

Vaccine essentials

Steve Kirsch

Executive Director

COVID-19 Early Treatment Fund

stk@treatearly.org

stevekirsch.substack.com

Nov 18, 2021

Agenda

Safety

Efficacy

Masks

Mandates

Recovered immunity

Early treatments

Rule breakers

Corruption of science and medicine

Censorship

About me

Retired high-tech serial entrepreneur. Age 65.

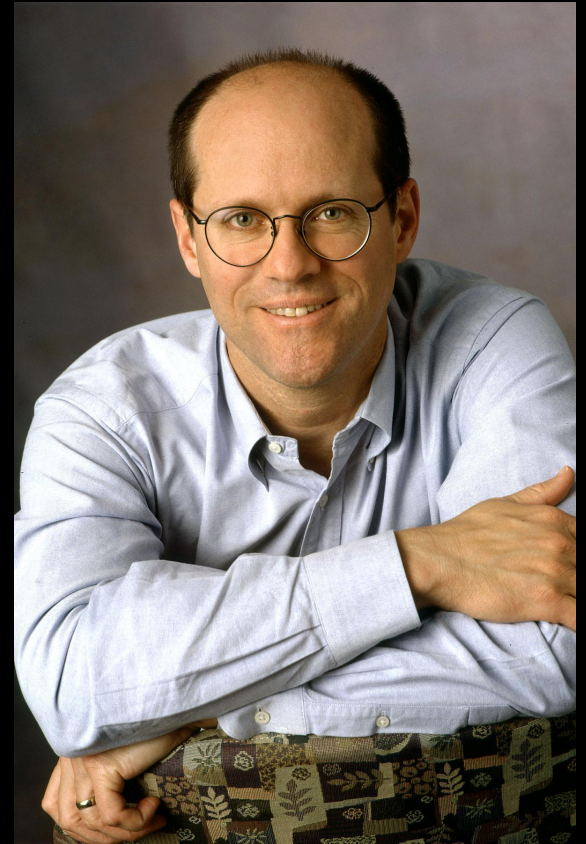
Started CETF which funded fluvoxamine, HCQ, camostat, ...studies. Featured on *60 Minutes*.

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

Quit my company to focus 100% on saving lives.

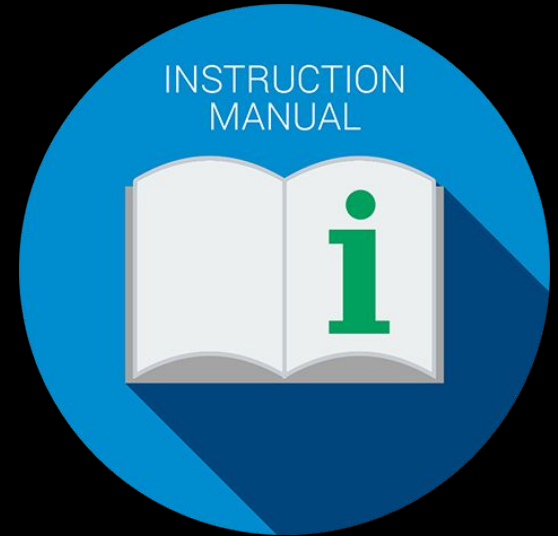
Not a doctor so not subject to intimidation tactics.

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



How to use this slide deck

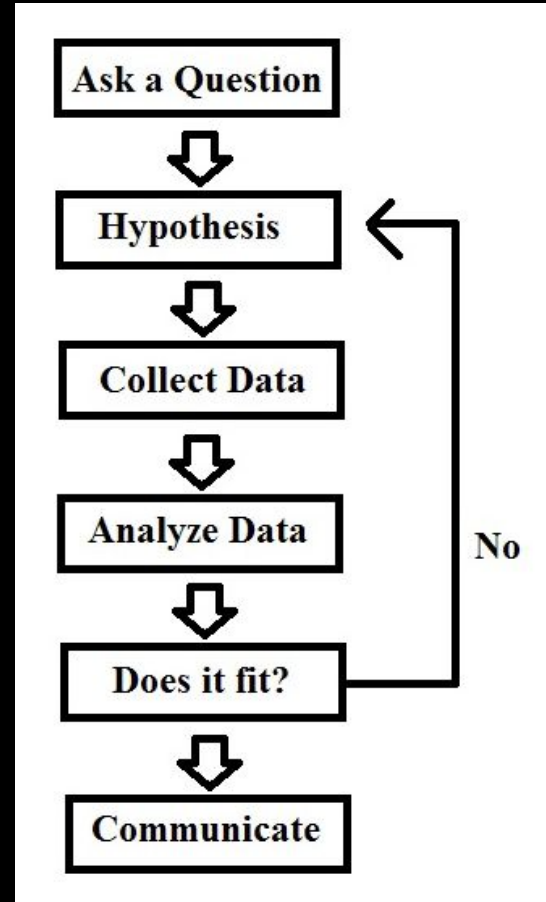
Most all of the images are clickable and lead to the source study or data.



How science works

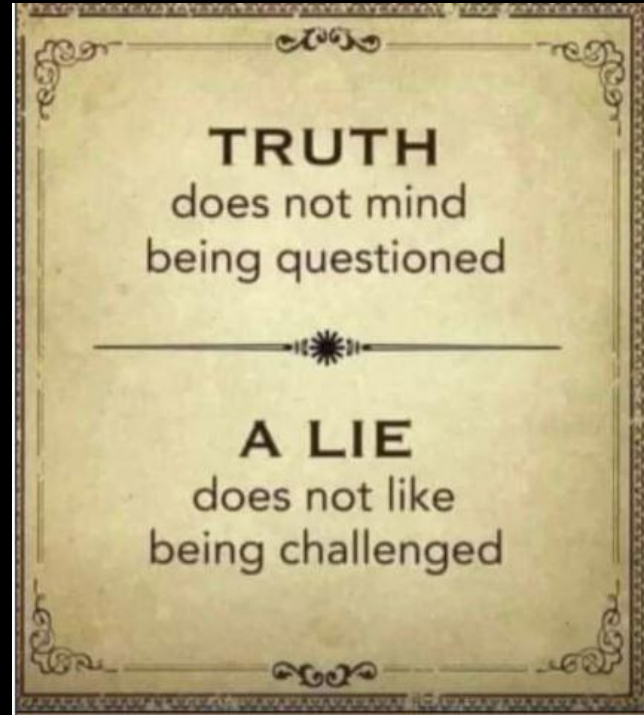
Create hypothesis.

See if the hypothesis can explain the data.



Which side is telling
the truth?

The side that wants
a debate.



Our claim

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

Their “safe and effective” hypothesis doesn't. They don't want to debate us. Even for \$1M just to show up at the debate table (offered to members of the CDC and FDA external committee members).

Nobody at the FDA, CDC, NIH, or any of the drug companies will debate us, **even though it would reduce vaccine hesitancy (a key goal) if they won.**

Safety

In the US, the vaccines kill more people than they are estimated to save

Killed: >150K¹
Saved: ~10K²



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

²[Pfizer's 6 month phase 3 trials result](#) clearly shows 1 life saved for every 22,000 full vaccinations. Since we've [partially vaccinated almost 220M Americans](#), that's at most 10,000 lives saved as of Oct 10, 2021. But that's assuming the vaccines are as effective against Delta as they are against wild type virus. So it's probably much less than 10,000 lives saved.

Age	Killed	Saved	K:S
20-30	67	11	6.1:1
30-40	121	31	3.9:1
40-50	210	76	2.8:1
50-60	436	185	2.4:1
60-70	1031	450	2.3:1
70-80	2140	1133	1.9:1
80+	6276	3458	1.8:1


Vax is nonsensical Killed > Saved for all ages

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


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

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

Killed > Saved
validated in multiple
papers published in the
peer-reviewed medical
literature




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  Sh

<https://doi.org/10.1016/j.toxrep.2021.08.001>
Under a Creative Commons license

Referred to by

- Ronald N. Kostoff
- Andrey A. Svistunov
- Erratum to "Why are we vaccinating children against COVID-19?"
- Toxicology Report
-  Download PDF

Science, Public Health Policy, and the Law
Volume 3:87-99
August, 2021
Clinical and Translational Research

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



The Safety of COVID-19 Vaccinations — Should We Rethink the Policy?

Harald Walach,^{1*} Rainer J. Klement,² and Wouter Aukema³

Abstract

Background: COVID-19 vaccines have had expedited reviews without sufficient safety data. We wanted to compare risks and benefits.

Methods: We calculated the Number Needed to Vaccinate (NNTV) to prevent one death from a large Israeli field study. We accessed the Adverse Drug Reactions database of the Dutch National Register (Lareb) to extract the number of cases reporting severe side-effects and the number of cases reporting fatal side-effects.

Results: The NNTV is between 200 and 700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer. NNTV to prevent one death is between 9,000 and 100,000 (95% confidence interval), with 16,000 as a point estimate. We observed strong variability in the number of Individual Case Safety Reports (ICSRs) per 100,000 vaccine doses across all EU member states. The estimate for the number of ICSRs per 100,000 vaccinations derived from the Lareb database was approximately 700. Among those, there were 16 serious ICSRs, and the number of ICSRs reporting fatal side-effects was at 4.11/100,000 vaccinations. Thus, for 6 (95% CI 2–11) deaths prevented by vaccination, there were approximately 4 deaths reported to Dutch Lareb that occurred after vaccination, yielding a potential risk/benefit ratio of 2:3.

Conclusion: Although causality between ICSRs and vaccination has not been established, these data indicate a lack of clear benefit, which should cause governments to rethink their vaccination policy.

Copyright © The Authors — Published Under the Creative Commons License
Share/Alike (see <https://creativecommons.org/licenses/>)

Correspondence: hwalach@gmail.com; Tel.: +49 30 467 97 436

Estimated over 200,000 deaths based on VAERS reports.

Published in peer-reviewed medical journal.

Science, Public Health Policy,
and the Law

Volume 3:100–129
October, 2021
Clinical and Translational
Research

An Institute for Pure
and Applied Knowledge (IPAK)

Public Health Policy
Initiative (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, are ca

Abstract

Following the i
December 17, 20
Events (AEs) usi
of the populatio
AEs reported int

Pharmacovigi
to reduce harm t
with VAERS arc
light of the exte
system.

This appraisal
analyzing VAEI
Dictionary for R
publicly availabl

number of expected SAE occurrences in the U.S. volunteer recipients of the Pfizer/BioNTech products should be ~1.4 million SAEs, if we use this reported rate. Thus, the ratio of E_{SAE} to O_{SAE} is 31 to 1, suggesting a URF of 31 ($N_{SAE_Pfizer_trial}/N_{SAE_Pfizer_VAERS} = \sim 1.4M/43,948$). 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).

High vaccination
rate → high excess
mortality **validated** in
new study from
Germany
(November 19, 2021)

 reitschuster.de No plain text jou

Critical journalism. Without "attitude". Without instruction. Without ideology.

vaccination
Corona , Recommended , Guest Post , Vaccination , New , Statistics , Top Topic , Excess mortality

Federal states with a high vaccination rate have the highest excess mortality
"The higher the vaccination rate, the higher the excess mortality"

PUBLISHED Nov 19, 2021 392 comments





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

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).

See [this article](#) for the latest updated numbers in pre-unblinding phase (21 vs. 17, a 23% increase in deaths).

Pfizer Phase 3: 6 month study result Killed > Saved (10 > 1)

Group	Vaccine	Placebo
Pre-unblind	21	17
Post-unblind	5	0
Total	26	17

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

Killed > Saved
validated in latest
FDA report
(**23.5%** more deaths
if got the vax vs.
placebo)

The screenshot shows the Arutz Sheva website header with the logo and navigation menu. Below the header is a Norton Secure VPN advertisement. The main content area features a news brief about celebrities signing an anti-Israel letter and a link to a technology and health article. The article title is "FDA report finds all-cause mortality higher among vaccinated". The article text states that the FDA report shows Pfizer's clinical trials found a 24% higher all-cause mortality rate among the vaccinated compared to the placebo group. The article includes tags for US FDA, Biotechnology, Coronavirus, and Vaccine. At the bottom, there is a contact editor link for David Rosenberg and social media sharing icons.

ARUTZ SHEVA 7
israelnationalnews.com

Inside Israel Op-Eds Defense/Security Middle East Judaism US & Canada Jewish World Haredi Community

Top tags: Iran IDF Naftali Bennett Donald Trump Coronavirus Benjamin Netanyahu

Norton Secure VPN Keep prying eyes out

- Bank-grade encryption
- Ranks #1 overall for network performance†
- No-log policy

News Briefs PM More than 100 celebrities sign anti-Israel letter | 10:15 PM Likud MK: Erdogan is an enemy, Manasseh

Main > All News > Technology & Health > FDA report finds all-cause mortality higher among vaccinated

CORONAVIRUS
Full coverage on Arutz Sheva >

FDA report finds all-cause mortality higher among vaccinated

FDA report shows Pfizer's clinical trials found 24% higher all-cause mortality rate among the vaccinated compared to placebo group.

Tags: US FDA, Biotechnology, Coronavirus, Vaccine

Contact Editor David Rosenberg , Nov 17, 2021 1:51 PM

Share f Print Twitter

NEWS

UK sees 44% increase in child deaths after jab rollout for young teens, data shows

Deaths among 10-14-year-olds have been consistently above the national five-year average since the shots started being administered to children, according to a report.



Shutterstock

David McLoone

Mon Nov 29, 2021 - 4:56 pm EST

LONDON (LifeSiteNews) – U.K. reports on child deaths from the Office for National Statistics (ONS) show that, in the weeks since the COVID shot has been administered to children between ages 12 and 15, recorded deaths have risen by 44 percent above the 2015-2019 average for the same time period.



Wait a second... weren't the death rates in the UK supposed to go **down** after vaccination?!?

Wait a second...
weren't child deaths
rates in the US
supposed to go
down after
vaccination?!?



Go to...



December 2, 2021

Print This Post

"Sudden Deaths" of Children Under the Age of 12 Start Surfacing After COVID-19 Shots Approved for This Age Group

"Sudden Deaths" of Children Emerge



by **Brian Shilhavy**
Editor, Health Impact News

The surge in "sudden deaths" now being reported on a daily basis has apparently begun in children under the age of 12, as children between the ages of 5 and 11 were recently approved for injections by the Pfizer COVID-19 shots.

Unless a grieving parent works up enough courage to admit they made a mistake in letting their child get one of these bioweapon shots, and is willing to face the backlash that will certainly come from those in the Vaccine Cult, which will probably include their own family members, do not expect the media to even mention the COVID-19 "vaccination status" of these sudden deaths.

Vaccine as deadly as the virus

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

Note: Not all deaths after vaccination are caused by the vaccine. Based on the VAERS data, we found that “only” 98% are caused by the vaccine. So deaths from both are comparable.



China in Focus - NTD
@ChinalnFocusNTD



Taiwan's health authorities say that as of Monday, [#Deaths](#) after [#Vaccination](#) reached 865, while deaths from the virus are at 845.

◆ Watch the full episode youtu.be/KI3rIE62R9k



7:00 AM · Oct 13, 2021



146



See the latest COVID-19 information on Twitter

[Tweet your reply](#)

Odd how few infections in Asia before the vaccines rolled out



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

>800X deadlier than the smallpox vaccine¹
The smallpox vaccine is considered **much too deadly to use**.



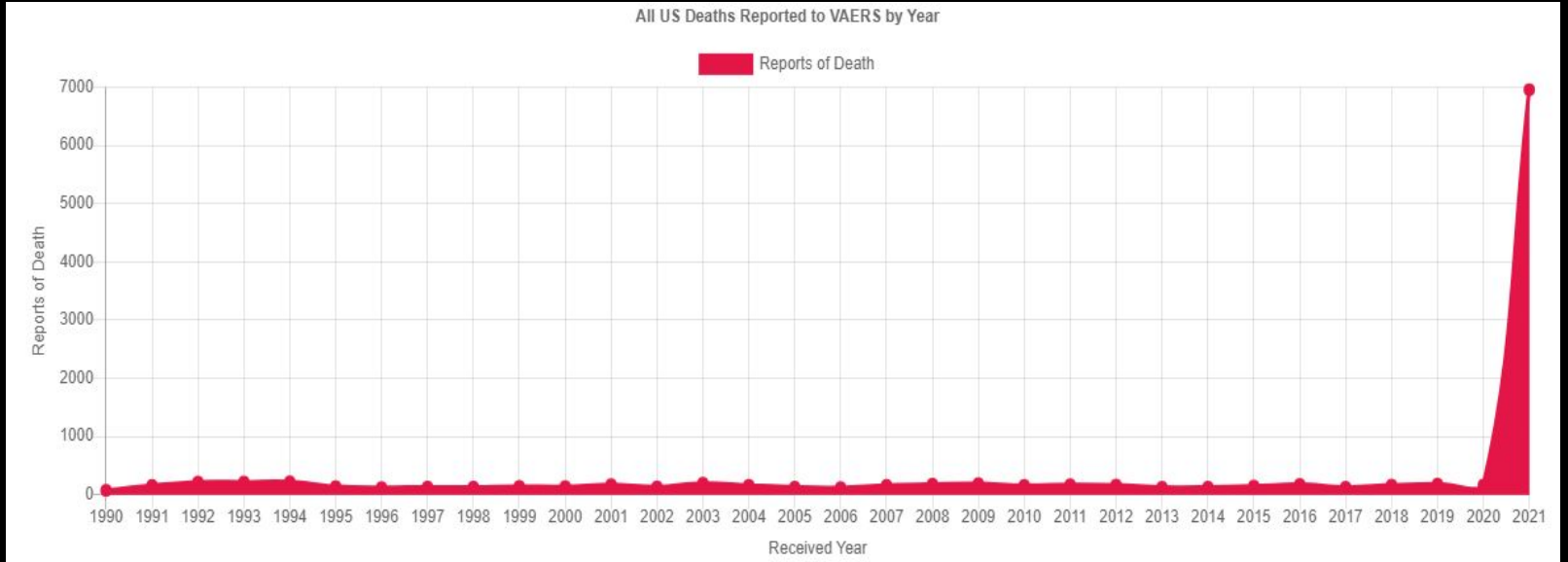
The screenshot shows the top portion of a CBS 60 Minutes website. At the top, there is a navigation bar with links for 'CBS News', 'CBS Evening News', 'CBS Mornings', 'CBS Saturday Morning', '48 Hours', '60 Minutes', and 'Sunday M...'. Below this is the '60 MINUTES' logo and a stopwatch icon. To the right of the logo are links for 'EPISODES', 'OVERTIME', 'TOPICS', and 'THE TEAM'. A promotional banner for 'IBRANCE' (palbociclib) is visible, stating it is the '#1 prescribed, FDA-approved oral combination treatment for HR+/HER2- mBC.' Below the banner is a large headline: 'THE MOST DANGEROUS VACCINE' followed by the sub-headline 'Dan Rather Reports On The Debate Over Safety Of Smallpox Vaccine'. Below the headline is a metadata row showing the date '2002 DEC 11', the author 'CORRESPONDENT DAVID KOHN', and social media icons for Facebook, Twitter, Reddit, and Flipboard. The main text begins with 'Smallpox may be the worst disease ever known to man. It killed about half a billion people from 1880 to 1980, before it was eradicated.' and continues with 'And the smallpox vaccine is deadly, too. Scientists call it the most dangerous vaccine known to man.'

¹[Mathew Crawford's analysis](#) (which used government data from 35% of the world's population) found 822 deaths per million fully vaccinated. Smallpox is [1 death per million vaccinated](#).

One of these vaccines is unsafe.

Can you spot which one?

(nobody at the FDA or CDC can, including the advisory committees!)



Note: These results cannot be explained by “over-reporting” because physician surveys say they are seeing >100X increase in adverse events with these vaccines. Nor can they be explained by “more people” were vaccinated this year vs. typical years.

One of these vaccines is unsafe.
 Can you spot which one?
 (This is the EU system. The same notes apply.)



World Health
 Organization

VigiAccess was launched by the World Health Organization (WHO) in 2015 to provide public access to information in VigiBase, the WHO global database of reported potential side effects of medicinal products.

Vaccine or Drug Name	Total ADRs	Years
Mumps vaccine	711	1972-2021
Rubella vaccine	2,621	1971-2021
Ivermectin	5,705	1992-2021
Measles vaccine	5,827	1968-2021
Penicillin nos	6,684	1968-2021
smallpox vaccine	6,891	1968-2021
chloroquine	7,139	1968-2021
tetanus vaccine	15,085	1968-2021
Hydroxychloroquine	32,641	1968-2021
Hepatitis A vaccine	46,773	1989-2021
Benzylpenicillin	51,327	1968-2021
Rotavirus vaccine	68,327	2000-2021
Accutane	70,719	1983-2021
Vancomycin	71,159	1974-2021
Hepatitis B vaccine	104,619	1984-2021
Polio vaccine	121,988	1968-2021
Meningococcal vaccine	126,412	1976-2021
Ibuprofen	166,209	1969-2021
tylenol	169,359	1968-2021
Aspirin	184,481	1968-2021
Pneumococcal vaccine	234,783	1980-2021
Influenza vaccine	272,202	1968-2021
Covid-19 vaccine	2,457,386	2020-2021

www.vigiaccess.org

Updated Nov. 12th 2021

High vaccine adverse events are not due to “over-reporting.” There are more events reported because there are more events occurring.

