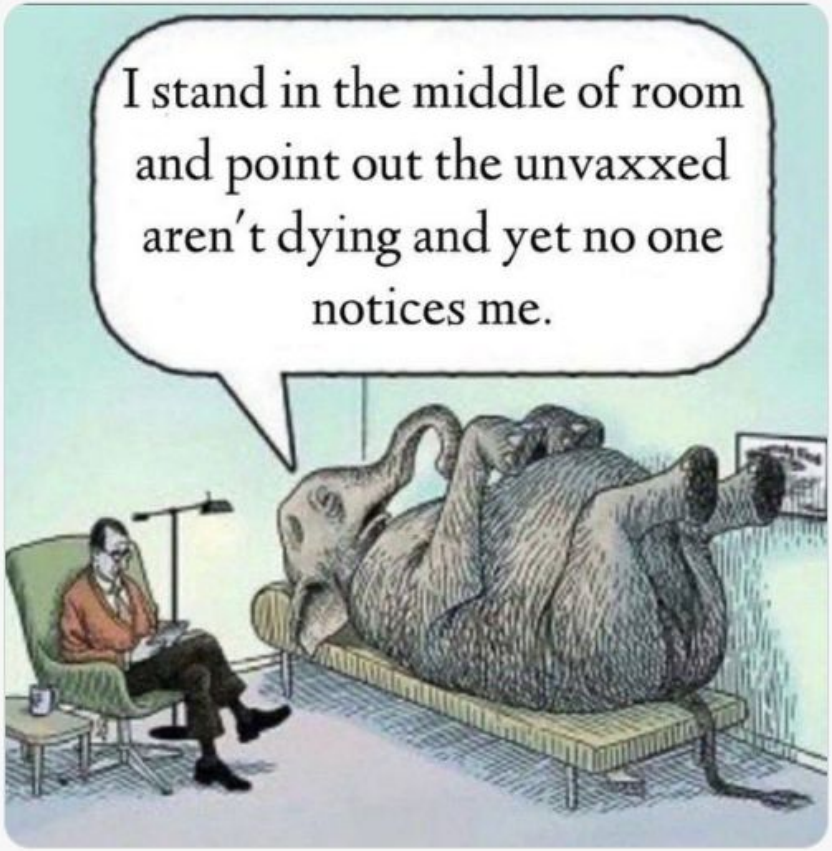
Why is everyone so afraid to talk about the elephant in the room?

Steve Kirsch
stevekirsch.substack.com

Mar 1, 2023

Steve Kirsch @stkirsch · Jan 20

This is happening to **elephants** in rooms everywhere in the world. It's really strange. Doctors cannot explain it.



123 1,626 4,920 105.2K

About me

Former high-tech serial entrepreneur. Age 66.

Featured on *60 Minutes*

Doubly vaxxed (Moderna); I was a believer until…

Friends were killed/injured by the COVID vaccine

→ Full-time journalist

Written over 1,200 articles on vaccines and COVID

World's #1 "Misinformation superspreader"

transparency
data
open
government
local
information
engagement
policy
politics
access
participation
accountability
international
social
media
reporting
technology
visualization
campaign
source
law
action
meetings
online
science
knowledge
awesome
opengov
state
making
health
Web
getting
activist
voter
money
work
make
rocks
needs
openness
programming
city
change
public
finance
political
search
power
research
corruption
hacker
citizens
architecture
realtime
writing
platforms
tracking
connecting
journalism
learning
design

Largest clinical trial in human history: 13 billion doses

…and all governments worldwide are hiding the key data

Death-vax record

DOB:
DOD: <if died>
Sex:
Race:
COVID Vax date(s):
Causes of death (ICD-10 codes): <if died>
Comorbidities (ICD-10 codes): <if died>

New math

1 person died from COVID → emergency!!
500,000 died from vaccine → n/a

Other problems

1. Huge mistakes were made
    a. Vaccines did complete opposite → killed millions
    b. Masks are useless
    c. Social distancing was fabricated in a CDC meeting
    d. Lockdowns were counterproductive (cost lives)
    e. Mandates are unethical due to risk (and make things worse)
2. Early treatments were the right approach but ignored
    a. Simple, cheap, safe, and effective
3. Trust in the medical community, CDC, WHO was misplaced
    a. Nobody has called for data transparency!?!
    b. The medical community got it completely wrong about everything
    c. No health authority will agree to open challenge
    d. Censorship of scientific opposition is a HUGE problem
    e. Failure to call out CDC for fabrication of the 6 foot rule, masks, natural immunity,
4. Vax elevates risk of dying from a large # of causes over 1 year
    a. This is why it is so hard for people to “see”. Increases mortality ~10%/yr so it is hard to see, *especially since the governments hide the vax-death records*

This is the greatest medical disaster in human history

SOLUTIONS

Mandate **data transparency** for public health data

Hold public health officials accountable in public forums

Listen to the people you have been censoring
Ignore the people you have been listening to

Scientific peer-reviewed literature

ISSN: 2475-6296

Review Article

Journal of Clinical & Experimental Immunology

COVID-19 vaccines – An Australian Review

Conny Turni[1] and Astrid Lefringhausen[2]

[1]Queensland Alliance for Agriculture and Food Innovation, the University of Queensland, St Lucia, Queensland 4067, Australia.

[2]Albany Creek, Queensland 4035

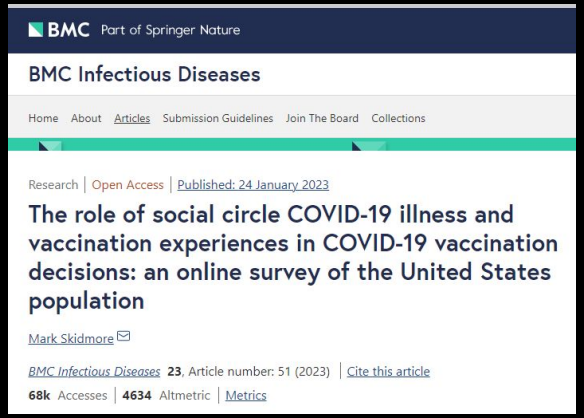
*Corresponding author
Conny Turni, Queensland Alliance for Agriculture and Food Innovation, the University of Queensland, St Lucia, Queensland 4067, Australia.

Submitted: 10 Sep 2022; Accepted: 12 Sep 2022; Published: 21 Sep 2022

NOT SAFE or EFFECTIVE

A worldwide Bayesian causal Impact analysis suggests that COVID-19 gene therapy (mRNA vaccine) causes more COVID-19 cases per million and more non-Covid deaths per million than are associated with COVID-19 [43]. An abundance of studies has shown that the mRNA vaccines are neither safe nor effective, but outright dangerous. Never in vaccine history have we seen 1011 case studies showing side effects of a vaccine (https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal).The

278,000 people were killed by the vaccine in 2021 in the US



BMC Part of Springer Nature

BMC Infectious Diseases

Home About Articles Submission Guidelines Join The Board Collections

Research | Open Access | Published: 24 January 2023

The role of social circle COVID-19 illness and vaccination experiences in COVID-19 vaccination decisions: an online survey of the United States population

Mark Skidmore

BMC Infectious Diseases **23**, Article number: 51 (2023) | Cite this article

68k Accesses | **4634** Altmetric | Metrics

Results

A total of 2840 participants completed the survey between December 18 and 23, 2021. 51% (1383 of 2840) of the participants were female and the mean age was 47 (95% CI 46.36–47.64) years. Those who knew someone who experienced a health problem from COVID-19 were more likely to be vaccinated (OR: 1.309, 95% CI 1.094–1.566), while those who knew someone who experienced a health problem following vaccination were less likely to be vaccinated (OR: 0.567, 95% CI 0.461–0.698). 34% (959 of 2840) reported that they knew at least one person who had experienced a significant health problem due to the COVID-19 illness. Similarly, 22% (612 of 2840) of respondents indicated that they knew at least one person who had experienced a severe health problem following COVID-19 vaccination. With these survey data, the total number of fatalities due to COVID-19 inoculation may be as high as 278,000 (95% CI 217,330–332,608) when fatalities that may have occurred regardless of inoculation are removed.

Rancourt *et al.* found the exact same 0.1% death per dose rate using a completely different method

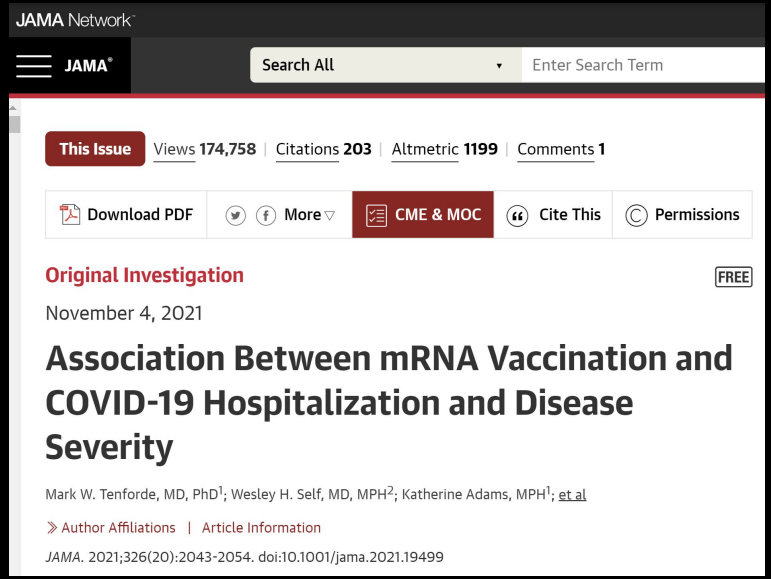
Age-stratified COVID-19 vaccine-dose fatality rate for Israel and Australia

Denis G. Rancourt,[1,*] PhD ; Marine Baudin,[2] PhD ; Joseph Hickey,[1] PhD ; Jérémie Mercier,[2] PhD

On the global scale, given the 3.7 million fatalities in India alone, having vDFR = 1 % (Rancourt, 2022), and given the age-stratified vDFR results presented in this work, it is not unreasonable to assume an all-population global value of vDFR = 0.1 %. Based on

Differences between COVID death rate for vax vs. unvaxxed not statistically significant.

Note: You have to do the p-value calculation yourself. It's p=.42, i.e., not even close to statistically significant.



JAMA Network

JAMA

Search All | Enter Search Term

This Issue | Views 174,758 | Citations 203 | Altmetric 1199 | Comments 1

Download PDF | More | CME & MOC | Cite This | Permissions

Original Investigation FREE

November 4, 2021

Association Between mRNA Vaccination and COVID-19 Hospitalization and Disease Severity

Mark W. Tenforde, MD, PhD[1]; Wesley H. Self, MD, MPH[2]; Katherine Adams, MPH[1]; et al

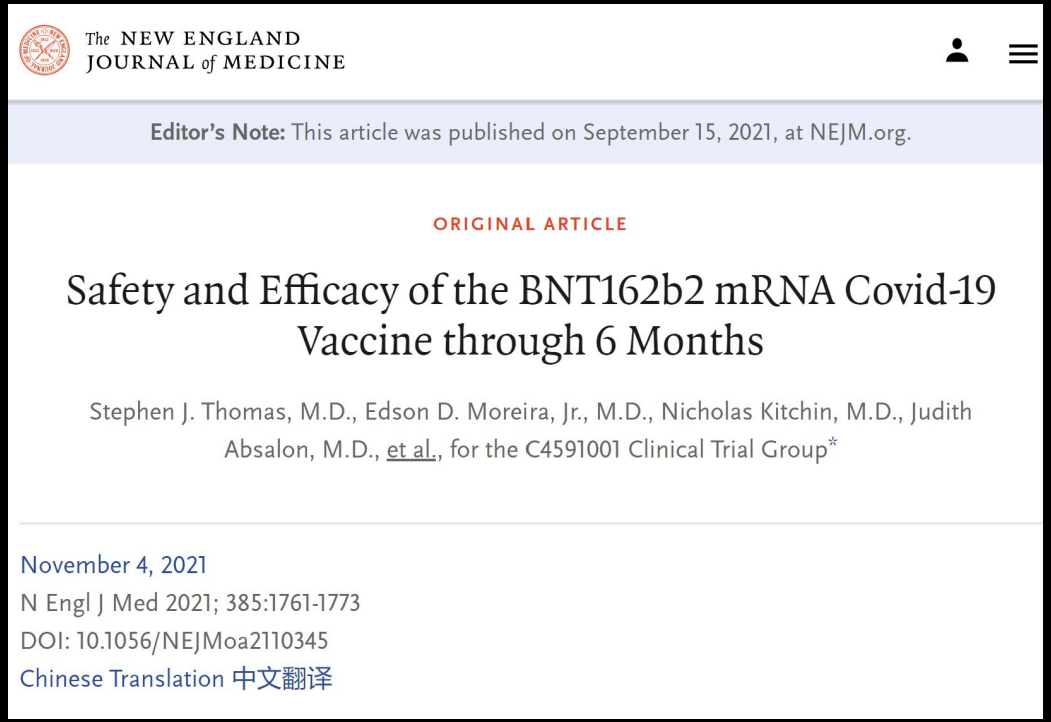
Author Affiliations | Article Information

JAMA. 2021;326(20):2043-2054. doi:10.1001/jama.2021.19499

Unvaccinated patients accounted for 91.0% (91/100) of deaths among patients with COVID-19 in this study. Death occurred in 9 of 142 (6.3%) vaccine breakthrough cases and 91 of 1055 (8.6%) unvaccinated patients with COVID-19. Progression to death after COVID-19 hospitalization was associated with a lower likelihood of vaccination (aOR, 0.41; 95% CI, 0.19-0.88).

Pfizer's own Phase 3 trial showed people were 31.2% more likely to die in the vaccine group than the placebo group

On a relative basis, the "six-month" mortality rate was **31.2% higher** in the vaccine group



The NEW ENGLAND JOURNAL of MEDICINE

Editor's Note: This article was published on September 15, 2021, at NEJM.org.

ORIGINAL ARTICLE

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

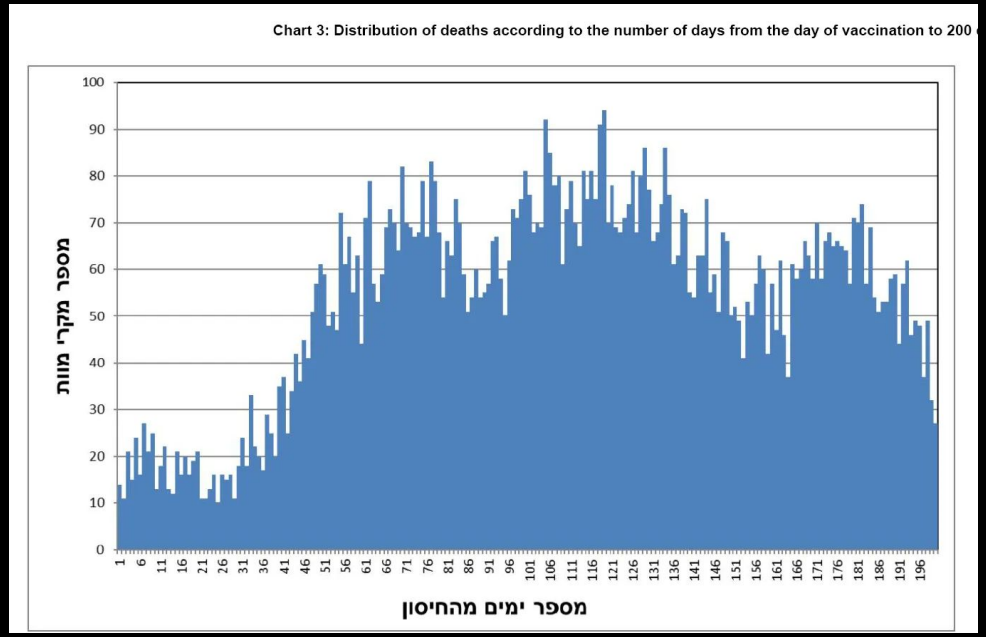
Stephen J. Thomas, M.D., Edson D. Moreira, Jr., M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., et al., for the C4591001 Clinical Trial Group*

November 4, 2021
N Engl J Med 2021; 385:1761-1773
DOI: 10.1056/NEJMoa2110345
Chinese Translation 中文翻译

The 31% differential is even more stunning when you realize that the people enrolled in both arms of the Pfizer trial were super healthy and died at a rate that was 5X lower than average

