Have COVID vaccines killed ~ 200,000 Americans?

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Latest presentations
www.skirsch.io/vaccine-resources
TFNT #1
Two key points

1. Vaccines should be immediately halted:
   ~200,000 American dead and >2M injured
   No all-cause morbidity or mortality benefit.

2. Better way: infection + early treatment
Both people are telling the truth!

But the CDC statement is very misleading because they don’t believe that you can determine causation from VAERS + lack of autopsies.
The CDC thinks it is **true**.

This statement is **false**.

Reference:
The Bradford-Hill causality criteria can be applied to VAERS.

1. **Temporal relation**: The patient did not have the condition BEFORE the injection and the condition is new AFTER the injection. Note the condition could be an exacerbation of an existing condition, e.g., worsening of insulin resistance.

2. **Strength of association**: The rates should be higher than normal and the absolute numbers are large enough that it wasn’t just random small numbers chance

3. **Consistency**: The results are consistent (e.g., it isn’t just from one region or reports all from the same doctor or one batch of drug or happened in the first week and not any other week)

4. **Specificity**: The event shouldn’t occur on its own or as a result of just the action of getting an injection or visiting the doctor, e.g., anxiety could be associated with the vaccination itself and would thus be not specific to the injection. So it should be a reaction that is specific to getting vaccinated such as a severe headache that starts within hours after the injection

5. **Biological plausibility**: The mechanism of action of the vaccine for how it harms patients should be able to explain the outcome. For example, mercury poisoning isn’t caused by vaccines. However, a wide range of neurological and cardiovascular events are within scope as are organ failures including multiple organ failure. Dysfunction of the brain, heart, and lungs, especially are suspect.

Reference: Using the Bradford-Hill criteria to assess causality in the association between CHADOX1 NCOV-19 vaccine and thrombotic immune thrombocytopenia
The $1M bet

I will bet anyone $1M that there are now over 100,000 deaths of Americans that were caused by the COVID vaccines

Why won’t anyone take my bet??

Why won’t anyone credible debate me? I’m willing to offer $ incentives.

* A debate means a moderated discussion with a neutral moderator and platform
Executive summary

1. CDC, FDA, NIH are spreading misinfo on vax vs. early treatment: Early treatment is being deliberately sabotaged
2. The data is clear: all the “experts” are wrong about vax safety
3. Our medical freedoms are being stripped away
4. Nobody prominent will challenge my conclusions with a better analysis even with large $ incentives
5. Debates → Government-driven censorship and intimidation
6. CDC and FDA won’t engage or investigate fraud.
7. Medical recommendations are now being driven by the White House
8. Vaccines don’t offer an all-cause morbidity or mortality benefit
9. Geert Vanden Bossche was right: vaccinate mid-pandemic → disaster
Agenda

1. About me
2. The false narrative
3. # of deaths calc
4. How mRNA vaccines work
5. AE rate table
6. Evidence
7. Who do you trust?
8. The better solution
9. Take action
10. Reference material
About me

1. MIT engineer
2. Serial high-tech entrepreneur
3. Medical philanthropist for last 20 years
4. No history of misinformation, conspiracy theories, ...
5. I have zero incentive to give out vaccine misinformation
6. Happy to change position based on preponderance of the evidence
7. Fully COVID vaccinated (along with my family)
8. Like solving hard problems
9. Started COVID-19 Early Treatment Fund w/$1M:
   a. Fluvoxamine
   b. Interferon lambda
   c. Camostat
   d. HCQ
10. No COIs
How I got started in vaccine safety

May 9: Unsolicited DM from woman in Sweden: 3 dead
May 19: Tim Damroth + his wife
May 26: Byram Bridle call / biodistribution study ... “this is big.”
May 28: Passed info onto Robert Malone.
June 10: Darkhorse podcast (3.5 hours/ ~1M views)

...
The false narrative

1. SAFETY
   a. The vaccines are “safe and effective”
   b. Nobody has died from the COVID vaccine
   c. You can’t use VAERS to determine causality
   d. The spike protein is “harmless”
   e. Only a few vax adverse event types and they are “mild”

2. SOLUTION SPACE
   a. Vaccines are the only way to end the pandemic
   b. Mandates are needed
   c. Masks work
   d. Early treatments don’t work
      i. Ivermectin is dangerous
Dr. Peter Schirmacher

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

→ “Nobody has died from the vaccine” is a lie.

