

Exhibit 310

Why Can't We Talk About It?

Steve Kirsch

<https://stevekirsch.substack.com/p/why-cant-we-talk-about-it>

FAVORITES

Why can't we talk about it?

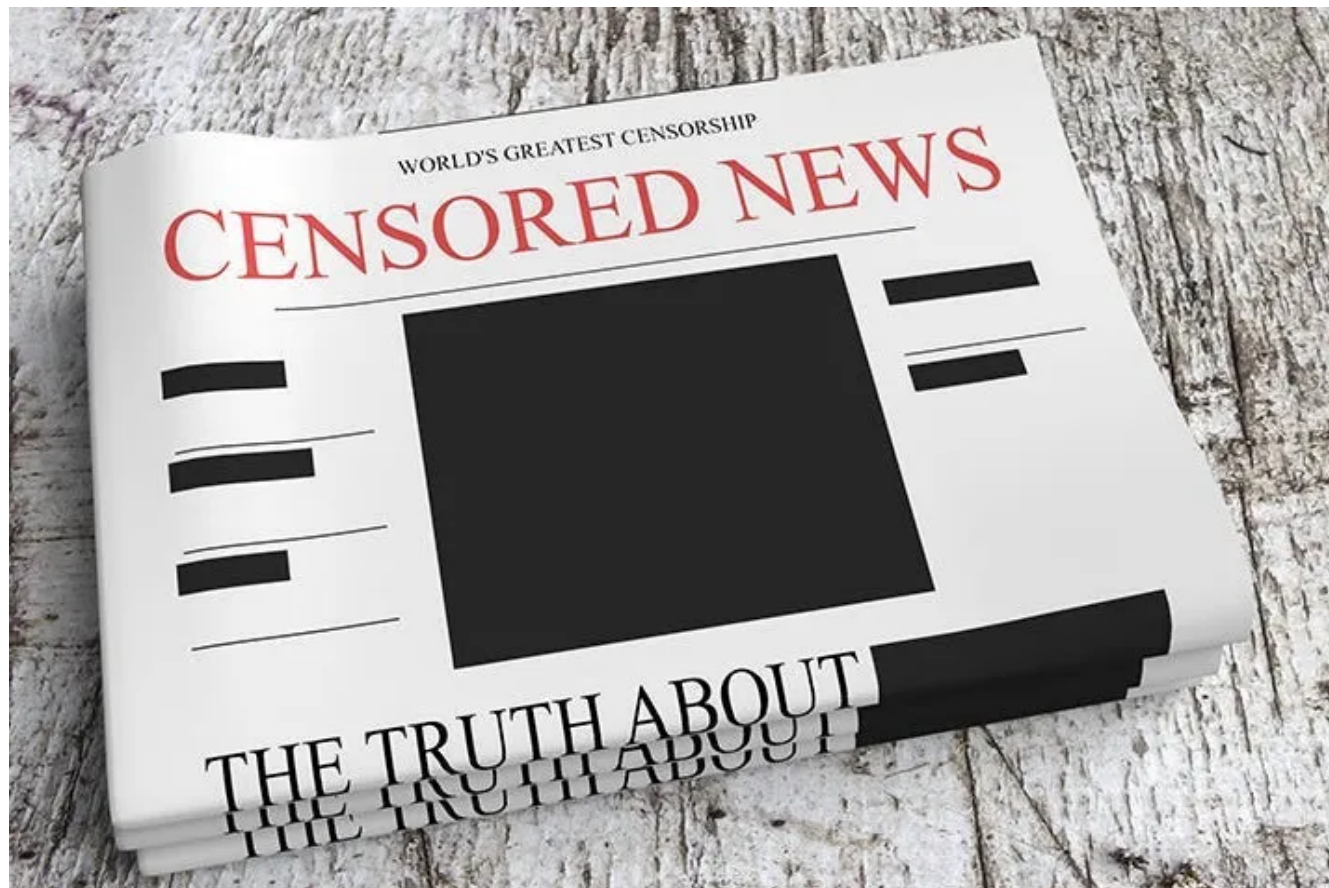
How are we supposed to resolve our differences if every vaccine advocate in the world refuses to have a civil discussion about it?



Steve Kirsch ✓
Dec 5, 2022

♡ 1,686

💬 1,503



The authorities who are promoting the COVID mitigation policies would prefer that people like me who disagree with them are censored rather than heard. This in itself should cause people to be skeptical about what they are being told. That is not how disagreements in science have been handled in the past.

Executive summary

It's stunning how the entire world is only being told one side of the narrative by the mainstream media. While we can't change that, what we can do is to make everyone aware that nobody on the pro-vaccine side will engage in an open, public civil discussion or

debate on the relevant issues. I intend to do just that through non-stop advertising all over the world.

Introduction

I am writing this from Auckland Airport in New Zealand awaiting my flight back to San Francisco. I was just informed that my attempt to have a discussion about COVID policies with Michael Laws on The Platform was denied. The message I received read as follows, “He isn’t interested in having his views tested by yours.”

So effectively, I’ve been “de-platformed” by [The Platform](#) which bills itself as “New Zealand's only independent media site giving you unbiased coverage, commentary, and opinion and the chance to have your say.” Wow. That’s really bad.

This is ridiculous. Enough is enough.

This isn’t about me. Everyone on our side of the narrative is denied an opportunity for an open, public discussion about any issues regarding the COVID response including mandates, masking, vaccines, early treatment, lockdowns, VAERS reporting rates that are off the charts, safety signals deliberately being ignored, trust in public health officials such as ACIP committee chair Grace Lee who doesn’t want to see the Israeli safety data, etc.

It’s time to try a new approach

It’s time for a new approach. I want to make sure that everyone realizes two things:

1. That the mainstream media is only considering and telling one side of the narrative which means that they are essentially involved in propaganda rather than news.
2. That NOBODY pushing the narrative is willing to be challenged about their beliefs.