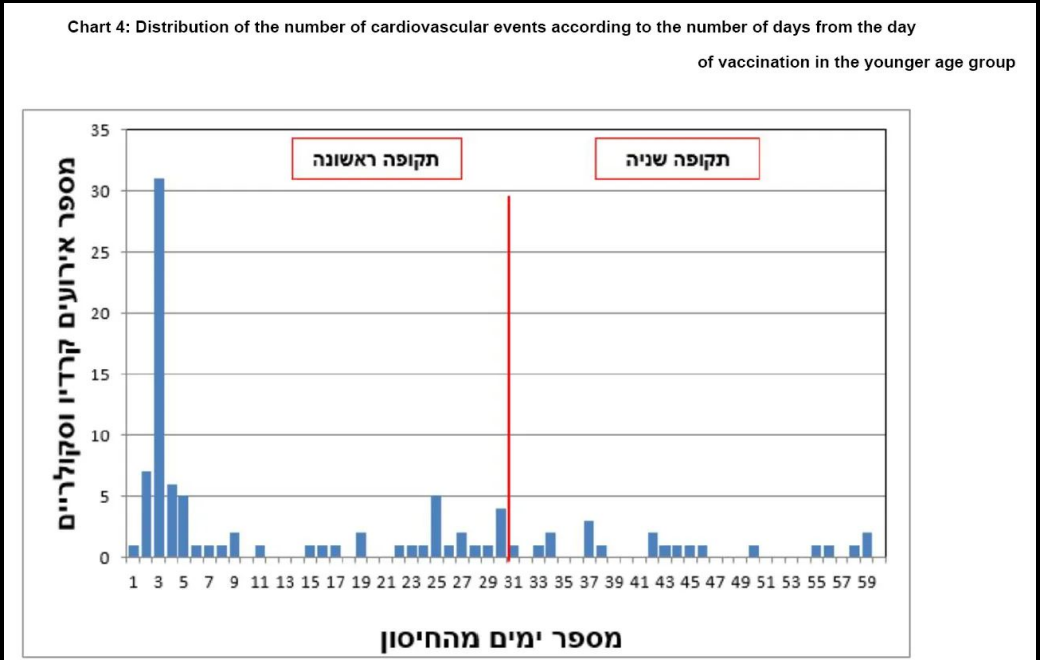
The latest Israeli MoH data

Your risk of death increases post-vax, peaking 4 months post-vax for shot #2



This is why people don't associate the death with the vaccine

The COVID vax causes cardiovascular events in young people that peak on Day 3 post-shot

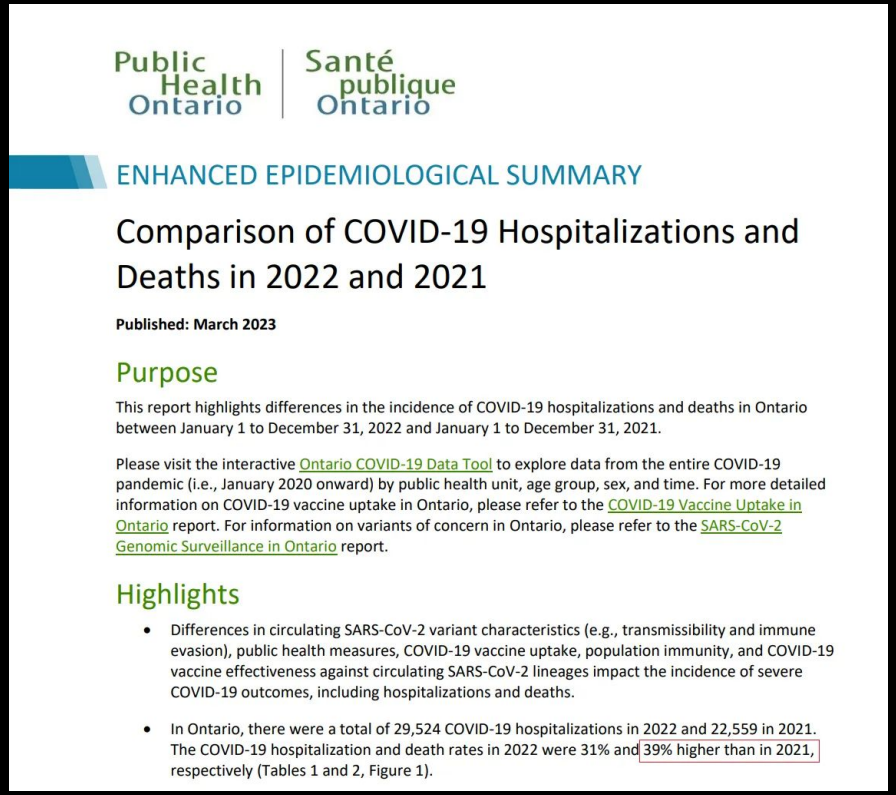


Other data

Deaths from COVID went up by 39% after the vaccine rolled out in Ontario, Canada

I thought deaths and hospitalizations were supposed to go down?

Why are all the authorities ducking questions about this?



Public Health Ontario | Santé publique Ontario

ENHANCED EPIDEMIOLOGICAL SUMMARY

Comparison of COVID-19 Hospitalizations and Deaths in 2022 and 2021

Published: March 2023

Purpose

This report highlights differences in the incidence of COVID-19 hospitalizations and deaths in Ontario between January 1 to December 31, 2022 and January 1 to December 31, 2021.

Please visit the interactive Ontario COVID-19 Data Tool to explore data from the entire COVID-19 pandemic (i.e., January 2020 onward) by public health unit, age group, sex, and time. For more detailed information on COVID-19 vaccine uptake in Ontario, please refer to the COVID-19 Vaccine Uptake in Ontario report. For information on variants of concern in Ontario, please refer to the SARS-CoV-2 Genomic Surveillance in Ontario report.

Highlights

- Differences in circulating SARS-CoV-2 variant characteristics (e.g., transmissibility and immune evasion), public health measures, COVID-19 vaccine uptake, population immunity, and COVID-19 vaccine effectiveness against circulating SARS-CoV-2 lineages impact the incidence of severe COVID-19 outcomes, including hospitalizations and deaths.
- In Ontario, there were a total of 29,524 COVID-19 hospitalizations in 2022 and 22,559 in 2021. The COVID-19 hospitalization and death rates in 2022 were 31% and 39% higher than in 2021, respectively (Tables 1 and 2, Figure 1).

The more you vax, the *more* people get infected from COVID

Cleveland Clinic study of 51,000 employees

medRxiv preprint doi: https://doi.org/10.1101/2022.12.17.22283625; this version posted December 19, 2022. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity.

It is made available under a CC-BY-NC-ND 4.0 International license .

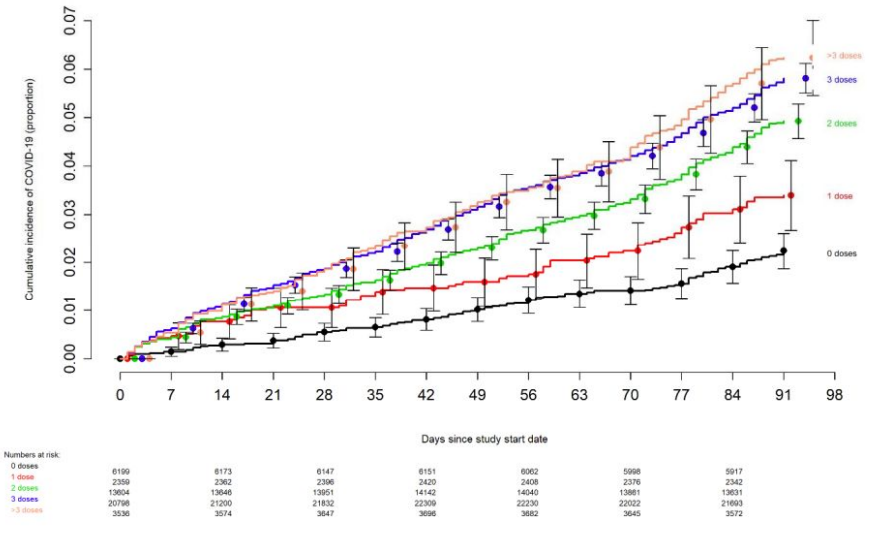
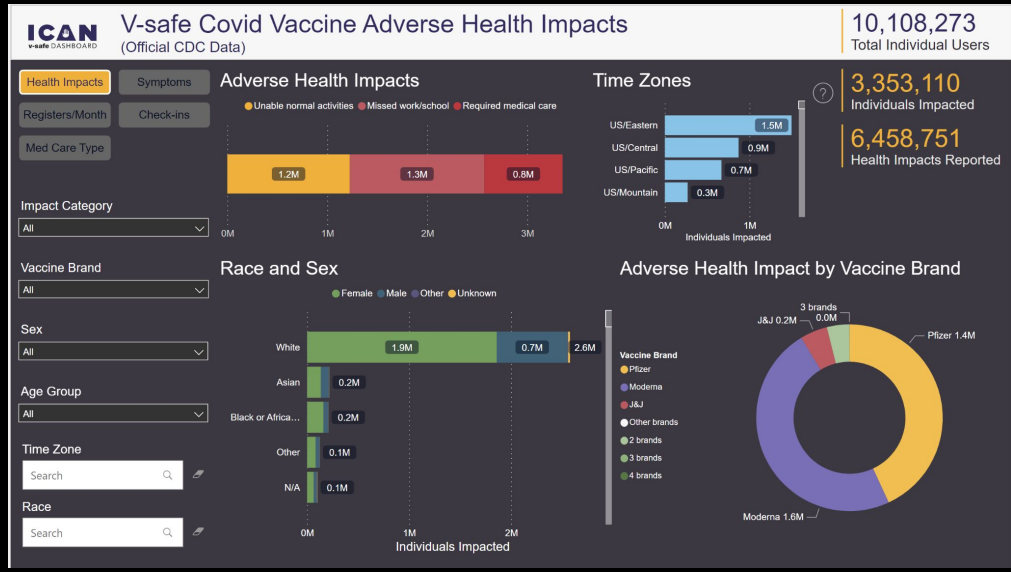


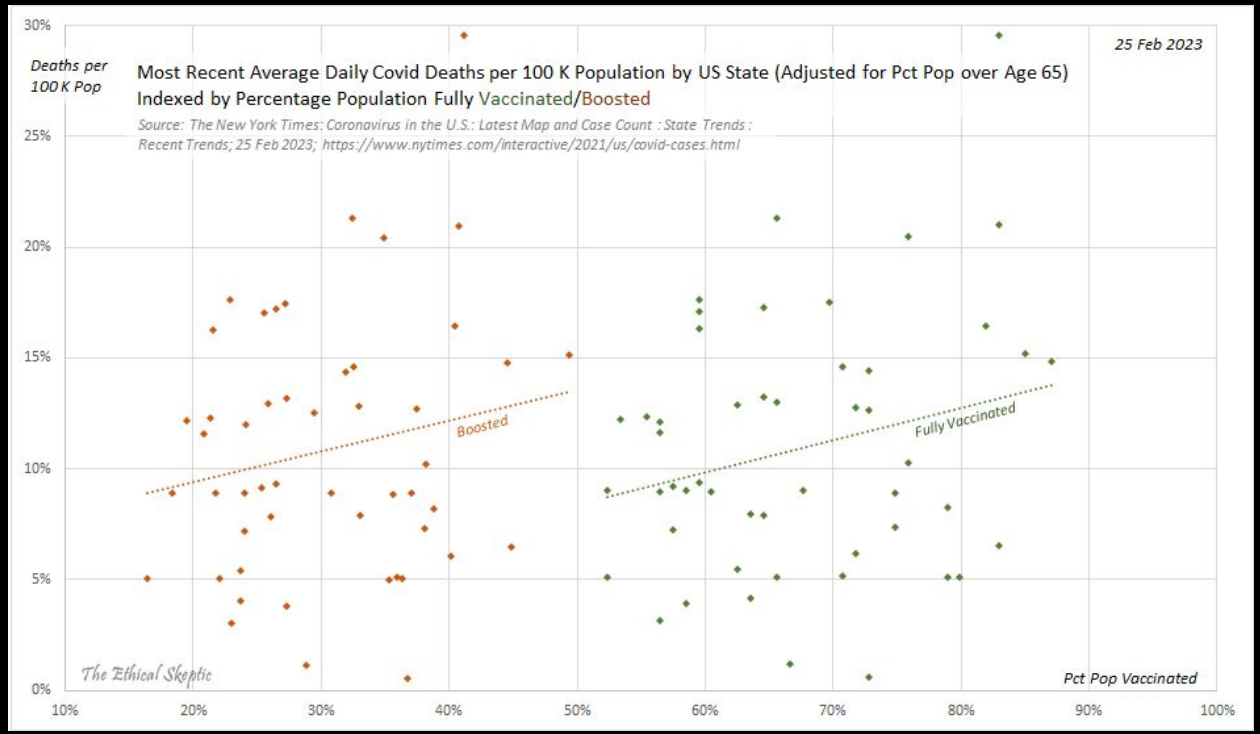
Figure 2. Simon-Makuch plot comparing the cumulative incidence of COVID-19 for subjects stratified by

The rate of severe adverse events exceeds 7 in 100 (US government V-safe data)

That's not safe. That's not even close to safe. Even drugs that people are forced to take to treat a disease they have don't have a SAE rate remotely close to this.



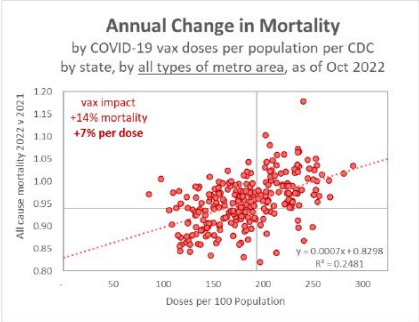
The more you vax, the *more* people die from *COVID*

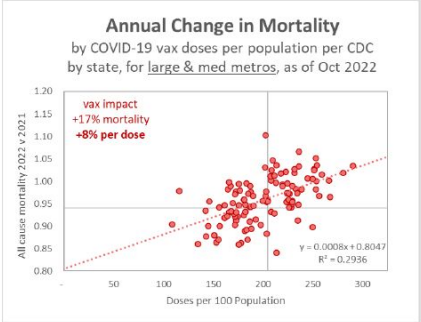


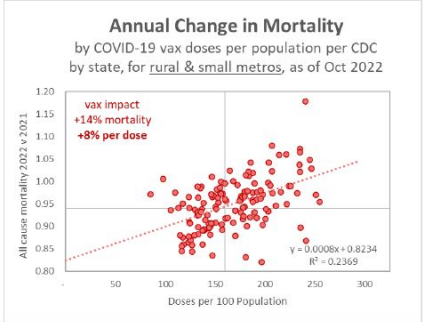
The more you vax, the *more* people die from *all-causes*

High vax regions are showing ~15% higher 2022 mortality than 2021

Segmenting U.S. by state/metro shows vax doses	Correlate with increases to mortality from 2021 to 2022	Regression implies ~14% adverse impact from the vax