Why isn’t this covered in the US mainstream media?
Norway also confirmed vaccine may cause deaths

1. 100 reported deaths in nursing home patients examined (87.7 avg age)

2. Using medical records alone:
   a. 10 cases: probable
   b. 26 cases: possible
   c. 59 cases: unlikely
   d. 5 cases: unclassifiable

3. The 37% possible number aligns with the 30% to 40% estimated by Schirmacher

The big question is: How are Schirmacher and Norway both able to determine causality in sample sizes of 40 or less, but the CDC can’t determine causality in a single case of the 14,000 deaths it investigated?
Pfizer 6 month study
no all-cause mortality benefit

Here is the full Pfizer 6 month report. The main body discloses the 5 extra deaths post-unblinding in people who got the vaccine. So the deaths weren’t really balanced like they would like you to believe. And the causes of death in the two groups weren’t the same either. We asked Pfizer (Judith Absalon) multiple times about the cause of death of the 5 people but she did not respond. Here’s what they wrote in the paper:

During the blinded, controlled period, 15 BNT162b2 and 14 placebo recipients died; during the open-label period, 3 BNT162b2 and 2 original placebo recipients who received BNT162b2 after unblinding died. None of these deaths were considered related to BNT162b2 by investigators. Causes of death were balanced between BNT162b2 and placebo groups (Table S4).

<table>
<thead>
<tr>
<th>Group</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>14</td>
</tr>
<tr>
<td>Vaccine</td>
<td>20</td>
</tr>
</tbody>
</table>

5 vax deaths post-unblinding... nobody knows what they died from!

Vaccine Truth @VaccineTruth2 · 1s
Chris Martenson does an EXCELLENT job showing the results of the Pfizer 6 month study: NO mortality benefit from the vaccine. But what was more interesting was what the vaccine recipients died from. These causes are associated with the vaccine.

Pfizer Jab: Here’s what you need to know!
The long-awaited 6-month follow up data for the Pfizer vaccine is finally in. The good news is that th... youtube.com

For detailed analysis
Why so many Americans are refusing to be vaccinated
Beware of flawed logic

Richard Weiss, a part-time pre-med student, argues that if 200,000 deaths were caused by the vax, it would show up as SIGNIFICANTLY more deaths in the vaccine group.

He's wrong. There were only 2 COVID deaths in the placebo group. Let's say that the vaccine kills 2 people for every person it saves. The pre-blinding data shows we saved 1 COVID life, but all-cause net lives lost for the vaccine was 2. So the observed data in the pre-blinding phase is 100% consistent with our hypothesis of 2 killed for every one person saved.

In fact, when you consider that a total of 20 people who were vaccinated died compared to 14 unvaccinated, our hypothesis of 2 all-cause deaths for every 1 person saved from COVID looks very conservative.
Others pointed out the same thing in the comments to the Pfizer’s 6 month report. The numbers don’t justify anyone using these vaccines.
You are not supposed to read these papers with a critical eye.

The reason the vaccines must be mandated is there is no scientific data that justifies them.
How many people have been killed?
The simplest method is to use VAERS but it’s not the only method.
Determining # excess deaths from VAERS

1. Understand VAERS
2. Determine propensity to report
3. Determine # of domestic deaths
4. Determine under-reporting factor for serious events
5. Determine background deaths
6. Calculate # excess deaths
7. Evaluate other possible causes
8. Validate using independent methods and people

Reference for all slides on this topic:
Estimating the number of COVID vaccine deaths in America
About VAERS
1. The official system for reporting all serious vaccine adverse events
2. Used by the CDC to spot safety signals
3. Anyone can report (mostly HCWs)
4. At least 2 records of 1.4M were gamed
5. Criminal to file false report
6. Verified/coded by HHS before entry
7. Access via:
   a. vaers.hhs.gov
   b. medalerts.org
   c. openvaers.com
Propensity to report deaths

“Same as previous years”

