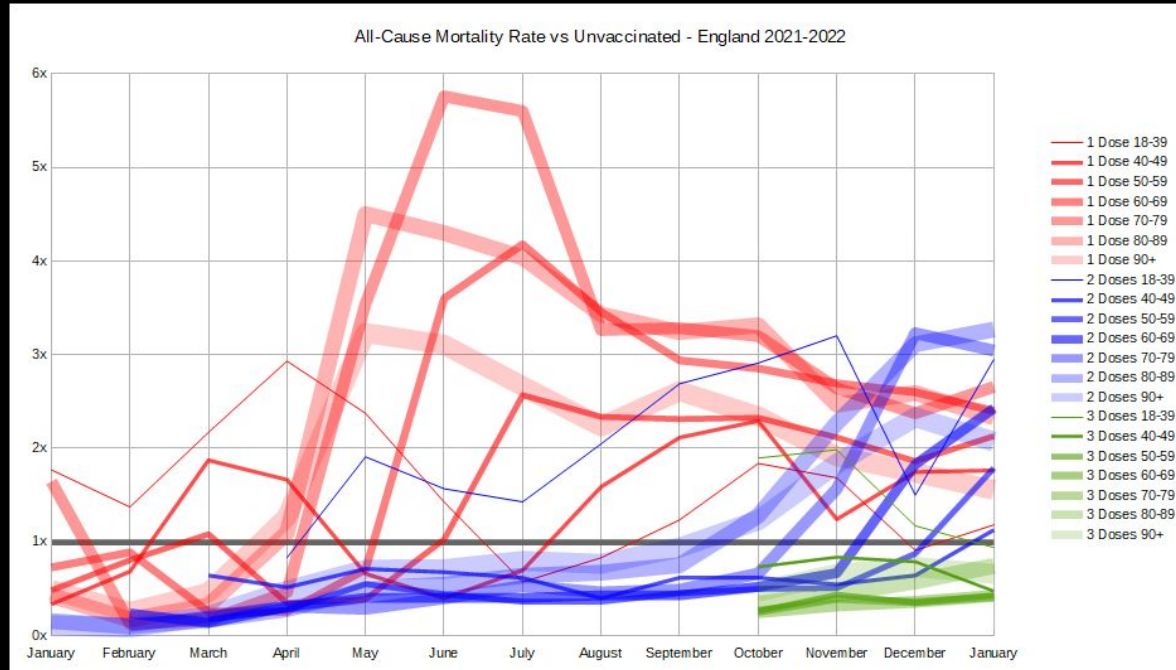
Excess deaths in New Brunswick

A mysterious spike in "excess" deaths in New Brunswick that began last summer as the COVID-19 Delta variant began spreading in the province saw 636 more deaths than normal over a 20-week period, according to new estimates.

That is an apparent mismatch with the 79 COVID deaths New Brunswick reported during the 20 weeks.

Health officials are mystified.

New Brunswick Health Minister Dorothy Shephard told MLAs Wednesday she does not know why deaths spiked in the province last summer, but doubted they were undetected COVID fatalities. (Shane Magee/CBC)

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Peri-vaccination survey: 8X ACM increase

Shows up to 8X increase in ACM after vax dose. This study proves causality and > 500,000 deaths.

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   ↥   ...

How do we explain the failed pregnancies?

Pfizer Phase 3: 6 month study result

Shows **54%** increase in non-COVID ACM of the vaccinated

	Vaccine	**Placebo**	**Vax/Unvaxed**
ACM	21	15	40%
Non-Covid ACM	20	13	54%

Source: [More people died in the key clinical trial for Pfizer's Covid vaccine than the company publicly reported](#) and [Did the Pfizer Trial Show the Vaccine Increases Heart Disease Deaths?](#) updated the counts.

Note: for the [Moderna vaccine](#), the **numbers claimed were 16 and 16**, showing **no ACM benefit as well**.

The New England Journal of Medicine

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ORIGINAL ARTICLE
Obesity-Associated GNAS Mutations and the Melanocortin Pathway

Racial Disparities in Clinical Medicine

EDITORIAL
Audio Interview: Are Covid-19 Vaccine Boosters Necessary?

ORIGINAL ARTICLE

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

Stephen J. Thomas, M.D., Edson D. Moreira, Jr., M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Gonzalo Pérez Marc, M.D., Fernando P. Polack, M.D., Cristiano Zerbini, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., et al., for the C4591001 Clinical Trial Group*

September 15, 2021
DOI: 10.1056/NEJMoa2110345

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.

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

TABLE 2. Number of deaths and standardized mortality rate (deaths per 100 person-years) not associated with COVID-19 among COVID-19 vaccine recipients and unvaccinated comparison groups, by age, sex, and race/ethnicity — seven integrated health care organizations, United States, December 14, 2020–July 31, 2021

	No. of deaths* (standardized mortality rate per 100 person-years)						
	mRNA vaccine					Janssen vaccine	
	Pfizer-BioNTech vaccine recipients[†]		Moderna vaccine recipients[†]				
Characteristic	After dose 1	After dose 2	After dose 1	After dose 2	Unvaccinated comparison group[§]	Vaccine recipients[¶]	Unvaccinated comparison group[§]
Overall**	1,157 (0.42)	5,143 (0.35)	1,202 (0.37)	4,434 (0.34)	6,660 (1.11)	671 (0.84)	2,219 (1.47)
Age group,[††] yrs							
12–17	2 (0.01)	3 (0.01)	NA	NA	7 (0.01)	NA	NA
18–44	20 (0.02)	73 (0.02)	24 (0.03)	57 (0.02)	161 (0.07)	19 (0.04)	63 (0.08)
45–64	117 (0.16)	409 (0.13)	123 (0.16)	421 (0.17)	910 (0.51)	130 (0.25)	497 (0.66)
65–74	235 (0.79)	994 (0.62)	249 (0.63)	920 (0.58)	1,407 (2.13)	144 (1.49)	466 (2.77)
75–84	338 (2.32)	1,591 (1.89)	376 (2.00)	1,425 (1.77)	1,861 (6.34)	176 (5.59)	549 (9.13)
≥85	445 (7.90)	2,073 (6.85)	430 (7.16)	1,611 (6.57)	2,314 (18.76)	202 (15.35)	644 (23.76)
Sex[§§]							
Male	587 (0.49)	2,584 (0.41)	640 (0.45)	2,352 (0.42)	3,265 (1.30)	326 (0.96)	1,102 (1.68)
Female	570 (0.35)	2,559 (0.29)	562 (0.30)	2,082 (0.28)	3,395 (0.96)	345 (0.75)	1,117 (1.31)

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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.

One military doctor estimates rate of myocarditis is well over 1%.

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 command.

Three DoD whistleblowers are livid about the amount of injury to our military.