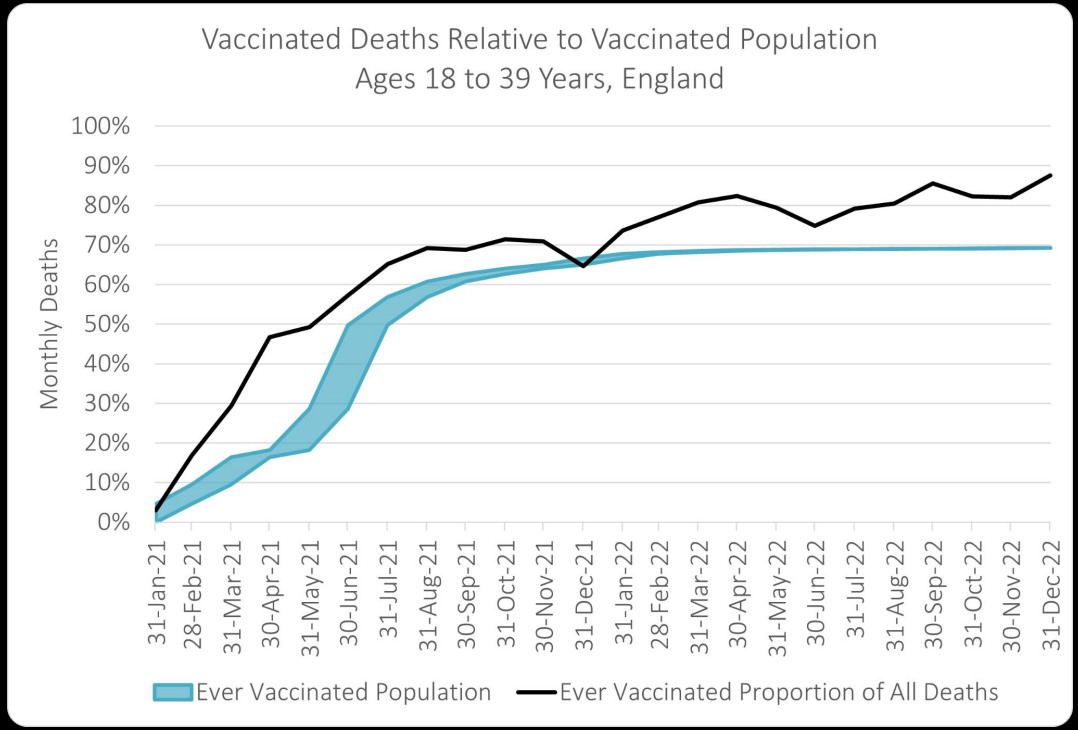




At 7% per dose taking all CDC doses recommended = +28 to 35% mortality

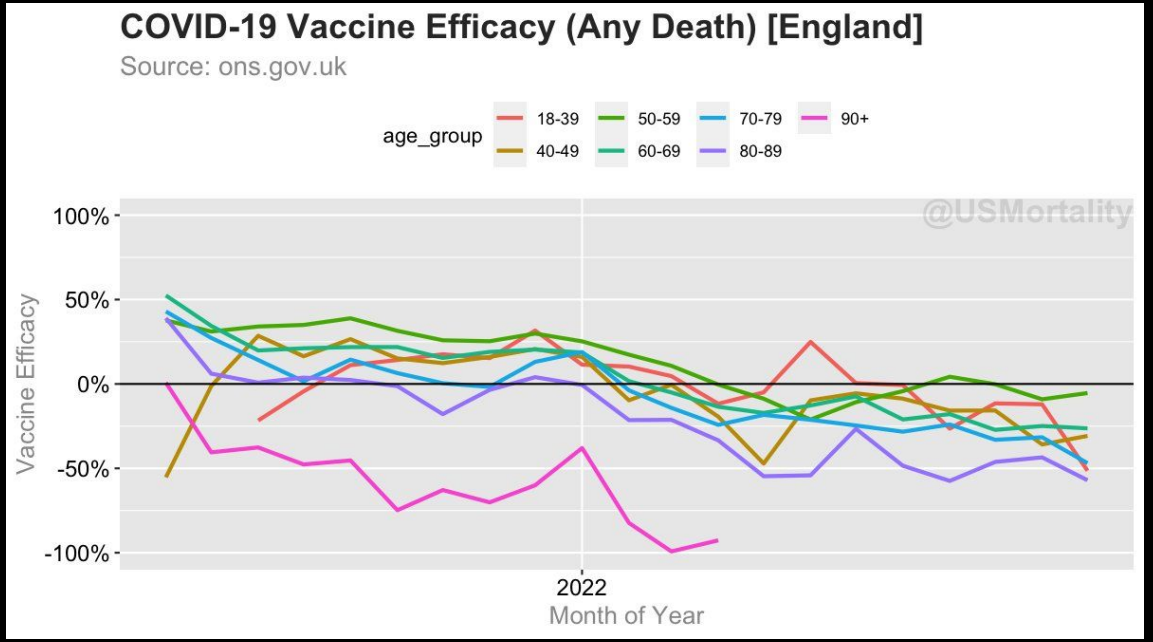
Confidential

The latest UK data shows vax *increases* risk of death for all age groups

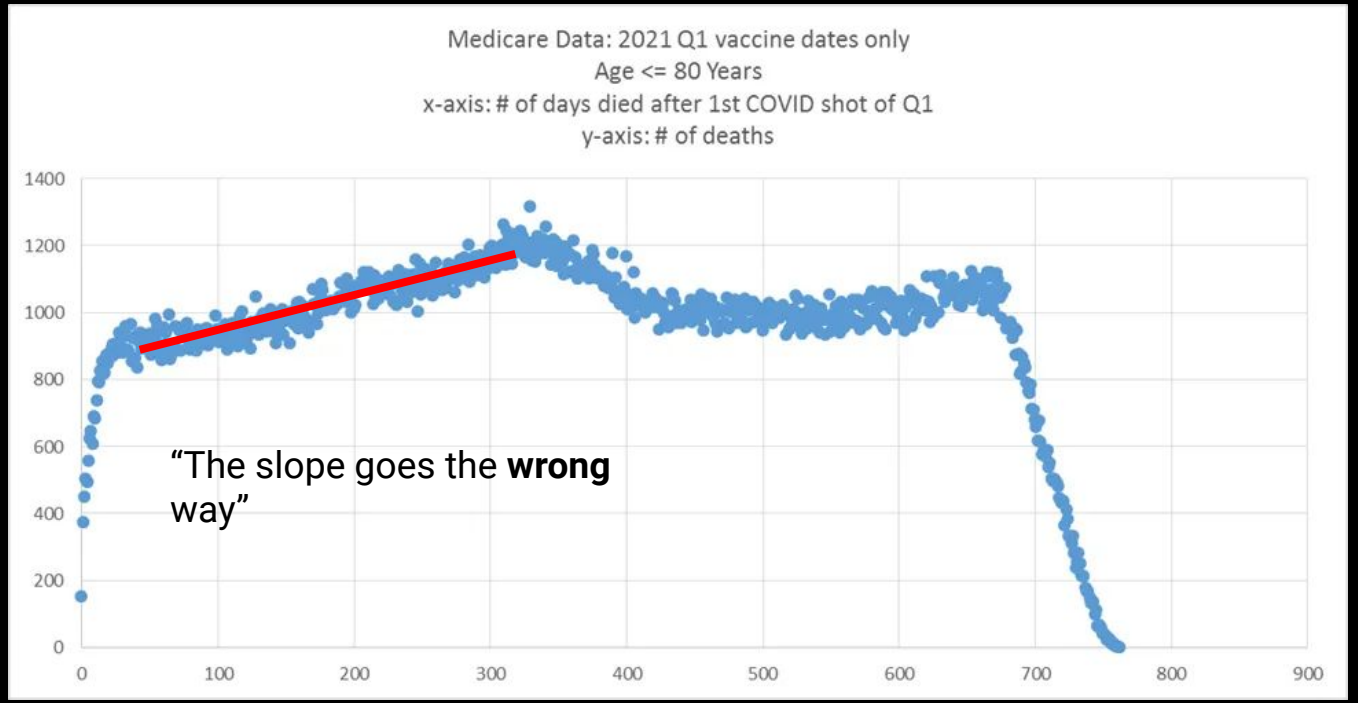


The latest UK data shows negative VE for all age groups.

Which means it is making it MORE likely you'll die

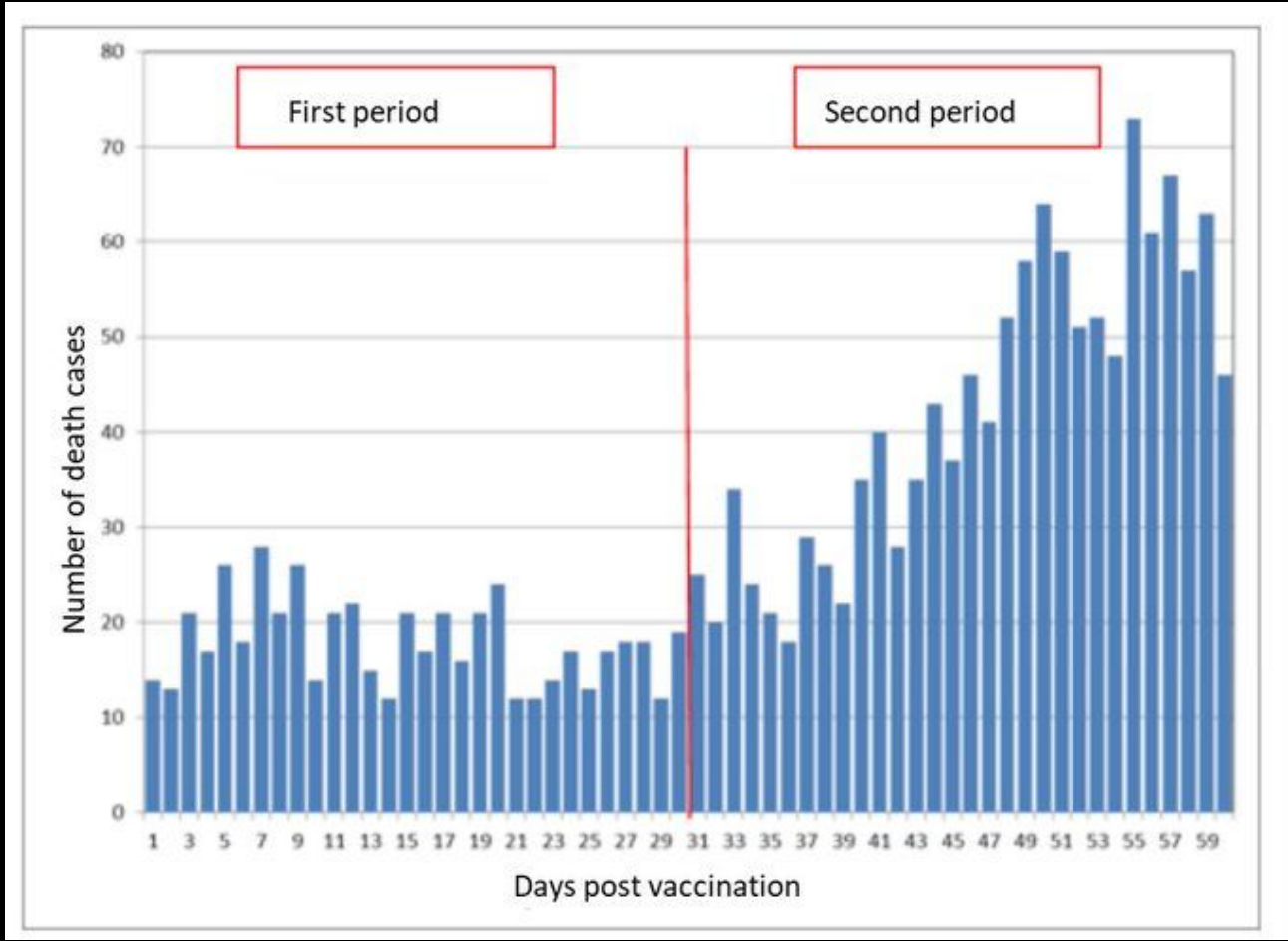


The US Medicare data, the “gold standard,” confirms MoH data that the vaccines increase your risk of dying over time



How is it possible that the Israeli MOH found the same pattern after dose 2?

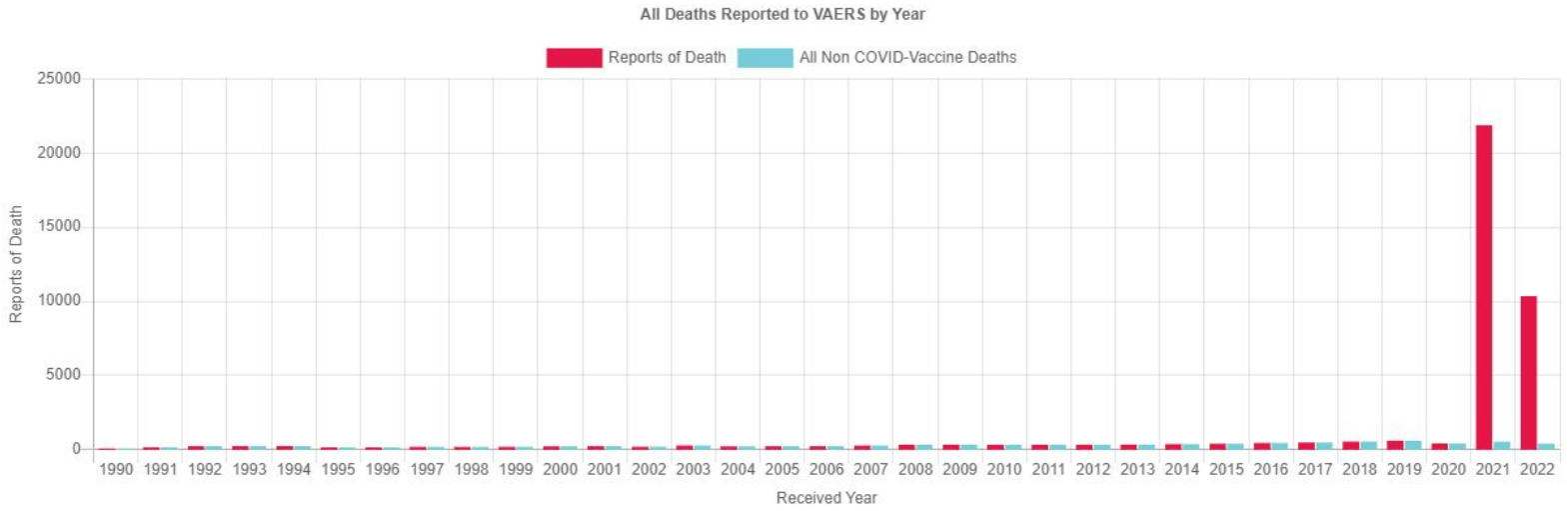
The vaccine is more likely to kill you as time goes on.



Deaths are only elevated for the COVID vaccine in VAERS

VAERS COVID Vaccine Mortality Reports

Through September 30, 2022

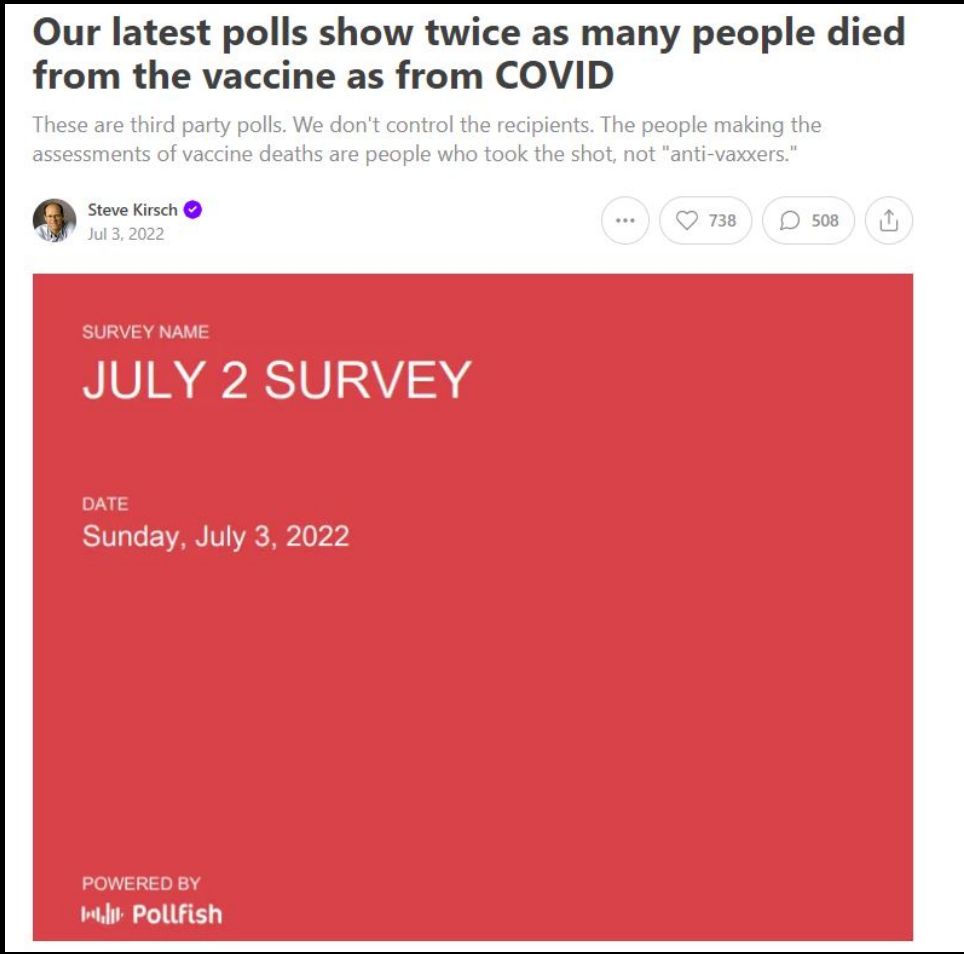


1. **Massive fraud/gaming**
2. **Massive overreporting** all of a sudden for just the COVID vaccines worldwide in every adverse event tracking system
3. **The deadliest vaccine in history**

Hint: There is **only** evidence for #3 (and it's overwhelming)

Survey data consistently show vaccine is as dangerous as COVID.

Why isn't the mainstream media asking doing these polls?



Rasmussen survey: If it's so safe and effective then why do Americans believe that the vaccine has killed as many people as COVID?

The UK government claimed only 9 people died from the COVID vaccines in 2021!

How many people have died as a result of a COVID-19 vaccine?