1. Old habits die hard
2. No excess promotion (vs. 2009)
3. Doctor surveys (“see more, report less”)
4. Unrelated event analysis (wort, hepatitis, ear ache, metal poisoning, ...)
5. Rules are the same as previous years (reporting required for SAEs)
6. Doctors don’t want to upset the narrative
7. Doctors don’t believe the vaccines have caused any deaths
8. Still a PITA to report / less time now
9. Very hard to update existing record to a death
10. Everyone (so far) who disputes this NEVER provides ANY evidence
# domestic deaths

From the 8/27/2021 release of VAERS data:

Found 6,167 cases where Location is U.S. States or Unknown and Vaccine is COVID19 and Patient Died

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 Years</td>
<td>3</td>
<td>0.05%</td>
</tr>
<tr>
<td>12-17 Years</td>
<td>13</td>
<td>0.21%</td>
</tr>
<tr>
<td>17-44 Years</td>
<td>310</td>
<td>5.03%</td>
</tr>
<tr>
<td>45-65 Years</td>
<td>1,117</td>
<td>18.11%</td>
</tr>
<tr>
<td>65-75 Years</td>
<td>1,349</td>
<td>21.87%</td>
</tr>
<tr>
<td>75+ Years</td>
<td>2,892</td>
<td>46.89%</td>
</tr>
<tr>
<td>Unknown</td>
<td>483</td>
<td>7.83%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,167</td>
<td>100%</td>
</tr>
</tbody>
</table>
Under-reporting factor (URF) estimate for severe events

We’ve vaccinated 97.5M people from the start thru March 2021 and there were 583 reports in VAERS who had an anaphylaxis reaction on their first dose.

MGH: 2.47 reactions per 10,000 first doses

\[
\frac{583}{97.5M} \times x = \frac{2.47}{10,000}
\]

\[x = 41\]

Anaphylaxis is required by law to report. Fatalities occur later and are less likely to be reported because a lot of doctors will not ascribe causality, may not even know the patient was vaccinated, and don’t want to upset the narrative and increase vaccine hesitancy. Therefore, we think 41 is conservative. CDC didn’t object to claims of 50X or more.

Note: Jessica Rose got a 32 multiplier (@ 25:33), but she used SAE of the Pfizer study which is not as accurate because Pfizer made the AEs hard to report. Evidence for the difficulty to report was in the side-effects groups on Facebook. But FB deleted all these groups so that no one will know.
Determine # of background deaths

All Deaths Reported to VAERS by Year

< 500 per year
Excess death calculation

\[(6,167 - 2 \times 500) \times 41 = 212K \text{ deaths}\]

Vaccine is most likely cause

Note:
1. This is an estimate. Nobody shows me their “correct” analysis or will bet me. They just claim “you’re wrong.”
2. 41 is the under-reporting factor. 2 \times 500 because there are two visits so conservative estimate
Then we checked it 4 independent ways ... covering 35% world population

Our excess death estimate using VAERS data is just an estimate. But because multiple independent methods (see reference link) came up with a very similar number, we believe the methodology, while not perfect, is reasonable.

We also wanted to compare our results with “their” analysis of excess deaths, but “they” didn’t have one.

Reference: Estimating the number of COVID vaccine deaths in America
Fifth way: Professional pollster. Few people attribute death to the vaccine (including doctors); it just looks like “bad luck.” So “death caused by the vaccines” is likely to be under-reported in the surveys. Even with that, the estimated death count is staggering.

Shows vaccine deaths ~ 174,000 (ballpark per our statisticians)
# disabled

>> 300,000

(greater underreporting)

From the 8/27/2021 release of VAERS data:

Found 7,288 cases where Location is U.S. States or Unknown and Vaccine is COVID19 and Disabled

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 Years</td>
<td>1</td>
<td>0.01%</td>
</tr>
<tr>
<td>3-6 Years</td>
<td>2</td>
<td>0.03%</td>
</tr>
<tr>
<td>12-17 Years</td>
<td>51</td>
<td>0.7%</td>
</tr>
<tr>
<td>17-44 Years</td>
<td>1,826</td>
<td>25.05%</td>
</tr>
<tr>
<td>44-65 Years</td>
<td>2,935</td>
<td>40.27%</td>
</tr>
<tr>
<td>66-75 Years</td>
<td>1,368</td>
<td>18.77%</td>
</tr>
<tr>
<td>75+ Years</td>
<td>966</td>
<td>13.25%</td>
</tr>
<tr>
<td>Unknown</td>
<td>139</td>
<td>1.91%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,288</td>
<td>100%</td>
</tr>
</tbody>
</table>
How mRNA vaccines work