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.
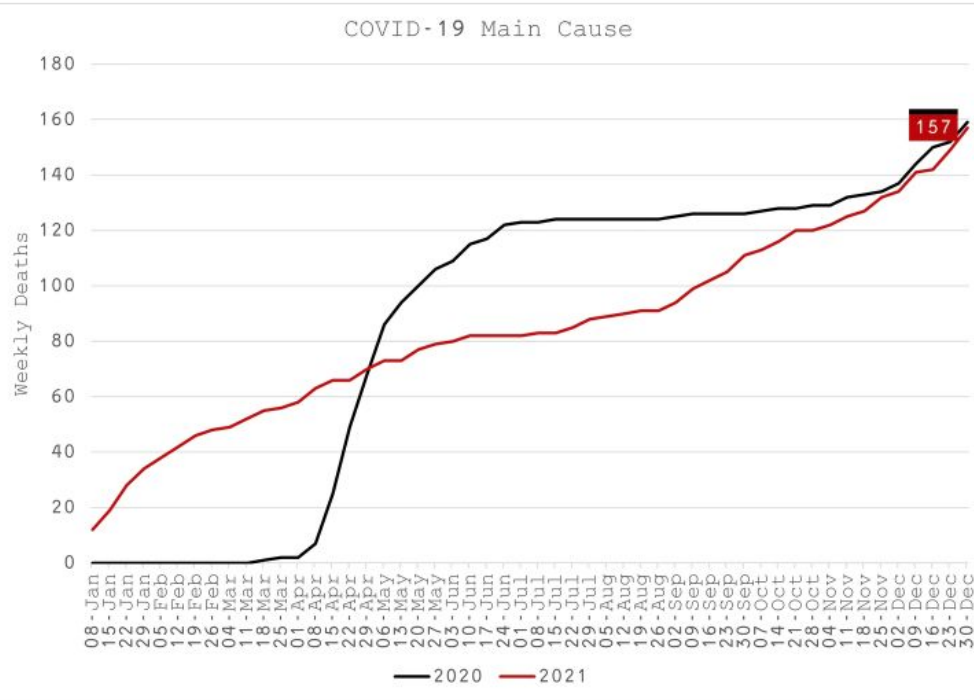

Figure 26 - Deaths due to COVID-19 40 to 64 Year Olds

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.

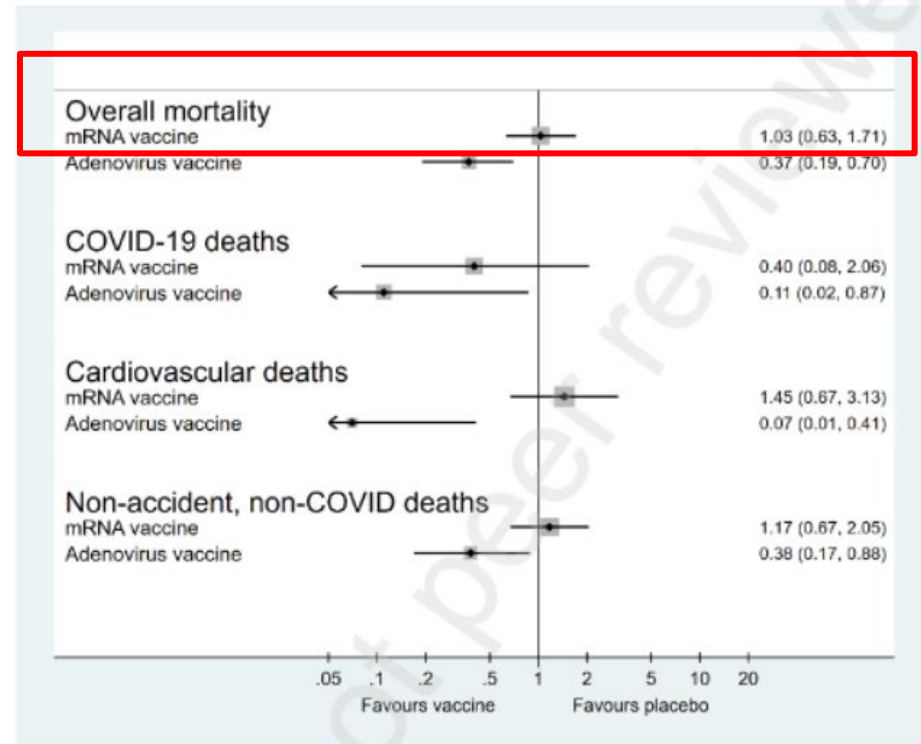Source: The Definitive Guide to COVID and COVID vaccine deaths

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Lancet preprint

The clinical trials can't tell us whether ACM for mRNA is positive or negative. But the adenovirus vaccine is clearly beneficial.

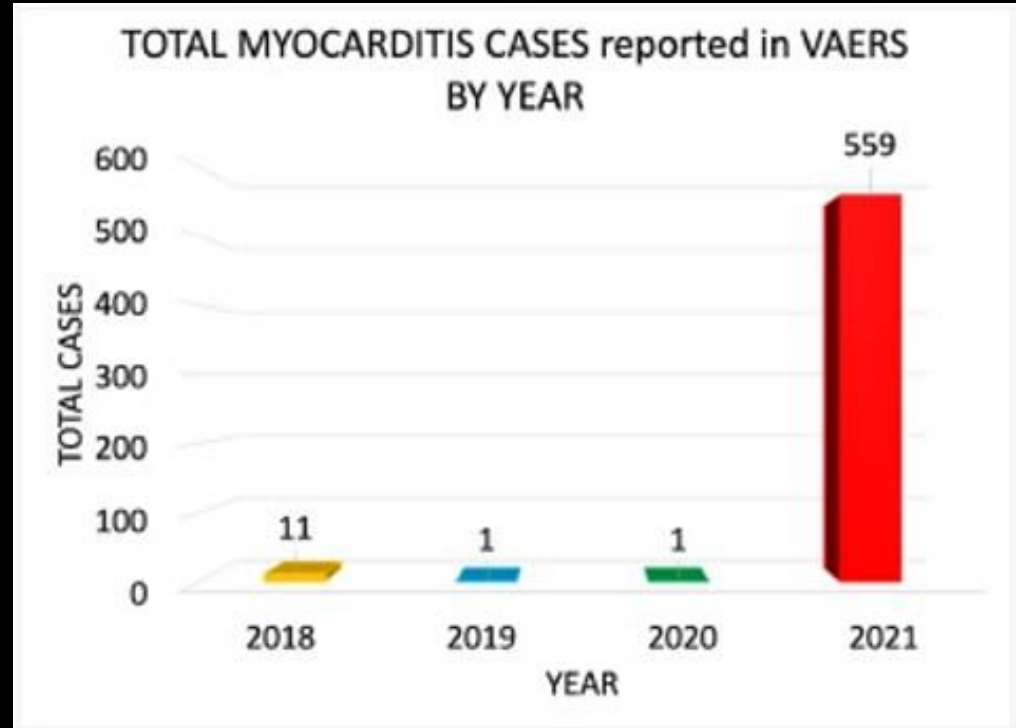But the FDA halted the J&J adenovirus vaccine in the US for safety reasons!

Which implies the mRNA vaccines are even more unsafe (since the safer vaccine was unsafe).

Figure 1. Forest plot comparing estimated effects of mRNA COVID-19 vaccines versus placebo and of adenovirus-vector COVID-19 vaccines versus placebo/control vaccine with respect to impact on overall mortality, COVID-19 mortality, cardiovascular death and non-accident, non-COVID-19 mortality.