Small practice

750 patients

Reports in 29 years: 0

Reports this year: 25

Large practice

20,000 patients

Reports in 11 years: 0

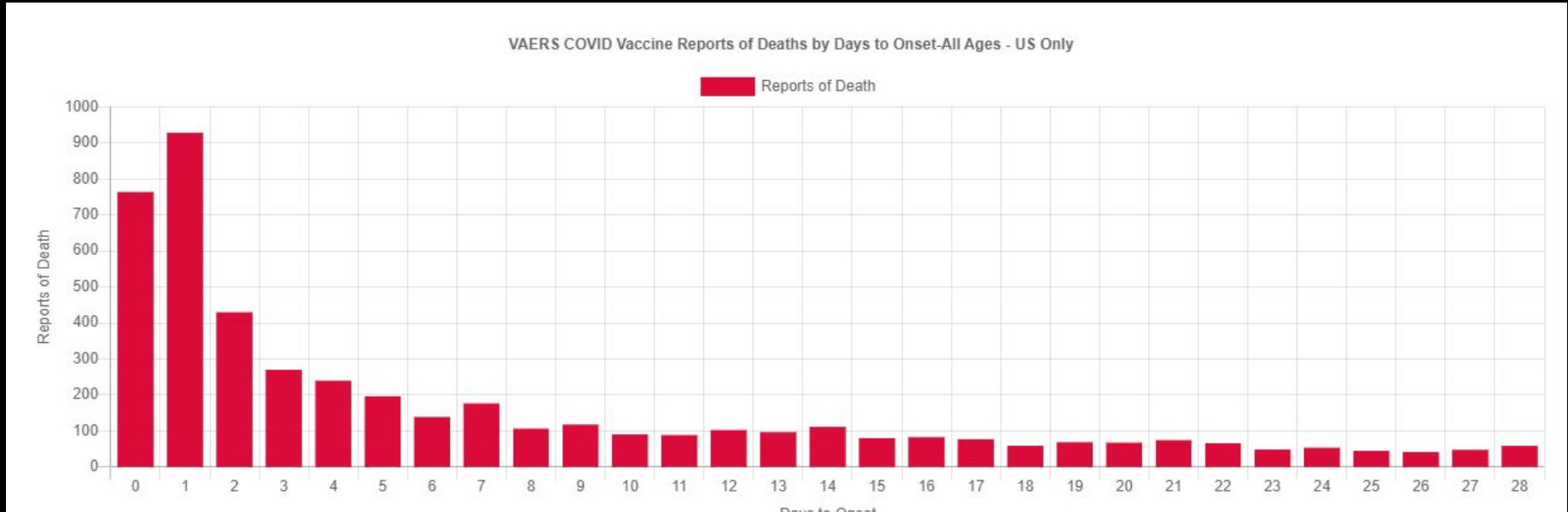
Reports this year: 2,000¹

¹A more than 20,000X increase over the average year!



THE FDA SAYS THESE ARE ALL “BACKGROUND DEATHS”

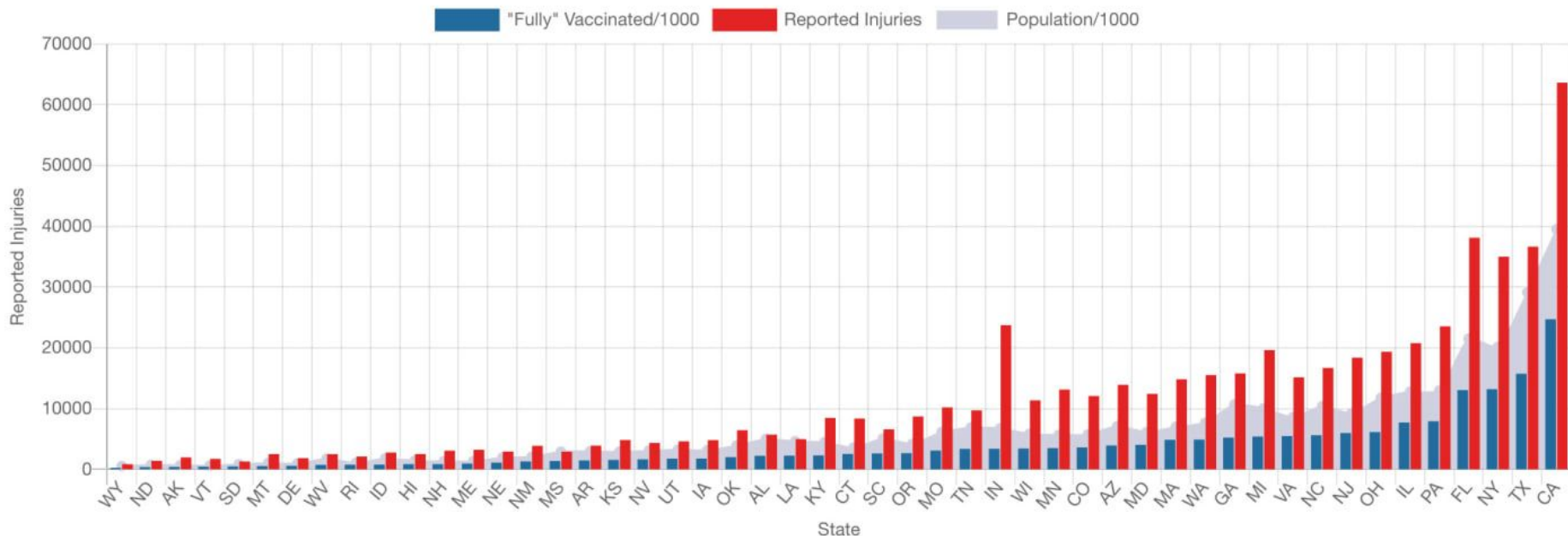
But if they were background deaths, all the bars would be the same height!



The x-axis is days to onset. Note how the reports peak on the second day, and not the first day. This is consistent with the mechanism of action of the vaccine. It takes 24 hours for the spike protein production to reach peak production and begin to decline. The mRNA is mostly disintegrated after 48 hours, leaving just the spike protein on the cell surface.

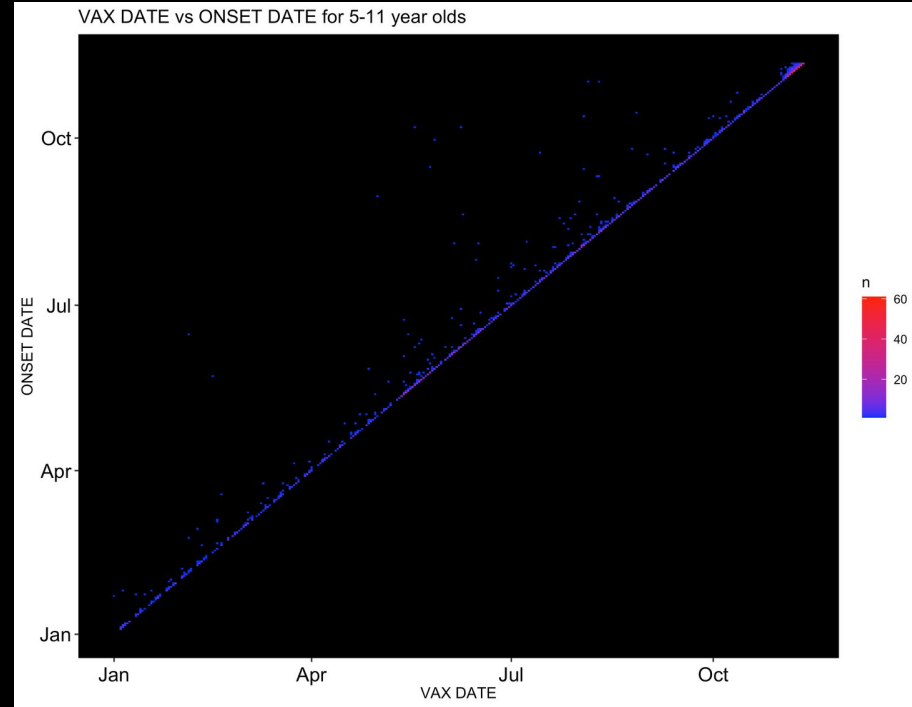
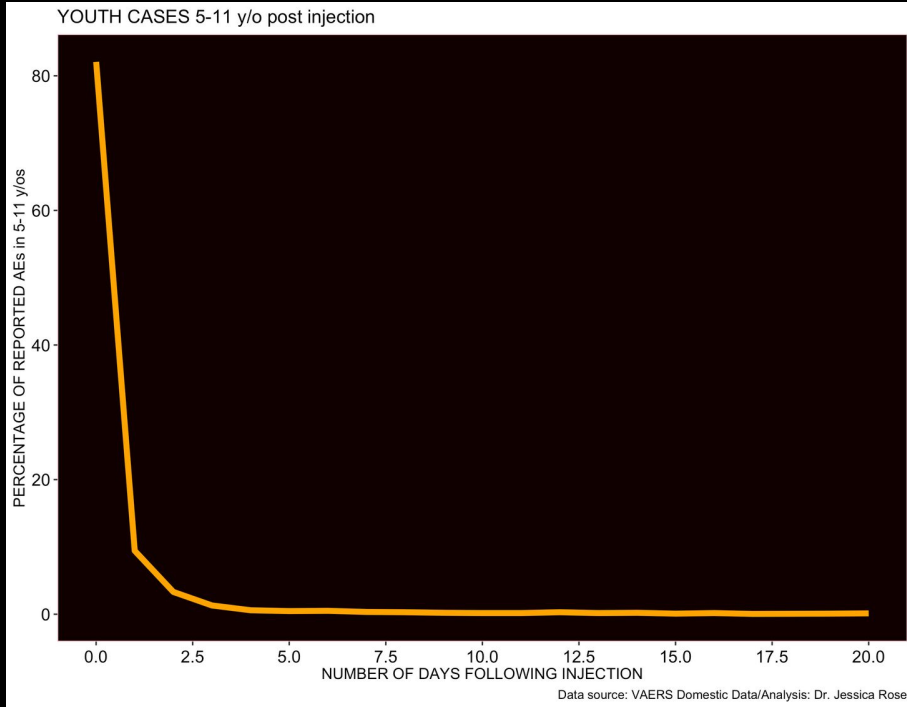
The greater the number vaccinated, the higher the reported injuries.

Post COVID-19 Vaccine Injury Reports by State



Additional data from: https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total as of November 19, 2021 6:00am ET and <https://state.1keydata.com/state-population.php>

Causality is crystal clear in the VAERS data for 5-11 year olds

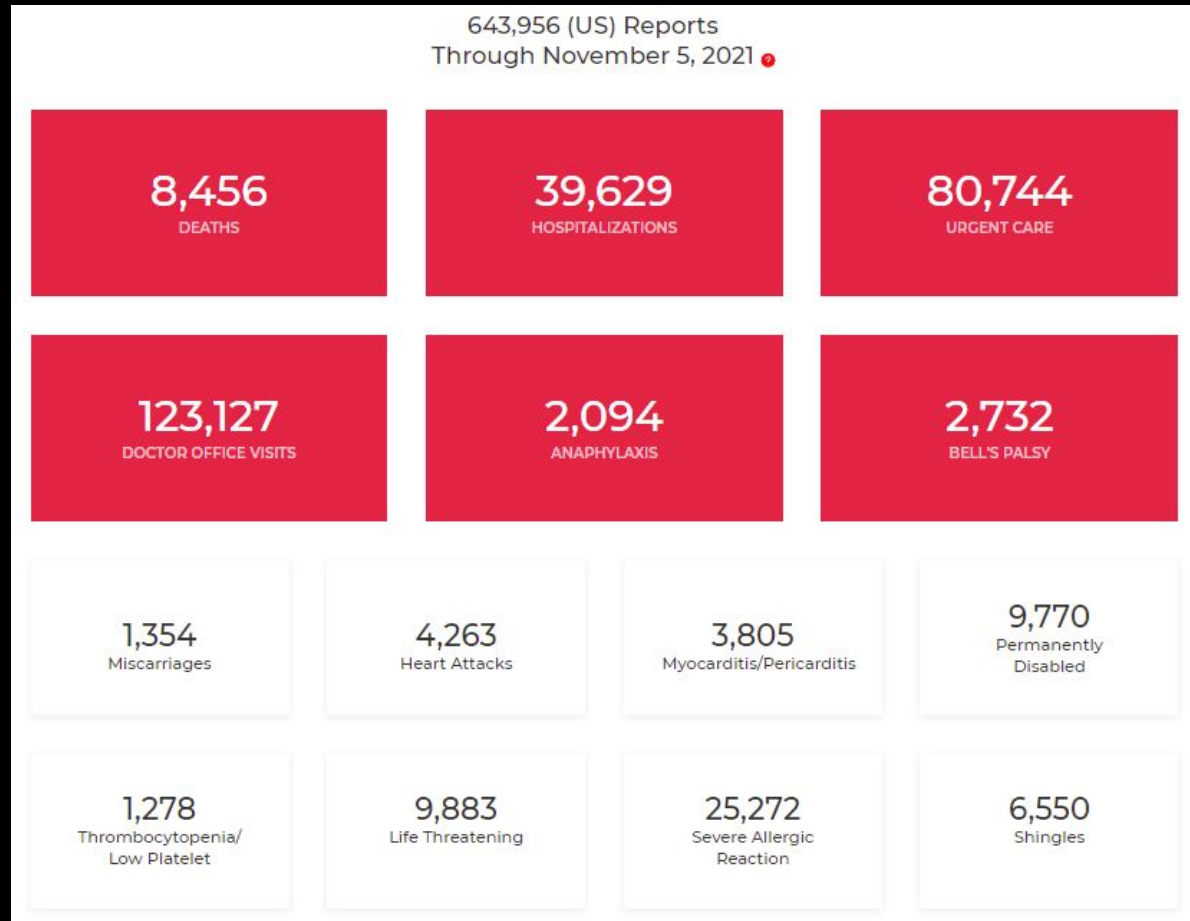


[Charts prepared by Jessica Rose](#)

These numbers are unprecedented.

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

NB: Multiply all numbers by 41 to get the actual count



For ages 5-11: Kill 117 → Save 1



We will kill 117 kids to save one child from dying from COVID in the 5 to 11 age range

That's according to a risk-benefit analysis done by risk-benefit expert Dr. Toby Rogers. His analysis has been viewed by over 22,000 readers. No mistak...

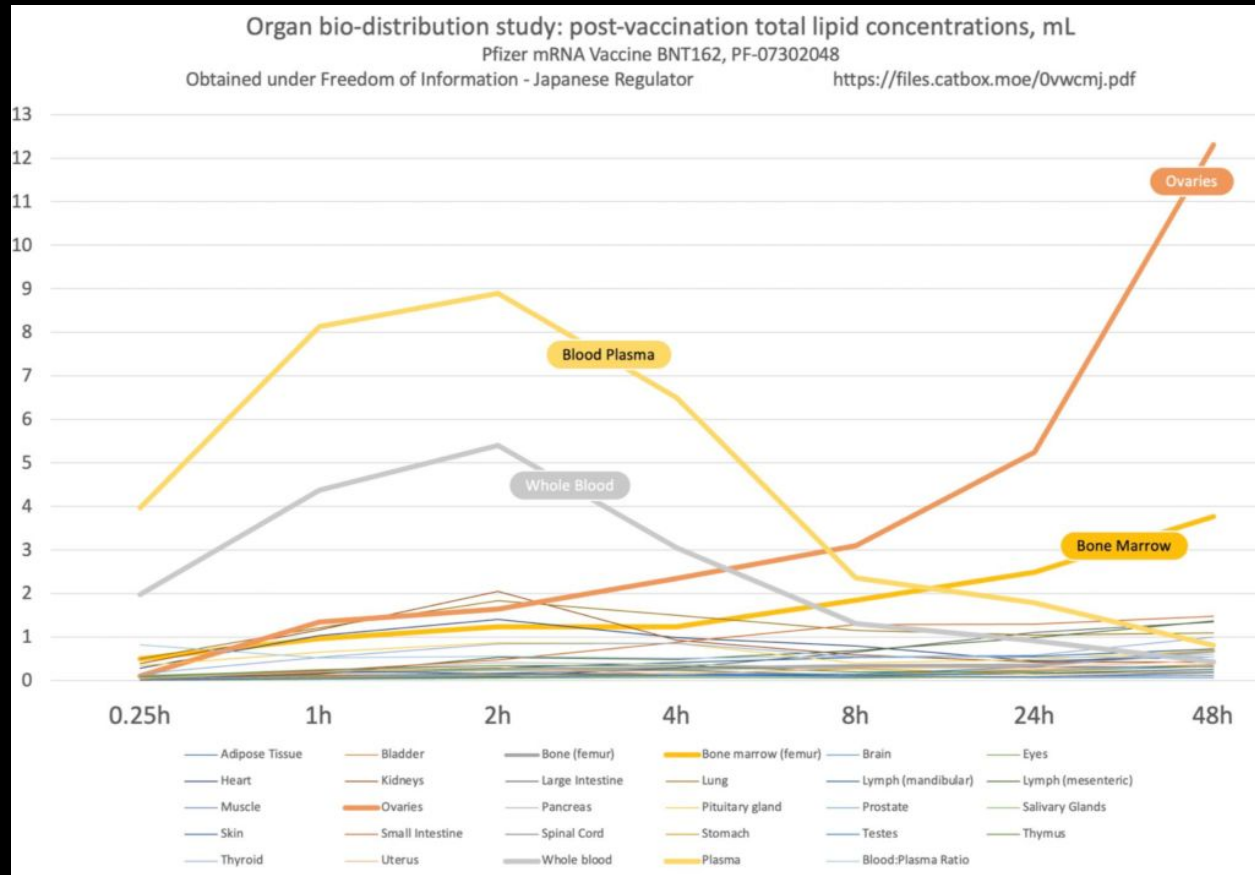
Steve Kirsch

Nov 4  164  104  ...

Dr. Rogers is a specialist in risk-benefit analysis. Because he couldn't find an accurate risk benefit analysis on the Internet, [he did his own](#) using CDC numbers and VAERS data extrapolated downward to the 5 to 11 age group.

The vaccines don't just stay in your arm like a traditional vaccine.

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



Note that the liver, spleen, and adrenals distribution are not shown as these were all "expected." This graph shows accumulation of the LNPs in the ovaries. This explains the huge number of adverse events in VAERS for women.

Menstrual issues are highly elevated by up to 8,800X vs. baseline.

CDC does not want you to know this

	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

A list of some of the cardiac events in VAERS... Tachycardia is 7,973X above baseline. Cardiac failure is 475X above baseline rates.

	Symptoms	C19 Count	Baselin e count	X factor
1				
2	Heart rate	3,189	2	7973
3	Cardiac failure acute	95	1	475
4	N-terminal prohormone brain natriuretic peptide (indicates heart failure)	88	1	440
5	Body temperature abnormal	172	2	430
6	Acute myocardial infarction (the fancy name for heart attack)	659	8	412
7	Cardiac ablation (procedure to scar your heart to restore normal heart function)	75	1	375
8	Left ventricular hypertrophy	70	1	350
9	Arteriogram carotid abnormal	69	1	345
10	Stress echocardiogram	69	1	345
11	Internal haemorrhage	68	1	340
12	Coronary artery occlusion	132	2	330
13	Carditis (inflammation of the heart)	65	1	325
14	Peripheral artery thrombosis	62	1	310
15	Pulseless electrical activity (PEAs are a sign you're going to die)	123	2	308
16	N-terminal prohormone brain natriuretic peptide increased (heart damage)	118	2	295
17	Arteriogram coronary abnormal	59	1	295
18	Ventricular hypokinesia	93	2	233
19	Acute left ventricular failure	46	1	230
20	Myocardial ischaemia	46	1	230
21	Magnetic resonance imaging thoracic abnormal	45	1	225
22	Tri-iodothyronine	45	1	225
23	Arterial occlusive disease	44	1	220
24	Angiogram abnormal	173	4	216
25	Percutaneous coronary intervention	42	1	210
26	Troponin increased	1,845	45	205
27	Catheterisation cardiac	482	12	201
28	Electrocardiogram ST segment abnormal	80	2	200
29	Coronary artery dissection	40	1	200
30	Epinephrine	40	1	200
31	Cerebral venous thrombosis	39	1	195

Cardiac risk
more than
doubled
after
vaccination

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac...

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY
SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF) which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score. The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients. This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2nd COVID shot and was compared to the previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35 \pm 20 above the norm to 82 \pm 75 above the norm post-vac; sFas increased from 22 \pm 15 above the norm to 46 \pm 24 above the norm post-vac; HGF increased from 42 \pm 12 above the norm to 86 \pm 31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac. We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

- Details
- Related
- References
- Figures

Circulation



November 16, 2021
Vol 144, Issue
Suppl_1

Article Information

Metrics



Tweeted by 4802
Reddited by 1

See more details

Download: 0

© 2021 by American Heart Association, Inc.

Originally published November 8, 2021



Cardiac risk **more than doubled** after
vaccination



Ask yourself if cardiac arrest is typical in 3 year olds just 1 day after vaccination?



Dawn 🐾🐾 @Dawn29_dawn · 4h

“THE 3-YEAR-OLD HAD RECEIVED THE JAB BECAUSE OTHERWISE SHE WOULD NOT HAVE BEEN ALLOWED TO GO TO KINDERGARTEN DUE TO A VACCINE MANDATE.”