Problems

1. mRNA goes everywhere
2. Spike is toxic
3. Amount, distribution, duration of spike is person dependent (depends on degradation of dose too)
4. NHP studies never done
5. Pregnancy studies never done
6. Original antigenic sin
7. Vaccine enhanced infectivity/replication (ADE superset)
COVID math

1. Global avg IFR = .15% ← infection fatality rate
2. Global avg VFR = .082 ← vaccine fatality rate (Crawford)
3. IFR @ age 50 = .2%
4. IFR moves 2X for every 7-8 yrs → IFR varies 1000X from young to old
5. COVID infects 20% to 30% of a population per year
6. With natural infection, % infected exponentially decreases over time... 50%, 25%, 12%, ...

If you are 50 or under, vaccination makes no sense

Reference: Why so many Americans are refusing to get vaccinated; search term: “40 and 50”
### Adverse event table

**(partial list)**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>X factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary embolism</td>
<td>473</td>
</tr>
<tr>
<td>Stroke</td>
<td>326</td>
</tr>
<tr>
<td>Deep vein thrombosis</td>
<td>264.3</td>
</tr>
<tr>
<td>Thrombosis</td>
<td>250.5</td>
</tr>
<tr>
<td>Fibrin D dimer increased</td>
<td>220.8</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>145.5</td>
</tr>
<tr>
<td>Tinnitus</td>
<td>97.3</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td>75</td>
</tr>
<tr>
<td>Death</td>
<td>58.1</td>
</tr>
<tr>
<td>Parkinson's disease</td>
<td>55</td>
</tr>
<tr>
<td>Slow speech</td>
<td>54.3</td>
</tr>
<tr>
<td>Aphasia (inability to talk)</td>
<td>52.3</td>
</tr>
</tbody>
</table>

Full list: [Estimating the number of COVID vaccine deaths in America](#)
Over 10,000 adverse event types reported for these vaccines!

“This has never been seen before in history.”

Source: [VAERS Update (by Jessica Rose)](https://twitter.com/jessicarose/status/1465042443142018279) @28:30
Guillain-Barre syndrome

544*41 = 22,304 cases

(H1N1 vaccine in 1976 was stopped nationwide after just 50 GBS cases)

Note: We use the same multiplier as anaphylaxis for GBS since John Su’s paper showed that the URF for these two events were comparable within the same vaccine (e.g. 13% vs. 12% for flu vax).

From the 8/27/2021 release of VAERS data:

Found 544 cases where Location is U.S. States or Unknown and Vaccine targets COVID-19 (COVID19) and Symptom is Guillain-Barre syndrome

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17 Years</td>
<td>12</td>
<td>2.21%</td>
</tr>
<tr>
<td>17-44 Years</td>
<td>125</td>
<td>22.98%</td>
</tr>
<tr>
<td>44-65 Years</td>
<td>205</td>
<td>37.68%</td>
</tr>
<tr>
<td>65-75 Years</td>
<td>105</td>
<td>19.3%</td>
</tr>
<tr>
<td>76+ Years</td>
<td>55</td>
<td>10.11%</td>
</tr>
<tr>
<td>Unknown</td>
<td>42</td>
<td>7.72%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>544</td>
<td>100%</td>
</tr>
</tbody>
</table>
Troubling anecdotes consistent with high death rate argument (not with CDC claims)

1. **Oahu, HI**: 32 vax/ ~0 true COVID deaths (he clarified this in phone call)
2. **Sunnycrest nursing home** booster shot (136 beds): 4 dead/7 hospitalized to save ~1 life/yr (information from an employee)
3. Bernstein: 25 events this year vs. 0 in 29 years
4. Neuro: 2,000 this year vs. 0 in last 11 years (5% of existing patients). Only 2 VAERS.
5. McCullough: Troponin levels at 35-50 for 2 months post-vax (consider that a heart attack might elevate to 4 for a 2 days if serious)
6. **Urso**: 0 VAERS reports in past 28 years. 40 this year so far. Reported 0.