Overall mortality
mRNA vaccine — 1.03 (0.63, 1.71)
Adenovirus vaccine — 0.37 (0.19, 0.70)

COVID-19 deaths
mRNA vaccine — 0.40 (0.08, 2.06)
Adenovirus vaccine — 0.11 (0.02, 0.87)

Cardiovascular deaths
mRNA vaccine — 1.45 (0.67, 3.13)
Adenovirus vaccine — 0.07 (0.01, 0.41)

Non-accident, non-COVID deaths
mRNA vaccine — 1.17 (0.67, 2.05)
Adenovirus vaccine — 0.38 (0.17, 0.88)

.05 .1 .2 .5 1 2 5 10 20
Favours vaccine   Favours placebo

Source: Benn, Randomised Clinical Trials of COVID-19 Vaccines: Do Adenovirus-Vector Vaccines Have Beneficial Non-Specific Effects?

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Is this what they mean by a "slightly elevated" risk of myocarditis?

TOTAL MYOCARDITIS CASES reported in VAERS BY YEAR

YEAR	TOTAL CASES
2018	11
2019	1
2020	1
2021	559

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.

SAEs in 1 out of 125 → 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

Jackanapes Junction

Germany's Top Hospital: Half A Million Germans Experienced Serious Adverse Events after COVID-19 Vaccination

Serious AE's in 1 out of every 125 vaccinated; 40x underreporting factor for severe adverse events; government urged to take vaccine injury seriously, find solutions

Josh Guetzkow
May 8

♡ 61   💬 8   ⬆

Too many Black Swans
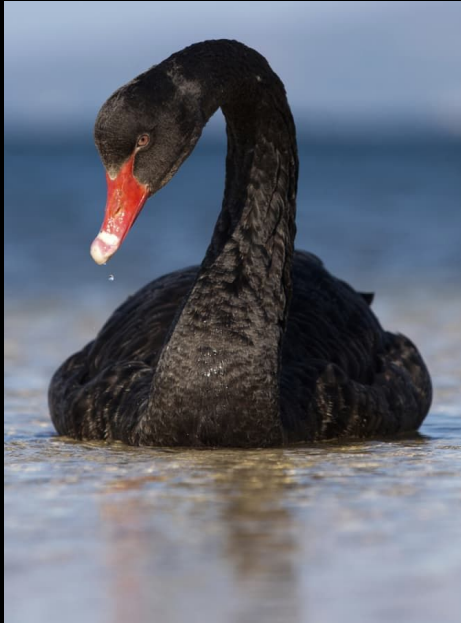
1. Athletes dying at 22X normal rate after vax rollout
2. Q3-Q4 death rates off charts in US, Germany, Cyprus (40%... a 12 sigma deviation) → something is causing it and it isn't COVID, so what is? It's the greatest cause of death ever and the CDC is silent.
3. 20-year-olds die in their sleep < 24 hours 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 see 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), ...

Dramatic, unexplained rise in cardiac arrests in ICU

Lotus Fire 10 days ago

The amount of cardiac arrests in the ICU is absolutely unbelievable! I have never seen so many in my career as a ICU RN!

👍 1.6K 👎 REPLY

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Article | Open Access | Published: 28 April 2022

Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave

Christopher L. F. Sun, Eli Jaffe & Retsef Levi ✉

Scientific Reports **12**, Article number: 6978 (2022) | Cite this article

389k Accesses | **14930** Altmetric | Metrics

⚠ **05 May 2022** Editor's Note: Readers are alerted that the conclusions of this article are subject to criticisms that are being considered by the Editors. A further editorial response will follow once all parties have been given an opportunity to respond in full.

Seriously?!?

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.

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FDA is no longer requiring an efficacy bar for vaccine approval
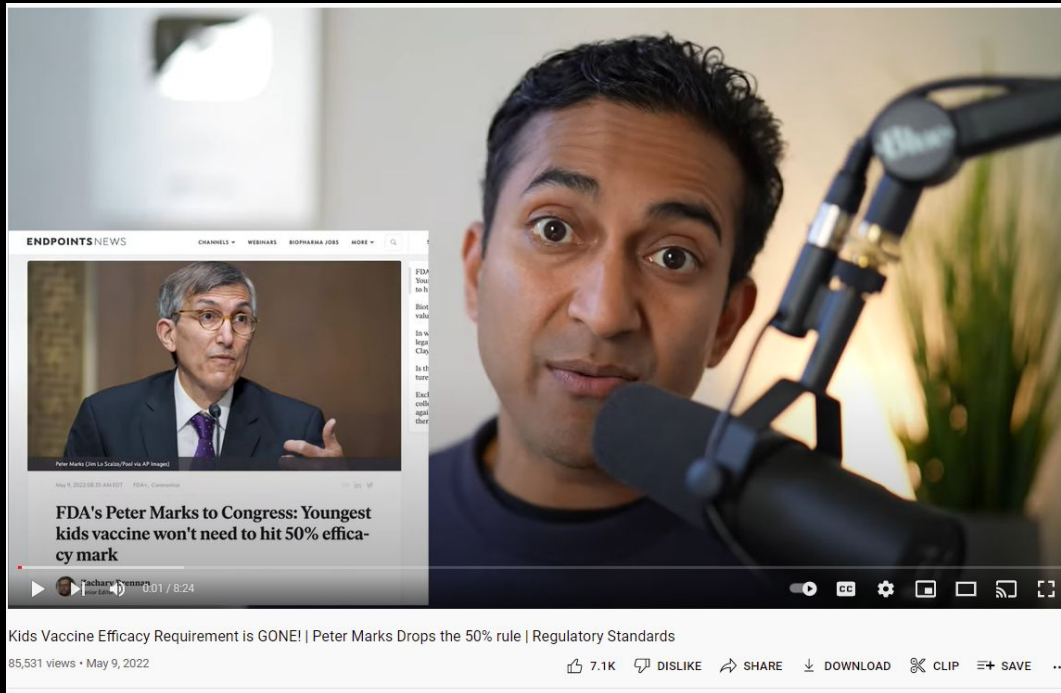
[UCSF Professor Vinay Prasad is outraged](#).
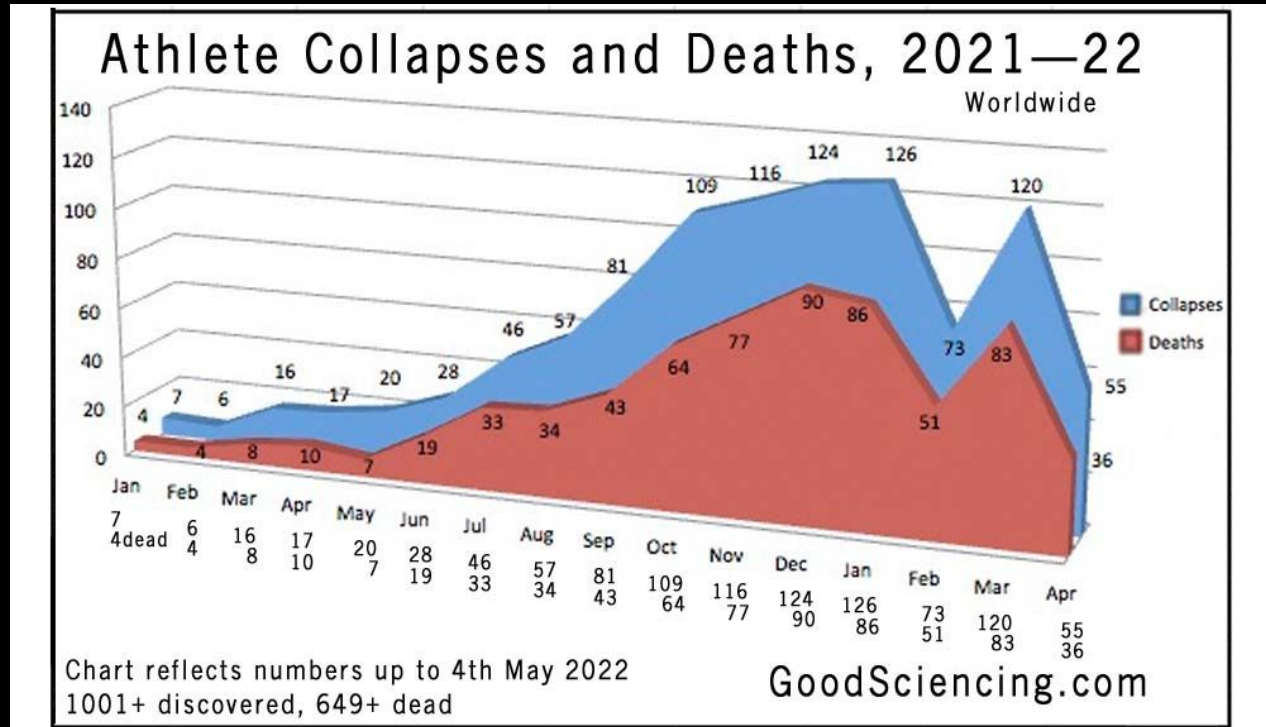
Nobody else seems to mind.