That’s when you say I guess my daughter won’t be going to kindergarten.



breakingnews.exchange

Investigation Has Launched After Three-Year-Old Girl Dies From Cardiac Arrest One Day After...



While some claimed the Gundry results were just a talk abstract, more troubling is that the results are validated in the VAERS database AND were confirmed by other researchers. Sadly, they won't publish because they would lose funding from drug companies.

 GB News 
@GBNEWS

'They aren't going to publish their findings, they are concerned about losing research money'

Dr Aseem Malhotra reveals a cardiology researcher found similar results to a new report showing an increase in risk of heart attack following the mRNA COVID vaccine.



9:42 AM · Nov 25, 2021 · Twitter Media Studio

4,664 Retweets 1,406 Quote Tweets 7,120 Likes

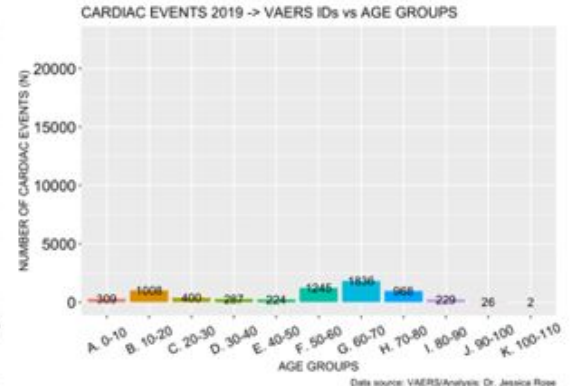
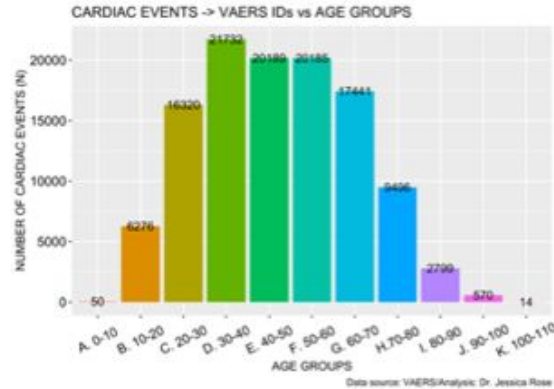
Replying to @GBNEWS

 The patients who have gotten younger and younger. Isn't that interesting. Coincidentally, the vaccines have been rolled out to younger and younger patients. And I would be that nearly every young person with cardiac issues was vaccinated. Hmmm... I wonder what it could be.

There are more cardiac events in 2021 than 2019.

Note how the shape of the bars is not the same. If this was just “over-reporting” the overall shape would be the same. It isn’t.

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



10/22/21

Data Source: VAERS Domestic data/Analysis: Dr. Jessica Rose

5

Chart prepared by Jessica Rose

60X higher rate of cardiac events on sports fields after vaccines rolled out. Why sports? Because the events are in plain sight of everyone! 100% reported.

The **only** viable explanation: caused by the vaccines. Nobody has any other explanation that fits the data.

German News Agency Tracks 75 Prominent Athletes Suddenly Dead Of Heart Attacks After COVID Vax



conservativedailypost.com

German News Agency Tracks 75 Prominent Athletes Suddenly Dead Of Heart Attacks After COVID Vax
One German news agency is apparently stunned by the fact that 75 prominent athletes have suddenly died of heart ...

7:24 PM · Nov 13, 2021 · Twitter Web App

123 Retweets 20 Quote Tweets 177 Likes

Denmark's Christian Eriksen collapses on pitch, players in tears, match on hold

Eriksen's teammates surrounded the medical team to ward off any prying cameras, but the tears in their eyes made it clear that something awful had happened to him.

by Abhishah Singh
June 12, 2021



Mindy Robinson @AmericanAFMindy
in · 5

Young world class athletes are dropping dead in droves. This is not normal.

- 33 year old pro dancer Santo Giuliano suffers heart attack after vaccine
- 18 year old Football player John Lenny dead
- 19 year old Football player Terrell Williams dead
- 21 year old Football player Keaton Kinch dead
- 29 year old Football player Leo Mosses dead
- 15 year old Football player Stephen Sylvester dead
- 18 year old Football player Emmanuel Arhul dead
- 13 year old Football player Capetan Chinyelum Nsofor dead
- 16 year old Soccer player Moira Clare Arroy dead
- Junior High School Baseball Pitcher Andrew Bosman dead
- 17 year old Footballer Nickolas Lawrinis dead
- 17 year old Footballer Miguel Lugo dead
- 16 year old Footballer Devon Durbart dead
- 16 year old Footballer Ivan Hicks dead
- 19 year old Footballer Joe Wancher dead
- 16 year old Football player Drake Delger dead
- 17 year old Football player Joshua Ivory dead
- 19 year old Football player Quanderkus Wilburn dead
- 17 year old Football player Brittini McNeil dead
- 26 year old Rugby player Dave Hygle dead
- 27 year old Baseball player Yusaku Kurohita dead
- 24 year old Olympic Cyclist Olivia Pommerehne dead during the week athlete sprinter Cameron Burrell also dies
- 23 year old China Olympics Champion Gilbert Xuweini dead
- 37 year old former French professional footballer Franck Berrier dead
- 26 year old Belgian soccer player Jans Van Genechten suffers cardiac arrest
- 29 year old Venezuelan National Champion Alvarado Quintero dead
- 29 year old Jonk Donk dies collapses on the field and has to be resuscitated
- 16 years old Diego Fernandez from suffers cardiac arrest
- Austria player of ASV Baden collapses on the field and has to be revived
- 16-year-old football player in Bergamo suffers cardiac arrest
- 27 years old Belgian amateur soccer player Jens De Smet dead
- 13 year old soccer player suffers heart attack on field
- 17 year old soccer player Dylan Rich dead
- Player from Bristol Club Münster suffers cardiac arrest
- 22 years old Abou Ali collapses with cardiac arrest
- 19 years old ice hockey player Gustavsson Nilis dead.
- 37 years old Ex-NFL professional Parys Harbison dead
- 26 years old Canadian university football player Francis Perron dead
- 19 year old FC Nantes soccer player suffers cardiac arrest
- Germany volleyball trainer Traktor Ditzel dead
- 29 years old Sheenbury striker Ryan Bosman treated with defibrillator during game
- 25 years goalkeeper Lukas Bommer dead
- 18 years old pro footballer Felipe de Jesus Moreira has double heart attack
- Italy, 27 years old cycling champion Gianni dead
- English linesman Helen Byrne, heart problems has to be carried off at world cup
- 17-year-old soccer player of the JSG High Hagen dead
- Germany Team leader Dietmar Gladow dead
- Germany 19 years old goalkeeper Bruno Stein dead

“In October cardiac and circulatory events on the sportsfield went through the roof”

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

FRIDAY 3 DECEMBER, 2021



FREE
WEST MEDIA



PAUL CRAIG ROBERTS

The pandemic is among the vaccinated

HOME ABOUT CONTACT US SUPPORT DONATE



Stock photo from Pexels

At least 69 athletes collapse in one month, many dead

The reports of athletes who suddenly collapse have been increasing noticeably lately. Heart problems such as heart inflammation are often the cause – one of the known life-threatening side effects of Covid vaccines, which even the manufacturers themselves warn against.

Published: November 26, 2021, 9:30 am

BROTHER AND SISTER BOTH DIE


within 2 months of each other,
but only after being vaccinated.

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

Cardiac arrest is elevated by
93X baseline in VAERS.

If it wasn't the vaccine, what is
the most likely cause?

Ben M. @USMortality · 1h
Just coincidence!

 ⚠️ Gerard Delaney ⚠️ @Gerard39delaney · 3h
Vaccinated Footballer Dies Two Months After Brother — Both From Cardiac Arrests


23-year-old Italian soccer player Vittoria Campo passed away in Palermo yesterday, two months after her 25-year-old brother Alessandro.

[Show this thread](#)

Vaccinated Footballer Dies Two Months After Brother — Both From Cardiac Arrests

Deaths Hot | post-vaccination deaths | 23 🗨️

Italian soccer player Vittoria Campo passed away in Palermo yesterday, two months after her brother Alessandro.



15 87 173

Two cricket players down within 10 minutes of each other

Uncontrolled shaking in both.

Both were vaccinated [on June 30, 2021](#). They both collapsed on Friday, July 2, just 48 hours after being vaccinated.

Home India World Cities Opinion T20 WC Entertainment Lifestyle Tech Videos Explained Audio

SUBSCRIBE

Home / Sports / Cricket / 2 West Indies women cricketers collapse on field during T20I against Pakistan

2 West Indies women cricketers collapse on field during T20I against Pakistan

Two West Indies players collapsed on the ground within a span of 10 minutes, during the second T20I against Pakistan.

By: [Sports Desk](#) | Updated: July 3, 2021 5:25:07 pm

f t r



NBA star Brandon Goodwin

He's done.
Maybe
forever.

Former Atlanta Hawks guard Brandon Goodwin claims COVID-19 vaccine ended his season

Goodwin left nothing up to the imagination to his Twitch audience recently.

By Rashad Milligan | Oct 3, 2021, 7:00am EDT | 28 Comments

f   SHARE



Photo by David Dow/NBAE via Getty Images

Celine Dion

She's done.
Likely forever.

Her symptoms are very familiar to the vaccine injured. The VAERS data shows women are twice as likely to get neurological symptoms than men.



November 5, 2021 · admin

The [Celine Dion](#) Blog.com

November 5, 2021

French-Canadian singer Celine Dion announced via Instagram on October 19 that her long-awaited show at the Resorts World Theater in Las Vegas is cancelled. Ms. Dion, 53, is reportedly suffering from "severe and persistent muscle spasms" and cannot perform as a result.

Resorts World announced in September that all new hires are required to receive ~~COVID-19~~ or viral vector ~~COVID-19~~ as a condition of employment.

Canada requires ~~COVID-19~~ passports for international travelers.

IBT article says, "Dion has taken the ~~COVID-19~~ ~~vaccine~~"

French weekly magazine *Public* reported on October 29 that Ms. Dion is paralyzed.

A relative told the magazine the following:

"Celine can no longer get out of bed, move or walk. She suffers from pain in her legs and feet which paralyzes her. She is very weak and has lost much weight."

Nursing home


Before vax: 240 people


After vax: 40 people





200 people died after the vax rollout. Killed 84% of the nursing home.


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

If the vaccines are so safe, then how do you explain this??

 stkirsch · Published October 29, 2021 · 758 Views



23:48 / 1:24:03    

+ - 39 rumbles EMBED 

Rumble — I was honored to be interviewed by the Resistance Chicks, Leah & Michelle Svensson. Check out an early interview they did here:

The CDC is lying about “no deaths caused by the mRNA vaccines.”

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

Why can’t the CDC find a single death in over 18,000 cases worldwide?!?

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)

Guess what the #1 most used vaccine is in Germany?

Yup. Pfizer.

Why can't the CDC find a single death in over 18,000 cases worldwide?!?



Why didn't the highly unusual causes of deaths in these 14 kids raise any red flags in the CDC 12-17 safety study?

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

The vaccine of course, but the CDC wasn't allowed to say that. They said NOTHING. They didn't even acknowledge that 12 of the 14 deaths were excess. Right after that paragraph, they changed the topic.

The image shows the cover of a CDC Morbidity and Mortality Weekly Report (MMWR). At the top left is the CDC logo with the text "Centers for Disease Control and Prevention". At the top right is a magnifying glass icon. Below the logo is a dark blue header with the text "Morbidity and Mortality Weekly Report (MMWR)" in white. Underneath the header, the title of the report is displayed: "COVID-19 Vaccine Safety in Adolescents Aged 12-17 Years — United States, December 14, 2020-July 16, 2021". At the bottom of the page, the issue information is given: "Weekly / August 6, 2021 / 70(31);1053-1058".

CDC reviewed 14 reports of death after vaccination. Among the decedents, four were aged 12–15 years and 10 were aged 16–17 years. All death reports were reviewed by CDC physicians; impressions regarding cause of death were pulmonary embolism (two), suicide (two), intracranial hemorrhage (two), heart failure (one), hemophagocytic lymphohistiocytosis and disseminated *Mycobacterium chelonae* infection (one), and unknown or pending further records (six).

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

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)

Ages† (yrs)	Pfizer			Moderna			Janssen			Pfizer			Moderna			Janssen		
	(All)			(All)			(All)			(Males)			(Males)			(Males)		
	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	
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	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	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	0.0	0.0	
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	0.0	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	0.0	0.0	
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	0.0	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	0.0	0.0	
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	0.0	0.0	



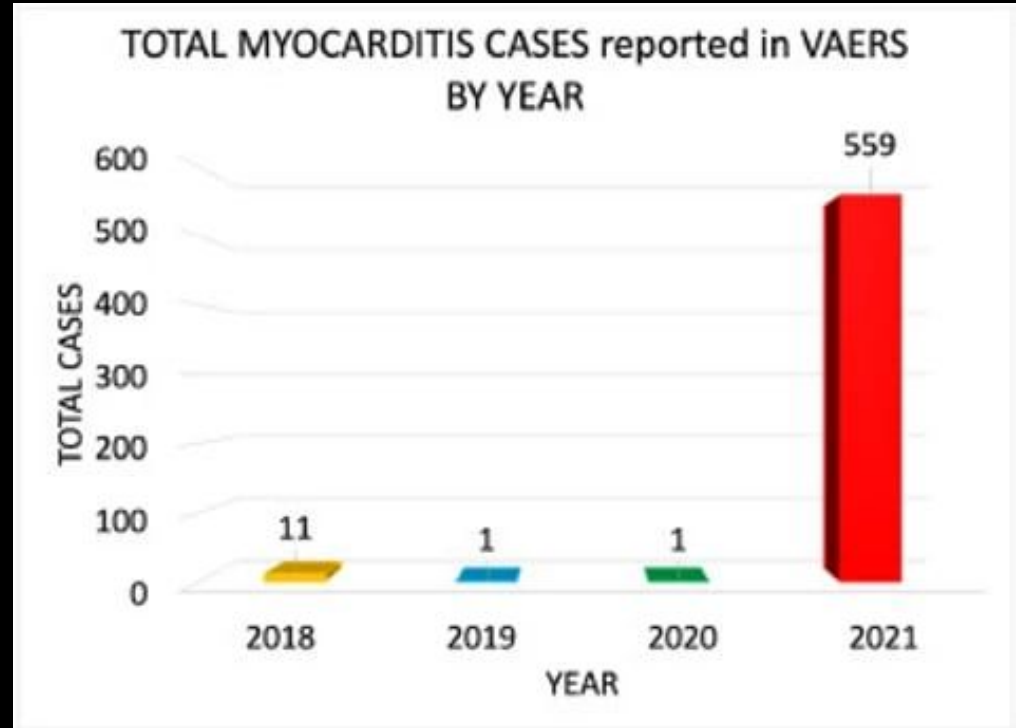
* Reports with time to symptom onset within 7 days of vaccination

† Reports among persons 12-29 years of age were verified by provider interview of medical record review

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](#).

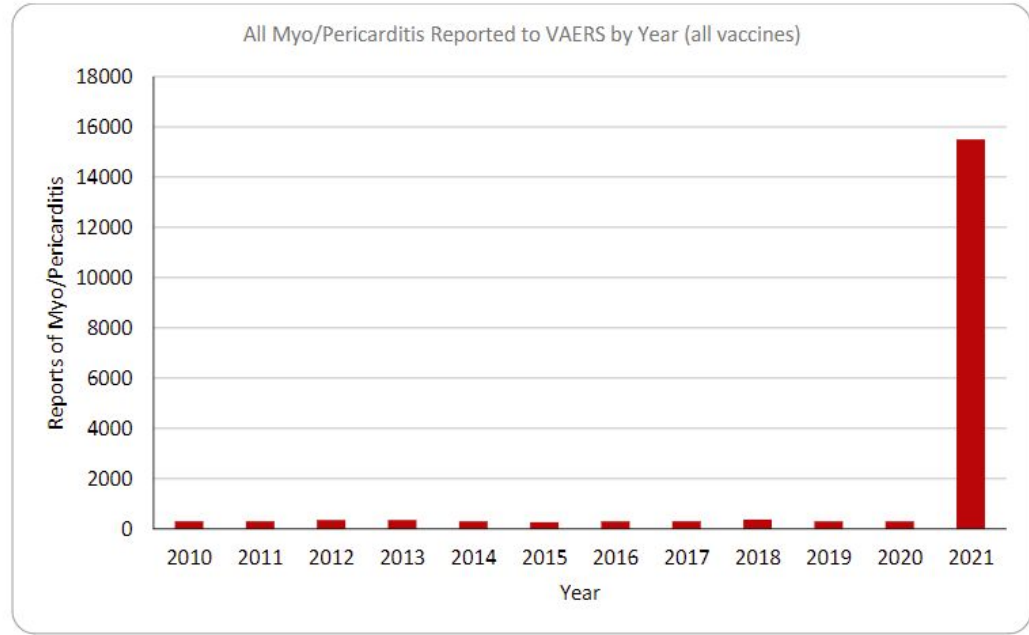
Is this what they mean by a “slightly elevated” risk of myocarditis?



From the [Rose paper that was published in Current Problems in Cardiology which publisher unethically censored.](#)

Do see now why it was censored? You can read the full paper here. 48

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



Notes:

1. Total Vaccine Doses per Year Pre-Covid Vaccine : 325M+
2. Total Vaccine Doses 2021 including Covid : 725M+
3. For Up-To-Date Data <https://openvaers.com/covid-data>

If it wasn't the vaccine, how do you explain this?

14 years in ER and ICU.

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

Deadly even at 1/3 the dose!

Nurse Sarah 
@JustNurseSarah Follows you

 14 year CCU/ER Nurse. Mom to Brandon (not that one). Happily married. Dog Lover. Patriot. Ginger. Be kind. No DMs. Trolls will be blocked. 🇺🇸 🍀

📍 Midwest 📅 Joined October 2021

1,386 Following 7,031 Followers

 Followed by Vaccine Safety Research Foundation

Tweets Tweets & replies Media Likes

📌 Pinned Tweet

Nurse Sarah  @JustNurseSarah · Nov 17

For the first time in my career, I took care of an 8 year old little boy with myocarditis in the ER. It has begun.

💬 649 ↻ 5.7K ❤️ 8.4K 📤

I wonder why newborn babies are suddenly dying in Scotland?



CueAnon @ColinWyse · Edited · 24m

@stkirsch I'm sure they would have told us:
bbc.co.uk/news/uk-scotland-59347464

news.stv.tv/scotland/death-of-every-child-in-...



Investigation into spike in newborn baby deaths in Scotland

In September 21 infants died within four weeks of birth, triggering a Public Health Scotland probe.

www.bbc.co.uk

[View Link Feed](#)

If it wasn't the vaccine, how do you explain all these deaths from pulmonary haemorrhage for new born babies? This is a vaccine symptom!



How much of a coincidence is a cluster of baby deaths in one ...

Watch later Share

How much of a coincidence is a cluster of baby deaths on one hospital?

Norman Fenton

Watch on  YouTube

The image shows a YouTube video player. At the top left is a small circular profile picture of Norman Fenton. To its right is the video title 'How much of a coincidence is a cluster of baby deaths in one ...'. Further right are icons for 'Watch later' and 'Share'. The main video frame shows Norman Fenton, a man in a suit, standing in a church with an open book on a lectern. A large red play button is overlaid on the video. Below the video frame, the name 'Norman Fenton' is displayed. At the bottom left of the player, there is a 'Watch on' button with the YouTube logo.

Way more myocarditis **after** the vax (exactly the *opposite* of what the committees believe)



Ely Writes The Truth Patrol · 22 hr ago

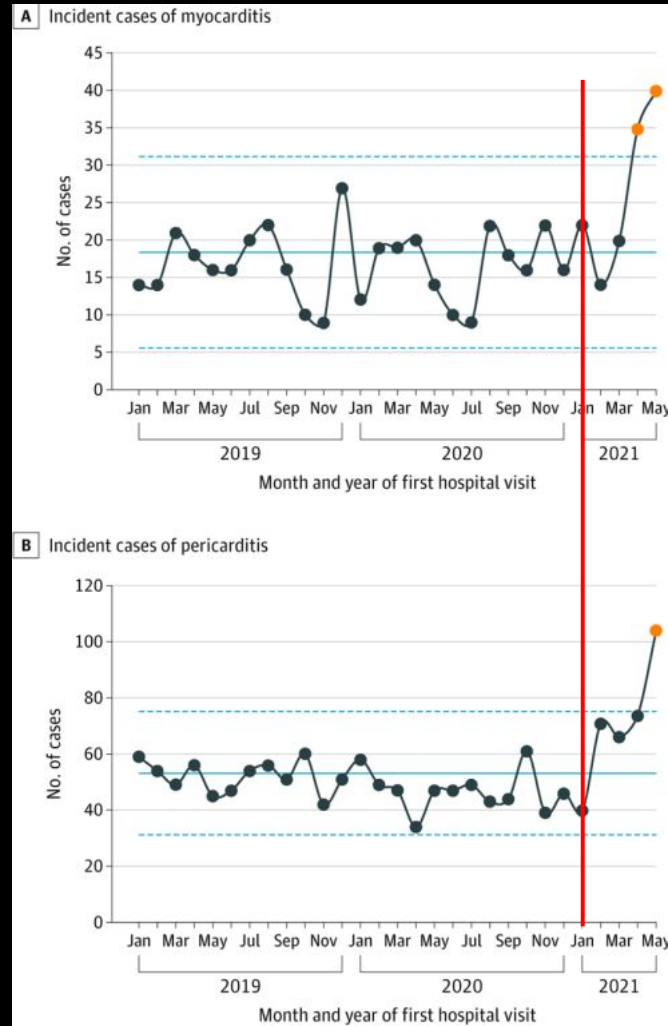
I just heard from a cardiologist who stated that since the vaccine rollout, he has seen a 100X increase in cases of myocarditis or pericarditis. These monsters (big pharma, politicians and MSM) are killing people. Totally unconscionable to suppress this information, all for a vaccine that doesn't work.