(Not cherry picked. All are consistent with our hypothesis; cannot be explained by CDC/FDA hypothesis that vaccines are perfectly safe)
More booster deaths

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, two 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.
How can D-dimer be elevated for months after vaccination?

1. D-dimer is lagging indicator of blood clots.
2. **Hoffe**: >60% have elevated D-dimers. That is not normal.
3. **Other doctors have confirmed these results**
4. The elevation (e.g. levels @1500) can persist for 3 months. That is not normal.
Note: Rate of myocarditis is **13.75X more likely after the second dose** in 16-17 year old boys. If this is not causality, then I don’t know what is.

Reference: John Su, [Safety update for COVID-19 vaccines: VAERS](#)
CDC says vaccine-induced heart damage is “mild.” The troponin numbers show they are lying. (these post-vax levels can be sustained for months and are absurdly high; there is no precedent for this)

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkaline phosphatase (U/L)</td>
<td>6.140</td>
<td>60 (reference 0-30 U/L)</td>
</tr>
<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>
</tr>
<tr>
<td>Other Labs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peak Troponin I</td>
<td>10.453 (high sensitivity assay, reference ≤ 1.7 ng/mL)</td>
<td>44.30 (reference 0.012-0.120 ng/mL)</td>
</tr>
</tbody>
</table>

Reference: Myocarditis after Covid-19 mRNA Vaccination
Inconvenient truth

They are also lying to you when they claim that COVID-caused myocarditis is more likely.

(It appears to be true for all other symptoms as well; the vaccines are basically way worse than the disease)
Nextdoor survey
4M doctor visits
6M still suffering today (4%)

Note:
1. The 4% ~ matches neurologist!
2. No CNN, ... survey!?
My ACIP comments

1. Me: ACIP comment 8-30-21 → FDA
2. FDA: “We believe the data from VAERS that you reference were not properly interpreted.”
3. Me: “Can we talk with your VAERS expert?”
Should you believe me?
Why you should NOT believe me

“All of these people can’t be wrong!”

a. All of medical academia
b. Congress (except for Ron Johnson, Tom Massie)
c. Mainstream media: NY Times, CNN, 60 Minutes, ...
d. NIH, CDC, FDA
e. Social media companies
f. Medical associations
g. Medical journals
h. Doctors
i. Governments worldwide
j. All the “fact checker” organizations (including Snopes)
k. WHO
l. Wikipedia
m. Eric Topol, Monica Gandhi, ZDoggMD, …
n. CETF’s major donors
o. CETF’s former scientific advisory board

Therefore: “I just don’t have the time to read what you wrote since it can’t be right, and I don’t have the skills to discriminate who is right. So I’ll go with the majority of experts, thank you very much!”
Why you should NOT believe me

Self-proclaimed “experts,” who in general have never spent any time looking at VAERS, say you can’t estimate anything from VAERS due to its limitations.

It must be true because that’s what the government says!

And the government would never lie to people on stuff like this!
People who don’t believe me generally have six things in common...
1. No clue of # dead
2. Won’t accept my bet
3. Never read what I wrote
4. Believe the “experts”
5. Never looked at the data mentioned
6. Never provide me with the “correct” analysis
Why you should believe me

1. My arguments make sense
2. My hypothesis **fits the data** (and theirs doesn’t)
3. Nobody will tell me their number or show me their analysis
4. They can’t explain how Schirmacher messed up
5. Peter Schirmacher wouldn’t risk his career on a lie
6. They can’t “explain away” any of my anecdotes with evidence (they use “hand-waving” techniques)
7. I wrote over 600 pages* of analysis, arguments, anecdotes that would be hard for anyone to refute
8. The Phase 3 trials for all drugs **prove they increase morbidity** by up to 4X (highly statistically significant)
9. **Pfizer’s own 6 month study** showed more deaths in drug group than placebo group (in both phases... 20 vs. 14)
10. Vaccine mandates are wrong

* See [Why so many Americans are refusing to get vaccinated](#) and the FAQ and Evidence docs in the “For more information” section
How can you tell which side is telling the truth?
Dogmatic and pro-censorship vs.
Risk losing their careers and livelihoods in order to advance our understanding of an issue.
TRUTH
does not mind
being questioned

A LIE
does not like
being challenged
More reasons (#1)... 