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.

How can you explain a [22X normal](#) death rate for athletes dying **in plain sight**?

Athlete Collapses and Deaths, 2021—22 (Worldwide)

Chart reflects numbers up to 4th May 2022
1001+ discovered, 649+ dead

GoodSciencing.com

CDC can't see any safety signals in VAERS

Pulmonary Embolism was up 1,219X right after roll out. The CDC is still silent a year and half later. How is that possible?

The CDC refuses to compute or disclose the under-reporting factor (URF) even though this is easy to calculate and is needed for safety monitoring because VAERS is THE only adverse event reporting system that the CDC directs people to who experience adverse events.
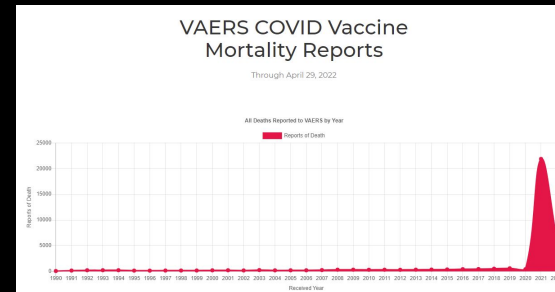
Denial of the "vaccine injured" and clinical trial fraud

The NIH spent 6 months studying the vaccine injured. Some of these people had >10 telltale symptoms that all started within days of the vaccine. After 6 months, the NIH stopped studying these people and publicly claimed they couldn't find an association.

The FDA refused to investigate the obvious Phase 3 trial fraud in the 12-15 year old trial. Maddie de Garay was healthy before the shot; now she's a paraplegic. Why did the FDA not investigate after promising to investigate? They didn't even call the family.

They refuse to answer any questions. How do they explain vax injured Facebook groups with 250K people then? Just bad luck?

Compensation to COVID vax victims paid to date: $0

45

The CDC admits they make stuff up

CDC Has No Records to Support Its Claim That COVID Vaccines Do Not Cause Variants

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.

Full FDA Approval of a COVID-19 Vaccine: What You Should Know

Featured Experts:
Lisa Maragakis, M.D., M.P.H.
Gabor David Kelen, M.D.

Updated on February 14, 2022

The Pfizer/BioNTech and Moderna COVID-19 vaccines have received full approval by the Food and Drug Administration (FDA).

Why aren't any of the fully approved mRNA vaccines available?

Q: Why wasn't the EUA revoked?
A: The FDA policy says they must revoke it, but the courts defer to the FDA.

They all know the vaccines are unsafe.

Is there another reason they aren't available?

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?

Table 14. Unadjusted rates of COVID-19 infection, hospitalisation and d[...]
Please note that the following table should be read in conjunction with pages[...]

	Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	
	[see i[...]	
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000)[1,2]
Under 18	1,454.0	1,711.7
18 to 29	3,118.8	941.6
30 to 39	4,324.7	1,085.6
40 to 49	3,957.8	955.3
50 to 59	3,303.4	779.8
60 to 69	2,814.9	572.8
70 to 79	2,161.5	532.1
80 or over	2,023.7	775.6

Triple dose → 3X more likely to be infected

UK government data (before they stopped publishing it).

How do you explain that?

49

A [long list of courageous truth tellers](#) with no COIs
People have risked their lives or careers to expose the truth. A lot of "misinformation spreaders" appeared **all** *at the same time*?!?
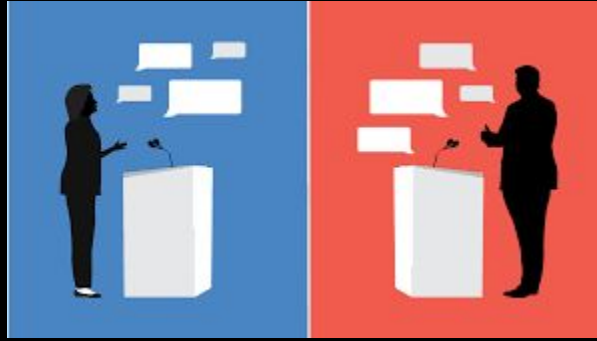
No accountability

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 50 questions?

It would instantly stop all "misinformation."

I even offered a cash reward. No takers.

Steve Kirsch's newsletter

How the authorities can INSTANTLY stop the spread of "COVID misinformation"

All they have to do is answer a bunch of questions we have. We have over 50 for them to choose from. But they can't even answer a single one.

Steve Kirsch
Apr 22

ᴏᴏᴏ   ♡ 512   💬 402

Government officials calling for censorship instead of open debate

If you disagree the narrative, you are censored. Doctors have had license revoked. Censorship and intimidation tactics are unamerican. Why should doctors be censored? All officials should be agreeing to OPEN PUBLIC DEBATES, not silencing the opposition.

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.

If the vaccines don't kill anyone, how do you explain this (~100X normal)?