So you might start to see ads in newspapers, radio, TV, online, and on billboards with headlines like:

- Why can’t we talk about it?
- Why doesn’t anyone on their side want to talk about it?
- Why is it forbidden to talk about it?
- Why are physicians threatened with loss of their jobs if they talk about it?

- Why is it taboo to talk about it?
- Why can't we have a civil discussion to resolve our differences about it?
- Why are <they> so afraid to talk about it? where <hey> is replaced by local, state, federal lawmakers, government organizations (CDC, NIH, FDA, ...), local, state, federal health officials, professional organizations (AMA, CMA, IDSA, etc), infectious disease experts, medical schools, etc.

These ads will be targeted sometimes to organization other times to individuals in a position of power or influence such as a member of Congress or a even a talk show host like Michael Laws [who doesn't seem to practice what he preaches about free speech](#).

We'll start with an ad in the Washington Post displaying our letter to CDC Director Rochelle Walensky offering to setting who is telling misinformation by coming to the debate table. If she refuses, we will launch a massive ad campaign on radio, TV, newspapers, billboards, and online asking the question:

“Why is the CDC so afraid to be challenged on their policies?” and suggesting that misinformation costs lives and that censorship has not worked, and that traditionally differences of opinion in America have been settled by dialog. I'll refer to the Vinay Prasad op-ed.

We'll send it also to all the CDC employees as well.

Our discussion team of experts

I've invited the following people to represent our side of the vaccine debate. I don't expect everyone to accept my invitation or be available for all discussions (should they ever happen). Here's the initial list which comprises a mixture of people who are experts on our side of the story (in no particular order):

1. Robert Malone (a)
2. Peter McCullough (a)
3. Robert F. Kennedy, Jr. (a)
4. Joe Mercola (a)
5. James Thorp (a)

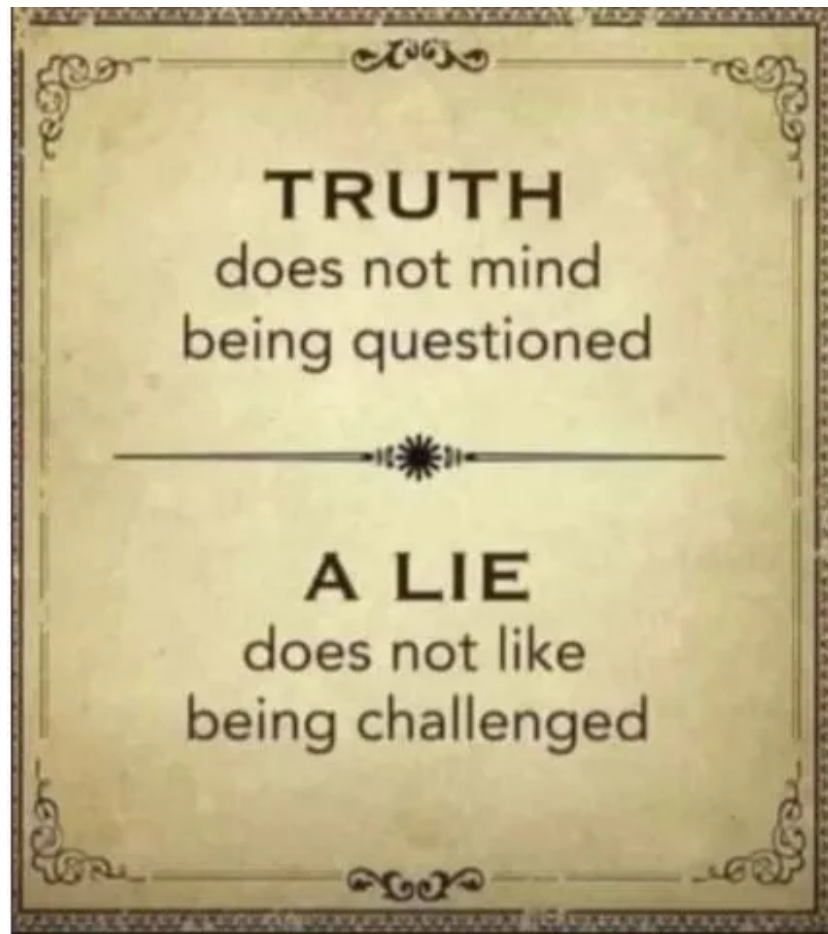
6. Dr. Naomi Wolf (a)
7. Del Bigtree
8. Norman Fenton (a)
9. Jessica Rose (a)
10. Joel Smalley (a)
11. Aaron Kheriaty (a)
12. Pierre Kory (a)
13. Paul Marik (a)
14. Chris Martenson (a)
15. Aseem Malhotra (a)
16. Ira Bernstein
17. Vinay Julapalli (a)
18. Bret Weinstein
19. Ryan Cole (a)
20. Richard Urso (a)
21. Aaron Siri (d)
22. Byram Bridle (a)
23. Paul Alexander (a)
24. Retsef Levi (a)
25. Jay Bhattacharya
26. Scott Atlas (d)
27. Angela Wulbrecht (a)
28. Caroline Stepovich (a)

Notes:

1. (a) means accepted, (d) means declined.
2. Over half of these people accepted within minutes of my sending the invitation.
3. Robert Malone isn't listed because he doesn't like debates.

4. Not everyone on the list agrees with everyone on every one of the topics listed below. In general, they were picked because they are experts in certain key aspects of the COVID response.

It's interesting to note that the people on the other side of the narrative have had nearly two years to accept the challenge or issue their own challenge. They've done neither. My hypothesis is that the reason is as simple as this:



What is "it"?