Sarah Caul | October 4, 2021
Categories: Coronavirus

There has been widespread speculation about the side-effects of the coronavirus (COVID-19) vaccines, including, tragically, deaths. But how many people have died as a result of a vaccine and why do different sources of data tell a different story? Sarah Caul takes a look at what the data are showing us.

The mice are not fooled

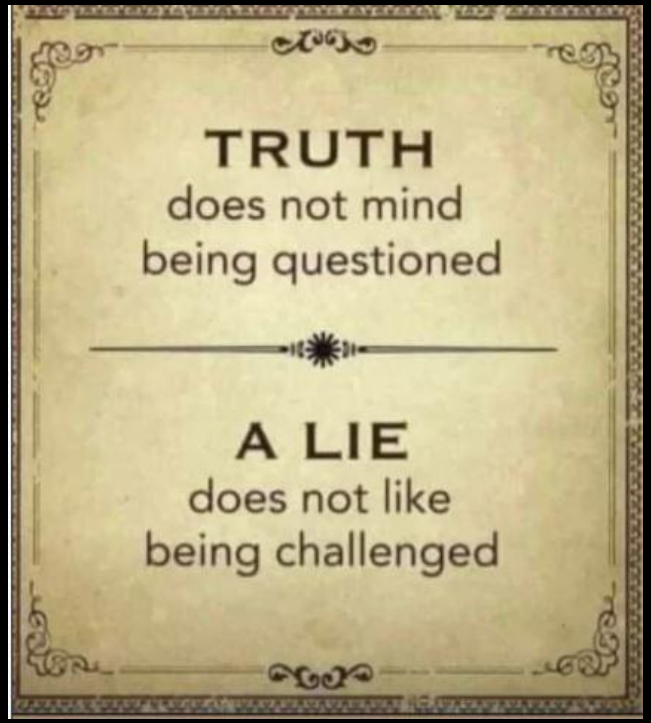
Someone is lying to you

Who should you trust?

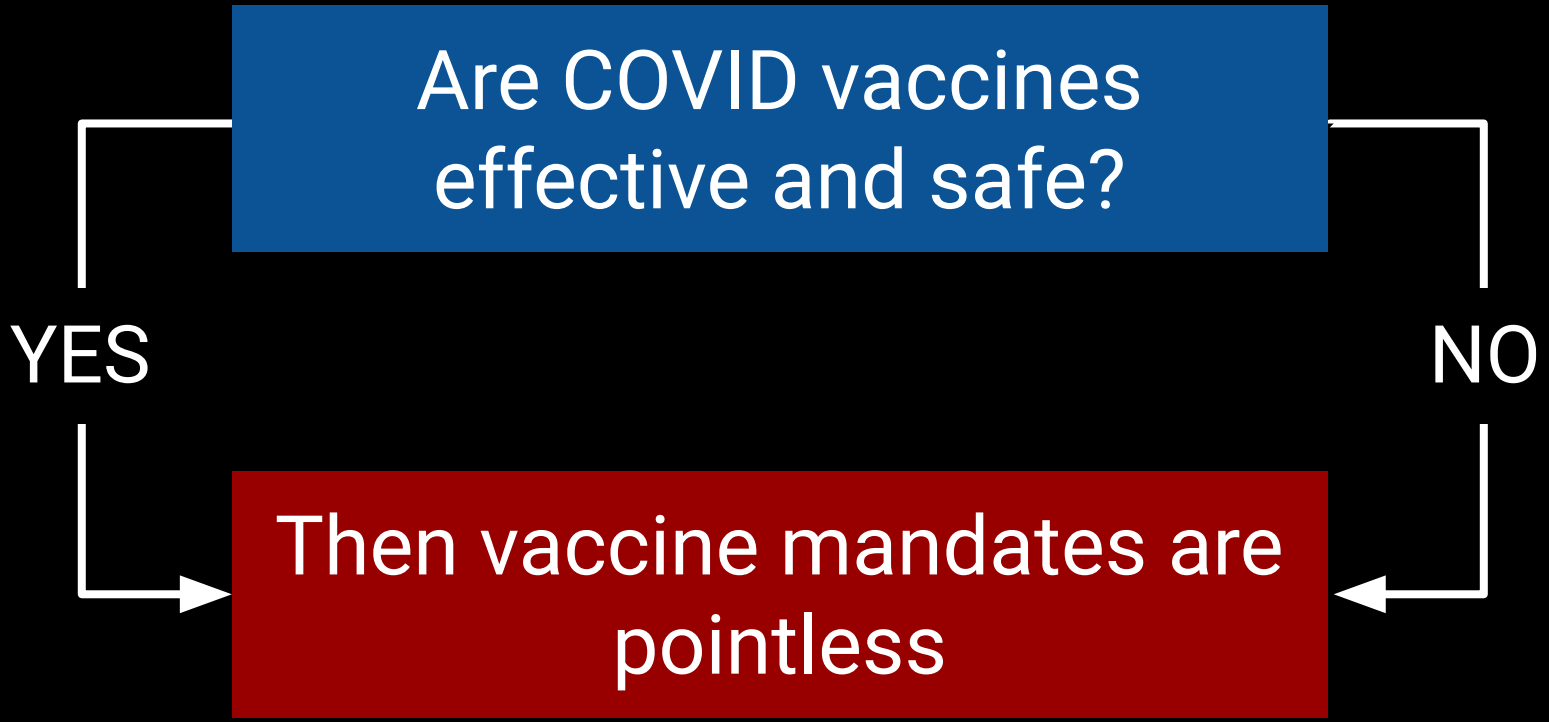
The data?
Or the government experts?

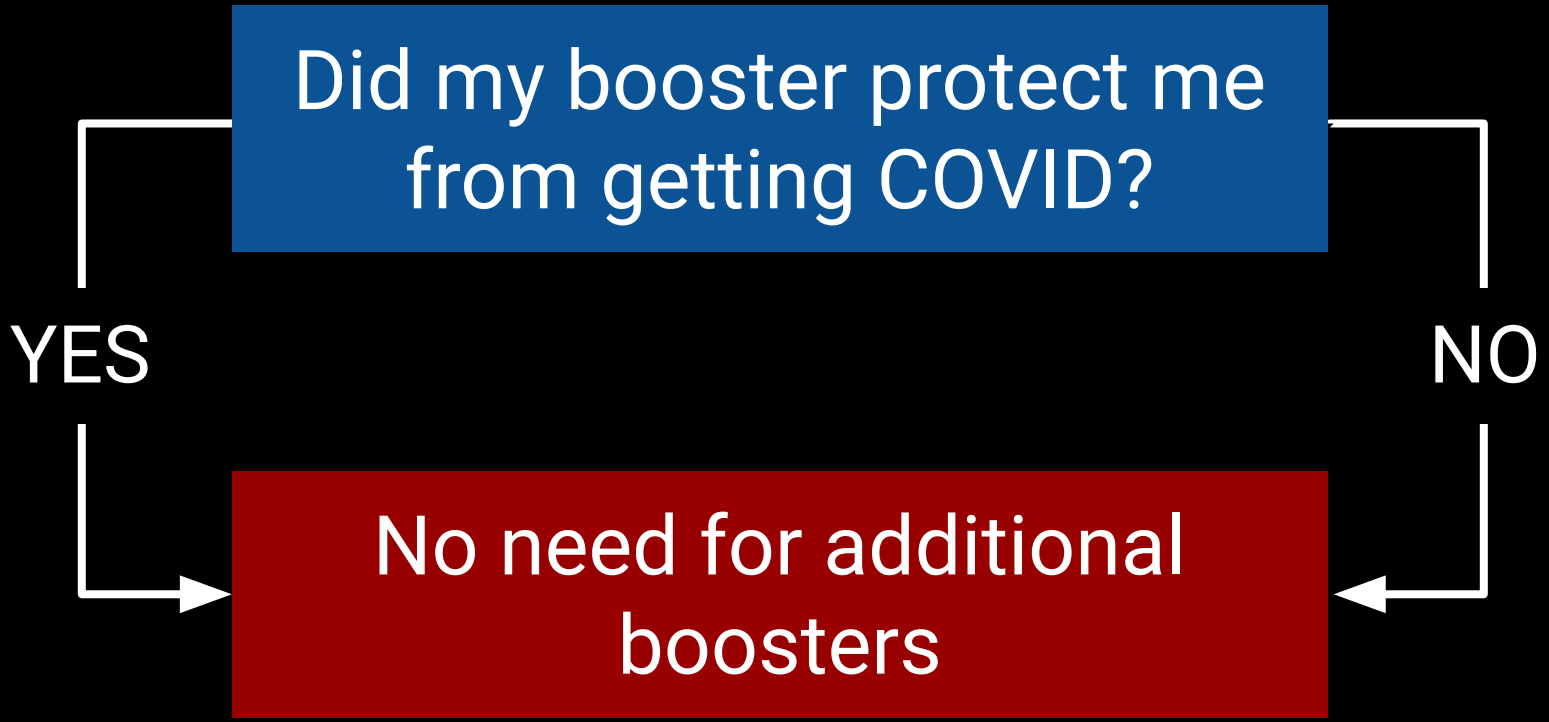
Answer:

The side that wants a debate.



For some questions, it doesn’t matter who you ask


Are COVID vaccines effective and safe?
YES
NO
Then vaccine mandates are pointless


Did my booster protect me from getting COVID?
YES
NO
No need for additional boosters

Questions you should be asking

Why isn't the vax-death data publicly available from any government anywhere in the world?

Why doesn’t the US government publish the VSD data? Taxpayers are paying for it. Why is it a secret? And why do they stop researchers like Brian Hooker from looking at the data?

If it works so well, why aren't any of the vax makers urging governments to publish the vax-death data?

I offered to bet anyone $1M that the vax killed>saved

Nobody in the world was willing to accept my bet.

Why not?

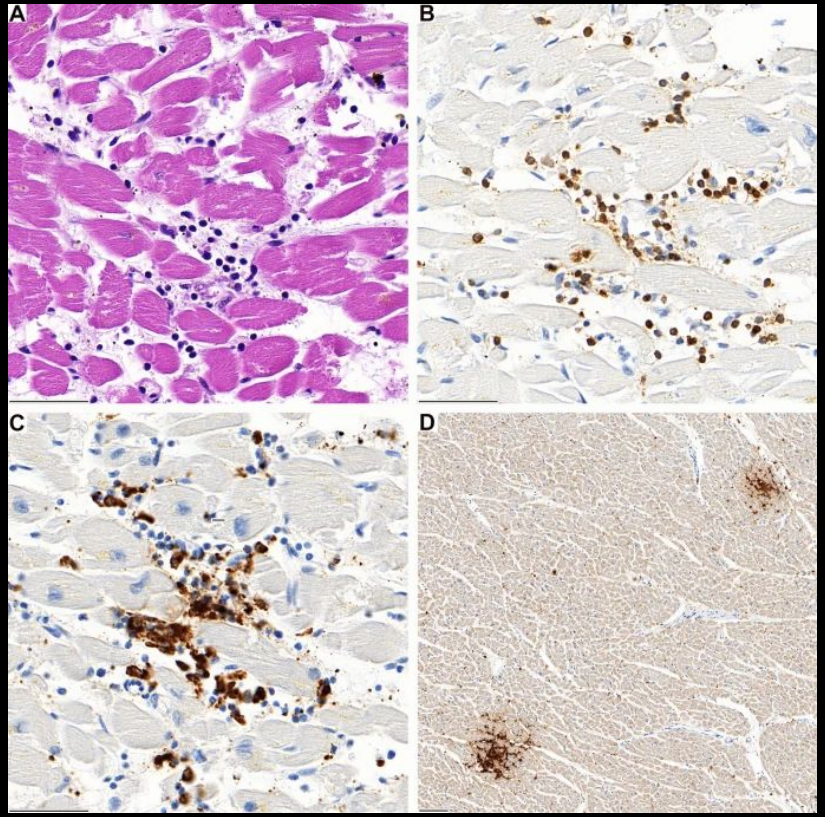
Note: One person (Saar Wilf) did accept at $500K, but nobody at $1M

Is it because they are so confident the vax works that they are willing to risk **your life,**
but not **their money?**

Why isn't Pfizer showing us the histopathology slides on the 21 patients who died in their Phase 3 trial who took the drug that are required to **prove that they didn't die from the vaccine**? Why are they hiding this?

Note: On a relative basis, the "six-month" mortality rate was 31.2% higher in the vaccine group so showing us the histopathology is critical. Why are they hiding these slides?

Without this data, we should all assume that the drug results in a 31% excess death rate until proven otherwise. Where's the proof?



How come NOBODY can name a single "real-world" vaccine success story where COVID rates went down at a nursing or funeral home *after* the vax rollout?

How can we have an emergency when nobody is dying from Omicron and all the hospital COVID wards are empty?

The End of the COVID-19 Public Health Emergency: Details on Health Coverage and Access

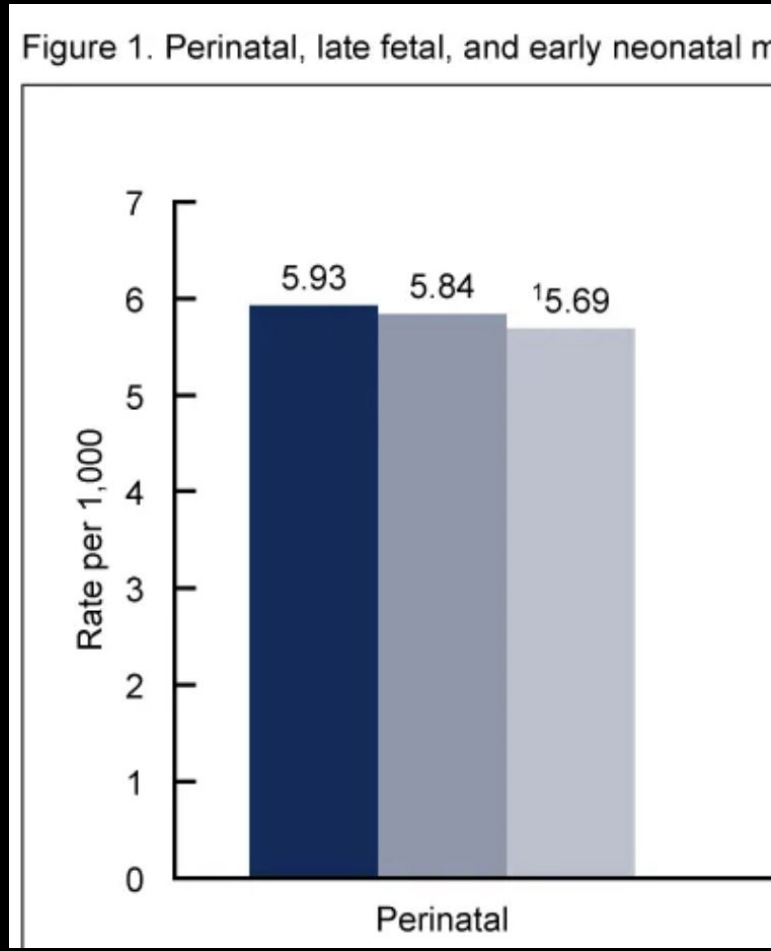
Cynthia Cox , Jennifer Kates , Juliette Cubanski , and Jennifer Tolbert
Feb 03, 2023

On Jan. 30, 2023, the Biden Administration announced it will end the public health emergency (and national emergency) declarations on May 11, 2023. Here's what major health policies will and won't change when the public health emergency ends.

How can perinatal deaths

↑ >20X

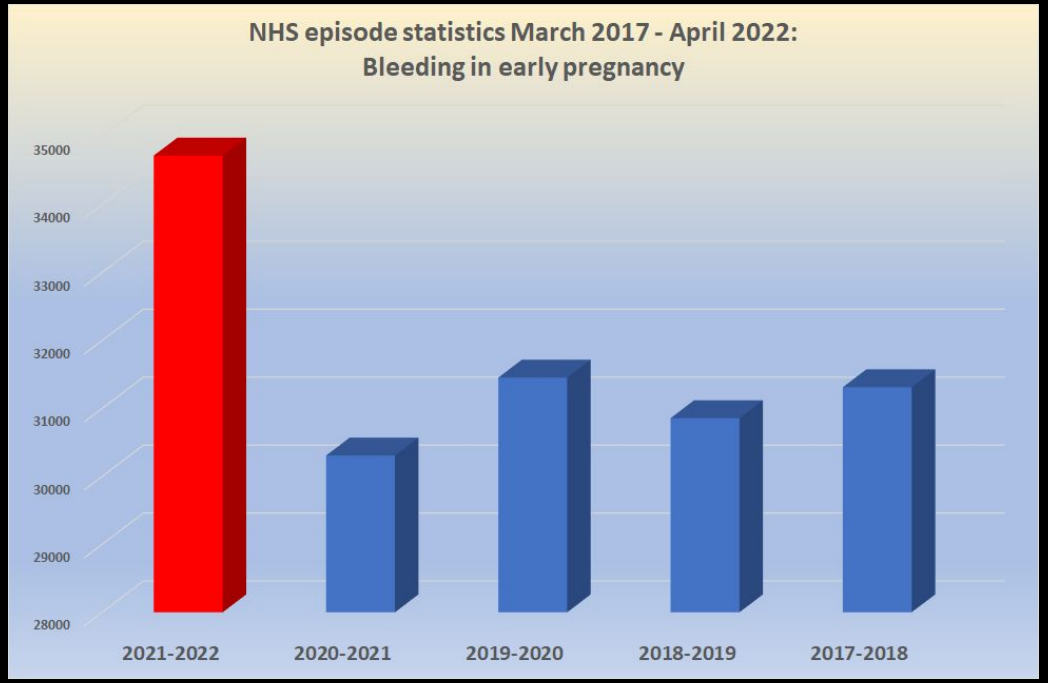
after the vaccines rolled out?