VAERS COVID Vaccine
Mortality Reports

Through April 29, 2022

All Deaths Reported to VAERS by Year

Reports of Death
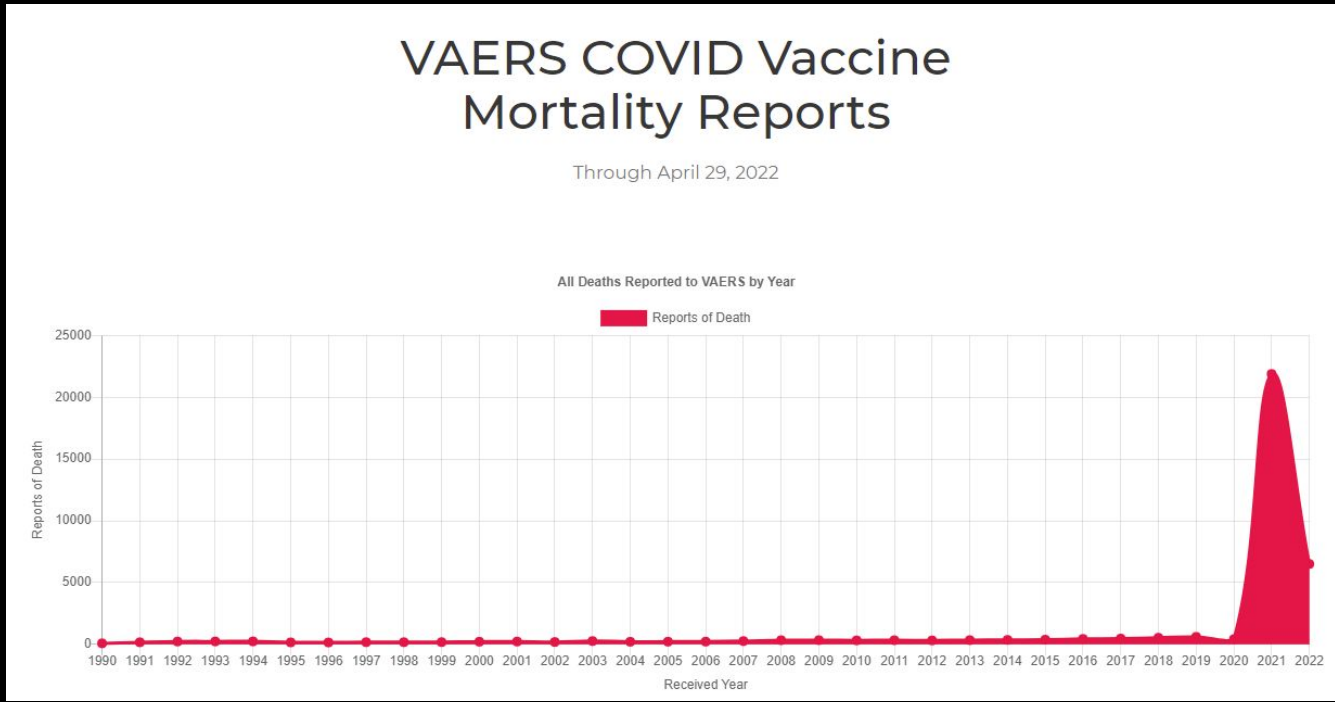
THE FDA SAYS THESE ARE ALL "BACKGROUND DEATHS"

But if they were all background deaths, all the bars would be the same height.
Do these look like the same height to you?

VAERS COVID Vaccine Reports of Deaths by Days to Onset-All Ages - US Only
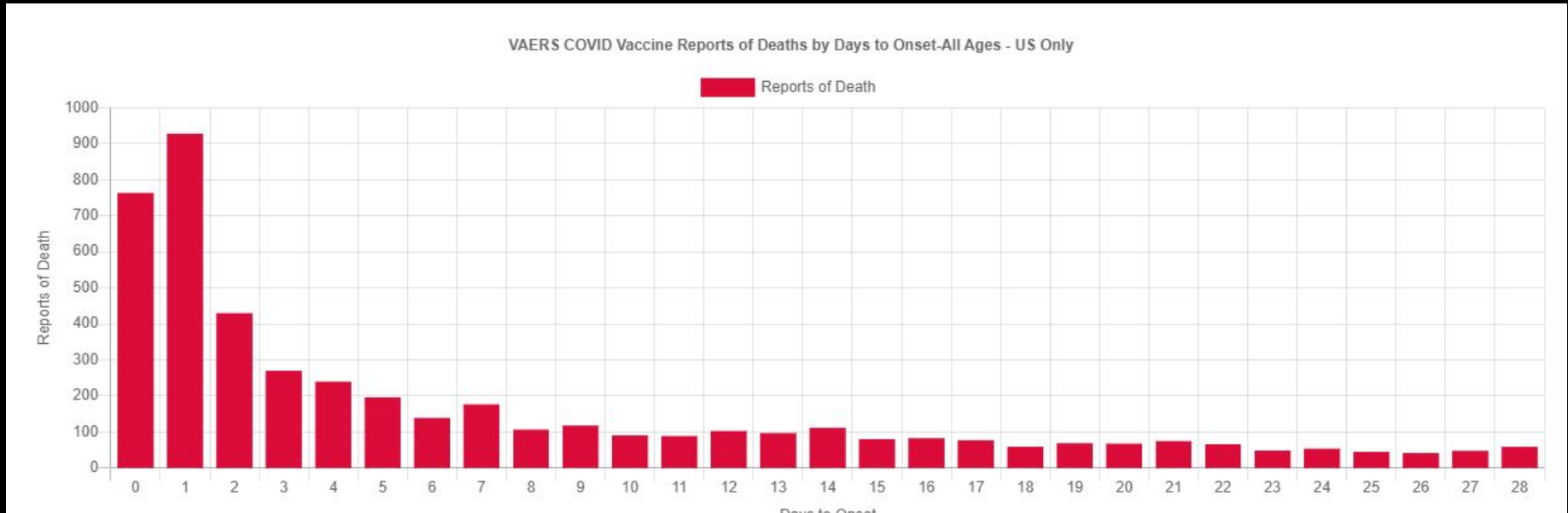
ELEVATION FACTORS FOR EACH SYMPTOM

1. Myocarditis is #274
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?

	Symptoms	C19 Count	Baseline count	X factor
1				
2	Heavy menstrual bleeding	3,528	2	8820
3	Heart rate	3,189	2	7973
4	Magnetic resonance imaging head	1,512	2	3780
5	Angiogram pulmonary abnormal	609	1	3045
6	Weight	570	1	2850
7	Polymenorrhoea (menstrual cycle shortened)	562	1	2810
8	Maternal exposure during pregnancy	955	2	2388
9	Physical examination	470	1	2350
10	Blood pressure measurement	3,617	9	2009
11	Bell's palsy	3,065	10	1533
12	Facial discomfort	281	1	1405
13	Lung opacity	783	3	1305
14	Pain assessment	260	1	1300
15	Illness	4,088	17	1202
16	Vaccination site pruritus	4,179	18	1161
17	Menstrual disorder	2,043	9	1135
18	Disease recurrence	224	1	1120
19	Dysmenorrhoea (painful periods)	1,509	7	1078
20	Vital signs measurement	1,411	7	1008
21	Anosmia (loss of sense of smell)	3,187	16	996
22	Magnetic resonance imaging head abnormal	989	5	989
23	Anticoagulant therapy	1,537	8	961
24	Pulmonary embolism	2,672	14	954
25	Menstruation irregular	2,590	14	925
26	Oxygen saturation	1,031	6	859
27	Pulmonary thrombosis	512	3	853
28	Cerebral venous sinus thrombosis	167	1	835
29	Drug ineffective	2,697	18	749
30	Infusion	143	1	715
31	Poor quality product administered	2,091	15	697
32	Body temperature	9,230	75	615
33	Computerised tomogram neck	369	3	615
34	Oligomenorrhoea (infrequent menstrual periods)	462	4	578
35	Investigation	807	7	576
36	Taste disorder	1,939	17	570
37	Hypomenorrhoea (extremely light menstrual blood flow)	114	1	570

match | no match | +

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**.

OpenTheBooks Substack

Fauci's Royalties And The $350 Million Royalty Payment Stream HIDDEN By NIH

It's the first time since 2005 that the NIH royalty payments receive oversight.

Adam Andrzejewski
19 hr ago

♡ 108   💬 19

Photo by Viacheslav Bublyk on Unsplash

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.

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.