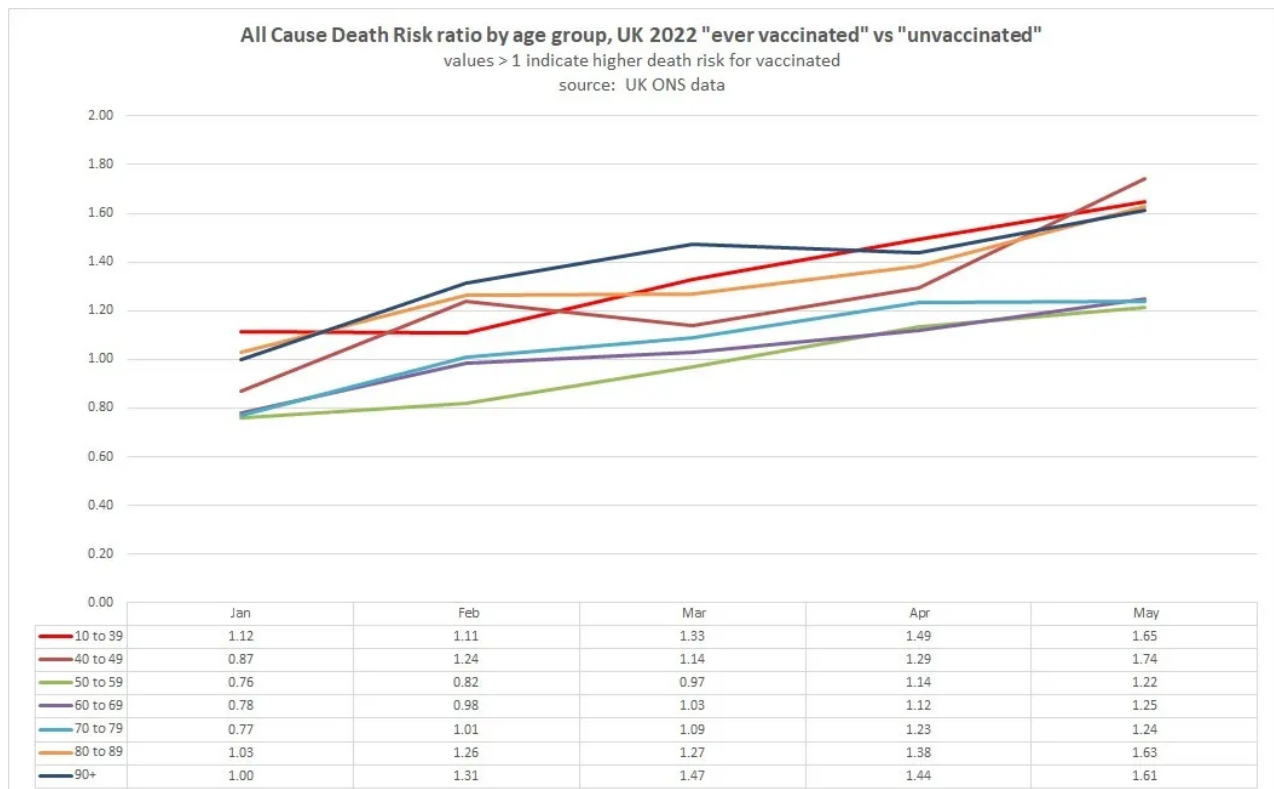
Thousands of issues regarding the worldwide government COVID response including, but not limited to the following items, should be discussed but there is silence from the other side. This is just a list off the top of my head. Ask your friends if there is an item or two from this list that they are willing to discuss. Don't be surprised if they are unable to talk about any of the items.

1. **Why is nobody in the world publicly calling for data transparency except for me and John Beaudoin?** The data we have already collected settles the question. Nobody wants it to be public. [They won't release it and nobody is calling for it, just a couple of misinformation spreaders](#)... Wait a second... why would the MISINFORMATION spreaders call for exposing data that would show the vaccines are safe?!? And why would the CDC not want to release that information? Data transparency, and the lack of it with respect to the COVID vaccines, is the single most important issue of the pandemic. Why are officials not releasing the data?
2. **Refusing to see credible safety studies:** Why are public health officials ignoring credible safety data that proves that the COVID vaccines cause side effects that are serious and that do not resolve? The CDC was offered an opportunity to see the [Israeli safety data from the leaked video which shows the vaccines are unsafe](#). The offer was sent to nearly 300 people at the CDC who work in vaccine safety. [ACIP chair Grace Lee refused to see the adverse safety data as well](#). How do you defend her decision to ignore the data? The video was [authenticated by a Reuters fact check](#). Why did the Israeli Ministry of Health refuse to talk about it? Why wasn't anyone fired? Why was there no investigation about the coverup? Why did the Israeli mainstream media agree to not writing about it. [Neil Oliver covered it on GB News](#), the only on-air anchor to talk about it in the world. Nobody in the US mainstream media wanted to see the safety data either. Isn't it time for the CDC and mainstream media to admit they are both propaganda organizations and that protecting the public is not even close to being a top priority?
3. **CDC is ignoring the VAERS death safety signal.** The [death safety signal triggered in VAERS](#) just a month after the vaccines were rolled out. The CDC said nothing despite the fact that it was their own data and their own safety signal monitoring algorithm! I personally noticed that the [death safety signal triggered in VAERS](#), it was verified by 3 independent experts, but [the CDC ignored it even after it was expressly brought to the attention of senior CDC staff](#). Where is the calculation proving it didn't trigger and why can't we see it? [Why was Dr. George Fareed who wrote the CDC and asked about this gaslighted by the CDC and not shown the calculation?](#) Doesn't this show the safety signals are being ignored? Also, isn't using PRR a huge mistake in the CDC formula? A vaccine that generates huge numbers of adverse events is considered "safe" using this formula and it is ANDed with other conditions. Is this really the best way to assess safety of a vaccine? The death safety signal triggered a month after the

shots rolled out, so the CDC has been ignoring it for more than 2 years now and saying absolutely nothing.