♡ 4 Reply ...

Note: This is a comment from one of my followers on substack. He can be [contacted here](#).

UK numbers clearly show **more** myocarditis cases **after** vaccine rollout.

Doctors believe the opposite. They don't like looking at data like this.



So why do physicians think that the vaccines reduce the rates of myocarditis?

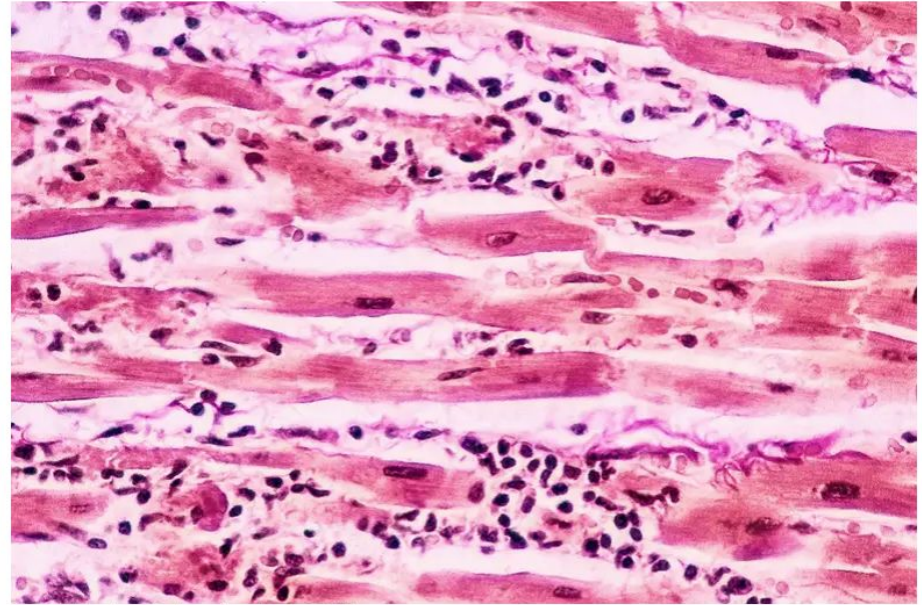
Because of articles like this one which completely fail to take into account that VAERS is under-reported by >41X

Myocarditis is more common after covid-19 infection than vaccination



HEALTH 4 August 2021

By [Clare Wilson](#)



Myocarditis involves the inflammation of heart muscle tissue
Nature's Faces/Science Source/Science Photo Library

The reality

Myocarditis is >7X higher from the vaccine (=3157/450)

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

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



Damages DNA repair → increases risk of cancer

“Our findings... underscore the potential side effects of full-length spike-based vaccines.”

NIH National Library of Medicine
National Center for Biotechnology Information

PubMed Central® Search PubMed Central

Journal List > Viruses > v.13(10); 2021 Oct > PMC8538446

Viruses, 2021 Oct; 13(10): 2056. PMID: PMC8538446
Published online 2021 Oct 13. doi: [10.3390/v13102056](https://doi.org/10.3390/v13102056) PMID: [34696485](https://pubmed.ncbi.nlm.nih.gov/34696485/)

SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro

Hui Jiang^{1,2,*} and Ya-Fang Mei^{2,*}

Oliver Schildgen, Academic Editor

• Author information • Article notes • Copyright and License information [Disclaimer](#)

 Kanekoa @KanekoaTheGreat
1h · 🌐

An in-vitro study from Stockholm, Sweden found that the SARS-CoV-2 spike protein enters the cell nucleus and impairs DNA repair.

“Mechanistically we found that the spike protein localizes in the nucleus & inhibits DNA damage repair by impeding key DNA repair protein BRCA1 & 53BP1 recruitment to the damage site.”

The Covid-19 vaccines use mRNA to deliver an instruction to cells to produce this same spike protein.

If the spike protein enters the nucleus and inhibits DNA repair then this potentially increases the likelihood of cancer later developing.

[Read more](#)



Spike protein inside nucleus enhancing DNA damage? - COVID-19 mRNA vaccines update 18

[YouTube](#) [View Link Feed](#)

Should we ignore this data
that the vaccines may be
damaging us for life?



Solonsax @Solonsax · 13m

@stkirsch We are actually seeing major COVID hospitalizations, ICU admissions, and deaths in the UK among the fully vaccinated. This is a huge problem and this may be an AMVE/ADE issue. A virologist's worst nightmare. An enhancing antibody need not be present and this nuance must be factored into this discussion. The greatest deficit is that caused by Th 2 shifting away from CD 8+ cytotoxic natural killer cellular response to the local infection, which is necessarily induced, regardless of what type of Ab gets produced. The jab is injecting unhelpful antibodies that are confusing natural immunity, potentially for life.

assets.publishing.service.gov.uk/government/u...

gov.uk/government/publications/covid-19-vacci...

uk.news.yahoo.com/thousands-of-fully-vaxxed-o...

irishtimes.com/news/health/waterford-city-dis...

Like Reply Repost ...

Hospitals are seeing more strokes and heart attacks

“Meanwhile, there has been an increase in people coming to the ER with more serious conditions, like strokes and heart attacks.”

Sections **News Tribune**

Today's Edition Local Missouri National World Opinion Obits Sports GoMidMo Events

ADVERTISEMENT


Health

ERs swamped with seriously ill patients Although many don't have COVID

Inside the emergency department at Sparrow Hospital in Lansing, Michigan, staff members are struggling to care for patients showing up much sicker than they've ever seen.

by Kate Wells, Michigan Radio Kaiser Health News (TNS) Nov. 8 2021 @ 11:05pm


[Print](#) [LinkedIn](#) [Reddit](#) [Twitter](#) [Facebook](#) [Email](#)



Why are kids dropping like flies right after getting vaccinated?

If they didn't die from the vaccine, then what killed all these kids?

Sunday 6:14 AM



Local Teen, Queen's University Student Passed Away Suddenly After Med...
kawattha411.ca



Family wants U of G student's memory to live on through kindness
guelphtoday.com

Ontario is on a roll

7:53 AM 77%
AT&T LTE dailymail.com





Photo courtesy of Simone Scott's Instagram

Jacob Fulton and Yunkyo Kim
June 12, 2021

Medill freshman Simone Scott died Friday morning following a heart transplant, Vice President for Student Affairs, Julie Payne-Kirchmeier announced Saturday in a message to the community.

Scott was a Northwestern from Madison

Sunday 7:49 AM


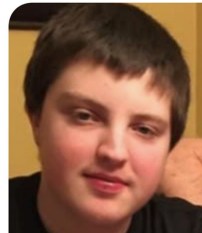


'A brilliant kid on and off the ice and in every sport he played'
thepeterboroughexaminer.com


4 now

These coincidences should all go in your next slide deck

Wednesday 7:37 AM



Sean Hartman: 17-Year-Old Boy Dies Shortly After Receiving The COVID-19 Vaccine
thecovidworld.com



Tragedy for Gee-Gees: Defensive lineman Francis Perron dies after game...
Life is so fragile; sometimes it's inexplicably taken away — with no warning. Fifth-year Ottawa Gee-Gees defensive lineman Francis Perron died Saturday, shortly after his team's 11-10 loss to the University of Toronto Blue...
montrealgazette.com

University of Ottawa: vaccination compulsory; 1st shot at latest August 1 -
[https://montrealgazette.com/sports/football/all/tragedy-for-gee-gees-defensive-lineman-francis-perron-dies-after-game-in-toronto/wcm/d651a2c4-c3d5-4454-ad60-099c36811f53?utm_term=Autofeed&utm_medium=Social&utm_source=Twitter#Echobox=1632096217](https://montrealgazette.com/sports/football/tragedy-for-gee-gees-defensive-lineman-francis-perron-dies-after-game-in-toronto/wcm/d651a2c4-c3d5-4454-ad60-099c36811f53?utm_term=Autofeed&utm_medium=Social&utm_source=Twitter#Echobox=1632096217)

Sun 8:43pm

"inexplicably taken away" -



Very few kids got vaccinated before the EUA rolled out. Two of them died within days of the shot, both from cardiac issues.

 Steve Kirsch ✓ @stkirsch
7m · 🌐

Two 15-year-olds, illegally vaccinated before the EUA, are dead. EVERYONE should pay attention.
stevekirsch.substack.com/p/two-15-year-olds-i...



Two 15-year-olds, illegally vaccinated before the EUA, are dead. EVERYONE should pay attention.
There weren't a lot of 15-year-olds who were vaccinated before the EUA rolled out. Two of them died within days of their shot. Should we be concerned? Absolutely!...

stevekirsch.substack.com [View Link Feed](#)

Adults are dying “unexpectedly” of “unknown causes”



Four area teachers die days apart

wcpo.com

4 teachers died suddenly of “unknown causes” in Cincinnati area within 1 week of each other last week



3 Cleveland-Area Judges Die “Unexpectedly” Weeks Before Job- or-Job Deadline

conservativebusinessjournal.com



iMessage



Hospitals are preparing for a rapid rise in cardiac cases. Why?



Nurse Sarah ❤️ @JustNurseSarah · 13h



I was just informed our CCU Dept will be adding 55-65 new staff (Cardiologists, NPs, PAs, RNs, Techs, Aides, RTs) in the next 4-6 months. When asked why, the response was, "Due to a forecasted rapid need in cardiac patient care". Um, OK.... We can all read between the lines.

💬 418

↻ 7.4K

❤️ 13.3K



The only child of Ernest Ramirez was killed by the Pfizer vaccine on April 24, just 5 days after his first dose according to one of the world's top cardiologists.

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

Replying to @stkirsch

Here is the grieving father's story 🥺💔

 **Truth Justice** @LakovosJustice · Nov 13

Autopsy confirmed the death of this healthy 16 year old boy was caused by the Pfizer 1st dose. His heart was double in size just 5 days after the first shot due to Myocarditis "inflammation of the heart" a known side effect of this dangerous jab. Mandates will kill more children.



Another child paralysis...

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

It doesn't mean it
isn't happening.



Angie Poore-ellison

September 30 · 🌐



Needing prayers for our precious granddaughter Ella . After taking her second Covid vaccine she laid down to take a nap and woke up with no feeling in her lower body at all and no reflexes. This is such a very very serious situation and so frightening. Please pray for her - we need prayers and pray for Sam and Lisa . She is in Children's hospital in OKC . Today will be MRI and a Spinal tap . Hopefully some answers to all this soon - we pray . 🙏🙏🙏

Deaths of teenage boys up 63%

How do you explain these headlines!?!?

Investigation: Deaths among Teenage Boys have increased by 63% in the UK since they started getting the Covid-19 Vaccine according to ONS data

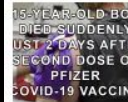
BY THE EXPOSÉ ON OCTOBER 4, 2021 • (38 COMMENTS)



An investigation of official ONS data has revealed that since the Covid-19 vaccine was offered and administered to teenagers in England and Wales there has been a 63% rise in deaths among [...]

15-Year-Old Boy Died Suddenly Just 2 Days After Second Dose of Pfizer Covid-19 Vaccine

BY CAPTAINDARETOFLY ON OCTOBER 8, 2021 • (3 COMMENTS)



A 15-year-old boy in Sonoma County, California, died suddenly just two days after he received his second dose of the Pfizer Covid-19 vaccine. The boy, who was otherwise healthy, was found completely [...]

The UK has Fallen – 81% of Covid-19 deaths are among the Vaccinated, Male Teen Deaths have risen by 63% since they were offered the jab, Covid-19 Deaths are 12 times higher than this time last year...

BY THE EXPOSÉ ON OCTOBER 5, 2021 • (20 COMMENTS)



Are you aware that Australia is currently in the grip of dictatorial tyranny due to a handful of Covid-19 deaths occurring every day? What's happening in that country has absolutely nothing to [...]

All cause mortality is up for the vaccinated groups and down for the unvaccinated.

It is supposed to be the reverse.

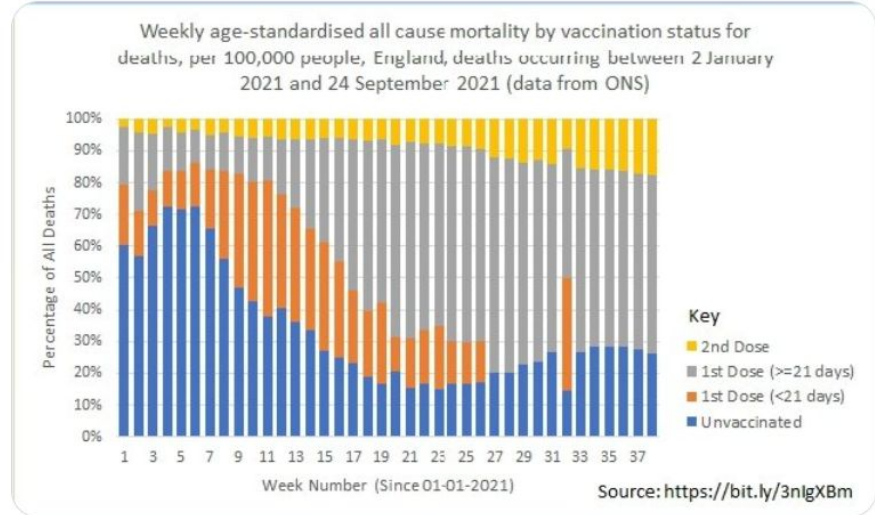


Jason Morphett PhD @redpill4me · 11m

Replying to @VaccineTruth2

Wow! This is getting unbelievable... In case anyone's interested, following Steve's post on vaccine all cause mortality in the UK (from ONS data), this might be of interest, which I put together.

Fortunately, my account will probably go under the Twitter ban radar:



If these
vaccines are
so safe...

then why do they need
the liability protection?!?!



How can excess deaths in the US be through the roof?!!?

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

Answer: Silence.

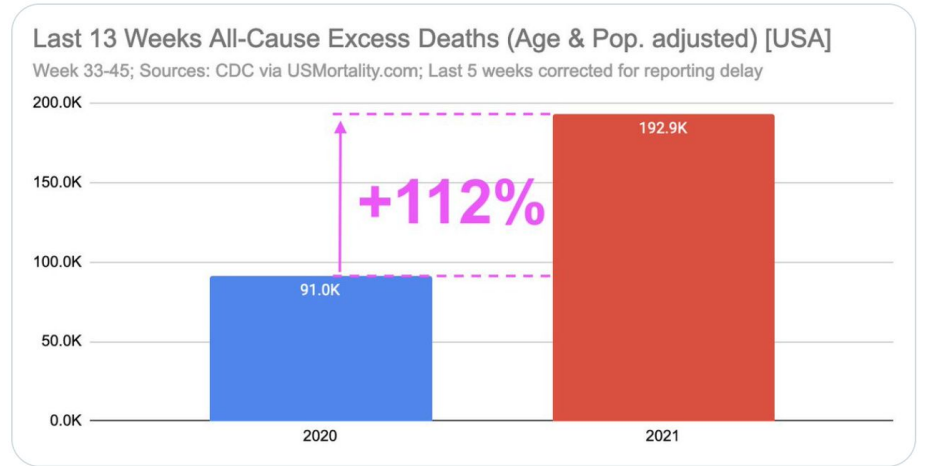


Ben M. @USMortality · 7h

Excess Deaths in the US are through the roof!

+112% all-cause excess deaths just the last 13 weeks!

That is 193 thousand people died more than normal in just 13 weeks! That's besides these widely available vaccines... Something is not right!



90

972

1.4K



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

So why are they telling people the reverse?

89% of Covid-19 Deaths among the Fully Vaccinated – Latest Public Health Data proves this is a 'Pandemic of the Fully Vaccinated' and suggests the Vaccinated are more likely to die

BY THE EXPOSÉ ON NOVEMBER 25, 2021 • (LEAVE A COMMENT)



Listen Now

If you get all your information from BBC News then you could be forgiven for thinking the world is currently experiencing a 'Pandemic of the Unvaccinated'. You only have to look at what they did in Austria, by discriminatorily putting the Unvaccinated in a lockdown, to be given that impression.

But you are being manipulated and lied to, and we can prove it.

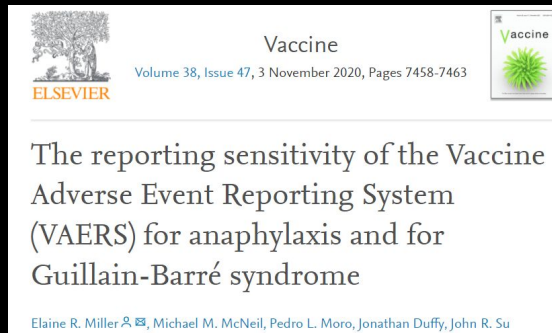
The latest official Public Health data from Scotland not only proves that this the world is in fact in the grip of a 'Pandemic of the Fully Vaccinated', it also proves that those who have so far chosen to avoid the questionable Covid-19 injections, are much better off for doing so.

Because the data shows that the fully vaccinated are up to five times more likely to die if infected with Covid-19.

Computing the VAERS URF

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

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



The reporting sensitivity of the Vaccine Adverse Event Reporting System (VAERS) for anaphylaxis and for Guillain-Barré syndrome

Elaine R. Miller , Michael M. McNeil, Pedro L. Moro, Jonathan Duffy, John R. Su

Methods

We estimated VAERS reporting rates following vaccination for anaphylaxis and GBS. We used data from VAERS safety reviews as the numerator, and estimated incidence rates of anaphylaxis and GBS following vaccination from the Vaccine Safety Datalink (VSD) studies as the denominator. We defined reporting sensitivity as the VAERS reporting rate divided by the VSD incidence rate. Sensitivity was reported as either a single value, or a range if data were available from >1 study.

Views 324,337 | Citations 57 | Altmetric 2171 | Comments 6

PDF | More | CME & MOC | Cite | Permissions

Research Letter FREE


March 8, 2021


Acute Allergic Reactions to mRNA COVID-19 Vaccines

Kimberly G. Blumenthal, MD, MSc¹; Lacey B. Robinson, MD, MPH¹; Carlos A. Camargo Jr, MD, DrPH²; [et al](#)

[Author Affiliations](#) | [Article Information](#)

JAMA. 2021;325(15):1562-1565. doi:10.1001/jama.2021.3976

 COVID-19 Resource Center

 Related Articles

Anaphylaxis to the mRNA COVID-19 vaccines is currently estimated to occur in 2.5 to 11.1 cases per 1 million doses, largely in individuals with a history of allergy.¹ Allergic concerns contribute to vaccine hesitancy; we investigated acute allergic reaction incidence after more than 60 000 mRNA COVID-19 vaccine administrations.

Discussion

In this prospective cohort of health care employees, 98% did not have any symptoms of an allergic reaction after receiving an mRNA COVID-19 vaccine. The remaining 2% reported some allergic symptoms; however, severe reactions consistent with anaphylaxis occurred at a rate of **2.47** per 10 000 vaccinations. All individuals with anaphylaxis recovered without shock or endotracheal intubation.

Rate of anaphylaxis was 2.47 per 10,000 doses

Validated it 12 other ways

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

Source: [Estimating the number of COVID deaths in America](#) for the details on all 12 methods

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

Efficacy

Efficacy is a red herring.

Discussing efficacy for a deadly vaccine!?!

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

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

COVID-19

Unvaccinated people 20 times more likely to die from COVID-19, Texas data shows

KUT 90.5 | By Ashley Lopez

Published November 8, 2021 at 2:01 PM CST



Michael Minasi / KUT

The vaccines haven't performed very well.

All-cause mortality is increased in every age group.

Click the image to read the entire thread



Chris
@chrislittlewoo8

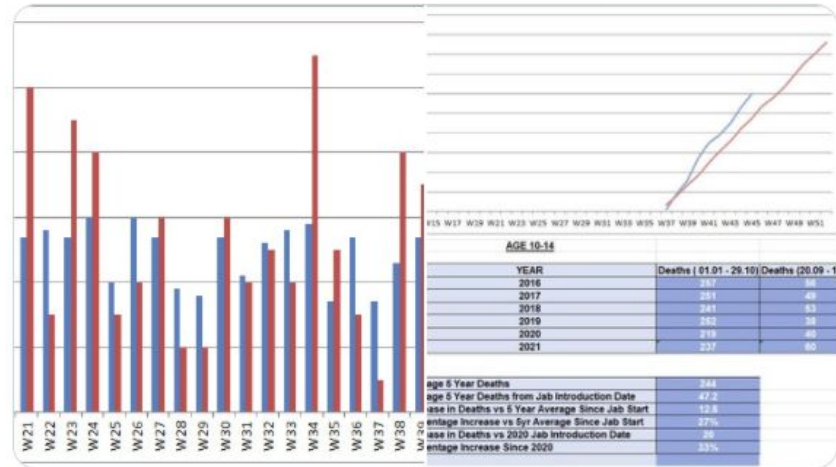


How is the population in England & Wales coping since they introduced jobs for each age group?