1. Nobody prominent will debate/bet our team 
2. Nobody will investigate: 
   a. Maddie de Garay: Why don’t they investigate clinical trial fraud. 
   b. Autopsies 
3. Nobody will set STOP condition: 
   a. Congress won’t 
   b. FDA/CDC won’t
On Sept 9, 2021, I “debated” the Honourable Fitzgerald Ethelbert Hinds, the Minister of National Security for Trinidad/Tobago on Power102fm radio. He lost very badly. The radio station then deliberately disconnected me in the middle of the discussion. They never let Dr. Alexander into the call.

Read the comments on Facebook
More reasons (#2)

1. Science + mechanism of action is consistent with evidence (Darkhorse podcast)
2. John Su (CDC) never multiplies by the VAERS underreporting factor for this vaccine (uh oh)
3. Lots of VAERS reports... read any lately?
4. The FDA could not answer my ACIP comment with any facts that disputed it
5. The data doesn’t fit their narrative and fits mine
6. I do not rely on fact checkers; I do my own research based on the original evidence
7. Nobody could challenge Crawford’s analysis even after $1M bounty.
8. No “alternative” analysis showing a different number (other than dismissing all VAERS fatality reports saying CDC hasn’t verified causality so therefore all reports must be background deaths)
9. When people say, “I disagree with your analysis” they NEVER show a flaw in the analysis. They cease communicating.
10. Israel’s cases are through the roof while India’s are way down. How do they explain that?
Inconvenient truth: Vaccination is making things worse, just like Geert Vanden Bossche predicted. Cases are through the roof.
India has a 9% vaccination rate. Cases are way down.
New confirmed cases of Covid-19 in Sweden and Israel

Seven-day rolling average of new cases (per 100k)
THE BIG LIE: “Once we get to near 100% vaccination rates, we’re done!”
Inconvenient truth

3X more deaths from the vaccine than from COVID in Australia since the start of vaccination.

The cure is worse than the disease.
More reasons #3

1. MIT and Stanford were not able refute our conclusions
2. You can’t explain the cause of death of the 14 kids... that isn’t natural (PE, intracranial hemorrhage, heart attack); kids don’t drop dead in the middle of a zoom call
3. Seeing a lot of Black Swans lately? BA pilots, women cricket team, Captain Nawshad, ...
4. “Never needed to report to VAERS before... now I have 2,000 cases. Reported two. Gave up.”
5. The creator of the V-SAFE app died right after getting the vaccine
6. Reporters at NY Times, NPR had their stories killed
7. Top scientists aren’t getting their papers published after galleys
8. I am not alone: doctors, neurologists, medical examiner, nurses, ... (many afraid to speak out due to what happened to Bridle, Hoffe, Christian, McCullough, ...)
More reasons #4

1. Unbalanced news coverage: Peter McCullough blocked from MSM
2. Intimidation tactics: McCullough sued by Baylor and using outside law firm
3. Early treatment works: Fareed-Tyson protocol: 99.76% risk reduction w/o safety risk; never been challenged
4. German authorities denied request of Federal Association of German Pathologists for autopsies
5. Nobody calling for autopsies in US
6. Medical professionals are hypocrites: evidence-based medicine says IVM is at the top → FDA, AMA, ... want to get it banned. They are forcing people to use horse ivermectin because they can’t get human ivermectin!
7. FDA [pulled NAC from the market] after 60 years (in over 1,500 products) after it was shown to work for COVID. No explanation for the timing of the decision. This is more evidence consistent with the regulatory capture hypothesis.
NAC: Are you kidding me?

FDA pulled NAC from the market after 60 years (in over 1,500 products) after it was shown to work for COVID.

No explanation for the timing of the decision.

This is more evidence consistent with the regulatory capture hypothesis.
What are the chances that all these people went “rogue” at the **same time** on the **same issue** for **no reason**?

1. John Ioannides
2. Dr. Peter Schirmacher
3. Alex Berenson
4. Dr. Robert Malone
5. Dr. Bret Weinstein
6. Dr. Chris Martenson
7. Del Bigtree
8. Dr. Peter McCullough
9. Professor Christian Perrone
10. Dr. Christian Francis
11. Dr. Charles Hoffe  
    <<< His **town was burned down**
12. Dr. Byram Bridle  
    <<< Nobody at his university will debate him!?!?
13. Dr. Jessica Rose  
    <<< Paper on VAERS rejected for “not in scope”
14. Dr. Geert Vanden Bossche
15. Mathew Crawford
16. Abrien Aguirre
17. ...