4. **Government agencies responsible for safety are deliberately suppressing the safety signals and the mainstream medical community is remaining silent about the coverup. Why? Because that's the way "science" works.** There were over 770 safety signals that triggered in VAERS but the CDC covered them all up; we only found out about these via FOIA. The Israeli Ministry of Health only seriously started monitoring safety 1 year post vax rollout. When their hand-picked scientists found out the vaccines were causing severe issues that did not go away, the MoH cut their funding and pretended they never heard the report. The Israeli and US mainstream press is silent. So is the mainstream medical community. When the regulators look the other way on safety signals and the "scientists" don't call them out on the corruption, you have a very broken medical system that should not be trusted until major changes are made.
5. **If I'm wrong, why is it that no prominent pro-vax advocate will debate me?** Not for any amount of money. Not even Pfizer or Moderna will defend their own product. If the manufacturers refuse to defend their own product, why should you trust them? Heck, I can't even get a live recorded debate with any pro vaxer, even for free. Why are they so scared of the camera.
6. **I claimed the vaccines cause strokes.** The CDC says no, false alarm. [So why isn't anyone taking my \\$1M bet on this?](#) Doesn't anyone believe the CDC?
7. **If pilots aren't failing EKGs, why did they change the standards?** [Even the FAA couldn't answer that one.](#) Do you know?
8. **Why weren't we warned that more boosters —> worse results?** In December 2022, researchers at the Cleveland Clinic reported that they [had found](#) "the higher the number of vaccines previously received, the higher the risk of contracting COVID-19." Why shouldn't we be concerned? What about biologic plausibility? Is there any mechanism of action which will explain why the likelihood of infection goes up but the risk of hospitalization and death go down? We aren't aware of any. Are you?
9. **If this analysis of all-cause mortality isn't right, then how come nobody is willing to supply the correct version?** It shows that by May 2021 (when they stopped publishing the data by vaccination status, that every single age cohort had higher all-cause

mortality if they were vaccinated. How do you explain that? If you think it is wrong, why are you not showing us the correct analysis?



Let's be clear: this graph is unambiguous. All age groups are seeing drastically higher mortality in the vaccinated. This one graph can explain all the excess deaths.

10. **UK excess deaths:** What is [causing the 650,000 excess deaths in the UK](#) (as reported by the BBC)? It's **the worst in 50 years**. It can't be COVID since everyone is vaccinated and the vaccine works and Omicron is VERY mild. The article claims "pandemic effects on health and NHS pressures" are among the leading explanations, but the [Devil's advocate article](#) shows this isn't correlated and the argument was hand-waving with NO EVIDENTIARY SUPPORT. How did they rule out the vaccine? They did so by not looking at the graph, for sure! So if the graph above can't be attacked (by showing us how they got it wrong and the correct graph), then we have our answer as to what is causing the excess death.
11. If Norman Fenton/Martin Neil's [The Devil's Advocate: An Exploratory Analysis of 2022 Excess Mortality](#) article is wrong, how come nobody has pointed out the error and showed us the correct analysis? It shows that countries with higher vaccination rates have higher excess mortality and points out all the other explanations don't fit.

12. **If the vaccine is so safe and effective, how come I can't find a single success anecdote?** They are all negative by a highly statistically significant amount. Whenever I bring this subject up with a pro-vaxxer, they change the topic. Instantly. Look, if there was even a SINGLE success story, that would be their poster child and they'd be touting it. But they can't find one either. It's all negative. Very negative. Read [all the stats in this article](#) including the New Zealand funeral director who reports that 95% of his cases were vaccinated less than two weeks before they died or the Clifton Hill, Australia nursing facility that lost 33% of their residents in 12 months after the vaccines rolled out (normal is 1% a year). How do you explain that?
13. **A reader in Australia wrote:** I waded through Victorian and Commonwealth data the other night. it showed that monthly, All Cause Deaths in Victoria had increased by 25% from the beginning of 2021 to the end of 2022, which ties in with what the funeral director told me for his business, 1000 funerals in 2021, increasing to 1240+ in 2022. Isn't the vaccine supposed to lower ACM rather than increase it?
14. **What is the half life of the spike protein in people?** Does it trouble you that nobody knows?
15. **Why isn't there any birth data in 2022 in Australia?** They stopped publishing it right when the birthrates started dropping precipitously at the end of 2021.
16. **The [death safety signal triggered in VAERS triggered just one month after the vaccines rolled out](#).** The CDC has never told the public this. It's now been two years! They also [lied to the public about ischemic stroke; they said it only appeared in VSD and not VAERS](#). So what does the medical community do when the CDC is caught in a lie like this? They say nothing. Is that how science works? You conceal all the safety signals and that is OK? Whenever I bring this subject up with a pro-vaxxer, they change the topic. Instantly.
17. **The Lancet is censoring dissent.** They [even admit it in their own journal](#). The [most recent case is stunning](#) where they refused to correct or retract an important paper. Their reason: they didn't hear from the author for a rebuttal. When the scientific journals are corrupt, all bets are off. Yet nobody in the mainstream medical community is calling for the editors to be replaced. Is that how science works?
18. **There are zero prominent people who switched from anti-COVID vax to pro.** But plenty of highly respected, prominent people that switch in the other direction: Aseem Malhotra, John Campbell, Paul Marik, and Joseph Fraiman. Even the most highly