Why did Deborah Conrad's case load ↑ >20X right after the vaccines rolled out?

Bleeding in early pregnancy:
7-sigma increase!

Cause is…?



The vaccine groups all had higher morbidity than the placebo groups.

Highly statistically significant for all vaccines.

So what was the benefit again?

Table 1: All Cause Severe Morbidity

	Moderna		Control		Difference	P value
Randomized	15,210		15,210			
Days of Safety Follow Up	56		56			
# Severe COVID-19 Cases	0		30			
# Unsolicited Severe Adverse Events	234		202			
# Solicited Grade 3 AE, Shot 1	848		361			
# Solicited Grade 4 AE, Shot 1	5		6			
# Solicited Grade 3 AE, Shot 2	2884		341			
# Solicited Grade 4 AE, Shot 2	14		3			
# Total Severe Events	3985		943		3042	p=0.00001
#Deaths	2		3			
	Pfizer		**Control**		**Difference**	**P value**
Randomized	21,720		21,728			
Days of Safety Follow Up	81		81			
# Severe COVID-19 Cases	1		9			
# Unsolicited Severe Adverse Events	240		139			
# Unsolicited Life Threatening Adverse Events	21		24			
# Total Severe Events	262		172		90	p=0.000014
#Deaths	2		4			
	Jansen	**Jansen**	**Control**	**Control**	**Difference**	**P value**
Randomized	19,630		19,691			
Safety Subset		3,356		3,386		
Days of Safety Follow Up	28		28			
# Severe COVID-19 Cases	21		78			
# Solicited Grade 3 Adverse Events						
Local **(extrapolated)**	**135**	23	**35**	6		
Systemic **(extrapolated)**	**357**	61	**122**	21		
# Unsolicited Grade 3-4 Adverse Events	83		96			
# Total Severe Events	595		331		264	p=0.00001
# Deaths	3		16			

Table 1 from the Claussen paper, [US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity"]

2.8% of 777 Swiss healthcare workers developed significant heart damage just 3 days after the booster.

How can this possibly be “safe?”

Why did the Chief Medical Officer at UCSF issue a gag order directing all staff to NOT talk about the vaccines in the context of any injury?

And, if it isn't true, why didn't the UCSF press office deny it after I made the accusation?

How come not a single prominent person has switched sides from anti-vax → pro-vax?

It's all going the "wrong" way. Weird isn't it?

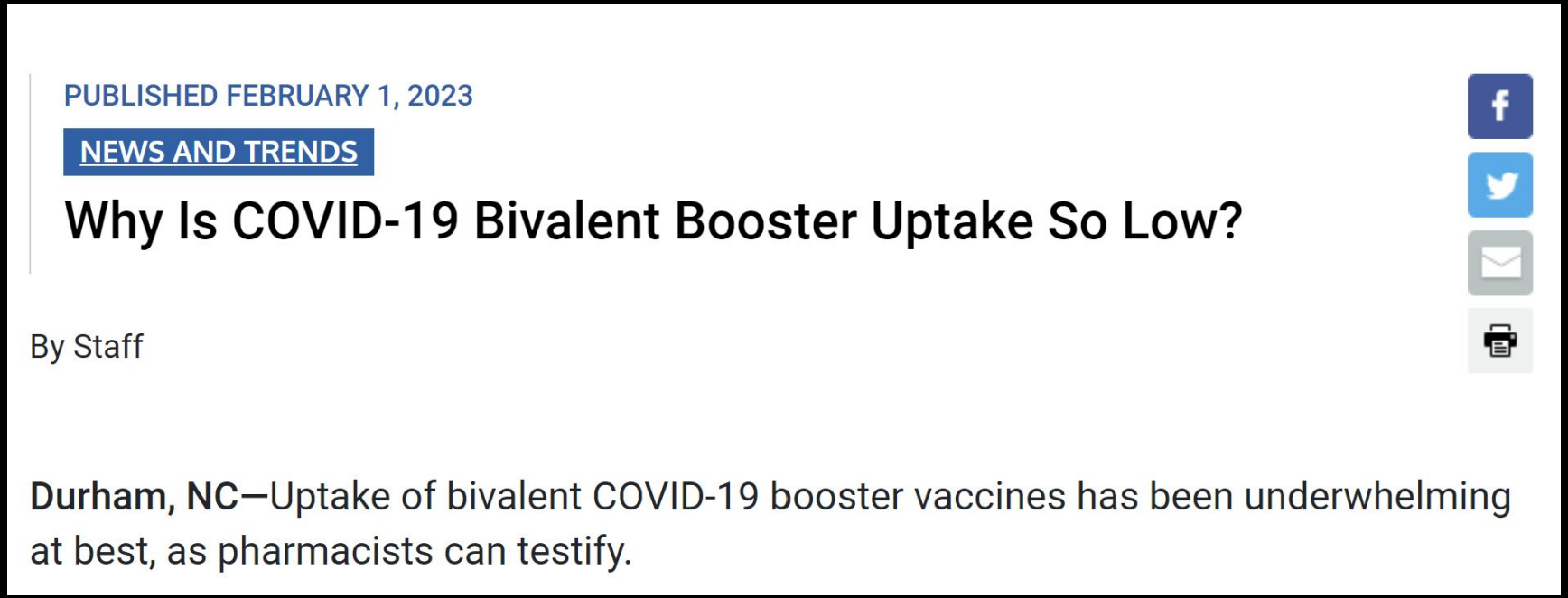
Why would Dr. Aseem Malhotra say this?

He's the "Sanjay Gupta" of the UK.

Why are zoo animals dying of usual causes after the COVID vaccine rolled out for animals?

And why are these odd deaths only happening to COVID vaccinated animals?

If it is so effective, why is nobody getting it? Even Paul Offit isn't getting it and he's strongly pro-vax?



PUBLISHED FEBRUARY 1, 2023

NEWS AND TRENDS

Why Is COVID-19 Bivalent Booster Uptake So Low?

By Staff

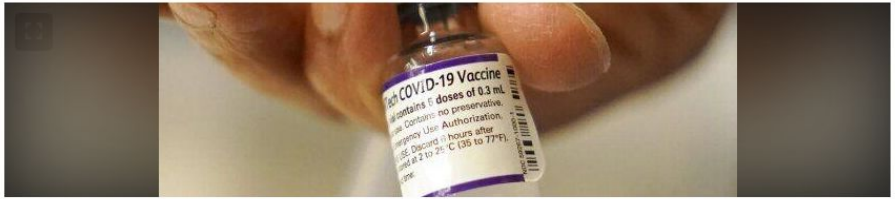
Durham, NC—Uptake of bivalent COVID-19 booster vaccines has been underwhelming at best, as pharmacists can testify.

If it works so well, why did the FDA try to keep the safety data secret for 75 years? Aren't they supposed to be working for us?

The Denver Gazette

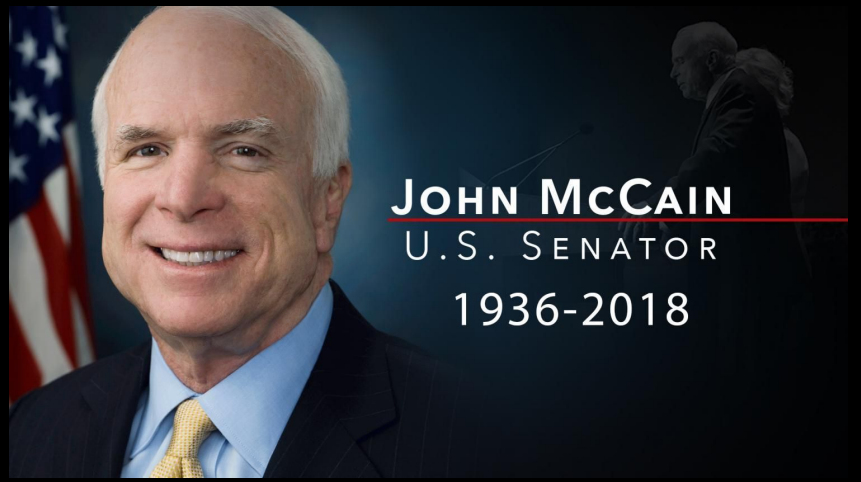
Judge scraps 75-year FDA timeline to release Pfizer vaccine safety data, giving agency eight months

Kaelan Deese, Washington Examiner Jan 7, 2022



The Food and Drug Administration won't have 75 years to release thousands of pages of documents it relied on to license its COVID-19 vaccine. Instead, the federal agency will have just over eight months to do so, per a federal judge's ruling.

The judge in the FDA case cited a quote from the late Sen. John McCain, that excessive secrecy from a government agency "feeds conspiracy theories and reduces the public's confidence in the government."



Why won't any government "authorities" anywhere in the world agree to debate highly qualified scientists?

Can you name a debate that happened?

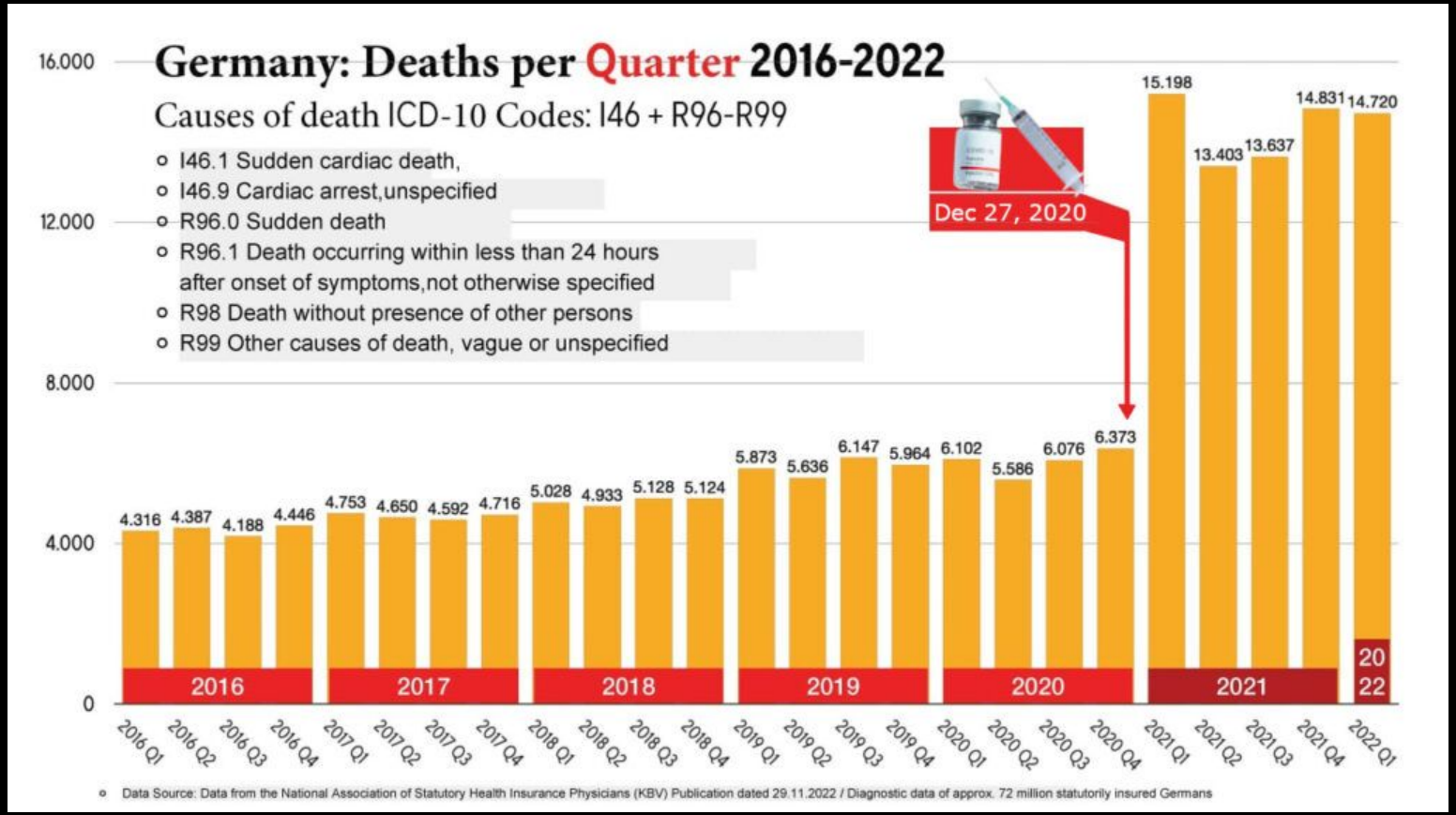
Three top scientists in Canada challenged the Canadian authorities to a debate on the science. Nobody showed up on the other side to debate them.

What caused a 123% increase in ACM in the Philippines on Sept 30, 2021?

It wasn't COVID. There were only 127 COVID deaths that day vs. 2,217 total deaths.

This is unprecedented.

Is this a coincidence? What really caused the sudden rise?



If all these excess deaths worldwide is from “something else,” why can’t anyone tell us what it is?

Martin Neil’s “Devil’s Advocate” analysis showed none of the other explanations fit. Did he miss something? Can you tell us what it is and show us the correlation coefficient?

Why is it, for the first time in history, necessary to censor doctors with opposing views?

Why does the White House now have a censorship list?

And how come I'm not on it?!?!*

Why do they need to have high-tech companies censor doctors for them?

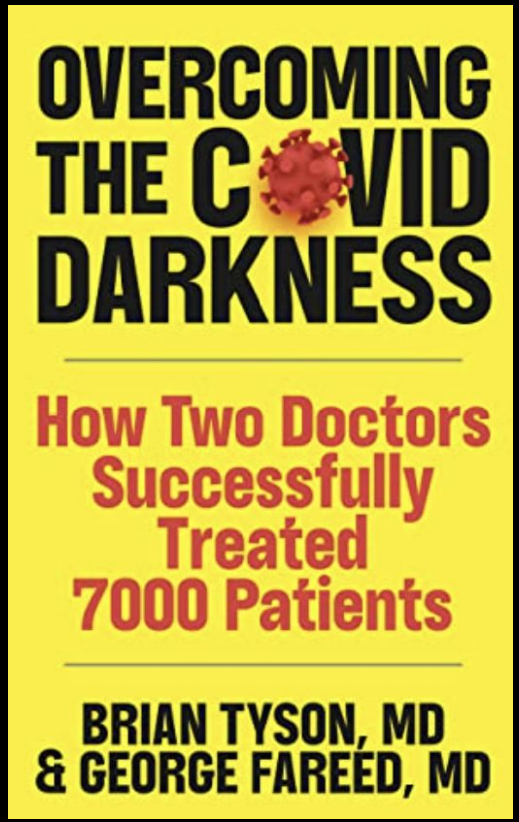
* This proves that they can't get the science *or* their censorship list right!

Why wouldn't any member of the CDC or FDA outside committee member agree to answer some questions in exchange for a $1M fee for their time?

Why did the CDC ignore the Fareed-Tyson COVID early treatment protocol?

15,000 treated → no hosp or death

(could that have had something to do with it?)