12-14 27% more deaths compared to 5 year average

15-19 17% more deaths compared to 5 year average

20-24 13% more deaths compared to 5 year average



5:41 AM · Nov 28, 2021 · Twitter Web App

1,829 Retweets 272 Quote Tweets 2,586 Likes

Latest research suggests zero efficacy

From Mathew Crawford's [These Vaccines are Ineffective](#)

Note that I'm not the only person who has come to the "basically zero efficacy" conclusion. Professor Norman Fenton has reached this point from a different angle.

Share



Analysing Covid vaccine efficiency and safety statistics

Systemic flaws in Covid-19 vaccine efficiency and safety statistics

Norman Fenton
(work carried out with Martin Neil)

17th November 2021

Watch on  YouTube

Copy link

Ireland latest numbers

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

Ireland numbers:
58% ICU vaxxed
100% dead vaxxed



Marcos @bringsmileback · 3m

Replying to @stkirsch

Ireland last week, all deaths were vaxxed people.

Fergal O'Doherty @ODohertyFergal

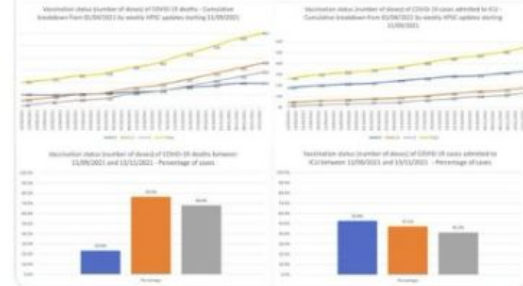
New HPSC update came a day early this week.

Main points since last week's update:

-48 total COVID ICU admissions
20 unvaccinated
28 with at least one dose
23 fully vaccinated

-45 COVID deaths
0 unvaccinated
45 with at least one dose
41 fully vaccinated

hpsc.ie/a-z/respirator...



7:16 AM · Nov 18, 2021



NHL

The Ottawa Senators Have a 100% Vaccination Rate—and 40% of the Team Has Tested Positive for Covid

The sidelining of an NHL team this week shows that, while vaccination rates are high, indoor, maskless activities can still lead to an outbreak



Vaccination is useless.
When are we going to
figure this out?!?

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

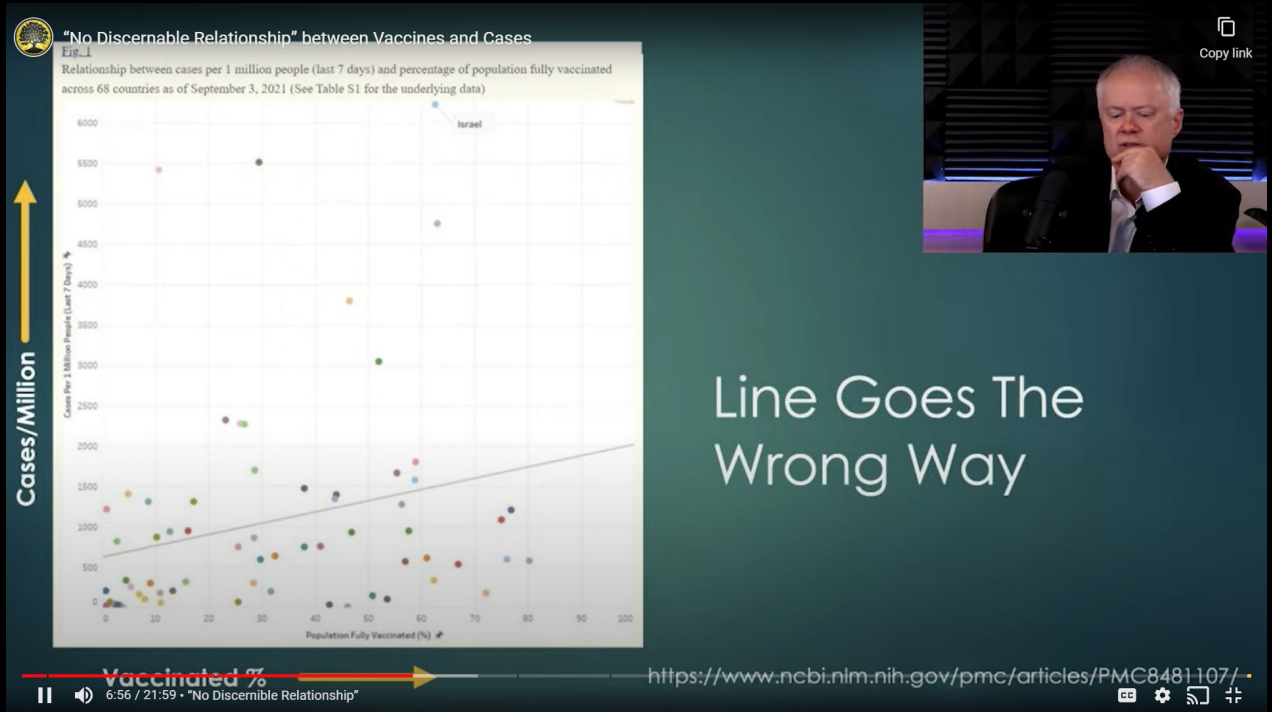
Half the team was likely naturally
immune already.

The line is supposed to slope the other way!

Data is from 68 countries and 2,947 American counties

The vaccines do not work.

They are making things worse, not better.



Source: ["No Discernible Relationship" between Vaccines and Cases](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/)

Wait a second...

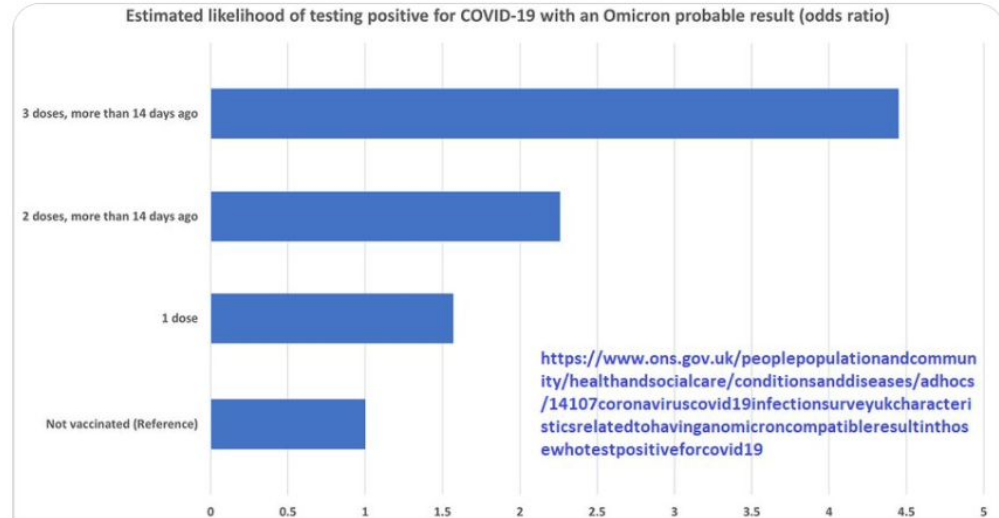
Weren't vaccines supposed to make it less likely you'll be infected?!?



Robert W Malone, MD
@RWMaloneMD



It looks like the U.K. data may support the vaccine-enhanced infection issue both FDA and I have raised.



dailysceptic.org

Triple-Vaccinated More Than FOUR Times More Likely to Test Positive For Omicron
According to new ONS data, the triple-vaccinated are 4.5 times more likely to test positive for Omicron than the unvaccinated. The double-vaccinated, ...

Wait a second...

Weren't vaccines supposed to make it less likely you'll be infected?!?



Ezra Levant  
@ezralevant

Holy moly.

This study shows that after three months the vaccine effectiveness of Pfizer & Moderna against Omicron is actually negative. Pfizer customers are 76.5% more likely and Moderna customers are 39.3% more likely to be infected than unvaxxed people.

medrxiv.org/content/10.110...

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

	Pfizer – BNT162b2				Moderna - mRNA-1273			
	Omicron		Delta		Omicron		Delta	
	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)
Before booster vaccination	14	55.2 (23.5; 73.7)	171	86.7 (84.6; 88.6)	4	36.7 (-69.9; 76.4)	29	88.2 (85.2; 91.2)
1st dose	32	16.1 (-20.8; 41.7)	454	80.9 (79.0; 82.6)	8	30.0 (-41.3; 65.4)	116	81.5 (77.5; 85.5)
2nd dose	145	9.8 (-10.0; 26.1)	3,177	72.8 (71.7; 73.8)	48	4.2 (-30.8; 29.8)	1,037	72.2 (70.2; 74.2)
Total	2,851	-76.5 (-95.3; 59.5)	34,947	53.8 (52.9; 54.6)	393	-39.3 (-61.6; 20.0)	3,459	65.0 (63.0; 67.0)
after booster vaccination	29	54.6 (30.4; 70.4)	453	81.2 (79.2; 82.9)	-	-	5	82.8 (58.8; 106.8)

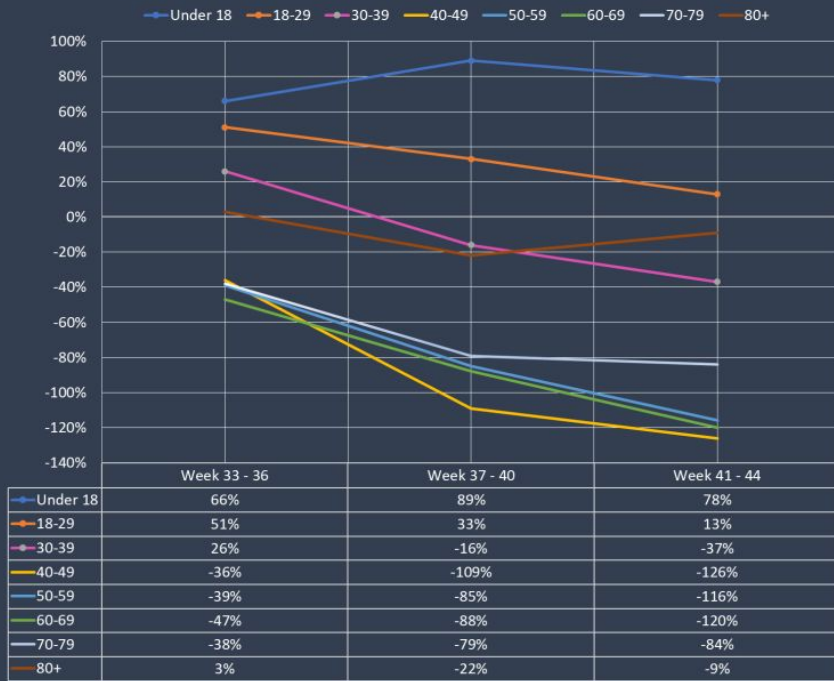
95% confidence intervals; VE = vaccine effectiveness. VE estimates adjusted for 10-year age groups, sex and region (five historical regions). Vaccine protection was assumed 14 days post 2nd dose. Insufficient data to estimate mRNA-1273 bivalent effectiveness against Omicron.

11:55 AM · Dec 23, 2021 · Twitter Web App

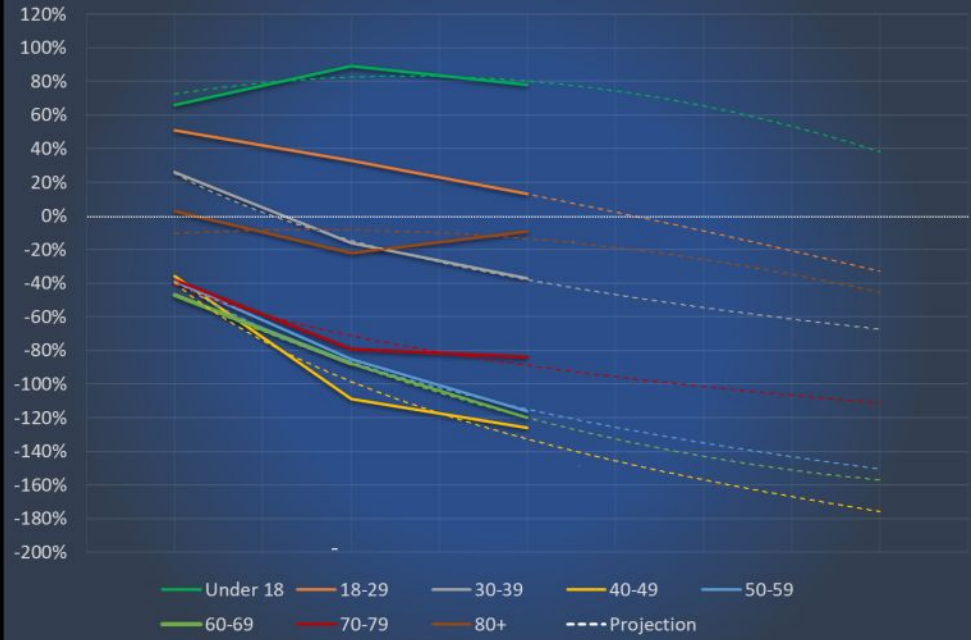
10.7K Retweets 1,542 Quote Tweets 20.1K Likes

Negative VE (UK government data on vaccine efficacy (VE)). It makes things worse.

Vaccine Effectiveness in each Age Group over Four Week Periods



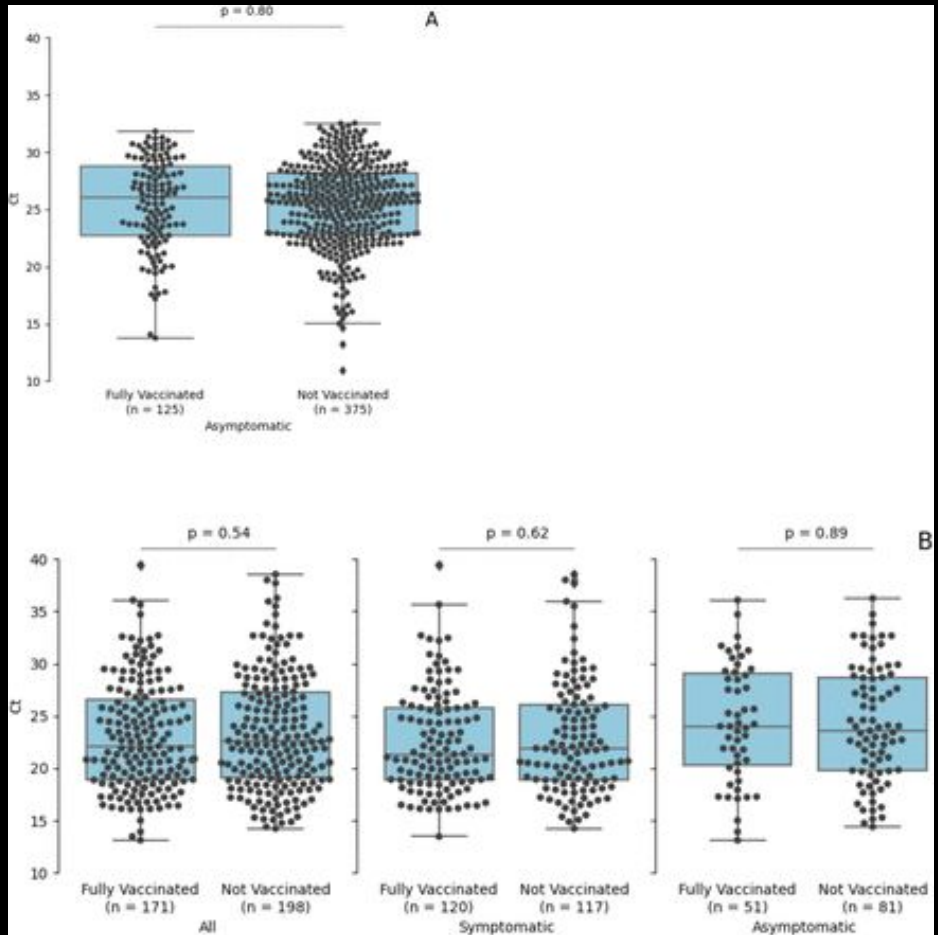
Projected Vaccine Effectiveness in each Age Group



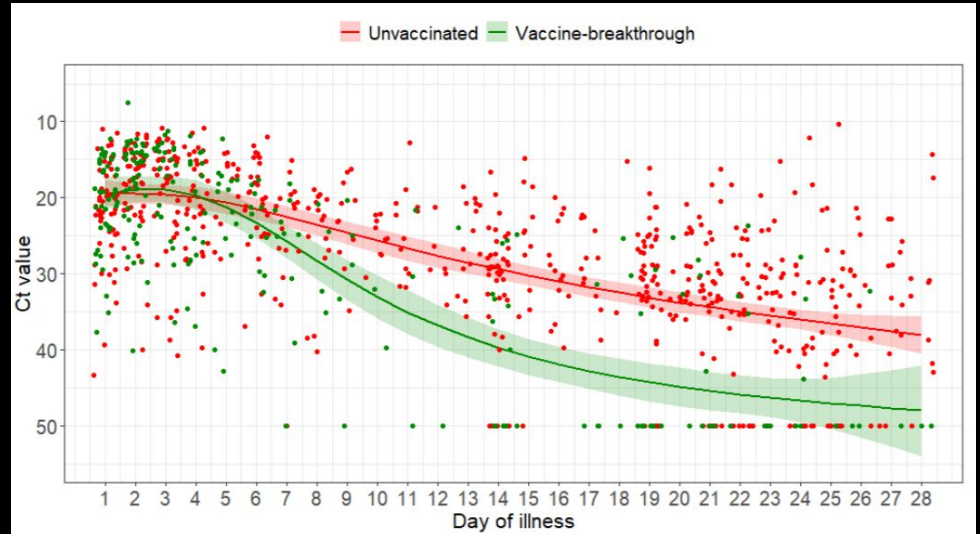
Vaccine makes absolutely no difference on viral load

UCSF/UC Davis PCR study

An earlier study from Singapore showed that the virus began to clear faster (but only after 5 days), but the UCSF study (which sampled at random times) did not confirm that result.



This [study from Singapore](#) shows vaccinated patients clear the virus faster, but only *after* they're most likely to have spread it!



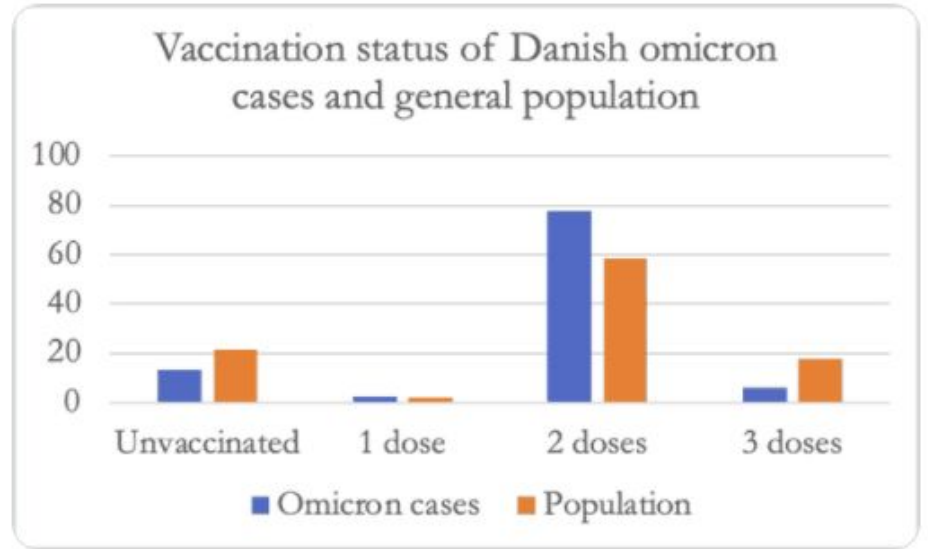
Wait a second. I thought you said that vaccines are supposed to help you not get infected? This shows if you got vaccinated in the past you're more likely to get the virus than an unvaccinated person.



Covid19Crusher @Covid19Crusher · 22m

Danish data appear to confirm that 2 vaccine doses are defeated by Omicron, but the real conversation will be about severity of course.

HT @M_B_Petersen



9

13


39




How can they cancel Christmas in Gibraltar?!?

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


☰ Top stories ⋮



Newsweek
Christmas Celebrations Cancelled in Most Vaccinated Area in the World as Cases Spike
1 day ago



Evening Standard
Christmas cancelled in Gibraltar - the 'most vaccinated' place in the world
1 day ago



Newshub.
Coronavirus: Gibraltar cancels Christmas events after 'exponential' rise in...
1 day ago

→ View all

Masks

Face mask historical timeline

Prior to COVID

For decades, studies have shown that face masks don't work against respiratory virus epidemics.

2020

March 8: Fauci says masks don't work (interview on *60 Minutes*). "People should not be walking around with masks."

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

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

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

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

2021

Jan 20: Biden signs order requiring face masks to be used.