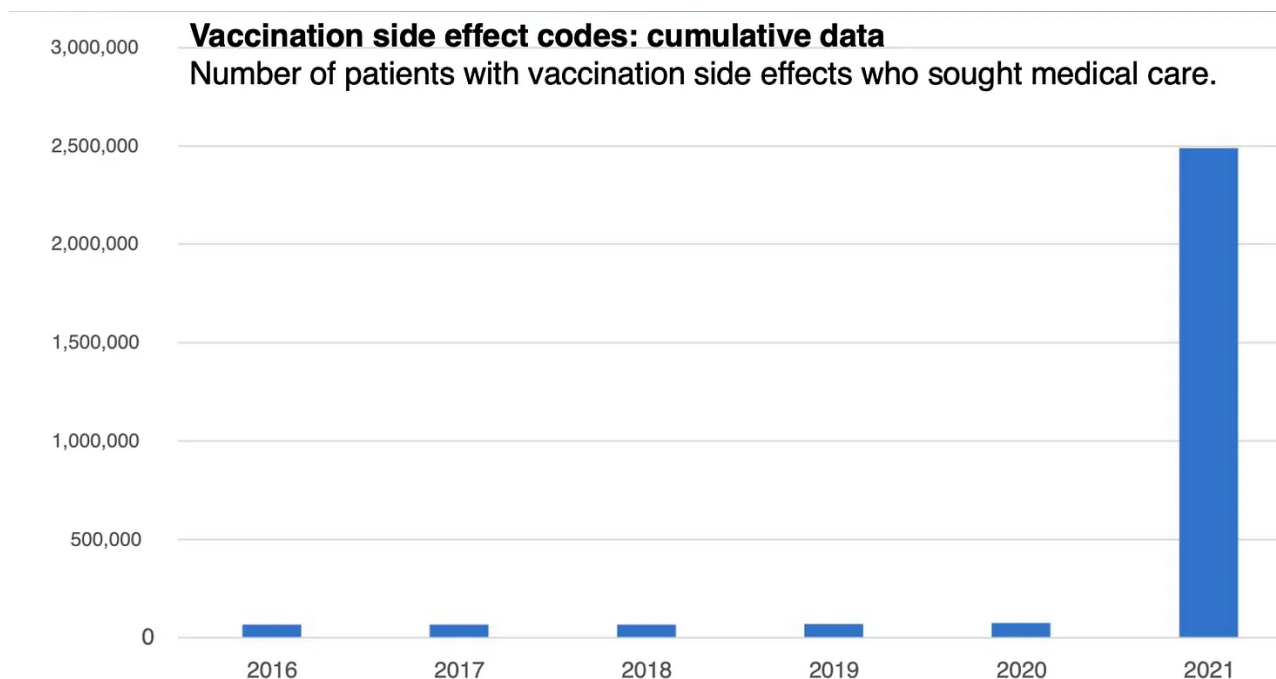
respected mainstream vaccine expert, Paul Offit, isn't getting any more boosters. Why should you?

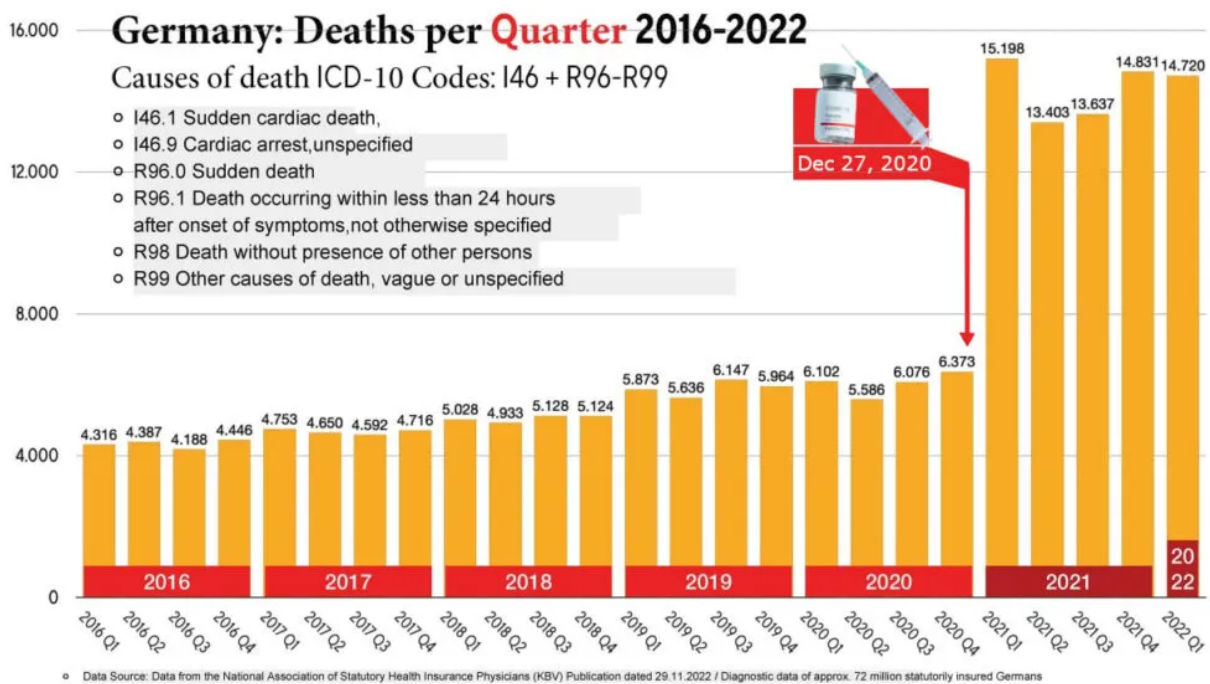
19. **Nobody will take my \$1M bet.** Why not? If they are so confident they are right, prove me wrong in public. Not even the drug companies will defend their product. The reason is simple: all the data from physician offices is negative. We can't find a single nursing home, geriatric practice, pediatric practice, etc. where the numbers improved after the vaccines rolled out. They all got dramatically worse. How do they explain that they cannot come up with a single success example where all-cause mortality was tracked and improved?
20. **The polling data is horrible.** Explain this poll. This isn't my followers due to the high number of retweets. How do they explain this? There are 130M households. That's roughly 11M dead people over 2 years. But our poll is likely skewed since the all-cause mortality stats didn't double. Let's say our poll is off by a factor of 20, i.e., 95% of the Yes votes are due to sampling bias (people with deaths are more likely to fill out the form). That's still over 500,000 deaths over 2 years. However, we know the bias isn't that large because we ran several pollfish surveys (which don't have the bias), and [got a 6% rate](#) of households with an excess death from the vaccine (7M excess deaths from the vaccine). The poll also found that more people died from the vaccine than from COVID (again, the audience is neutral; selected by pollfish). How do they explain that? Where are THEIR polls? Where are their success examples?



21. **Nobody wants to acknowledge the millions of vaccine injured.** Even today, the FDA thinks these people are making it up. It's really disgusting.