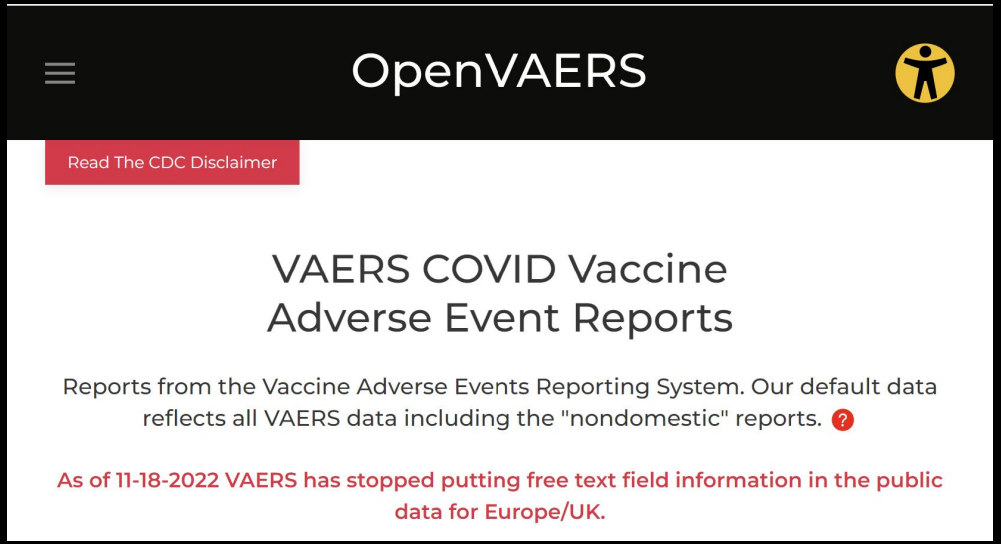
Why would UCSF Professor Vinay Prasad say this?

Why doesn't the reality match the rhetoric?

Rhetoric is no substitute for reality.

THOMAS SOWELL

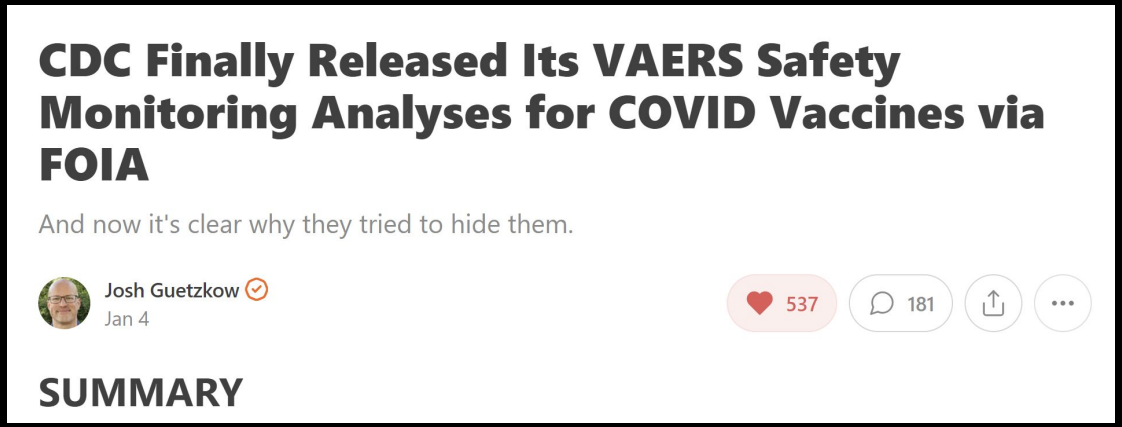
How come we are all seeing so many “Black Swan events” since the COVID vaccines rolled out?



What caused over 650,000 excess US deaths* in the VAERS system?

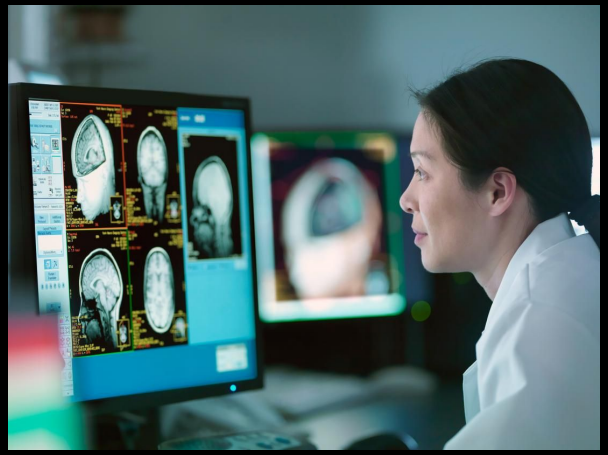
And why won't ANYONE debate me on this?

* >16,000 excess deaths in America x 41 underreporting factor for the most serious events in VAERS



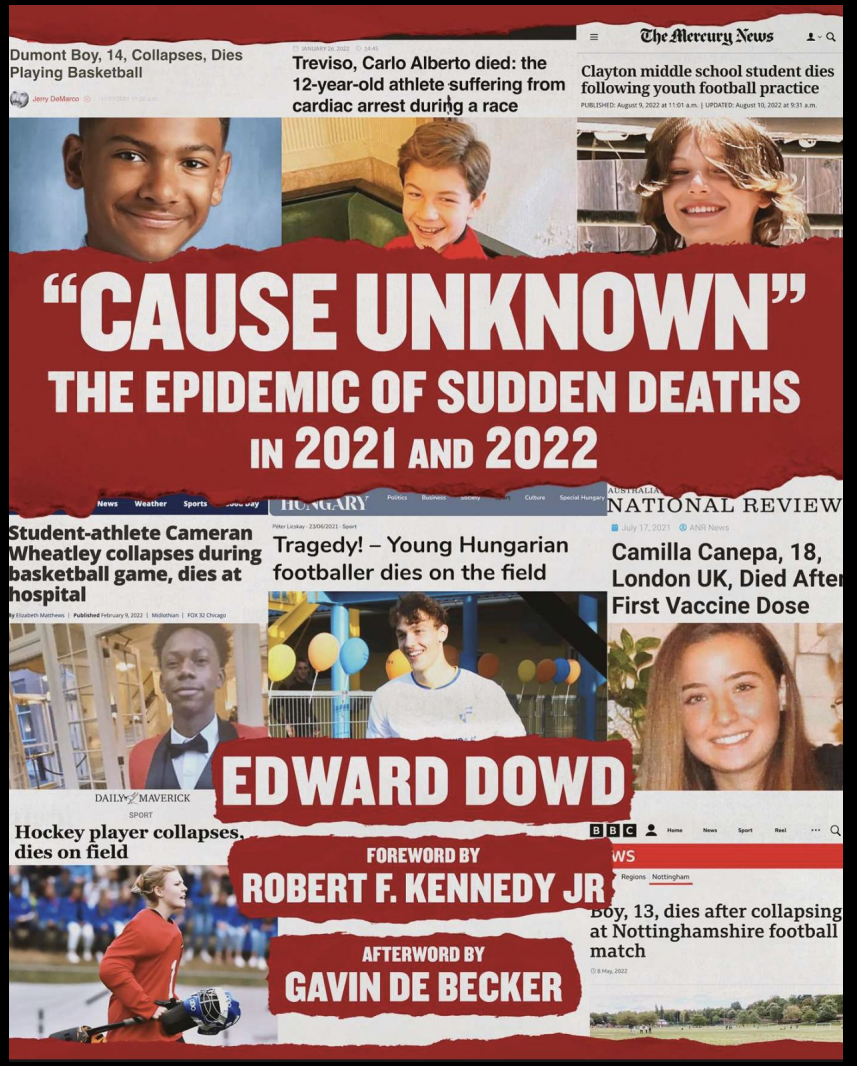
Why didn't the CDC say anything to the public after >700 safety signal alarms were triggered in VAERS?

And why was the DEATH safety signal covered up for 2 years and they *still* aren't saying anything?



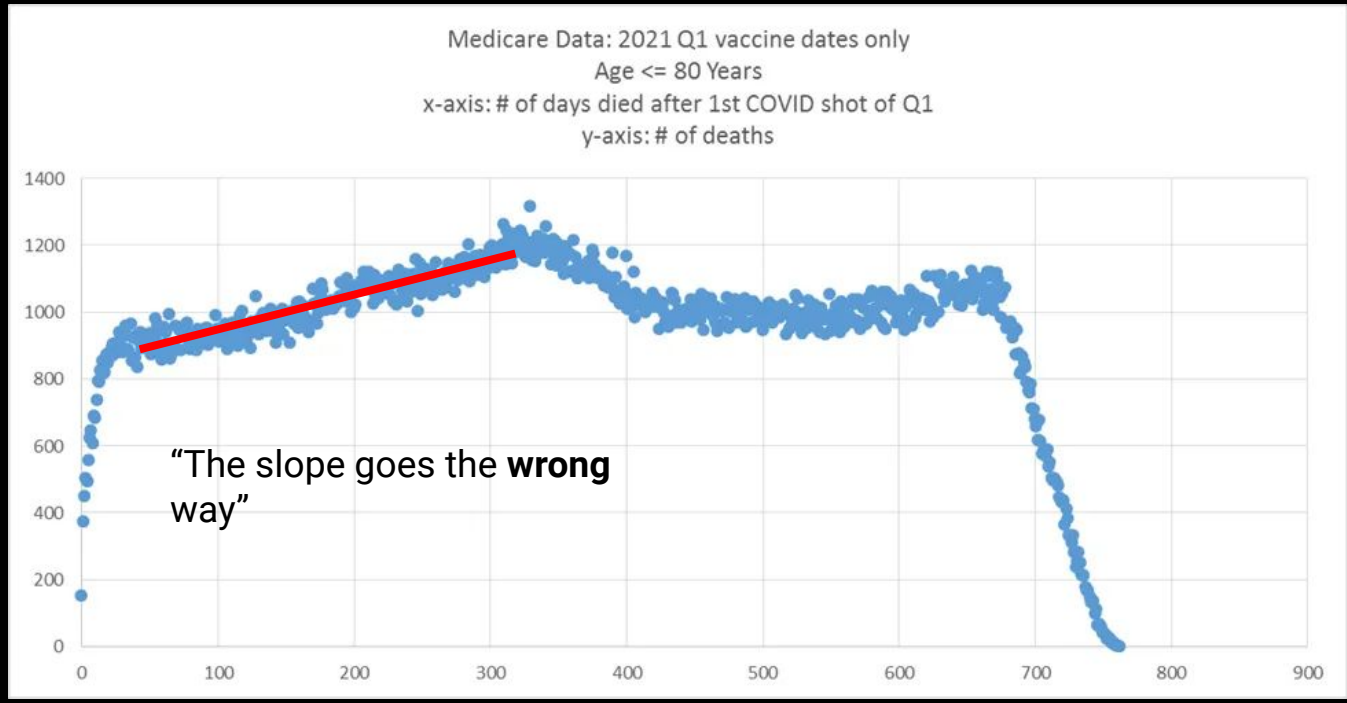
How can a Silicon Valley neurologist have 0 VAERS reports in 11 years and this year have to file 1,000 ?

How come nobody has ever attempted to debunk Ed Dowd's book?



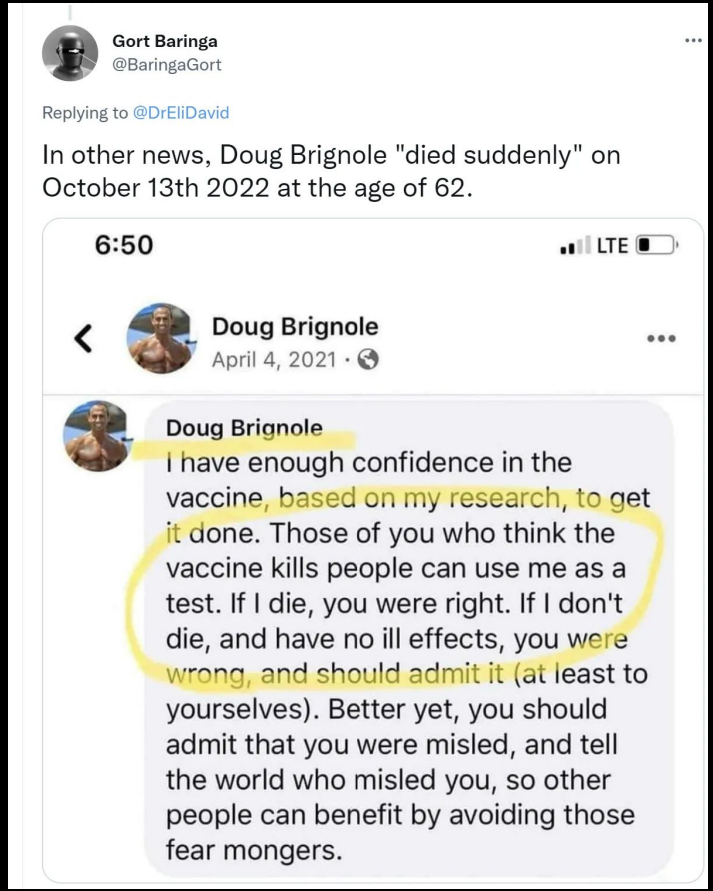
I released the Medicare data which shows the vaccine increases risk of death.

Why hasn't anyone been able to show it shows the opposite?



How can a large geriatric practice go from 11 deaths/yr to 21 deaths in 2022 with an 85% COVID vax rate?

P.S. There were just 5 COVID deaths over 2 years, proportional to the vax %. Only 1 of the 21 dead was unvaxxed.



Doug Brignole offered his life as the "test case."

He died a week after he got the booster.

What caused this rapid rise in dementia deaths in Australia between June/July 2021?

It coincided with the vax rollout for the elderly.

Why hasn't Pfizer released the results of the clinical trial of pregnant women?

It ended July 15, 2022.

But nobody is curious what the results were?!?!

And why was enrollment limited to 24 to 34 weeks gestation since the CDC said it was so safe?

What evidence was used by the CDC to recommend the vaccine is safe for pregnant women?

The VAERS data was signalling “red alert” for menstrual problems since the very start.

Why were vax>placebo deaths in the Pfizer trial?

How can we be sure that the 4X greater cardiac death rate in the vax group wasn't caused by the vaccine?

Why can't we see the histopathology that was done that exonerates the vaccine?

Reported Cause of Death[a]	BNT162b2 (N=21,926) n	Placebo (N=21,921) n
Deaths	15	14
Acute respiratory failure	0	1
Aortic rupture	0	1
Arteriosclerosis	2	0
Biliary cancer metastatic	0	1
COVID-19	0	2
COVID-19 pneumonia	1	0
Cardiac arrest	4	1

How can there be 5X as many exclusions in the treatment group as in the placebo group in the Pfizer trial?

And why doesn't anyone care about clinical trial fraud?

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)

[a]n = Number of participants with the specified characteristic.
[b]These values are the denominators for the percentage calculations.
[c]Participants 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

Why didn't the FDA ever investigate credible allegations of clinical trial fraud by Brook Jackson and Maddie de Garay?

Maddie, who was 12 when she got Pfizer shot, is now a paraplegic and has to eat from a feeding tube.

NOBODY ever called. Her experience was not unique.

Why are 6X as many Southwest Airlines pilots dying per year?

Why is there a COVID emergency in Scotland?

National Records of Scotland

All deaths occurring between 01 March 2020 and 30 September 2022

occupation classification	All causes
Caring, Leisure and Other Service Occupations	1,908
Health Professionals	396
Health and Social Care Associate Professionals	171
Health care worker	730
Social care worker	1,140

ALL DEATHS IN HEALTHCARE **4,345**

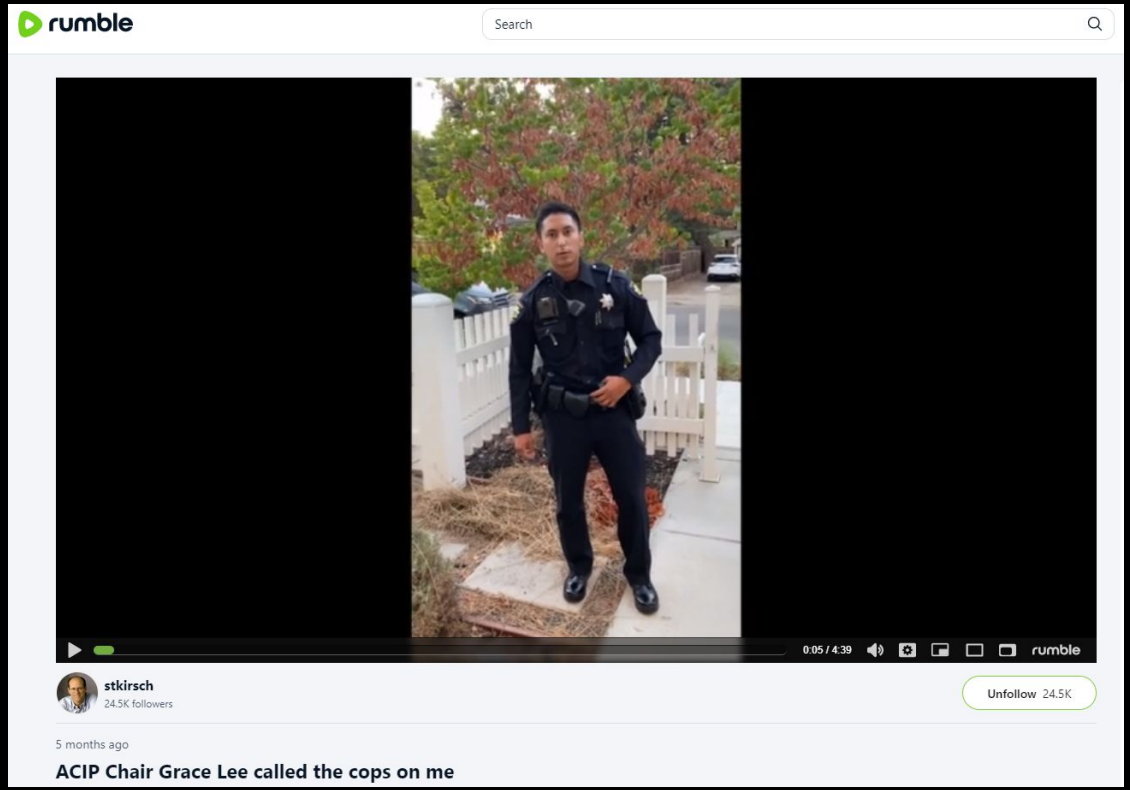
COVID-19 DEATHS (doctors/nurses) (non retired 20-64) **0**

SOURCE NRS:WEEK 40 DATA AND CHARTS

Why isn't the FAA investigating any pilot or FA vax related injuries or deaths?