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

Chief pathologist insists on more autopsies of vaccinated people

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

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.

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

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

Original source
https://www.pathologie-konferenz.de/
https://odysee.com/@de:d/Pressekonferenz--Tod-durch-Impfung-Und
eklarierte-Bestandteile-der-COVID-19-Impfstoffe:b

Deutsch | Italiano | Español

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

CAUSE OF DEATH AFTER COVID-19 VACCINATION

UNDECLARED COMPONENTS OF THE COVID-19 VACCINES

20.09.2021 16:00 | Contact

[Share on Facebook]   [Share on Twitter]

On Monday, 9/20/202 in the pathological institute in Reutlingen, the results of the autopsies of eight people who died after COVID19 vaccination will be presented. The fine tissue analyses were performed by pathologists Prof. Dr. Arne Burkhardt and Prof. Dr. Walter Lang. The findings confirm Prof. Dr. Peter Schirmacher's finding that among more than 40 corpses he autopsied who had died within two weeks of COVID19 vaccination, approximately one-third of those deaths were caused by the vaccination. Microscopic details of the tissue changes will be shown during the live-streamed press conference. Prof. Dr. Werner Bergholz will report on the current parameters of the statistical recording of vaccination events.

Unbelievable blood clots: video from embalmer Richard Hirschman

stkirsch · Published April 20, 2022 · 96,841 Views

UNSUBSCRIBE   SHARE

504 rumbles

EMBED

Schirmacher validated

Up to 93% of embalmer cases have telltale clots.

That embalmer's business dried up immediately after she went public with this.

NOBODY in the world can explain these blood clots.

Watch the video.

Up to 93% of cases have these clots and **the CDC refuses to investigate**. We offered to send them the videos.

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)

Alkaline phosphatase (U/L)	67	66
Troponin I (ng/mL) on presentation	6.140 (reference 0-0.30 ng/mL)	27.0 (reference 0.012-0.120 ng/mL)
Other Labs		
Peak Troponin I	10,453 (high sensitivity assay, reference ≤ 17ng/L)	44.30 (reference 0.012-0.120 ng/mL)

614X normal in 45 year old woman

Reference: [Myocarditis after Covid-19 mRNA Vaccination](#) published in a peer-reviewed journal.

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?
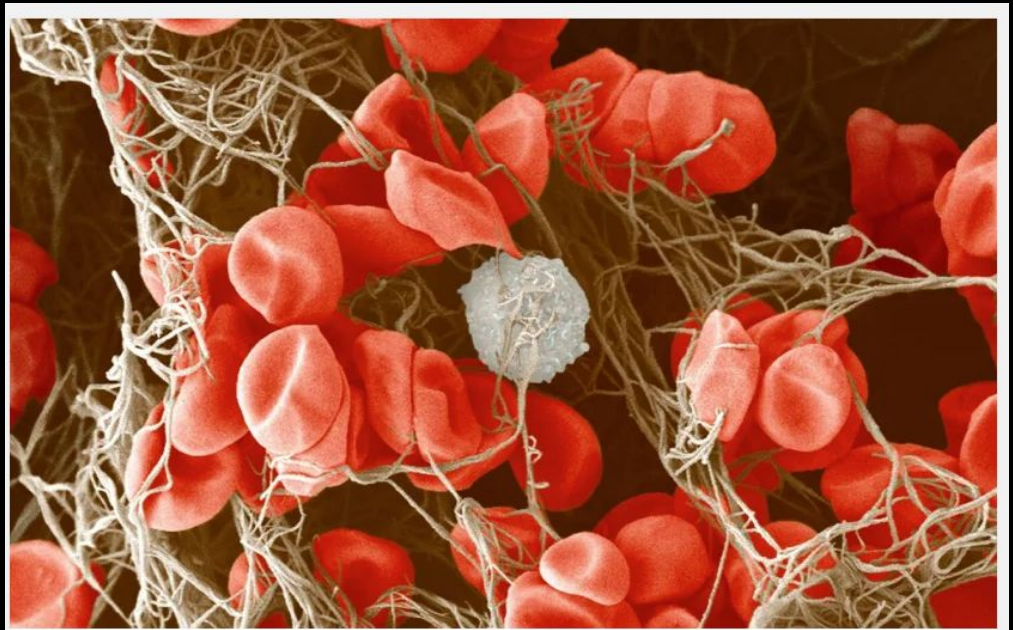
D–dimer tests show at least 62 percent of mRNA "vaccinated" patients have microscopic blood clots, reports Dr. Charles Hoffe M.D.

D-dimer increase is 408X elevated in this vaccine over normal

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

	Symptoms	C19 Count	Baseline count	X factor
42	Suppressed lactation	99	1	495
43	Cardiac failure acute	95	1	475
44	Throat clearing	366	4	458
45	Pulmonary hypertension	90	1	450
46	Exposure via breast milk	176	2	440
47	N-terminal prohormone brain natriuretic peptide (indicates heart fa	88	1	440
48	Body temperature abnormal	172	2	430
49	Angiogram cerebral abnormal	171	2	428
50	Thrombosis	3,336	40	417
51	Acute myocardial infarction	659	8	412
52	Sitting disability (have trouble sitting or unable to do so at all)	82	1	410
53	Fibrin D dimer increased	1,141	14	408

>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)

Reporting rates of myopericarditis (per million doses administered), by manufacturer, sex, and dose number, 7-day risk period* (as of Aug 18, 2021)

Ages† (yrs)	Pfizer (All)		Moderna (All)		Janssen (All)	Pfizer (Males)		Moderna (Males)		Janssen (Males)	Pfizer (Females)		Moderna (Females)		Janssen (Females)
	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1
12–15	2.6	20.9	0.0	not calc.	0.0	4.8	42.6	0.0	not calc.	0.0	0.5	4.3	0.0	0.0	0.0
16–17	2.5	34.0	0.0	14.6	0.0	5.2	71.5	0.0	31.2	0.0	0.0	8.1	0.0	0.0	0.0
18–24	1.1	18.5	2.7	20.2	2.7	2.4	37.1	5.1	37.7	3.0	0.0	2.6	0.7	5.3	1.6
25–29	1.0	7.2	1.7	10.3	1.9	1.8	11.1	3.2	14.9	2.0	0.3	1.3	0.4	6.3	0.0
30–39	0.8	3.4	1.0	4.2	0.4	1.1	6.8	1.6	8.0	0.0	0.6	1.0	0.4	0.7	1.0
40–49	0.4	2.8	0.5	3.2	1.2	0.7	4.4	0.6	4.6	2.2	0.1	1.8	0.4	2.1	0.0
50–64	0.2	0.5	0.6	0.8	0.2	0.2	0.5	0.4	1.0	0.0	0.3	0.8	0.8	0.7	0.5
65+	0.2	0.3	0.2	0.3	1.0	0.2	0.4	0.4	0.4	1.0	0.2	0.4	0.1	0.2	0.9

* Reports with time to symptom onset within 7 days of vaccination
† Reports among persons 12–29 years of age were verified by provider interview of medical record review

13

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

Reference: John Su, Safety update for COVID-19 vaccines: VAERS

Anecdotes

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 up over 10,000X.

Dr. Ira B<redacted> (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**.