22. **There is no end-to-end quality control. Zero. There was no informed consent because nobody knows what is in the vials.** Former FDA #3 person, David Gortler, reveals that there is no end-to-end testing for the vaccines. So the amount of drug, the integrity of the mRNA, and the level of contaminants in the vaccine is completely unknown **because nobody is measuring it on a regular basis.** In addition, EMA documents admitted that over 25M doses given to people in US and Europe were not GMP. This is a minimum number of doses; the real number is likely much more, but nobody knows how large it is. Lab rats are treated better than this. People became magnetic because early vials had magnetic material contaminants. Duh. They were not making this stuff up.
23. **The drug companies withheld negative booster data from the FDA panel.** The data showed that the boosters made people more likely to be infected with COVID. Members of the [FDA panel publicly spoke out about this as outrageous](#), but the medical community remained silent.
24. **The massive German insurance company database.** Read this article: [The Most Important Dataset of the Pandemic Was Just Released](#). Explain how all the effects in the graphs are happening if it isn't the vaccine. What is the more likely cause and how can you show that? This looks pretty devastating and unexplainable to us, but we are just misinformation spreaders. Explain this:





25. **Medical practice survey:** Shows 2 deaths per 1,000 vaccinated; 30 deaths per thousand vaccinated (in those over 65), >5% disability in armed forces from the shot, and that the vaccine has killed at least 5X more people than the virus. Tell me again why this is success. The [survey findings are here](#) and anyone can replicate the survey but nobody wants to for some reason. Why?
26. **VAERS excess deaths.** There are over 15,000 excess deaths reported for the COVID vaccines. If these deaths were not caused by the vaccine, then what caused them? Also, the minimum underreporting factor is at least 30 and more likely 41 or more. This is over 500,000 excess deaths. Shouldn't that be a stopping condition? If not, how many people have to die before we take these vaccines off the market? How many children have to die before we take these vaccines off the market? How many people have to die or be disabled before we stop mandating these vaccines for the US military? Why was no stopping condition ever defined? What should the stopping condition be? There are only 3 possible ways the numbers in VAERS can be wrong: gaming, overreporting, the vaccine is extremely dangerous. **There is no evidence anywhere of the first two.** In fact, all the evidence we have shows gaming is tiny and that the propensity to report is the same this year as in other years. So how do you explain the dramatic uptick in all countries of the world which monitor safety events? [For more on VAERS, please see the questions in this article.](#) While you could argue correlation isn't causation, if it isn't the vax, you have to ask what else meets this criteria:

- a. Never been seen before
 - b. Deployed at start of 2021
 - c. Injected into you
 - d. Able to kill people in MULTIPLE different ways
 - e. Deployed into massive numbers of people all over the US at the same time
 - f. Rates of reports coincide with number of people being vaccinated
27. **VAERS reliability.** Why is it when the VAERS numbers are low, VAERS is cited as proof of safety, yet when the VAERS numbers are high, VAERS is unreliable?
28. **VAERS underreporting factor.** Why does the CDC refuse to calculate it? Jessica Rose used the adverse event data in the Pfizer trial to estimate a URF of at least 30. I used the anaphylaxis data to estimate 41. But now it turns out that [serious adverse events in the Pfizer trial may have been underreported by a factor of 10 or more](#). What is your calculation for the URF and why doesn't the CDC release its estimates? Also, how do you explain [this article showing that the VAERS reporting rates are flat](#)? Where is the data showing there is overreporting?
29. **Polling data showing cure worse than the disease.** Why are independent polls showing that the deaths from the vaccine outnumber the deaths from COVID? Shouldn't it be the other way around? For example, this poll, done against a NEUTRAL audience by a professional independent polling company, [showed more than twice as many deaths were caused by the vaccine than the virus](#). How do you explain that? Got any polls showing the reverse? Why not?
30. **Why would anyone get a vaccine which increase their risk of getting COVID?** See [this article which has many references to papers \(including Rintrah\)](#) showing the vaccine is damaging your immune system by elevating IgG4 (which is not your friend) and reducing IgG3 (which is your friend) to zero after the 3rd shot. Whoa.
31. **Pulmonary embolism safety signal.** This safety signal triggered over a year ago. [Today, more than a year later, the FDA spotted it](#), but the CDC is still clueless. Why didn't the CDC spot it a year ago? It was there in plain sight of everyone. I wrote articles on it. [How could I easily find it a year ago, yet the CDC still can't see it at all?](#) Can we at least see the calculations they are doing so we can point out their errors? They seem not to be able to perform a simple division of two numbers. They refuse to show any of the calculations showing that we are wrong and there is no safety signal.

One of our doctors asked nicely for this information and they gaslighted him rather than responding to his request to see the calculation. Why didn't they just supply the calculation?

32. **Why are none of the cardiologists in the UK getting any more jabs?** Are they all misinformation spreaders? Should we take away their licenses to retaliate? Why is the mainstream media not reporting this?
33. **How come nobody has published (in a peer-reviewed journal) a rebuttal to Aseem Malhotra's papers explaining the issues with the COVID vaccine?** Why didn't the press cover it? They've covered all his other papers? Note: [Susan Oliver created a rebuttal](#) which starts off calling Aseem Malhotra and John Campbell grifters. The general rule is that you have to attack the people when you can't attack the data.
34. [Why can't anyone explain how these 14 kids died after getting vaccinated?](#) Two of the 14 died from pulmonary embolism. Two died from bleeding in the brain. In the entire 32-year history of the VAERS system, there hasn't been a single death from intracranial hemorrhage. Why didn't the CDC think this was abnormal? In fact, in one case, [the bleeding developed within 24 hours of the COVID shot](#). Bad luck?



National Vaccine Information Center
Your Health. Your Family. Your Choice.