Why did ACIP Chair Grace Lee call the cops when I asked if she wanted to see the Israeli MoH safety data?

Why not just say “no”?

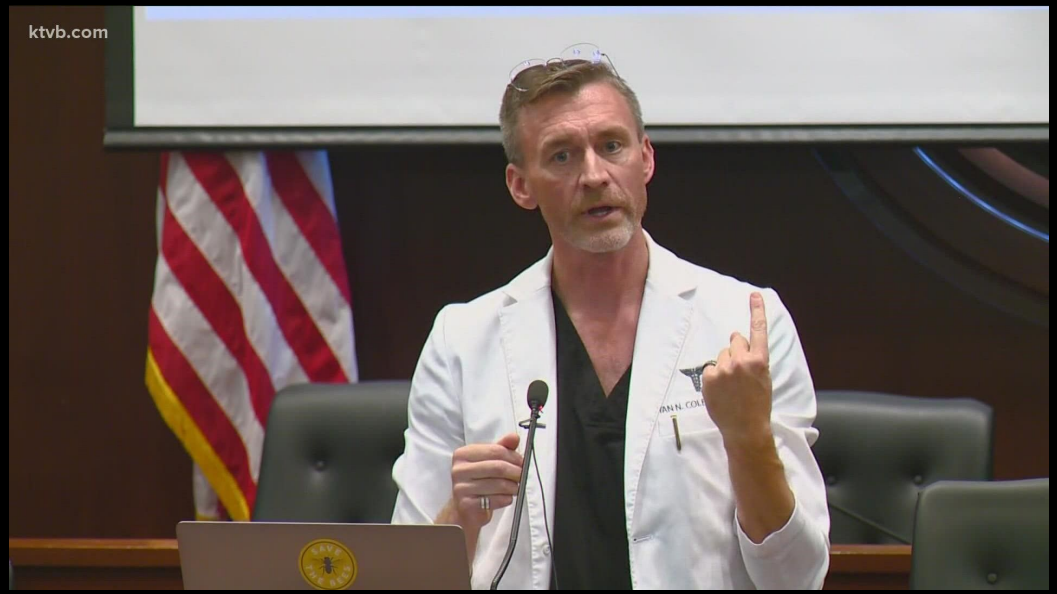


Why are so many people dying suddenly?

And why are the fibrous clots *only happening to vaccinated people (or people who got a transfusion)*? Got any counterexamples?

Why is only one pathologist in America doing autopsies that can assess whether the COVID vaccine caused the death?

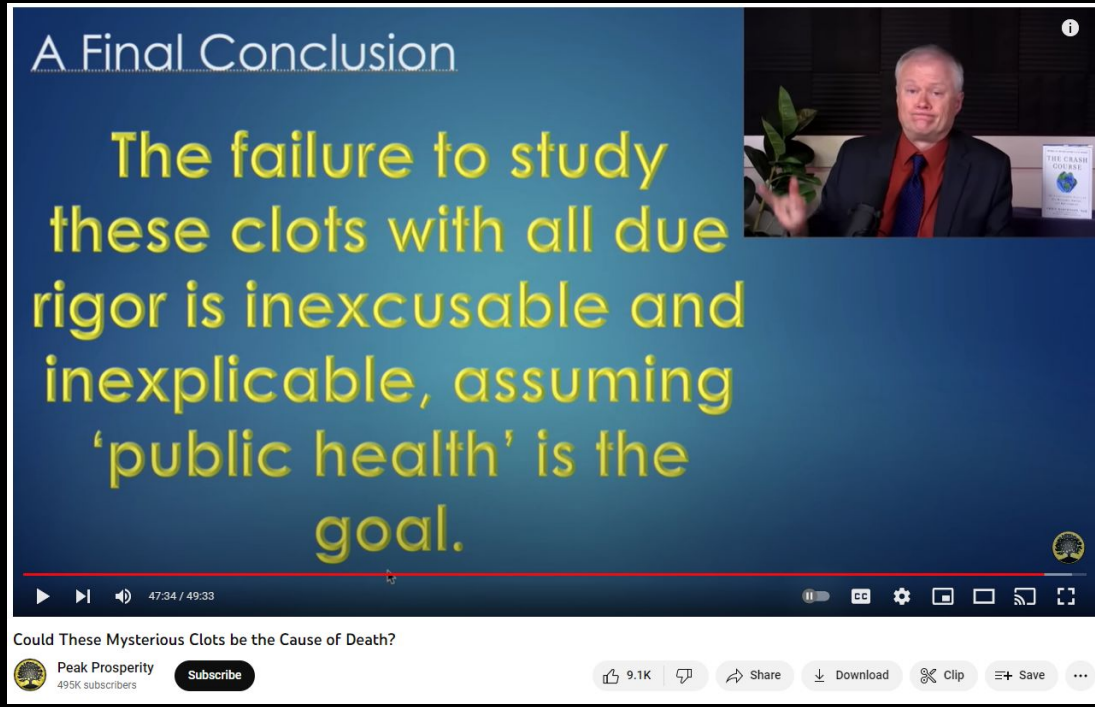
And getting 100% hit rates?



Why isn’t the CDC telling any pathologists how to check for vaccine-caused death?

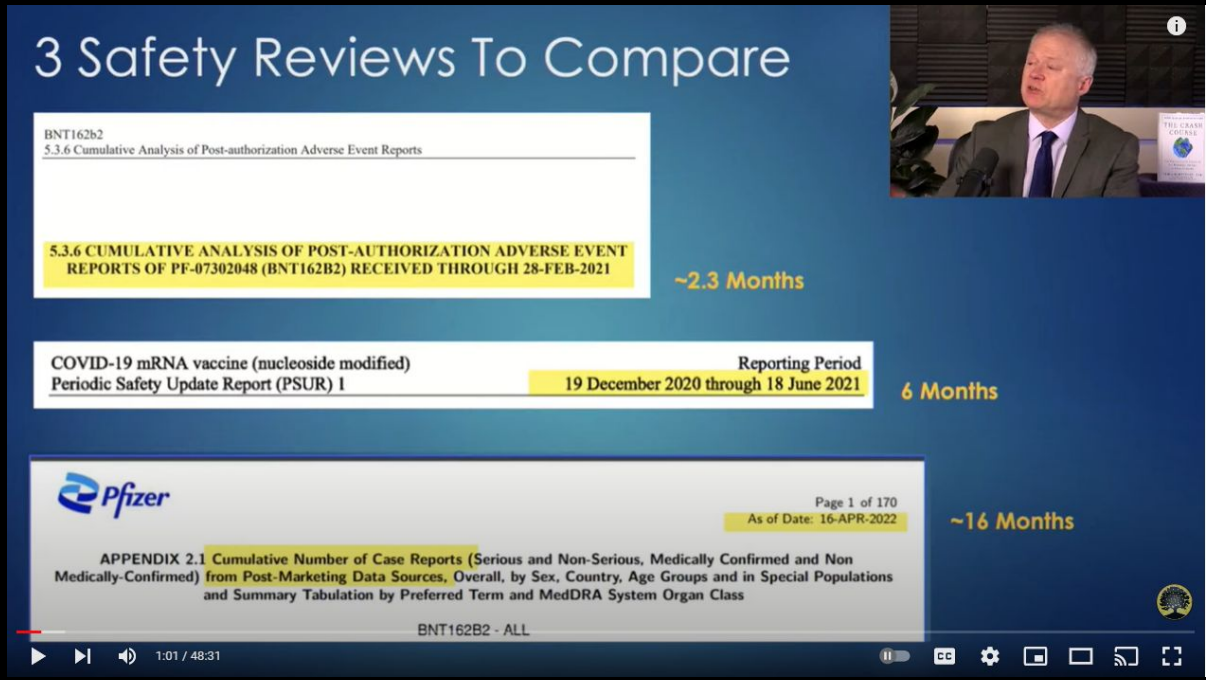
Why isn't anyone able to explain what is causing these novel white fibrous clots <u>observed by hundreds of embalmers</u>?

It's only happening in the vaccinated for some reason. Hmmm…

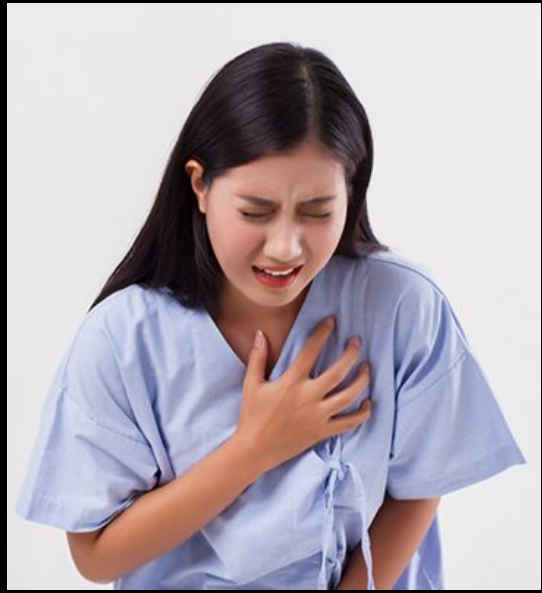


Is there any evidence at all that the regulators took a serious look at any of the safety data that was reported?

How come they didn't raise any red flags?

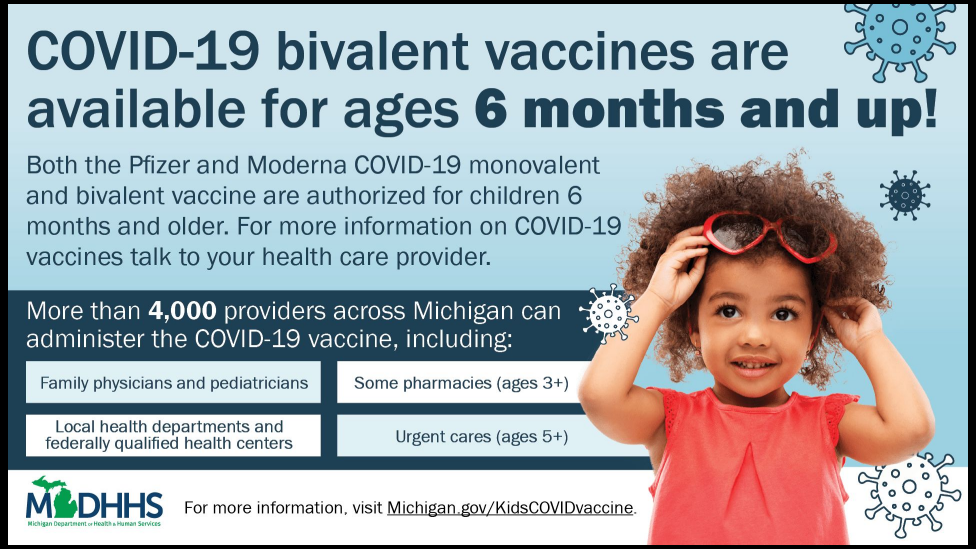


Why are 15-year-olds now dying from heart attacks on a regular basis?



Nobody can figure it out.

Hint: It’s only affecting vaccinated kids.



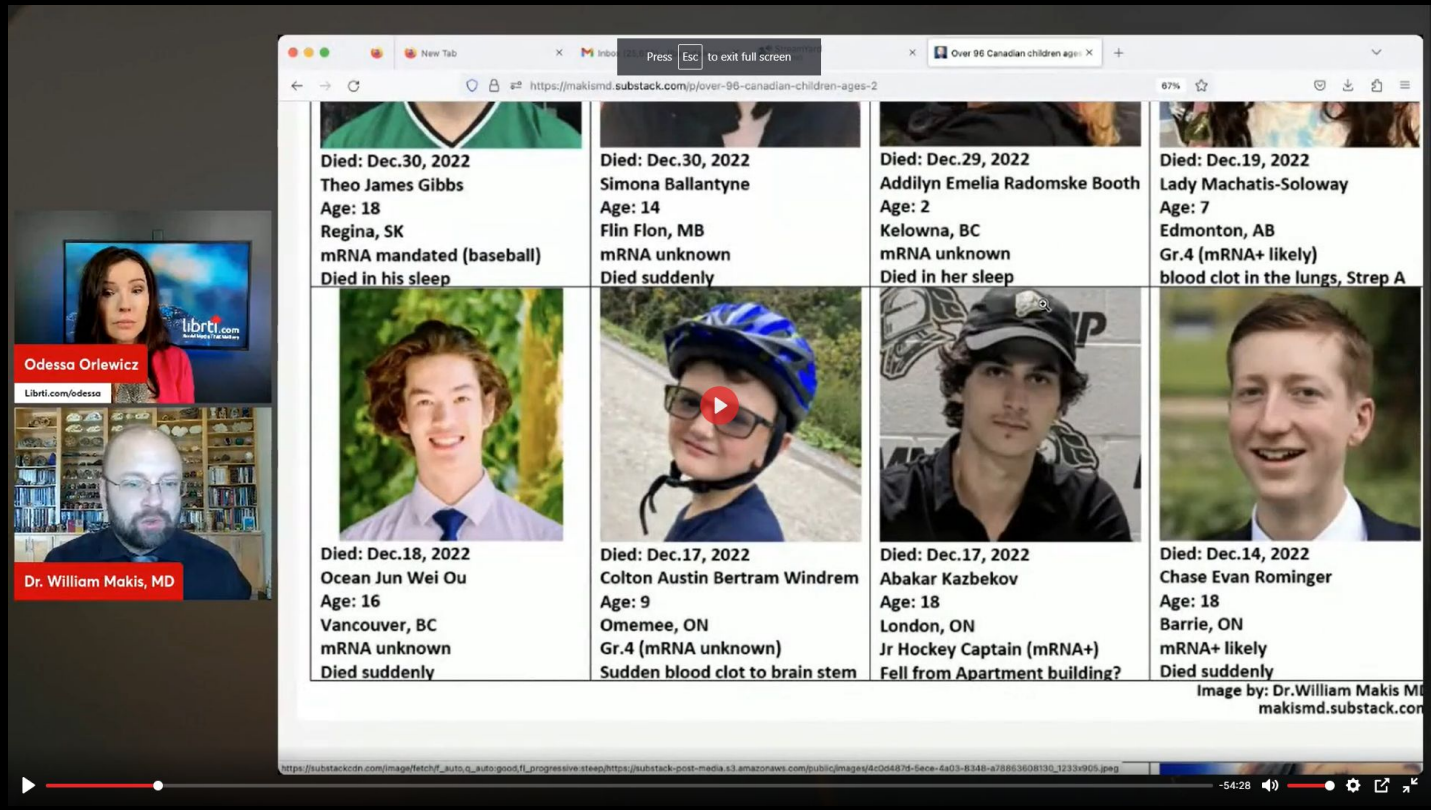
How can this vaccine possibly be recommended for kids anywhere in the world?

Kids have ~1 in 1M chance of dying. So the vax must kill fewer than 1 kid per 10M. To prove this requires a trial of >30M kids.

>96 Dead Children & Counting Post Vax When That Normal Yearly Flu Average Was 9/yr in Canada. Why are the health authorities not talking about this at all? Why did they stop reporting these deaths?

I could only find only a few healthy college kids with no comorbidities who died from COVID in the US.

But 96 vaxxed kids are dead in Canada. We have all *their* names!



Can you give me the name of one healthy child <12 who died from COVID in the US?

How come NOBODY questioned the science behind the "six foot rule"?