Why did these people go rogue? There wasn’t even a movement to join!
Why would all these nurses go rogue at the same time?


(Read the description there if you don’t have time to watch the whole 1 hour video. People are told NOT to report to VAERS.)
Why would France's vaccine policy chief also go rogue at the same time?
CDC/FDA admits their safety monitoring is flawed

The findings in this report are subject to at least five limitations. First, VAERS is a passive surveillance system and is subject to underreporting and reporting biases (7); however, under EUA, health care providers are required to report all serious events following vaccination. Second, medical review of reported deaths following vaccination is dependent on availability of medical records, death certificates, and autopsy reports, which might be unavailable or not available in a timely manner. Third, lack of a statistical safety signal in planned monitoring does not preclude a safety concern. For example, although a statistically significant data mining alert has not been observed for myocarditis following Pfizer-BioNTech vaccination, myocarditis has been identified as an adverse event following mRNA COVID-19 vaccines in multiple surveillance systems (10). Fourth, this study was not designed to identify all cases of myocarditis; only reports that listed the MedDRA term "myocarditis" were included. Finally, v-safe is a voluntary self-enrollment program that requires children aged <15 years be enrolled by a parent or guardian and relies on vaccine administrators to promote the program. Therefore, v-safe data might not be generalizable to the overall vaccinated adolescent population.

The initial safety findings of Pfizer-BioNTech vaccine administered to U.S. adolescents aged 12–17 years are similar to those described in the clinical trials, with the exception of myocarditis, a rare serious adverse event associated with receipt of mRNA-based COVID-19 vaccines; follow-up of reported myocarditis cases is ongoing (6). CDC and FDA will continue to monitor for adverse events, including myocarditis, after mRNA COVID-19 vaccination and share available data with ACIP to guide risk-benefit assessments for all COVID-19 vaccines.

We found the error in their safety monitoring algorithm which uses PRR, but they ignored us.
It’s not just VAERS adverse event reports

Ever wondered why Facebook must delete such large groups?

FB said: “Don’t you have more important things to do?”

40M vaccinated in France. >>230K victims → ~ 2M injured in US
Facebook has done a stellar job in making sure vaccine victims can’t find each other.

Why do these groups keep popping up?! The vaccines are totally safe!
How the fact checkers will attack this

1. Ad hominem attacks
   a. Kirsch isn’t a doctor or have medical degree
   b. Kirsch was discredited in Wikipedia
   c. It’s just Kirsch and a few other wackos...
   d. The top German pathologist “couldn’t have” determined that
   e. He’s doing it for the money (with no evidence of an COI)
   f. Crawford is a math teacher

2. Treating myths as facts
   a. You can’t infer causality from VAERS
   b. VAERS is unreliable (anyone can report); can’t make inferences
   c. The FDA said I didn’t “properly interpret” the VAERS data
   d. There is excess reporting → it’s all background deaths

3. Raising the evidence bar
   a. Deaths are “coincidental” unless proven
   b. No autopsy linked death to vax
   c. Crawford’s work isn’t peer reviewed
Wikipedia says I’m lying about the spike protein being dangerous.

Wikipedia is lying to you and defaming me. Read the science for yourself:

1. Be aware of SARS-CoV-2 spike protein: There is more than meets the eye
2. Toxicological insights of Spike fragments SARS-CoV-2 by exposure environment: A threat to aquatic health?
3. Pay no attention to the spike proteins behind the curtain
The fact checkers refuse to be challenged

1. None of them will debate/bet me
2. They hide in anonymity
3. Generally ignore challenges to their fact checks or require systematic review (Wikipedia)
A better way forward

- Vaccine mandates
- Vaccine
- ✔ Early treatment protocols (including prophylaxis)
Early treatment benefits