MedAlerts.org

Search Results

From the 12/9/2022 release of VAERS data:

Found 2 cases where Age is 12-or-more-and-under-17 and Symptom is Haemorrhage intracranial and Patient Died

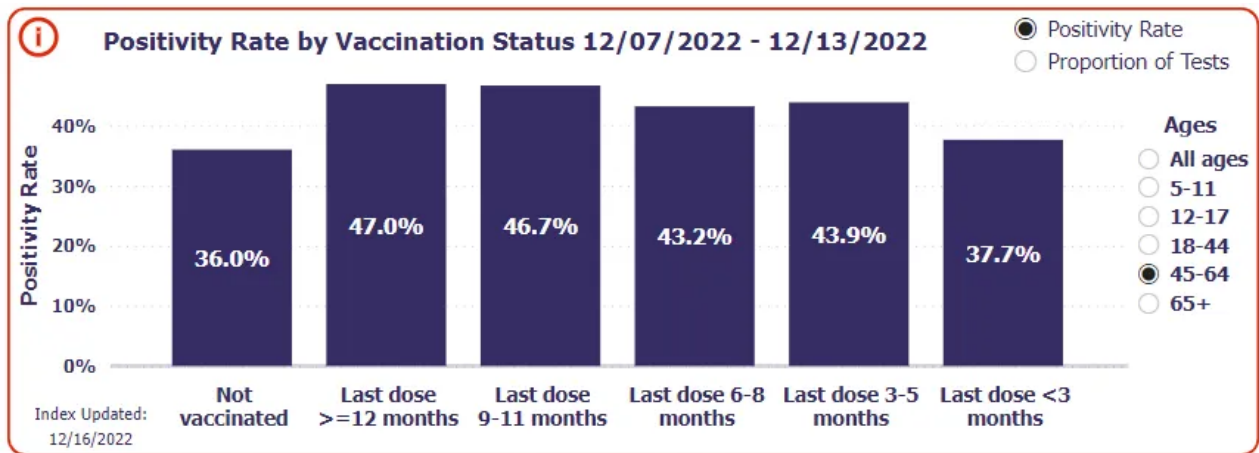
Government Disclaimer on use of this data

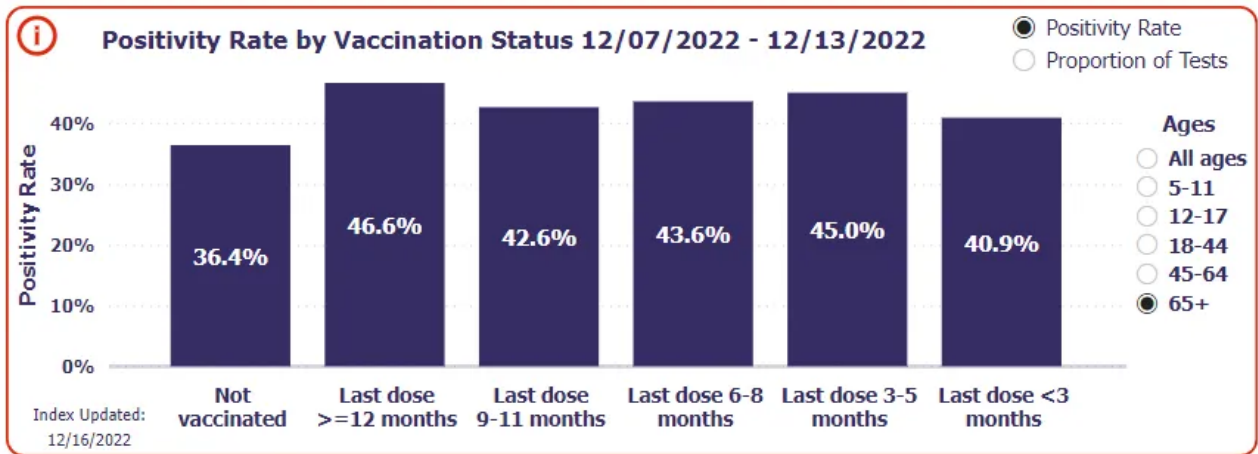
Table

↓ Vaccine Type	↑	↓ Percent
	2	100%
COVID-19	2	100%
TOTAL	† 4	† 200%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is why the Total Count is greater than 2 (the number of cases found), and the Total Percent is greater than 100.

35. Wait a second... isn't the vaccine supposed to make it LESS likely I get COVID? The vaccine is making it more likely I'll get COVID if I get vaccinated. Tell me again why we want more people to get COVID? I must be missing *something*.