The medical journals distort the science

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

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

When they did the first major study of masks against COVID in Denmark, the scientists found **that masks made things worse**. But the journals refused to publish the finding unless it was changed to fit the popular narrative. They changed the conclusion so it didn't match the data and their study was published. This is documented in this [Editor's Choice article in the BMJ](#).

Editor's Choice

The curious case of the Danish mask study

BMJ 2020 ; 371 doi: <https://doi.org/10.1136/bmj.m4586> (Published 26 November 2020)

Cite this as: BMJ 2020;371:m4586

Read our latest coverage of the coronavirus outbreak

Article

Related content

Metrics

Responses

Kamran Abbasi, executive editor

Author affiliations ▾

kabbasi@bmj.com

Follow Kamran on Twitter [@KamranAbbasi](#)

DANMASK-19, the first trial of mask use during covid-19, was "negative." Masks didn't work. We knew this before the trial was published because we were told so on social media. The authors were reported by the media to be struggling to find a major journal for their trial.¹ Journals weren't proving brave enough to publish the study, said the authors, and they didn't make a preprint available.

When the mythical trial was finally published last week in the *Annals of Internal Medicine* we didn't need to read it. We already knew its damning verdict on mask wearing. Social media told us as much. Eminent professors of evidence based medicine, Carl Heneghan and Tom Jefferson, confirmed this in an article for the *Spectator*.²

Except that if you read the published paper you find almost the exact opposite.^{3 4 5} The trial is inconclusive rather than negative, and it points to a likely benefit of mask wearing to the wearer—it did not examine the wider potential benefit of reduced spread of infection to others—and this even in a population where mask wearing isn't mandatory and prevalence of infection is low. This finding is in keeping with summaries of evidence from Cochrane.

CDC journal: Masks don't work in EITHER direction

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

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

A 2015 RCT which showed that cloth masks promoted more flu-like infections was excluded.



The image shows the cover of the journal 'Emerging Infectious Diseases' from the CDC. The top left features the CDC logo and the text 'Centers for Disease Control and Prevention'. On the top right, there is a green search button with a magnifying glass icon. The journal title 'EMERGING INFECTIOUS DISEASES' is prominently displayed in large blue letters. Below the title, the ISSN '1080-6059' is listed. The issue information 'Volume 26, Number 5—May 2020' and the section 'Policy Review' are also visible. The main article title is 'Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures'.

Two recent arbitration cases decided masks do not work at all. The laws of physics are still the same today as they were in 2018.

September 10, 2015

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

September 6, 2018

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

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

Source:

Berenson, Alex. *Pandemia: How Coronavirus Hysteria Took Over Our Government, Rights, and Lives* (pp. 185-186). Regnery Publishing.

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

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


Source:

Berenson, Alex. *Pandemia: How Coronavirus Hysteria Took Over Our Government, Rights, and Lives* (pp. 185-186). Regnery Publishing.



129,000,000,000 (billion) masks per month ¹
3,000,000 (million) masks per minute ¹

“It’s just a mask”

 @birb_k



- 96** unique pathogens found on used children’s masks ²
- 47** studies: masks ineffective at stopping COVID ³
- 32** studies: negative health effects of mask wearing ³
- 7** mask polymers including inhalable nano particles ⁴
- 71%** case patients ‘had always been wearing masks’ ⁵

¹ Science News, Mar 10, 2021, Danish Study: “Face masks and the environment: Preventing the next plastic problem”

² Rational Ground, Jun 6, 2021, Laboratory Analysis: “Dangerous pathogens found on children’s face masks”

³ LifeSite News, Jul 23, 2021, “47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects”

⁴ Elsevier, Oct 1, 2020, Study: “Covid-19 face masks: A potential source of microplastic fibers in the environment”

⁵ The Federalist Oct 12, 2020, “CDC Study Finds Overwhelming Majority of People Getting Coronavirus Wore Masks”

The Bangladesh study was the nail in the coffin for mask efficacy

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

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

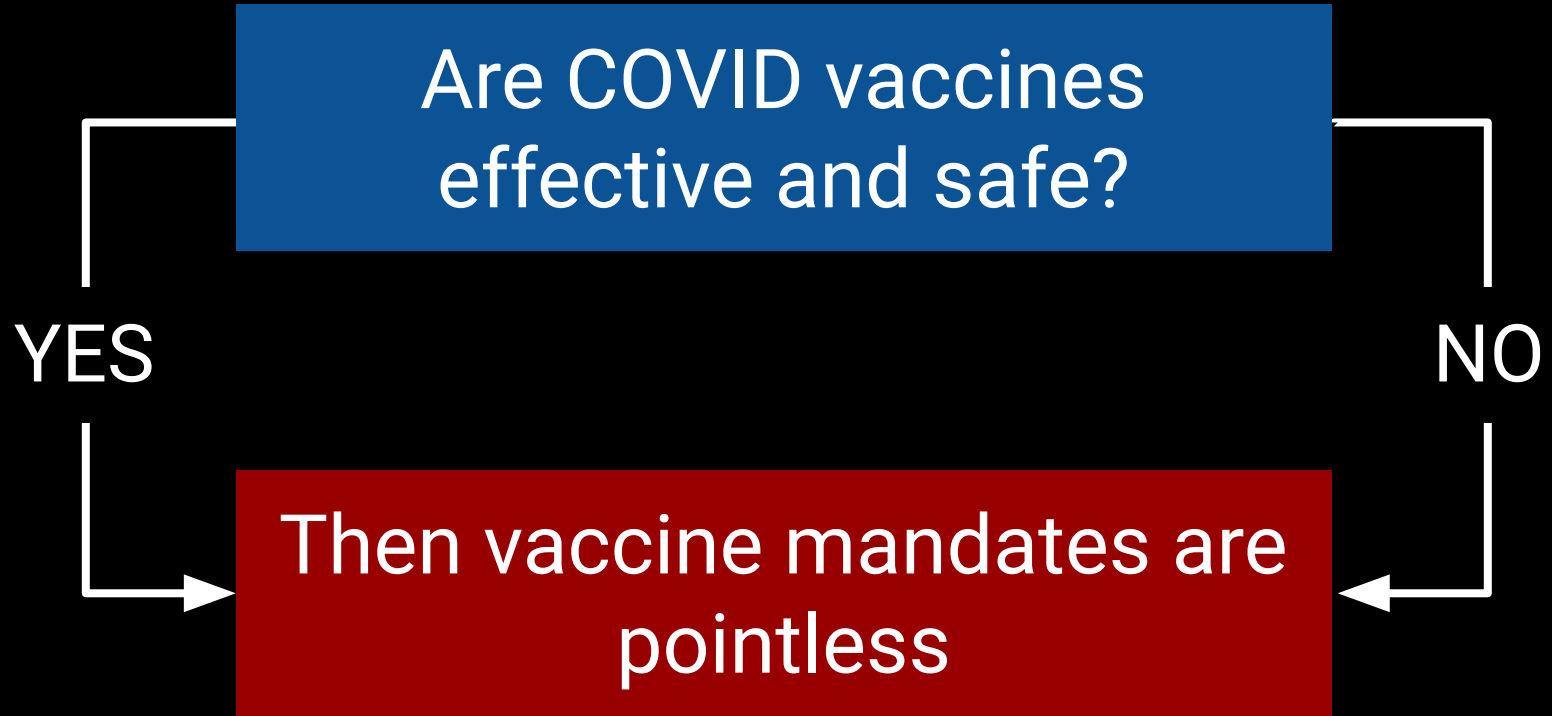
Except for one tiny little problem: if you actually look at the underlying data, it proved masks did not work at all.

Read this analysis by UC Berkeley Professor Ben Recht [Revisiting the Bangladesh Mask RCT](#) and [The cult of statistical significance and the Bangladesh Mask RCT \(Nov 29, 2021\)](#)



The image is a screenshot of a news article from the journal Nature. At the top, the word "nature" is displayed in a large, bold, black font. Below it, there are four navigation links: "Explore content", "About the journal", "Publish with us", and "Subscribe", each followed by a downward-pointing chevron icon. The main content area has a breadcrumb trail: "nature > news > article". Below this, the text "NEWS | 09 September 2021" is shown. The article title is "Face masks for COVID pass their largest test yet" in a large, bold, black font. Underneath the title is a short summary: "A rigorous study finds that surgical masks are highly protective, but cloth masks fall short." The author's name, "Lynne Peoples", is listed below the summary. At the bottom of the article preview, there are three circular icons for social media sharing: Twitter, Facebook, and Email.

Mandates



“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

The image is a YouTube video thumbnail. On the left, a large green circle contains the text "THIS DATA SAYS MANDATES MAY BE POINTLESS" in bold yellow letters, with "EPISODE: 034" below it. A small circular icon with a tree is in the top left of this circle. In the center, a play button icon is overlaid on a dark background. On the right, a man (Dr. Chris Martenson) is shown from the chest up, wearing a dark suit and white shirt, with his hand to his chin in a thoughtful pose. Behind him is a sign that reads "FOR THE SAFETY OF OUR STAFF, GUESTS, AND COMMUNITY... NO VAX NO SERVICE". A "Copy link" icon is in the top right corner. At the bottom left, a black bar contains the text "Watch on" followed by the YouTube logo and the word "YouTube".

Mandates Have Nothing To Do With Public Health

THIS DATA SAYS MANDATES MAY BE POINTLESS

EPISODE: 034

Watch on YouTube

Copy link

"Imagine a vaccine so safe you have to be threatened to take it -- for a disease so deadly you have to be tested to know you have it!!"

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

Considering a mandate? Take 10 minutes to read this remarkable speech first.

BROWNSTONE » ARTICLES » DO NOT GIVE UP YOUR RIGHTS ~ DR. JULIE PONESSE'S REMARKABLE SPEECH



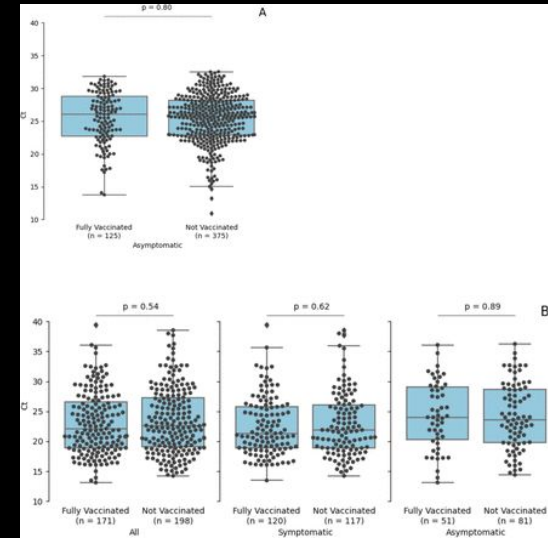
Do Not Give Up Your Rights ~ Dr. Julie Ponesse's Remarkable Speech

BY BROWNSTONE INSTITUTE NOVEMBER 3, 2021 PHILOSOPHY, PUBLIC HEALTH, SOCIETY 10 MINUTE READ

The image shows Dr. Julie Ponesse, a woman with dark hair, wearing a dark blazer over a dark top with white polka dots. She is standing behind a clear acrylic podium with a microphone. The podium has a sign that reads "CANADA CHRISTIAN COLLEGE". The background is a lush green field of red and white tulips, with a blue building visible in the distance.

“I have no doubt that COVID-19 is the greatest threat to humanity we have ever faced; not because of a virus; ... **but because of our response to it.**”

Why are we mandating a vaccine that is deadly and largely ineffective?!?



Why COVID vaccine mandates are completely nonsensical

A short proof based on a new UC Davis/UCSF study showing the viral loads of the vaccinated and unvaccinated are identical.

Steve Kirsch

Nov 11 202 74 ...

Recovered immunity




CDC admits Recovered can't spread the virus



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

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

Aaron Siri

Nov 11  363  261 

New Harvard study confirms the CDC admission: recovered can't spread the virus.

New Harvard HCW study shows recovered immunity is far stronger than vaccine protection

None of the patients followed



Steve Kirsch

19 hr ago 132 35 ↗ ...

medRxiv

THE PREPRINT SERVER FOR HEALTH SCIENCES



BMJ Yale

HOME | ABOUT

Search

[Comment on this paper](#)

Continued Effectiveness of COVID-19 Vaccination among
Urban Healthcare Workers during Delta Variant Predominance

Early treatments



Dr. George Fareed

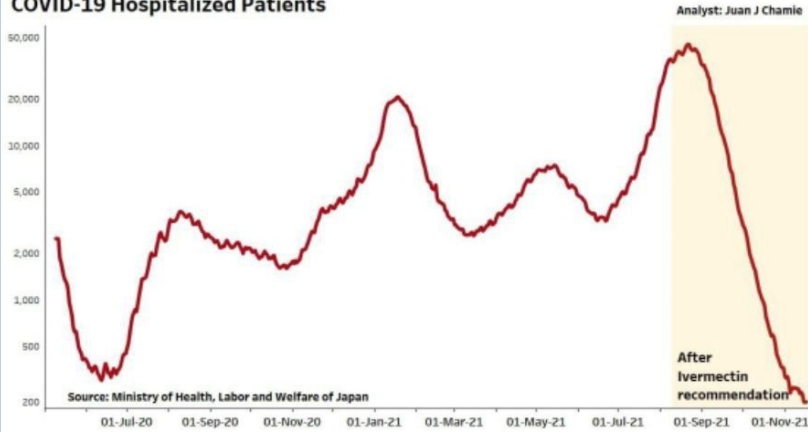
If you treat early with a combinations of drugs such as the [Fareed-Tyson protocol](#) you can

**reduce hospitalization by 99.76%
and death by nearly 100%**

for all variants with no risk of death or disability. NIH totally ignores this.

COVID-19 in Tokyo Japan

COVID-19 Hospitalized Patients



On August 13 [Tokyo Medical Association](#) announced that [Ivermectin](#) is amazingly effective at stopping COVID-19. They recommend to ALL Doctors in Japan using [Ivermectin to treat COVID](#).

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

@PierreKory

👁 145.8K 8:41 AM

Look what happened to COVID hospitalization rates when Japan adopted Ivermectin.

Hmmm... wonder what caused that?

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



NEWSLETTER

MEDICALNEWS TODAY



After these adjustments, aspirin use was associated with a **43%** reduced risk of intensive care unit admission, a **44%** reduced risk of mechanical ventilation, and a **47%** reduced risk of dying in the hospital.

Fluvoxamine alone

has far greater death benefit than any of the vaccines

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

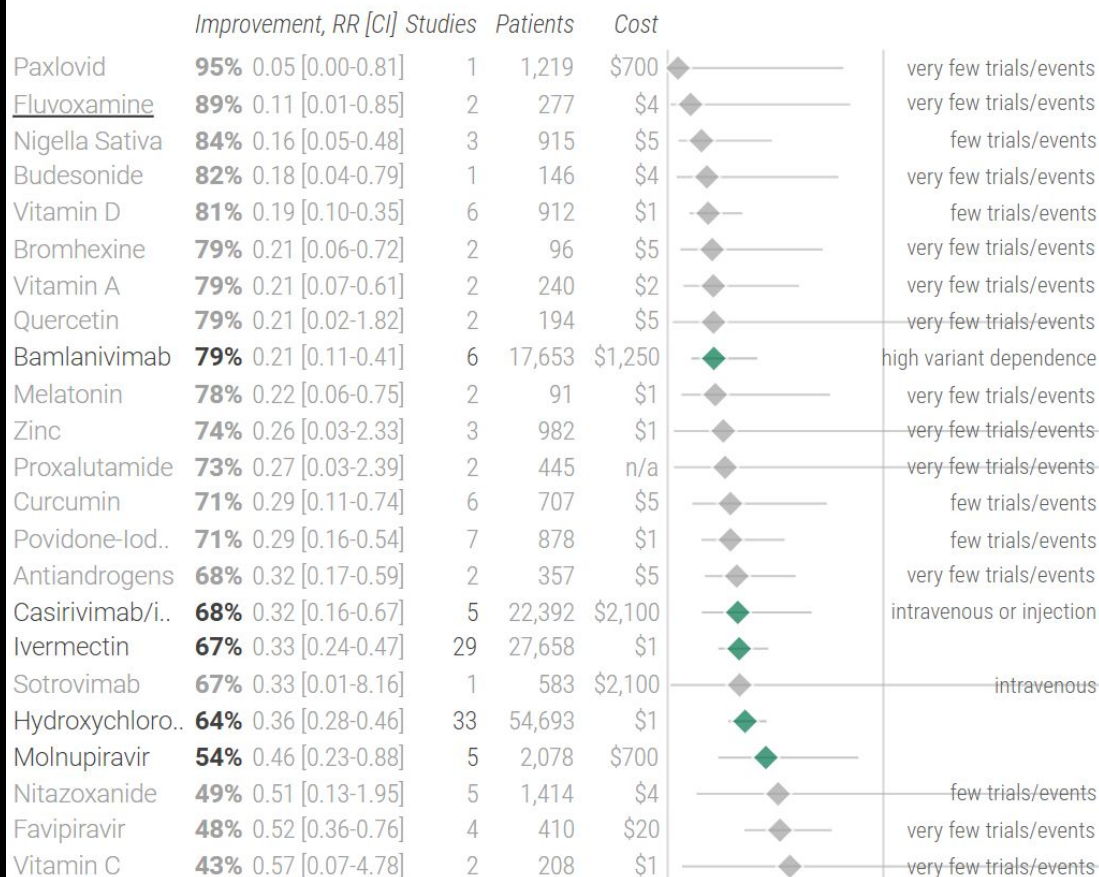
By contrast, Pfizer's own study showed only a 50% death benefit. Fluvoxamine is 6X better.

But they don't
want you to know
any of that

Every early treatment that works is ignored (unless it comes from big pharma)

Early treatment studies (pooled effects)

c19early.com Nov 24, 2021



Because they need
you to believe that
mass vaccination is
the **ONLY** way out




This is why doctors look the other way at the data.

They truly believe the vaccine is the only way out because they trust the CDC.

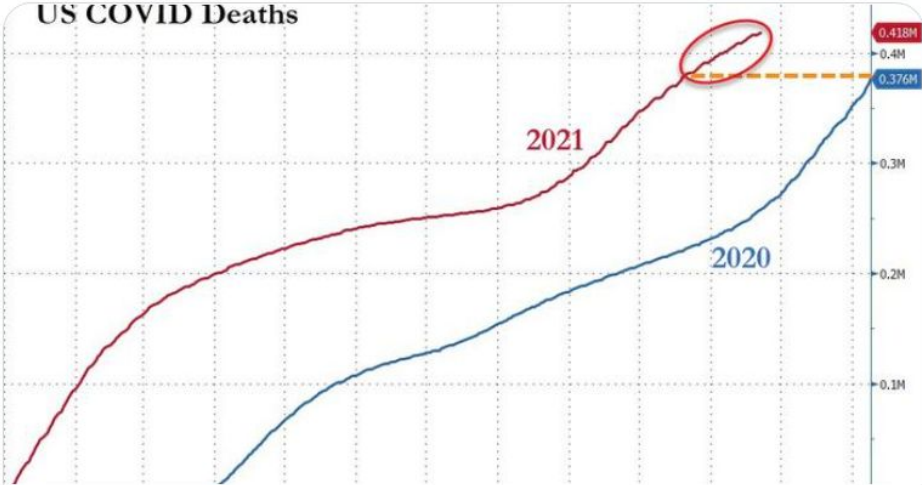


...even when the data shows the vaccines make the problem worse.

Their solution:
boosters!

 **Steve Kirsch** @stkirsch · 22s

INSANITY: Doing the same thing over and over and expecting a different result. Response from CDC: If 2 doses don't work, then we need a third dose!



Year	Total Deaths (Millions)
2020	0.376M
2021	0.418M

zerohedge.com
US COVID Deaths In 2021 Have Surpassed 2020's Total... Despite Va...
This wasn't supposed to happen...

🗨️ 1 ❤️ 3 📌 📊

Early treatment benefits

No masking

No social distancing

No more lockdowns

No more mandates

Broader immunity

Herd immunity

Early treatment benefits

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

A Day with the Experts - Community COVID-19 Conference

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

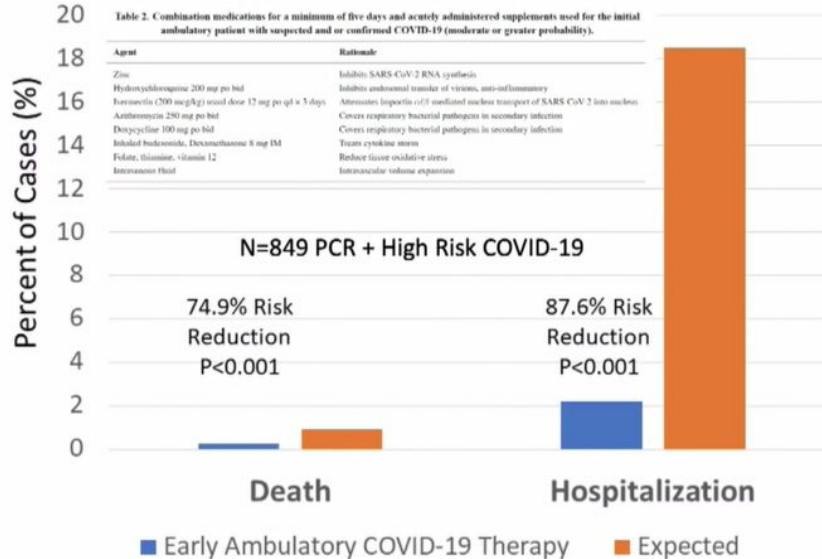
Tap To Unmute

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

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

Table 2. Combination medications for a minimum of five days and acutely administered supplements used for the initial ambulatory patient with suspected and/or confirmed COVID-19 (moderate or greater probability).