I remember after leaving a meeting with Dr. Redfield and some of my bosses that Dr. Redfield and I had a discussion walking in the hallway about the six-foot social distancing rules. I asked if he could explain to me and show me the science they relied on for publishing the six-foot recommendation, which was then becoming ubiquitous across the country, with stickers on the ground at ATM machines, grocery checkouts, and every place you could possibly imagine.

He fixed me with a stare, chuckled, and then said, "What science, Paul? There is no science. Other nations say one foot, some say nine, others twelve. We felt six would sound better, so we went with it. We made it up."

That was the COVID-19 fantasyland we were all living in, seeing the lies, but unable to stop them.

If masks work, then how do you explain the fact that every single randomized trial failed to show any effect?

Cochrane: "little to no difference"

I offered people $10,000 to remove their mask for the duration of the flight. No takers.

Simply stunning how completely brainwashed people are.

They ALL remove their masks to eat and drink on the plane, no problem at all! And they can all get infected through their eyes which nobody covers.

Face masks, at best, are designed to protect the wearer, not as source control → face mask mandates are nonsensical.

The American Society for Testing and Materials (ASTM) Standard Specification for Barrier Face Coverings F3502-21 Note 2 states, "There are currently no established methods for measuring outward leakage from a barrier face covering, medical mask, or respirator. Nothing in this standard addresses or implies a quantitative assessment of outward leakage and no claims can be made about the degree to which a barrier face covering reduces emission of human-generated particles."

Additionally, Note 5 states, "There are currently no specific accepted techniques that are available to measure outward leakage from a barrier face covering or other products. Thus, no claims may be made with respect to the degree of source control offered by the barrier face covering based on the leakage assessment."

Why didn't the CDC warn parents that masks create dangerous levels of CO2 for kids?

Environmental Research 212 (2022) 113564

Contents lists available at ScienceDirect

Environmental Research

journal homepage: www.elsevier.com/locate/envres

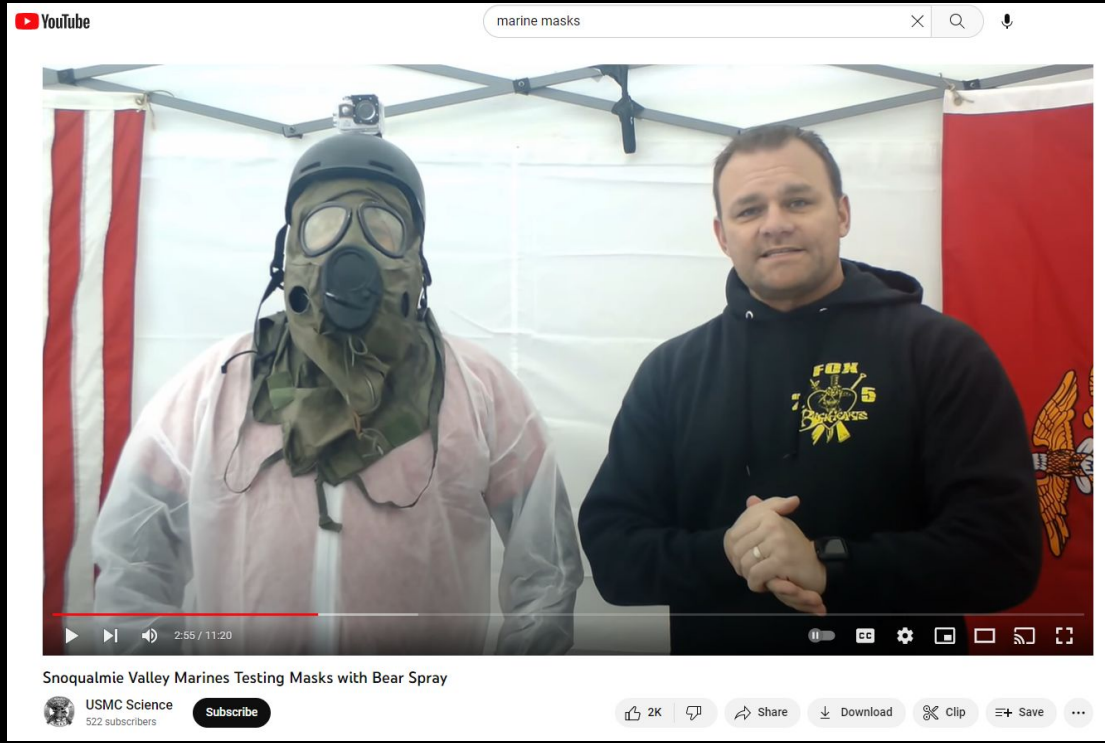
Check for updates

Carbon dioxide rises beyond acceptable safety levels in children under nose and mouth covering: Results of an experimental measurement study in healthy children

Harald Walach [a,*], Helmut Traindl [b], Juliane Prentice [c], Ronald Weikl [d], Andreas Diemer [e], Anna Kappes [f], Stefan Hockertz [g]

[a] Change Health Science Institute, Berlin, Germany
[b] Traindl-consult, Vienna, Austria
[c] Psychotherapeutic Practice, Müllheim, Germany
[d] Obstetric, Gynecological and General Practice, Passau, Germany
[e] General Practice, Gernsbach, Germany
[f] Anna Kappes, Psychotherapeutic Practice for Children and Youths, Müllheim, Germany
[g] Tpi Consult GmbH, Bollschweil, Germany

If masks work, why hasn't anyone been able to refute this video?



If the bivalent booster is so beneficial, then why isn't Paul Offit getting it?

He even wrote a perspective in *NEJM* recommending against the booster due to lack of a measurable benefit.

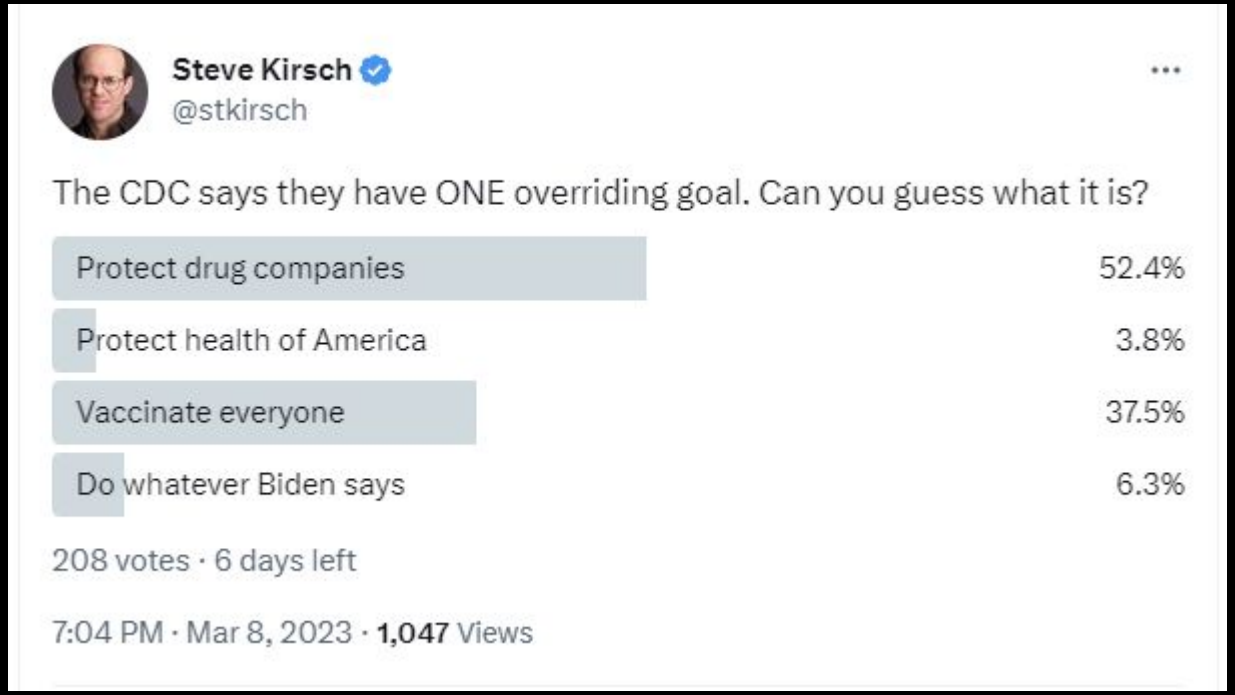
He's the most senior person on the FDA outside committee!

"I believe we should stop trying to prevent all symptomatic infections in healthy, young people by boosting them with vaccines containing mRNA from strains that might disappear a few months later."

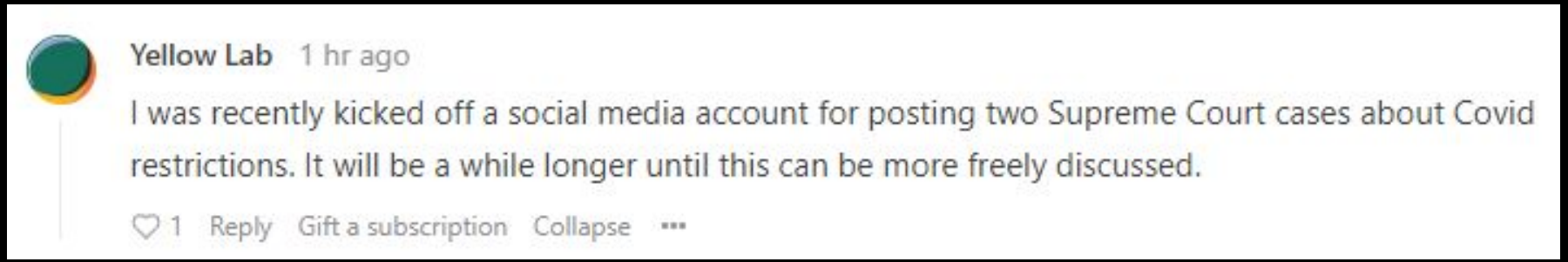
Why would Johns Hopkins Professor Marty Makary testify in Congress that the greatest spreader of COVID misinformation is the US government?

Why don’t people trust the CDC?

Why do people think the CDC's role is to protect the drug companies and vaccinate everyone?



Why is it now, for the first time in history, forbidden in America to mention a US Supreme Court decision?



Yellow Lab 1 hr ago

I was recently kicked off a social media account for posting two Supreme Court cases about Covid restrictions. It will be a while longer until this can be more freely discussed.

♡ 1 Reply Gift a subscription Collapse ···

What ever happened to “critical thinking” skills?

If the CDC were just incompetent, they'd have gotten it right half the time.

But they got EVERYTHING wrong.

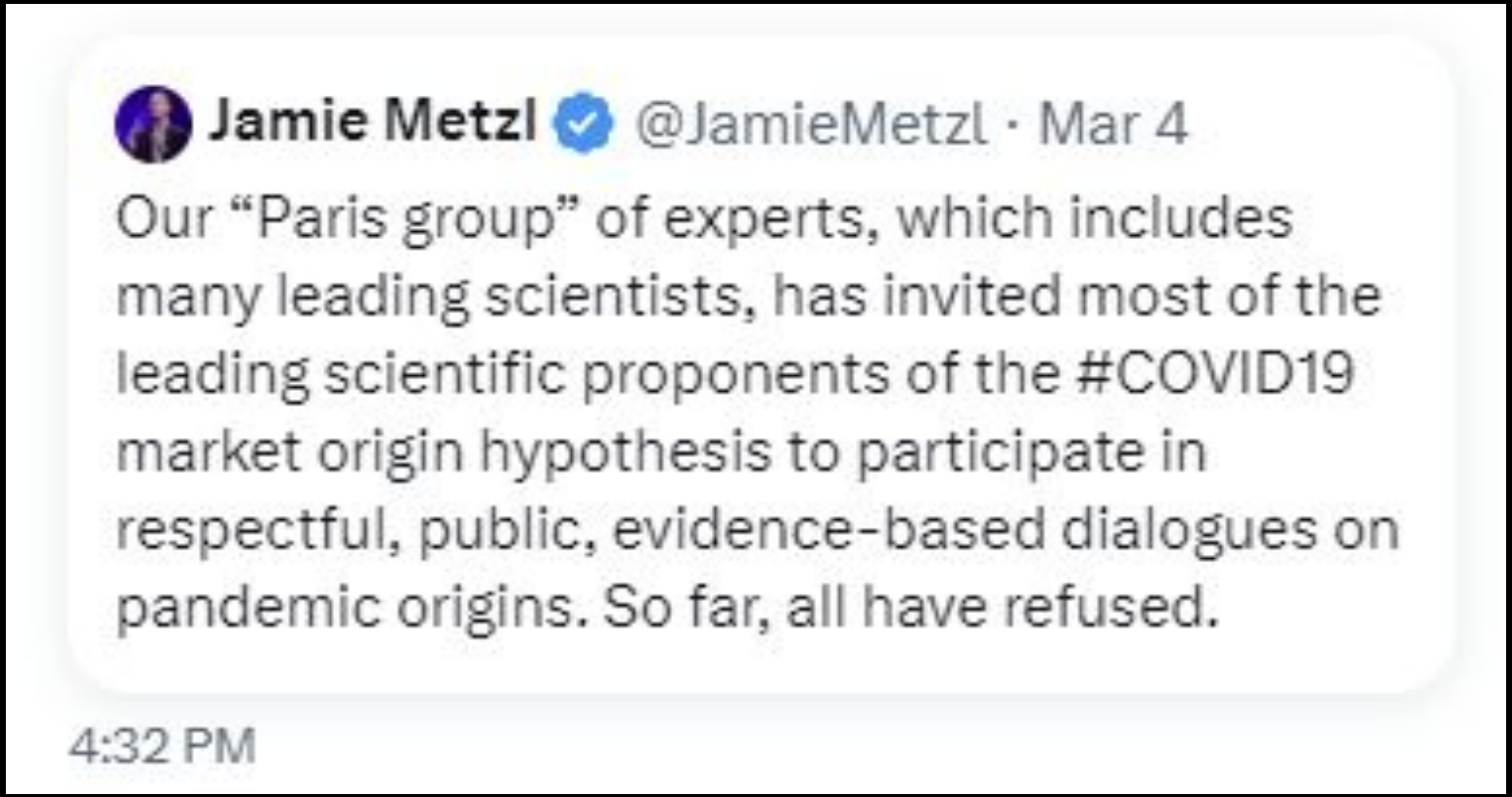
FIRST OPINION

Scientists who express different views on Covid-19 should be heard, not demonized

By Vinay Prasad and Jeffrey S. Flier April 27, 2020

Reprints

How are we supposed to resolve our differences if all the pro-vax authorities all refuse to engage in a civil dialog?


Jamie Metzl @JamieMetzl · Mar 4
Our “Paris group” of experts, which includes many leading scientists, has invited most of the leading scientific proponents of the #COVID19 market origin hypothesis to participate in respectful, public, evidence-based dialogues on pandemic origins. So far, all have refused.
4:32 PM

Who will be first to start pointing fingers in the US? It already started in Germany.

“It wasn’t my fault. I trusted the CDC!”

Why can’t anyone answer any of these questions?

Why won’t Pfizer or the CDC respond to any of these questions?

What are they afraid of? The truth?

Summary

They lied about everything.

All of their “advice” made no difference or made things worse.

❌ Vaccines
Masks
Social distancing
Lockdowns
Mandates

Early treatments

SOLUTIONS

1. Stop the shots
2. **Stop hiding the data;** mandate **data transparency**
3. Ask public health officials these questions in a public forum
4. Listen to those who have been censored

Each and every public health official has THE POWER TO CHANGE EVERYTHING

>>> RELEASE THE RECORD-LEVEL VAX-DEATH DATA <<<

1. Why would you not want to do this?
2. What is the benefit of hiding the truth from the people?
3. What are you afraid of? The truth?

Note: In the US, I released the Medicare data publicly; not a single complaint.

I asked the UK ONS to release the record level data.

They responded! They said that would be a privacy violation.

RE: a simpler way to give the world the data we need

HD Health Data <Health.Data@ons.gov.uk>
To Steve Kirsch

Reply | Reply All | Forward

Wed 2/22/2023 11:28 PM

You replied to this message on 2/23/2023 11:02 AM.

Good morning

Thank you for your email.

We are governed by the Statistics and Registration Service Act 2007 which prohibits the release of identifiable data. Whilst we can provide bespoke requests for data, we are required to undertake disclosure control to aggregate to ensure the level of information released, for example date of death, date of registration, single year of age, cause, and geography would not identify the deceased.

More information can be found in our Policy on protecting confidentiality in tables of birth and death statistics and in the Code of Practice for Statistics

After I explained how the data could be anonymized they STOPPED responding to my emails.

FDA head Robert Califf has said “misinformation is the leading cause of death.”

There is an easy way to fix this problem

STOP
TALKING

Anyone not publicly calling for data transparency is not your friend