Advocate Health Care

70,000 employees
1,000 unvaxed (required to do weekly testing)

~100% of cases in vaccinated (~600 in quarantine)

"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

Should you get vaccinated?
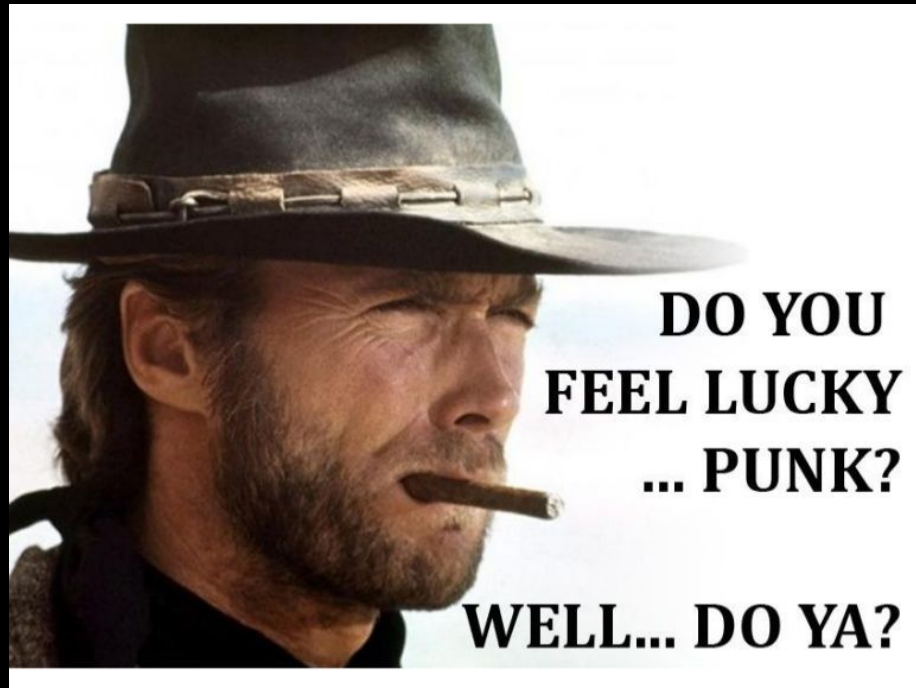
Consider…

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?

SHOW ME THE DATA!!!

What we want is to follow 100,000 people starting in Jan 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? Does it trouble anyone that nobody knows the answer?

Study Population
Treatment
Random
Control

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.

Selected non peer reviewed scientific literature

Worldwide Bayesian Causal Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A BigData Analysis of 145 Countries

👤 Kyle Beattie

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."

Please read all the comments. Different comparators tested didn't change the outcome.

8.4 Density Plots

The following density plots and tables present a larger view of the results. The density plots present data for each continent for all countries with results up to +500%.

Density Plot: Effect of Vaccines on Total Deaths Per Million grouped by Continent
Quantiles are represented by the blue horizontal lines on each curve.
This data shows % Causal Impact of Vaccines up to +500%.
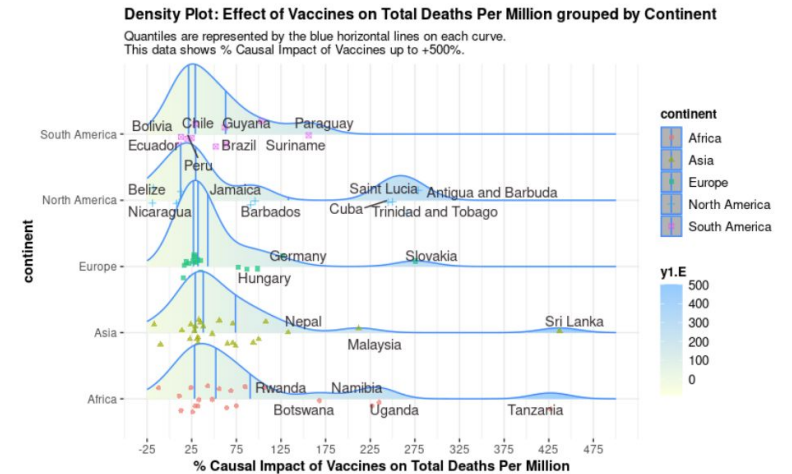
Source: Data collected from OWID, analyzed and plotted by Kyle Beattie using RStudio as of Sat Oct 30 11:27:15 2021

Figure 1: Density Plot 1: Effect of Vaccines on Total Deaths Per Million grouped by Continent

76

Peer-reviewed scientific literature

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.
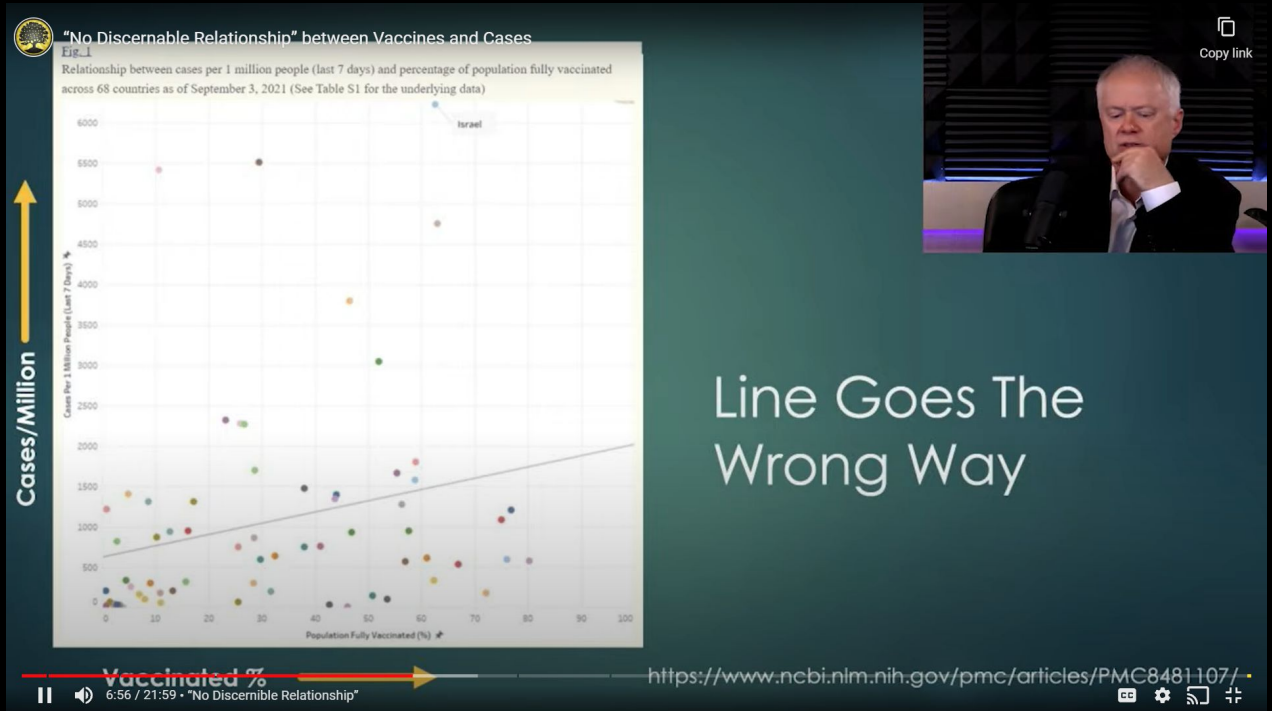
Source: **"No Discernable Relationship" between Vaccines and Cases** and **Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States**

"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?](#), Kostoff

Toxicology Reports
Volume 8, 2021, Pages 1665-1684

Why are we vaccinating children against COVID-19?