Agent	Rationale
Zinc	Inhibits SARS-CoV-2 RNA synthesis
Hydroxychloroquine 200 mg po bid	Inhibits endosomal transfer of viruses, anti-inflammatory
Ivermectin (200 mcg/kg) oral dose 12 mg po qd x 3 days	Attenuates lipoprotein-mediated nuclear transport of SARS-CoV-2 into nucleus
Acetaminophen 200 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Doxycycline 100 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Inhaled budesonide, Dexamethasone 8 mg IM	Treats cytokine storm
Folate, thiamine, vitamin 12	Reduce tissue oxidative stress
Intravenous fluid	Intravascular volume expansion



Procter BC, Ross C, Pickard V, Smith E, Hanson C, McCullough PA. Clinical outcomes after early ambulatory multidrug therapy for high-risk SARS-CoV-2 (COVID-19) infection. Rev Cardiovasc Med. 2020 Dec 30;21(4):611-614. doi: 10.31083/j.rcm.2020.04.260. PMID: 33388006.

Permanent link to preprint on Authorea:
<https://doi.org/10.22541/au.161000355.54720791/v1>



Massimau
@masimau



OK, so what do we have here? Two doctors have treated over 7,000 patients and NOT A SINGLE DEATH if treated within 5-7 days of symptoms.

How? Multidrug regimen based on hydroxychloroquine and ivermectin.

Wait a minute! Didn't Dr. Boulware prove in 2020 that HCQ is ineffective?

Dr. Fareed explained that patients can almost always be saved when they start the early treatment cocktail within the first five to seven days of symptoms.

"We have now treated over 7,000 patients and there has not been a single death in patients treated within the first five to seven days of the onset of symptoms. NOT A SINGLE DEATH. This (series) includes patients with multiple comorbidities as well as patients in their nineties!"

- Protocol 1 uses of hydroxychloroquine an agent with antiviral reactivity against SARS-CoV-2, two antibiotics (azithromycin, doxycycline) along with aspirin and a multivitamin pack (including zinc, vitamin C, vitamin D, and others), and with selective use of one or a combination of inhaled budesonide, dexamethasone, prednisone, colchicine or other treatments deemed appropriate.
- Protocol 2 includes all of these options, plus ivermectin where deemed appropriate by physicians.

ASK YOURSELF

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

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

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

Rochelle Walensky will never say that. They won't call Fareed. Ever.



WHY IS THE NIH IGNORING ALL THE DATA?

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

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

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

The objective of NIH is NOT saving lives. The objective of the NIH is to make money for big Pharma.

The rule breakers



Steve Kirsch
@stkirsch

HUGE: Uttar Pradesh, India Announces State Is COVID-19 Free Proving the Effectiveness of "Deworming Drug" IVERMECTIN



HUGE: Uttar Pradesh, India Announces State Is COVID-19 Free Proving the Eff...
The Gateway Pundit previously reported that COVID cases are plummeting in India thanks to new rules that promote Ivermectin and hydroxychloroquine to it...
thegatewaypundit.com

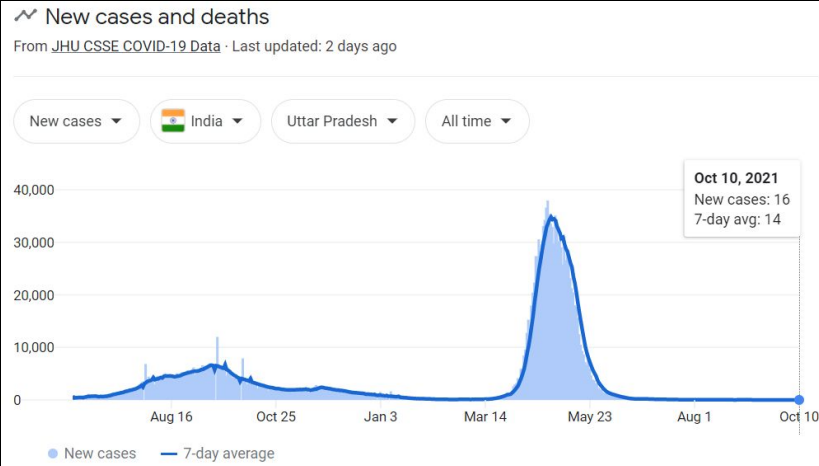
9:08 AM · Sep 17, 2021 · Twitter for iPhone

280 Retweets 24 Quote Tweets 734 Likes

Uttar Pradesh is now COVID-free

They used [early treatments](#).

Vaccination rates there are miniscule ([now 11%](#)).



Horowitz: Heavily vaccinated state accounts for 65% of India's COVID cases after rejecting ivermectin

DANIEL HOROWITZ | September 17, 2021



Kerala by contrast...

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

Source: [Horowitz: Heavily vaccinated state accounts for 65% of India's COVID cases after rejecting ivermectin](#)



Aaron Rodgers did exactly the right thing for himself, his team, and for society. He's the model. He contributes to herd immunity. **His teammates do not.**

Mandates encourage bad behavior

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

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

If you get naturally infected, **when you recover, you can't spread the virus** which the [CDC was privately forced to admit](#).

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

California's COVID-19 case rate now twice Florida's

November 7, 2021

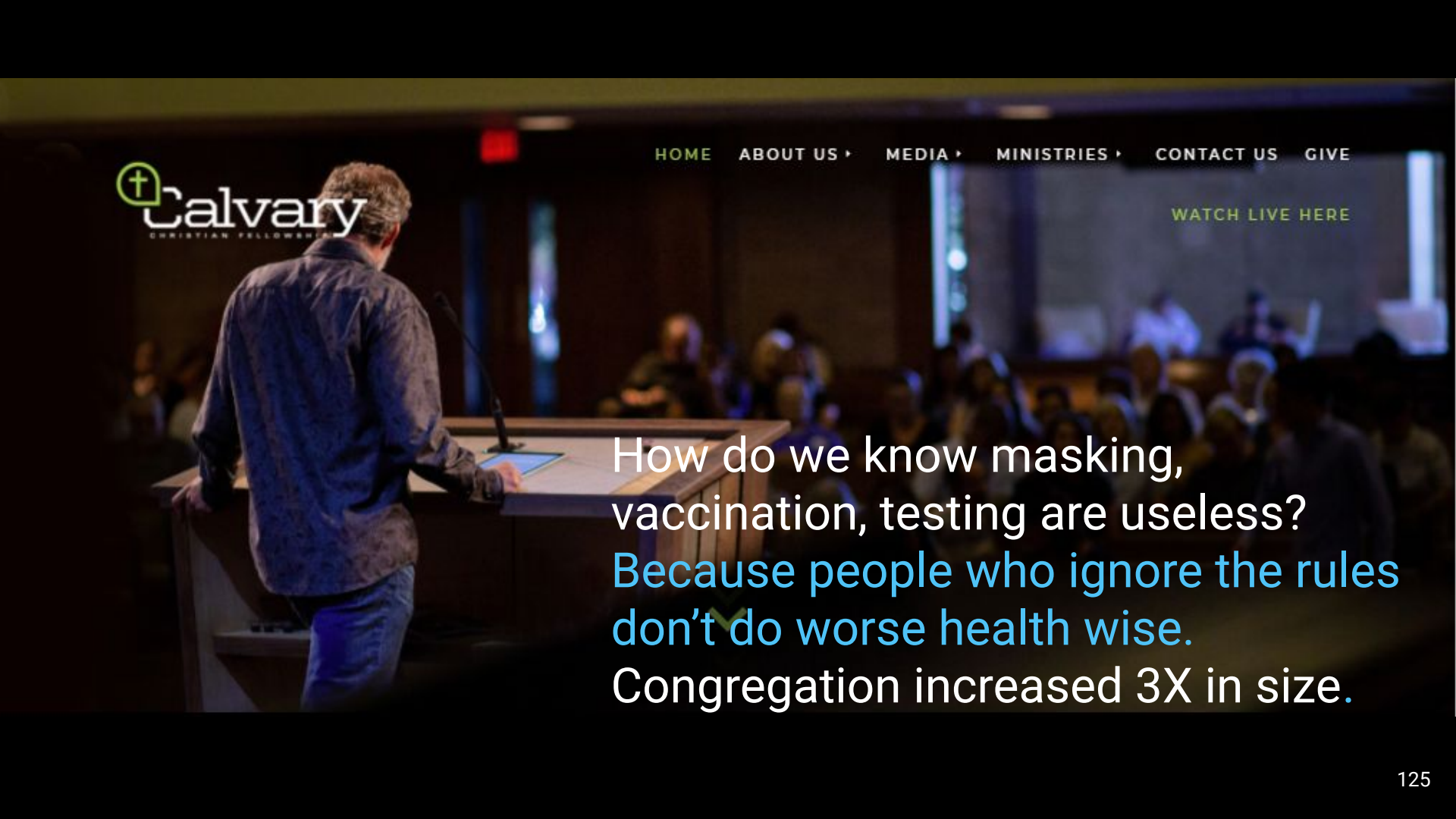
By Tribune News Service

Published Nov. 7

SAN JOSE, Calif. — A month ago, the coronavirus seemed headed for a long winter's nap in masked and well-vaccinated California. Gov. Gavin Newsom boasted that the Golden State “continues to lead the nation” as the only state to reach the Centers for Disease Control and Prevention's yellow “moderate” tier of community virus transmission.

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

Meanwhile, the virus has gone quiet in Deep South states that abandoned mask orders, opposed vaccine mandates, posted lower vaccination rates and saw larger outbreaks over the summer. California's case rate is now well above Texas' and double Florida's, which along with the rest of the Gulf Coast are down to the CDC's orange “substantial” transmission level.



How do we know masking, vaccination, testing are useless? Because people who ignore the rules don't do worse health wise. Congregation increased 3X in size.

All visitors/guest/sales please make an appointment with us by clicking below.

New to TGM? Let's Connect!

Maui's New Private School for Youth NOW OPEN accepting limited students ages 5-12.

[Hale'hooponopono](#)

Maui's Premier

WE DO NOT DISCRIMINATE
 AGAINST ANY CUSTOMER BASED ON
SEX, GENDER, RACE, CREED, AGE,
VACCINATED OR UNVACCINATED
 ALL CUSTOMERS WHO WISH TO PATRONIZE ARE WELCOME IN OUR ESTABLISHMENT

53913

MASKS
 We never had and never will mandate.
VAX
 100% your choice.
 No need to share.
ENJOY YOUR FREEDOM

WE DO NOT DISCRIMINATE
 AGAINST ANY CUSTOMER BASED ON
SEX, GENDER, RACE, CREED, AGE,
VACCINATED OR UNVACCINATED
 ALL CUSTOMERS WHO WISH TO PATRONIZE ARE WELCOME IN OUR ESTABLISHMENT

UNLAWFUL MANDATE ENFORCEMENT IS NOT WELCOME. DO NOT ENTER YOU WILL BE MET WITH RESISTANCE

The Gym Maui tripled membership after ignoring mandates. Nobody left.

Corruption

Health experts are ignoring the elephant in the room

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

No obvious cause could be identified, though suggestions included "running too fast", "excessive Monster energy drinks", "online hate" and "climate change".



Forced vaccination using a known deadly vaccine is a corrupt. We are next.

A screenshot of the top portion of an AP news article. The AP logo is on the left, followed by a horizontal menu of categories: Science, Technology, Business, U.S. News, World News, Politics, Entertainment, Sports, Oddities, Lifestyle, and Health. Below the menu is the main headline in large, bold, black font: "Facing surge, Austria will mandate COVID-19 shots, lock down". Underneath the headline, the byline reads "By EMILY SCHULTHEIS and KIRSTEN GRIESHABER" followed by "an hour ago".

AP

Science Technology Business U.S. News World News Politics Entertainment Sports Oddities Lifestyle Health

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

By EMILY SCHULTHEIS and KIRSTEN GRIESHABER an hour ago

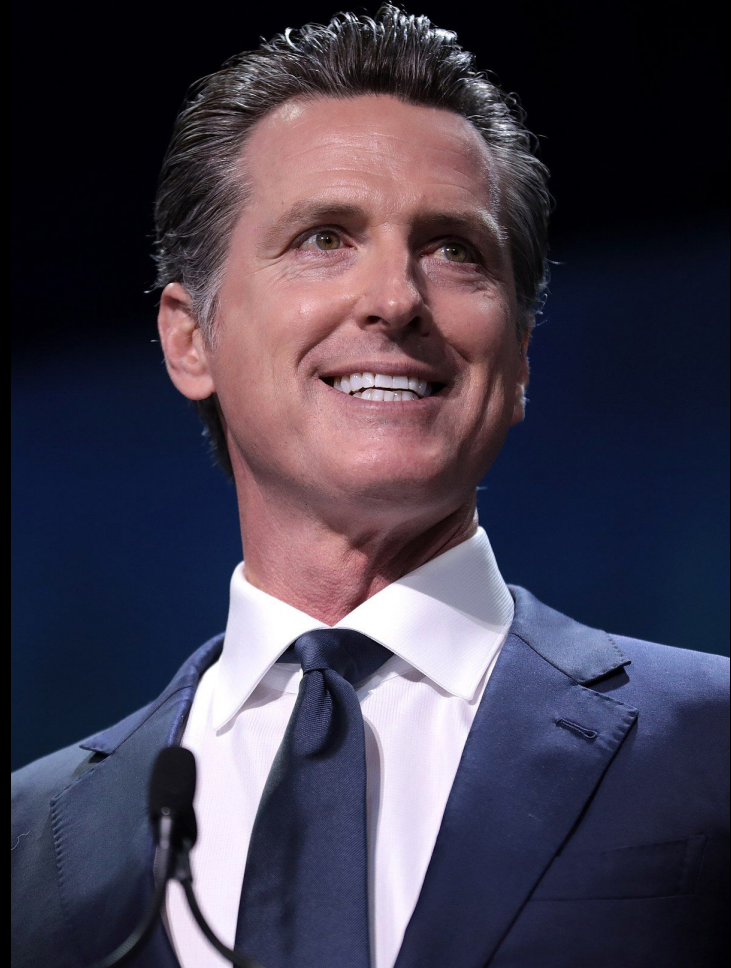
November 19, 2021

California Governor Gavin Newsom

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

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

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



Doctor commits suicide over vax genocide

When was the last time you saw this happening for a safe vaccine?



Yvonne C | Fighting Back is the New Normal
@CountryGardener



In Germany, the Head of the Chemnitz Clinic, Dr Thomas Jendges, committed suicide saying he no longer could to be part of the Genocide happening via the COVID-19 Vaccine.



stessnews.online

Germany | Dr Thomas Jendges Head of Clinic, Commits Suicide "COVID-19 Vac...
In Germany, the Head of the Chemnitz Clinic, Dr Thomas Jendges, committed suicide saying he no longer wants to be part of the Genocide happening vis the ...

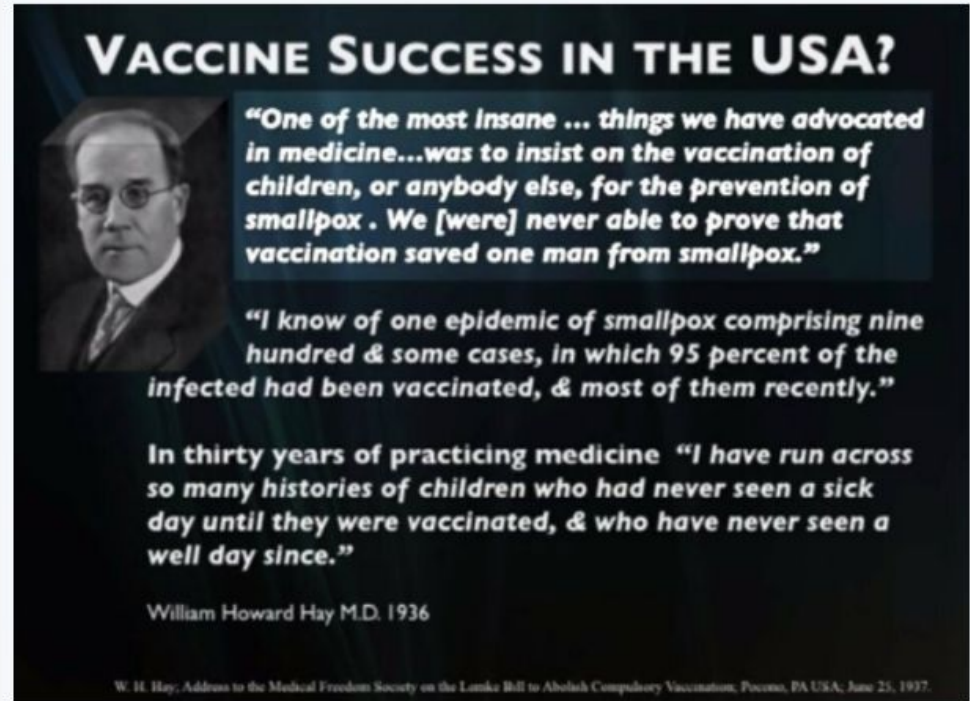
We don't seem to learn from our mistakes

From 1936, nearly 100 years ago.



Nate Itkin @kdogni · 9m

It seems unthinkable, but this isn't a first. The rabbit hole is very deep. The choice to know is yours. Thanks for all you do Steve.



VACCINE SUCCESS IN THE USA?

“One of the most insane ... things we have advocated in medicine...was to insist on the vaccination of children, or anybody else, for the prevention of smallpox . We [were] never able to prove that vaccination saved one man from smallpox.”

“I know of one epidemic of smallpox comprising nine hundred & some cases, in which 95 percent of the infected had been vaccinated, & most of them recently.”

In thirty years of practicing medicine “I have run across so many histories of children who had never seen a sick day until they were vaccinated, & who have never seen a well day since.”

William Howard Hay M.D. 1936

W. H. Hay, Address to the Medical Freedom Society on the Lunke Bill to Abolish Compulsory Vaccination, Pocomo, PA USA, June 25, 1937.

Ivermectin for COVID has **multiple** peer-reviewed published meta-analysis + systematic reviews.

This is the **highest level of evidence** in evidence-based medicine.

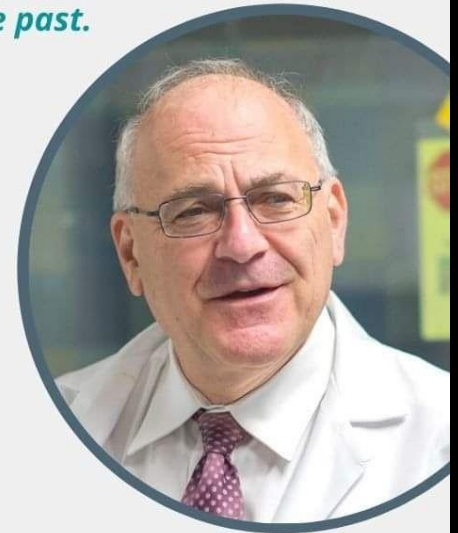
“

I had to sit idly by and watch four of my patients die, including a 32-year-old woman, while being prohibited from providing the treatment that they so desperately needed, and which had proven so effective with other patients in the past.

— DR. PAUL E. MARIK
M.D., FCCP, FCCM



#DrMarikHero


Dr. Paul Marik vs Sentara Health Care





This paper by Jessica Rose was **unethically withdrawn** by the publisher because *they didn't like what it said* that myocarditis is far more widespread than the CDC said.


“Withdrawn” is used when the author withdraws the paper!?!

 **Current Problems in Cardiology**
Available online 1 October 2021, 101011
Withdrawn Article in Press 



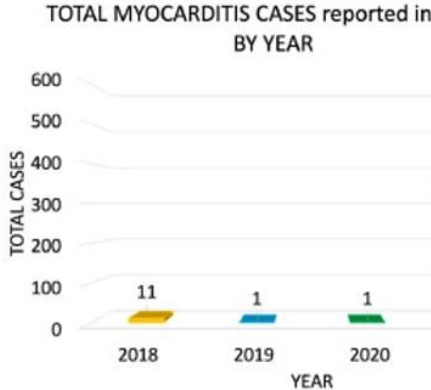
TEMPORARY REMOVAL: A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-Products

Jessica Rose PhD, MSc, BSc¹  , Peter A. McCullough M

[Show more](#) 

[+ Add to Mendeley](#) [Share](#) [Cite](#)

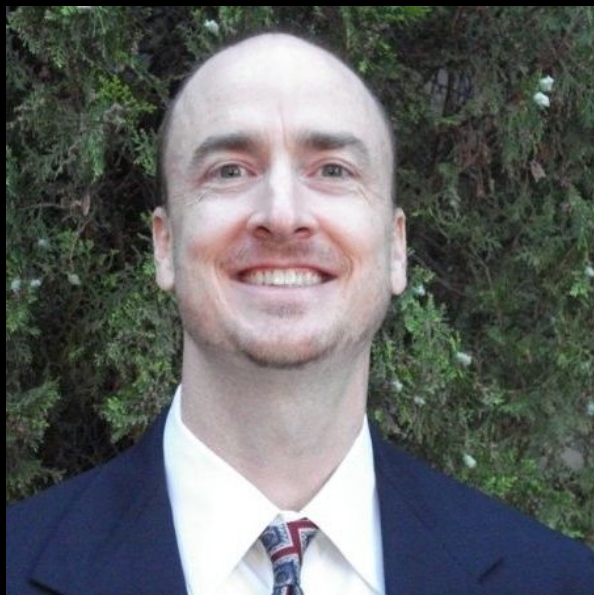
<https://doi.org/10.1016/j.cpcardiol.2021.101011>
Under a Creative Commons license



YEAR	TOTAL CASES
2018	11
2019	1
2020	1
2021	559

The Publisher regrets that this article has been temporarily removed. A replacement will appear as soon as possible in which the reason for the removal of the article will be specified, or the article will be reinstated.