1. Higher relative risk reduction (over 99%)
2. Simple prophylaxis protocols be used to prevent infection with up to 100% success without the use of any drugs whatsoever
3. Greater safety (minor temporary side effects, known safety profile)
4. They lower both all-cause mortality and all-cause morbidity
5. They work equally well on all variants
6. They do not promote escape variants
7. They do not cause vaccine enhanced infectivity/replication
8. They do not risk original antigenic sin (linked-epitope suppression)
9. They do not cause prion diseases
10. They prevent long-haul COVID syndrome nearly 100% of the time
11. They enable people to acquire recovered immunity which is both 13X to 27X stronger and more durable than vaccine-induced immunity
Early treatment benefits

1. No more mask mandates
2. No more lockdowns
3. No more social distancing
4. No masking of kids in school
5. No need to send all kids home (just sick child)

Early treatment turns COVID into a mild cold. We want to get herd immunity quickly!
What the press should be saying:

“99% of the COVID hospitalized patients did not get early treatment”
Instead, they spread the myth that 99% of the hospitalized patients are unvaccinated. This simply isn’t true according to this CDC internal presentation and it’s getting worse.
Unfortunately, it won’t happen anytime soon...

Congress is still fooled by Fauci (who funded the creation of COVID). No Democrat will ask for his unredacted emails.

No governor wants to go against TFN so nobody will even try it. Fear of being labelled “anti-science.”

Ironically, they are being anti-science by violating:
1. Evidence-based medicine
2. Precautionary principle of medicine
3. Use all available evidence
Ivermectin: When was the last time the FDA and AMA both advised against using a repurposed drug that had multiple peer-reviewed, published, meta-analysis and systematic reviews saying it was effective? That's the HIGHEST level of evidence in evidence-based medicine. Most are following the FDA, AMA (expert opinion; the lowest level of evidence) and ignoring science.
Today, medical freedom is dying

1. You should be able to get the drugs you need
2. You shouldn’t be forced to take any drugs you don’t want
Nigeria has announced its citizens will no longer be able to visit Churches or Mosques and will not have access to banking services from the 2nd week in September without proof of vaccination.

This is shocking.
Australia Has Fallen – Unvaccinated to be “locked-out” of society in most Draconian policy to date despite just 89 people being in hospital with Covid-19

BY DAILY EXPOSE ON SEPTEMBER 6, 2021 • ( LEAVE A COMMENT )
Response from members of Congress

Emma Preston (aide to Congressman Ro Khanna): “I didn’t read what you sent, I briefly skimmed it. But we disagree with your conclusion because that isn’t what the CDC says.”

Steve: “Don’t you care about the evidence that disputes that?”

Emma: “No.”

No one else got back to me. No Democratic member of Congress would return my calls.
Some hope

Opinions are starting to change...slowly.

Steve, I used to not completely buy what you are saying. But since I have heard from multiple GPs who have discontinued Covid-vaccinations out of concern for their patients. These are ordinary doctors who never before made a fuss about anything in the past. Its all crazy...

7:51 AM · Sep 9, 2021 · Twitter Web App

1 Retweet 12 Likes

Tweet your reply

Carol Amato @CarolCamaslp · 22h
Replying to @drosterman2 and @stkirsch
And they risk their licenses, careers and livelihood by doing so. And they still call it out.
Take action

1. Meet in large groups with your member of Congress during Sept recess and demand a stop to vaccine mandates. Get the video and post it.
2. Follow @stkirsch on Twitter, Gab, GETTR
3. Join vaccinevictims.locals.com (free)
4. Register if you oppose vaccine mandates and want to be alerted to other TFNT series videos
5. Promote this video / slide deck on every social media platform you are on.
6. Permission to translate, create derivative works, etc.
7. Talk to your doctor about early treatment and get a prescription
8. Show your doctor the Pfizer 6-month study and ask her “So why would I want to take a drug that is more likely to kill me than save me?”
References

https://www.skirsch.io/

COVID
- Prophylaxis
- Early treatment

Vaccine
- This presentation source
- Prophylaxis
- Injuries
- Articles
- DarkHorse podcast
References

Voice-over versions available on Rumble

https://rumble.com/user/stkirsch
Think about it...

How many people died who got COVID and were treated with a proven early treatment drug protocol within 2 days of first symptoms?

If you hear of one, please let us know...
Summary
1. Vaccines should be immediately halted.
2. Better way: infection + early treatment