Ronald N. Kostoff [a] ✉, Daniela Calina [b], Darja Kanduc [c], Michael B. Briggs [d], Panayiotis Vlachoyiannopoulos [e], Andrey A. Svistunov [f], Aristidis Tsatsakis [g]

Show more ⌄

+ Add to Mendeley ⟲ Share 🗍 Cite

https://doi.org/10.1016/j.toxrep.2021.08.010
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open access

Highlights

- Bulk of COVID-19 per capita deaths occur in elderly with high comorbidities.
- Per capita COVID-19 deaths are negligible in children.
- Clinical trials for these inoculations were very short-term.
- Clinical trials did not address long-term effects most relevant to children.
- High post-inoculation deaths reported in VAERS (very short-term).

Thus, the ratio of E_{SAE} to O_{SAE} is 31 to 1, suggesting a **URF of 31** ($N_{SAE\_Pfizer\_trial}/N_{SAE\_Pfizer\_VAERS}$ = ~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

Science, Public Health Policy, and the Law
Volume 3:100-129
September, 2021
Clinical and Translational Research

An Institute for Pure and Applied Knowledge (IPAK)
Public Health Policy Initiative (PHPI)

IPAK PHPI

Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?

Jessica Rose, PhD, MSc, BSc
The Institute for Pure and Applied Knowledge

"Patterns of adverse events, or an unusually high number of adverse events reported after a particular vaccine, are called 'signals.' If a signal is identified through VAERS, scientist[s] may conduct further studies to find out if the signal represents an actual risk."

CDC on Vaccine Safety

Abstract

Following the initiation of the global rollout and administration of the COVID-19 vaccines[1,2] on December 17, 2020, in the United States, hundreds of thousands of individuals have reported Adverse Events (AEs) using the Vaccine Adverse Events Reports System (VAERS). To date, approximately 50% of the population of the United States have received 2 doses of the COVID-19 products with 427,831 AEs reported into VAERS as of August 7th, 2021.

Pharmacovigilance (PV) is the process of collecting, monitoring, and evaluating AEs for safety signals to reduce harm to the public in the context of pharmaceutical and biological agents. Many of the issues with VAERS are becoming well known – especially with regards to reporting and recording of data – in light of the extensive use of this system this year, challenging its functionality as a pharmacovigilance system.

This appraisal assesses three issues that respond to the question of VAERS pharmacovigilance by analyzing VAERS data: 1. Deleted reports, 2. delayed entry of reports and 3. recoding of Medical Dictionary for Regulatory Activities (MedDRA) terms from severe to mild. The most recently updated publicly available VAERS dataset was found to have N=1516 (0.4%) VAERS IDs removed ("missing").

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 products. The Brand Name: mRNA-1273 and/or Company Name: Moderna, Inc. can be used in the case of the Moderna COVID-19 products.

2   mRNA biologicals are not true vaccines. True vaccines undergo time-dependent testing protocols to ensure safety and efficacy, typically enduring between 10 and 15 years. True vaccines are a preparation of a weakened or killed pathogen, such as a bacterium or virus, or of 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 biologicals 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 statically significant increase in "all cause severe morbidity" in the vaccinated group compared to the placebo group.

Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general.

Scientific principles dictate that the **mass immunization with COVID-19 vaccines must be halted immediately** …"

Source: US COVID-19 Vaccines Proven to Cause More Harm than Good… by J. Bart Classen, MD

Nextdoor survey
4% had long term issues

Israeli government survey: 4.5% had neurological problems

Q: Why is there no mainstream survey like this?
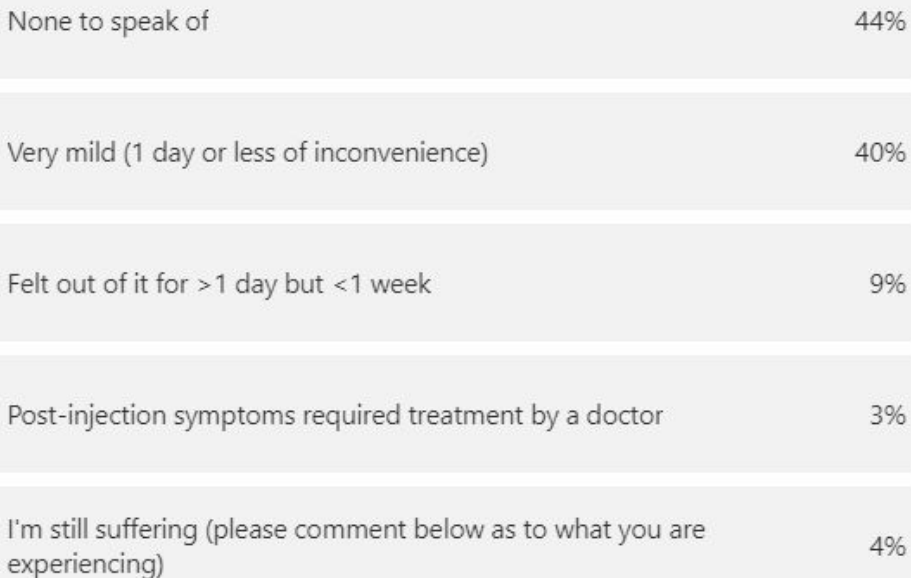A: Because they don't want you to know that they goofed.

Steve Kirsch
Los Altos Hills Town Hall Circle • 27 Aug

Did you have any side effects from the COVID vaccine? This is a non-judgmental poll to simply collect data on vaccine impacts (if any) in our local community. It shouldn't violate community guidelines since it is just asking a question without bias.

None to speak of	44%
Very mild (1 day or less of inconvenience)	40%
Felt out of it for >1 day but <1 week	9%
Post-injection symptoms required treatment by a doctor	3%
I'm still suffering (please comment below as to what you are experiencing)	4%

136 votes

Posted in **General** to **Anyone**

❤️ 3 Neighbors   9 Comments

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%

Robert W Malone, MD @RWMaloneMD · Sep 2

More on Israel cases. Not really consistent with the story line pushed by legacy media in USA. Not a pandemic of the unvaccinated in **Israel**.

Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20—29	2689	795	77.2%	71.9%
30—39	3176	881	78.3%	77.4%
40—49	3303	635	83.9%	80.9%
50—59	2200	359	86.0%	84.4%
60—69	2200	187	92.2%	86.9%
70—79	1384	100	93.3%	92.8%
80—89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	TOTAL	TOTAL	AVERAGE	AVERAGE
20–90+	15634	3038	86.0%	84.4%

💬 738   🔁 12.8K   ♡ 21.4K   ⬆️

UK data: 3X vaxxed → 3X more likely to get COVID

They've stopped releasing stats in the UK after this report appeared.

Table 14. Unadjusted rates of COVID-19 infection, hospitalisation and d
Please note that the following table should be read in conjunction with pages

	Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	
	[see in	
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000)[1,2]
Under 18	1,454.0	1,711.7
18 to 29	3,118.8	941.6
30 to 39	4,324.7	1,085.6
40 to 49	3,957.8	955.3
50 to 59	3,303.4	779.8
60 to 69	2,814.9	572.8
70 to 79	2,161.5	532.1
80 or over	2,023.7	775.6

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