The full Elsevier Policy on Article Withdrawal can be found at <http://www.elsevier.com/locate/withdrawalpolicy>.



“The FDA’s risk-benefit analysis in connection with Pfizer’s Emergency Use Authorization (EUA) application to inject children ages 5 to 11 with their COVID-19 vaccine is **one of the shoddiest documents I’ve ever seen.**”

—Dr. Toby Rogers

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS

PUBLIC HEALTH AND MEDICAL
PROFESSIONALS FOR TRANSPARENCY,

Plaintiff,

-against-

FOOD AND DRUG ADMINISTRATION,

Defendant.

The case number is 4:21-cv-01058-P
and the case was filed in the Federal District Court
for the Northern District of Texas.

Civil Action No. _____

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

Plaintiff, as for its Complaint regarding a Freedom of Information Act request against the above-captioned Defendant, alleges as follows:

INTRODUCTION

1. Until only a few weeks ago, all coronavirus vaccines available in the United States were only authorized for emergency use by the U.S. Food and Drug Administration (the “FDA”).¹
2. On August 23, 2021, the FDA approved the Pfizer-BioNTech COVID-19 Vaccine, marketed as Comirnaty (the “Pfizer Vaccine”) for individuals 16 years of age and older.²
3. Although the FDA asserts that the Pfizer Vaccine “meets the high standards for safety, effectiveness, and manufacturing quality the FDA requires of an approved product[.]”³ numerous public health officials, media outlets, journalists, scientists, politicians, public figures, and others with large social or media platforms have publicly raised questions regarding the sufficiency of the data and information, the adequacy of the review, and the appropriateness of the

¹ <https://www.bmj.com/content/373/bmj.n1244> (last visited 9/5/2021).

² <https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine> (last visited 9/5/2021).

³ *Id.*

Why do scientists have
to **sue the FDA** to see
the Pfizer data?

“You want to see the data?! No problem! We’ll have it ready for you in 55 years!”

November 18, 2021
1:31 PM PST
Last Updated 10 hours ago

COVID-19 Health Litigation

Wait what? FDA wants 55 years to process FOIA request over vaccine data

4 minute read

By Jenna Greene

[Twitter](#) [Facebook](#) [LinkedIn](#) [Email](#) [Share](#)



The photograph shows a large, modern building with a sign in the foreground. The sign is white and blue, featuring the FDA logo and the text 'U.S. Department of Health and Human Services Food and Drug Administration'. The building has large windows and a brick facade. There are trees and a fence in the background.

How can a kid who was in the Pfizer 12-15 year-old trial be paralyzed (**likely for life**) and **not** have that reported in the trial report to the FDA?

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

The FDA promised to investigate. **They did nothing.** Nobody investigated. Why?



Why didn't anyone ask any questions about the gaming in the Pfizer Phase 3 trial?!? This didn't happen by chance ($p < 0.00001$). Number excluded >> effect size! Nobody said a word except my team members.

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Table 2. Efficacy Populations, Treatment Groups as Randomized

	BNT162b2 (30 µg) n ^a (%)	Placebo n ^a (%)	Total n ^a (%)
Randomized ^b	21823 (100.0)	21828 (100.0)	43651 (100.0)
Participants excluded from evaluable efficacy (14 days) population	1790 (8.2)	1585 (7.3)	3375 (7.7)
Reason for exclusion ^c			
Randomized but did not meet all eligibility criteria	36 (0.2)	26 (0.1)	62 (0.1)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19-42 days after Dose 1)	1550 (7.1)	1561 (7.2)	3111 (7.1)
Had other important protocol deviations on or prior to 7 days after Dose 2	311 (1.4)	60 (0.3)	371 (0.8)
Had other important protocol deviations on or prior to 14 days after Dose 2	311 (1.4)	61 (0.3)	372 (0.9)

^an = Number of participants with the specified characteristic.

^bThese values are the denominators for the percentage calculations.

^cParticipants may have been excluded for more than 1 reason.

Note: 100 participants, 12 through 15 years of age with limited follow-up, are included in the randomized population (49 in the vaccine

**Serious adverse event data
was gamed in the trials**

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

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

Whoops!

Pfizer gets caught
cheating on the safety
data.

Nobody cares.

Article

Related content

Article metrics

Rapid responses

Response

Rapid Response:

Re: Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial

Dear Editor

It's hard to understand how we can trust the safety data provided by Pfizer [1]; we can see that the official package insert approved by the FDA for Comirnaty [2] states that acute allergic reactions (including anaphylaxis) have been reported only in post-marketing surveillance (including EUA); while in the real world [3] the observed rate of acute allergic reactions is close to 2% (1.95% [95% CI, 1.79%-2.13%]) and the observed rate of anaphylaxis is close to 1/3700 for mRNA Covid-19 vaccines (Pfizer 0.027% [95% CI, 0.011%-0.056%]). It's impossible to miss that in a cohort of 21,700 vaccinated individuals in a clinical trial.

This observational study has been published online in March 2021, it was clear that we could question the authenticity of the safety data published by Pfizer early in the roll-out of this vaccine.

[1] Polack FP, Thomas SJ, Kitchin N, Absalon J, Gurtman A, Lockhart S, Perez JL, Pérez Marc G, Moreira ED, Zerbini C, Bailey R, Swanson KA, Roychoudhury S, Koury K, Li P, Kalina WV, Cooper D, Frenck RW Jr, Hammitt LL, Türeci Ö, Nell H, Schaefer A, Ünal S, Tresnan DB, Mather S, Dormitzer PR, Şahin U, Jansen KU, Gruber WC; C4591001 Clinical Trial Group. Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. *N Engl J Med*. 2020 Dec 31;383(27):2603-2615. doi: 10.1056/NEJMoa2034577. Epub 2020 Dec 10. PMID: 33301246; PMCID: PMC7745181.

[2] COMIRNATY® (COVID-19 Vaccine, mRNA) suspension for injection, for intramuscular use; Initial U.S. Approval: 2021; section 6.2 page 13 <https://www.fda.gov/media/151707/download>

[3] Blumenthal KG, Robinson LB, Camargo CA Jr, Shenoy ES, Banerji A, Landman AB, Wickner P. Acute Allergic Reactions to mRNA COVID-19 Vaccines. *JAMA*. 2021 Apr 20;325(15):1562-1565. doi: 10.1001/jama.2021.3976. PMID: 33683290; PMCID: PMC7941251.

Competing interests: No competing interests

The definitive podcast on Pfizer trial cheating.

Dr. David Wiseman pulls no punches in this interview. Highly recommended



1 hr 33 min

PLAY ▶

Ep 989 | How Pfizer Completely Fudged Its Safety and Efficacy Data | Guest: Dr. David Wiseman

Conservative Review with Daniel Horowitz

News Commentary

[Listen on Apple Podcasts ↗](#)



On today's special long episode, we are treated to a spellbinding presentation by Dr. David Wiseman on how Pfizer's clinical trial data is completely corrupted and cannot be trusted. Dr. Wiseman, a bioscientist who helped develop clinical trials for Johnson & Johnson, takes us through the math of Pfizer's adult and child clinical trials and demonstrates how every step of its data collection was corrupted to the point that both the safety and efficacy data are meaningless. He also raises concerns about Pfizer changing its formulation and the fact that there are really no regulatory guard rails controlling the distribution and maintaining of the vials.

Learn more about your ad choices. Visit megaphone.fm/adchoices

Dr. Boaz Lev, Head of Israel MTE claimed that he had never heard of the VAERS numbers.

Truly stunning.

(80 seconds)

Dr. Boaz Lev - Head of Israel Management Team of Epidemics (MTE)

galileoisback
November 19, 2021
1 Views

SUBSCRIBE

16,000 deaths have been reported as an adverse effect on the American VAERS system of this vaccine

1 rumble

EMBED SHARE

Rumble — Hasn't he heard about the Vaers deaths reports?
In the Knesset committee 16.11.21

This is why nobody dies from the vaccine



Jeffrey M Pontious · 5 hr ago

Steve, I've been following this whole saga carefully ever since I saw you on Brett's

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

♡ 1 Reply ...

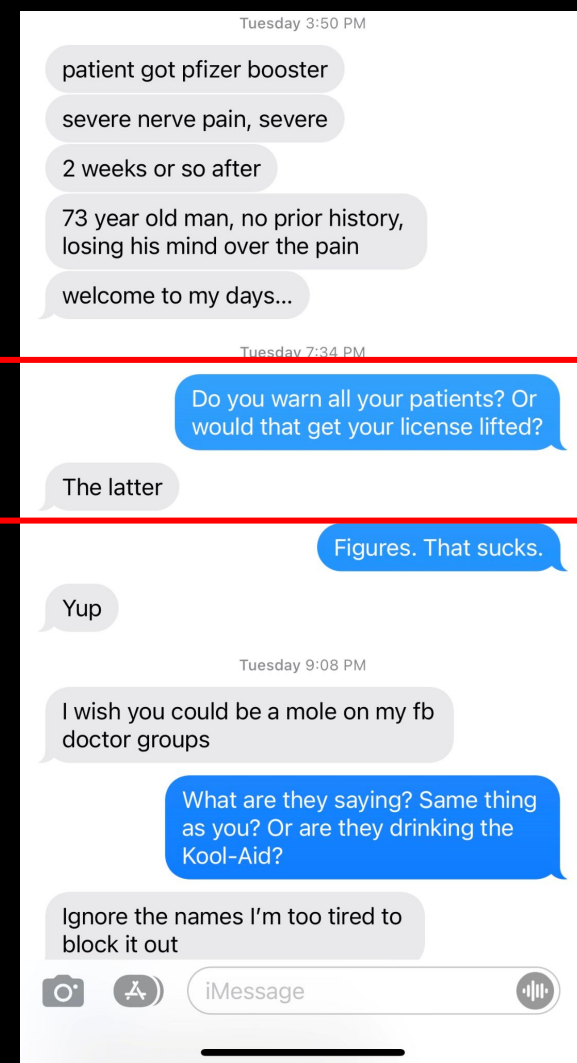
Two-faced doctors

Publicly they must
endorse the vaccine

Privately they say do
not use



This is why doctors don't warn their patients: Fear of losing their license




Why the medical community reacts very slowly


Note that the author requested anonymity for fear of retribution

We are killing our kids. Does ANYONE care?

 Robert
To Steve Kirsch

2:37 AM

 You replied to this message on 11/20/2021 2:42 AM.

Hi Steve,

I think you are right.

The problem is that your reasoning seems very ahead of the medical consensus.

You "operate" at the speed of the internet, which is in my view far more suited to handling the pandemic, than the traditional medicines' approach of submitting, peer reviewing and publishing manuscripts with new medical insights then having published articles reviewed by expert committees which eventually come up with guidance/guidelines/recommendation for treatment or vaccination strategy. The traditional approach takes months..

The truth will come to light eventually, the question is only when and how many lives will be lost by then..

Kind regards

Robert

Associate professor Robert

Censorship

Even for \$1M, they won't answer any questions. Not one.



Send	To	Steve Kirsch;
	Cc	
	Bcc	VRBPAC FDA committee members; ACIP committee members; vaccine friends; Vaccine Truth; Del Bigtree; Tucker Carlson; Daria; Daniel O'Connor;
	Subject	My \$1M debate offer to ACIP and VRBPAC members

Who wants to be a millionaire overnight?

I'm offering \$1M to have a debate with voting members of the VRBPAC and/or ACIP committees.

If just one person responds, you get the entire \$1M. If two people respond, you split the \$1M.

I will accept the first 5 voting members to respond, so you are GUARANTEED a minimum of \$200K each which I trust is adequate compensation for a few hours of your time. You have until midnight Friday November 19 PST to respond.

If you are worried about conflicts of interest, don't worry. I will donate your share to a charity of your choice such as your institution.

Plus, you would be doing a GREAT public service in combatting misinformation from my team of vaccine experts listed [here](#). This will reduce vaccine hesitancy, a key goal of the FDA and CDC.

Because you can never be unvaxed, I know you'd agree with me that it's VERY important that every American get the FACTS before they VAX; the video of the debate will allow them to hear from EXPERTS on both sides of the key issues.

We'll have a mutually agreeable neutral moderator for the debate.

I'm looking forward to hearing from each of you.

-steve



Anthony Roberts @kennykeano · 9h



Replying to [@stkirsch](#)

I've never seen anything like this in my life. If what they're saying is true it should be easy money.



1



2



35



Steve Kirsch @stkirsch · 8h



Correct.



20



Censorship

“Removed for violating community guidelines”

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



Deborah Conrad

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

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

[Watch the interview](#)



Safety: Vax 100x more lethal than COVID



ColleenHuberNMD Writes The Defeat Of COVID · Nov 3

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

♡ 2 Reply ...



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

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

♡ 2 Reply ...

Hospitals

“Our way or
the highway”

 **Dr. Tenpenny**  @BusyDrT
5h · 🌐 · Edited

Dr Mary Bowden has been suspended from Houston Methodist Hospital for continued promoting of Ivermectin & not accepting any new patients who've had a COVID jab!
👍👍

“I've had it. Going forward, I will not accept any patients who have been vaccinated,” Dr. Bowden tweeted on November 5. “I will continue to see established patients how [sic] have had the vaccine, but all new patients have to be unvaccinated.” 🙄

#MaryBowden
#WeAreMoreThan12    



1,392 likes 142 comments 504 reposts

Summary

SUMMARY

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

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

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

FOLLOW ME

Substack

stevekirsch.substack.com

Gab
[stkirsch](https://gab.com/stevekirsch)

Archiv Top Discussion Q

The latest research that everyone should be aware of
A short list of what I consider the most "game changing" articles that everyone should be aware of. Things like if you recover from COVID, you cannot s...
Steve Kirsch
Nov 17 85 52 --

HELP WANTED!
Need a job? If you love reading what I write and have a passion for helping me get the word out on vaccine safety, I have the PERFECT job for you! Flex...
Steve Kirsch
Nov 17 169 239 --

COVID vaccine debate topics
If anyone accepts our debate offer, there are a few things we'd love to talk about.
Steve Kirsch
Nov 17 155 65 --

Ask me anything
And you'll get an answer. The catch? An exclusive benefit available to my paid subscribers only.
Steve Kirsch
Nov 16 104 848 --

Aaron Rodgers did exactly the right thing
Everyone should follow his example. He did the right thing for himself, for his teammates and for society.
Steve Kirsch
Nov 16 197 35 --

We got vials!
Ever wonder what you are getting injected with? We did too. So we finally got some vials. Now it's over the river and through the woods, to the Lab we...
Steve Kirsch
Nov 16 376 183 --

Alarming pandemic news stories
A collection of news stories where things are moving very seriously in the wrong direction.
Steve Kirsch
Nov 16 87 96 --

The best way to end the pandemic? Early treatment!
99.7% risk reduction from hospitalization, 100% risk reduction from death. Plus they don't cause death or disability (like the COVID vaccines do). Th...
Steve Kirsch
Nov 16 119 42 --

Everyone missed this one... vaccinated people are up to 9X more likely to be hospitalized than unvaccinated people
There was a hidden gem in a blog post by Aaron Siri that nobody picked up. It was evidence that vaccinated people are 9X more likely to be admitted to...
Steve Kirsch
Nov 16 250 119 --

Gavin Newsom is lying about his vaccine injury and here's how I will prove it: my 55M offer
He's a hypocrite. Not only did he lie about his vaccine injury, but his kids aren't vaccinated either. He wants YOUR kids to be vaccinated, but he won't...
Steve Kirsch
Nov 16 370 230 --

Unassailable proof that the COVID vaccines are the most deadly vaccines in human history
Just for the record...Just because the FDA, CDC and the Public Health Agency of Canada have found no issues with the vaccines, doesn't mean they are sa...
Steve Kirsch
Nov 15 205 107 --

The Texas miracle
Unvaccinated people 20 times more likely to die from COVID-19, Texas data shows. Come on now...seriously?!?!
Steve Kirsch
Nov 14 140 119 --

Over a 60X increase in pro sports adverse events since the vaccines rolled out
Nobody can explain that. Some poo-poo these events saying that they happen all the time. True, they do. But not at this rate. Something happened in 2022...
Steve Kirsch
Nov 13 66 76 --

Earn \$5K if you can find someone who is willing to publicly show us how we got it wrong
Nobody wants to show us how we got it wrong. We are now offering a \$5K finder's fee to the first person who can find someone qualified who will do this...
Steve Kirsch
Nov 12 99 77 --

The Malone Doctrine
In case you missed it, I don't think any major medical institution will sign on to support these basic principles of scientific integrity. I wonder why...
Steve Kirsch
Nov 12 144 31 --

FDA discovers fountain of youth
If you take this drug, you won't die of any diseases and your chance of dying in an accident is reduced as well.
Steve Kirsch
Nov 12 42 19 --

How to prevent and treat long-haul COVID
There is a proven way to reliably prevent long-haul COVID. If you already have long-haul COVID, I'll explain how to treat it.
Steve Kirsch
Nov 11 24 12 --

Why COVID vaccine mandates are completely nonsensical
A short proof based on a new UC Davis/UCSF study showing the viral loads of the vaccinated and unvaccinated are identical.
Steve Kirsch
Nov 11 202 73 --

A message from Michael
He paid the ultimate price to send this message to you. Please take a minute to hear what he wants you to know.
Steve Kirsch
Nov 11 204 104 --


Why can't anyone explain how these 14 kids died after getting vaccinated?
On July 16, 2021, the CDC looked into the deaths of 14 kids in VAERS who died after vaccination. Their deaths are still unexplained to this day. If...
Steve Kirsch
Nov 11 228 128 --

New VAERS analysis reveals hundreds of serious adverse events that the CDC and FDA never told us about
They missed hundreds of serious adverse events that are more relevant

FOR MORE INFO

See the Vaccine article on skirsch.io

It has links to everything,
including this presentation




Vaccine

Vaccine resources

Links to important documents relating to vaccine safety and efficacy issues. Highly recommended.

[READ MORE](#)



Appendix

Let's be
clear... it's
not about
the science

Re: URGENT: Number Needed to Vaccinate (NNTV) to prevent a single hospitalization or death i...



Toby Rogers <tob>
To: Steve Kirsch

Reply

Reply All

Forward



Tue 11/2/2021 9:43 AM

[If there are problems with how this message is displayed, click here to view it in a web browser.](#)

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

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

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

From: Toby Rogers <tob>
Sent: Monday, November 1, 2021 7:41 PM
To: Steve Kirsch <stk@sk>
Cc: jesscarose1974 <jess>; Liz Willner <>
Subject: Re: URGENT: Number Needed to Vaccinate (NNTV) to prevent a single hospitalization or death in kids 5 to 11 based o...

Hi Steve:

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

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

Pfizer's stunning admission

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

Benefit-Risk Supports a Revision to the EUA for BNT162b2 to Include 5 to <12 Years of Age

Model-Predicted Benefit-Risk Outcomes Based on FDA Scenario 4 and CDC Risk Scenarios per One Million Fully Vaccinated Children Ages 5 to <12 Years Over 6 Months
(Assumes a rate of myocarditis in 5 to <12 year-olds equal to that of 12-15 yo which may be an overestimate)

Model Scenario*	Benefits COVID-19 Outcomes Prevented				Risks Excess Myocarditis Cases		
	Cases ¹	Hosp. ¹	ICU ¹	Deaths ¹	VAERS ²	VSD ³	Optum ¹
Males and Females – FDA Scenario 4 <i>VE=90% against cases</i> <i>VE=100% against hosp.</i>	58,851	241	77	1	22	57	106

*FDA scenario assumes the COVID-19 incidence as of September 11, 2021.

1. FDA Briefing Document. EUA amendment request for Pfizer-BioNTech COVID-19 Vaccine for use in children 5 through 11 years of age. VRBPAC October 26, 2021.
2. Su JR. Myopericarditis following COVID-19 vaccination: Updates from the Vaccine Adverse Event Reporting System (VAERS); Slide 7 (7-day risk period post Dose 2). ACIP Meeting October 21, 2021. Available at: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-10-20-21/07-COVID-Su-508.pdf>
3. Klein N. Myocarditis Analyses in the Vaccine Safety Datalink: Rapid Cycle Analyses and "Head-to-Head" Product Comparisons; Slide 18 (12-17 year olds; 21-day risk period post Dose 2). ACIP Meeting October 21, 2021 Available at: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-10-20-21/08-COVID-Klein-508.pdf>

CC-32