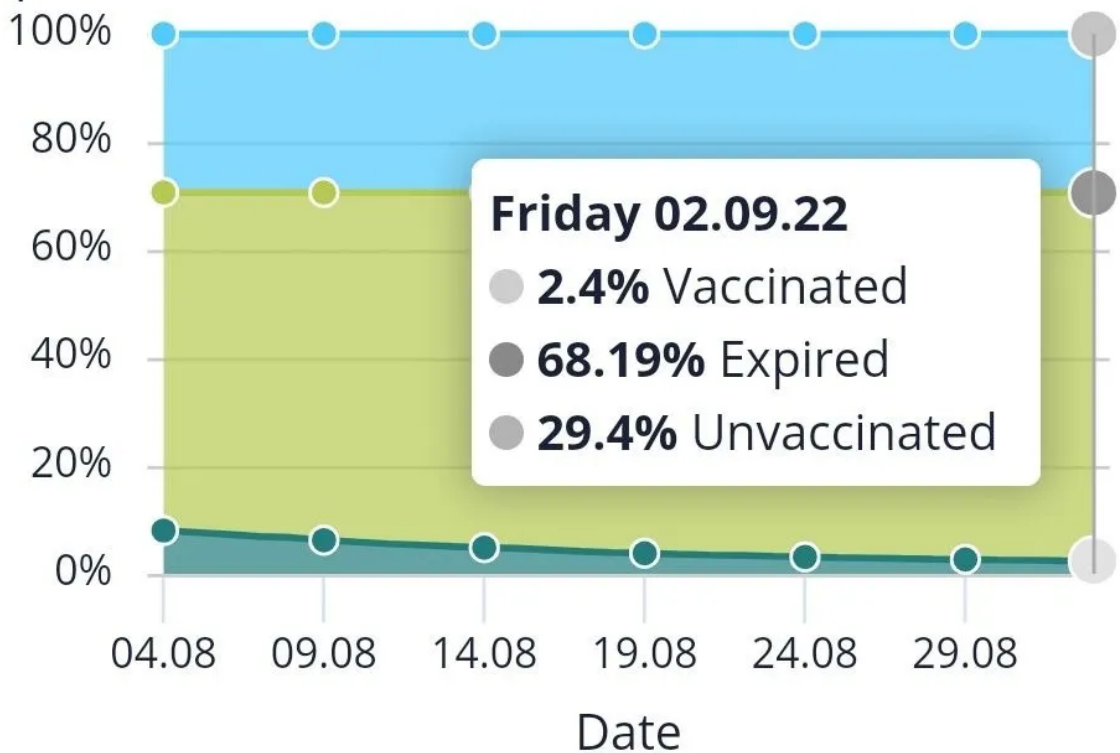


36. If the benefits of the vaccine are so compelling, why are fewer and fewer people believing the narrative over time? The % of fully vaccinated in Israel is now around 2.4%. This is astonishing in a country where everyone does what the government says. If the vaccine is so safe and works so well, why are fewer and fewer people believing it? This is true in every country I'm aware of. Note that this is from Sept 2, 2022:

Vaccination Status, Percentage , Last 30 ...

Unvaccinated Expired Vaccinated

Population %



37. **Was science redefined?** Science used to be about having a hypothesis and showing your hypothesis fits the data better than any other hypothesis. What's it about now? Why won't anyone defend the narrative?
38. **Died suddenly.** My [survey data \(which anyone can replicate but nobody will\)](#) showed that, among other things, "died suddenly" wasn't an issue for those <65 who were unvaccinated in 2021 and 2022. But it was the #1 cause of death for those in that same age group who were vaccinated. How do you explain that?
39. **Risk benefit of the vaccines vs. early treatment:** Early treatment protocols such as the Fareed-Tyson protocol are arguably over 99% effective in reducing the risk of hospitalization and death from COVID; they've treated over 15,000 patients without any hospitalization or death. The risk of death from these early treatment protocols is vanishingly small. In comparison, any hospitalization and death benefits from COVID vaccination are not clear at all (if there is a clear benefit, where are the repeatable studies showing the **same level of risk reductions** in every study? Have you noticed they NEVER quantify the hospitalization and death benefit reductions?) and there is a clear significant risk of death as we see from the VAERS data, the German FOIA data, physician reports, and the Schwab paper. Why we would ever even consider a novel vaccine which has not been thoroughly tested with unknown long-term consequences as a viable option is unthinkable. What are we missing? **Science is about repeatability.** If the vaccine hospitalization and deaths benefits are real, we should see the same numbers repeatedly. We don't. Nobody even talks about any of the numbers, have you noticed? They never give a number. Why not? There is a ["consensus" number of a 50% benefit that the UK published \(see page 14\)](#) for hospitalization and death for all three vaccines. This was a UK expert panel. Even if that was correct, it simply pales in comparison to the early treatment numbers (i.e., a factor of 2 vs. 100).
40. **Why is it OK to go ahead without evidence?** "To the extent that "use" of Covid-19 products after Feb. 04, 2020 "shall not constitute clinical investigation," use of such products is authorized even if there is no safety or efficacy data, even if such products are toxic and ineffective." See [Biomedical security state and state-run bioterrorism programs: six American statutory frameworks](#) for context.
41. [The answer is in the morgue.](#) John Beaudoin pointed out we have all the data we need at this point and refers to Exhibit F. The data in Massachusetts is compelling: deaths went from respiratory to cardiac when the vaccines rolled out.

42. **If the safe and effective story is so compelling, why are >10X more people switching from believing the narrative to believing the misinformation spreaders than switching the other way?** The misinformation spreaders are being outspent by 10,000 to 1, yet are converting 10X more people to the other side. Hmm... Can you name a single prominent person who looked at the data and switched from red to blue pill, i.e., from anti-vax to pro-vax? I can name plenty who moved the opposite way: Pierre Kory, Paul Marik, RFK Jr., Robert Malone, Aseem Malhotra, ...
43. **Black swan event for top medical officer.** How do you explain this: [the former Australian Medical Association \(AMA\) president has broken her silence](#) about the “devastating” experience — emerging as the most prominent public health figure in the country to speak up about the [taboo subject](#). Why is she *breaking* her silence? Is this the way medicine works today that you look the other way when there are injuries? But not only was she vaccine injured but so was her partner. “Former federal MP Dr Kerryn Phelps has revealed she and her wife **both suffered serious and ongoing injuries from Covid vaccines**, while suggesting the true rate of adverse events is far higher than acknowledged due to underreporting and “threats” from medical regulators.” Is she lying? The chance of this happening is near zero if the vaccines are as safe as claimed.
44. [UK Consultant Surgeon calls for halt to Covid injections and speaks out against medical censorship](#). Is he a misinformation spreader too?
45. **Why not drop the liability protection?** We are constantly assured that the vaccines are so safe and effective, so why not just drop the liability protection for the manufacturers? No other product enjoys this kind of immunity. It would reduce vaccine hesitancy and there is no risk in doing this since we all know how safe the vaccines are, right? What do you think would happen if they dropped liability protection in a country? Why do you think nobody wants to find out? Is there some scientific reason a vaccine requires liability protection but all other drugs do not?
46. The Herve Seligmann, Spiro Pantazatos, David Wiseman analysis shows ACM increases for the boosters. See [this Dr. Drew video at 59:00 mark](#). Is there a more credible study showing the reverse?
47. **Why were any of these mitigation strategies needed?** Why didn't the government immediately recommend C, D, and zinc if you got COVID. Nurses have known for decades this is very effective against viruses. Now that we have [a clinical trial proving](#)

[this that is highly significant](#), why not recommend this? You can also add a twice a day nasal rinse with iodine to the mix. What do you have to lose? "Uptake of vitamin C, vitamin D and zinc were significantly associated with the reduced risk of infection and severity of COVID-19 (OR: 0.006 (95% CI: 0.03–0.11) ($p = 0.004$)) and (OR: 0.03 (95% CI: 0.01–0.22) ($p = 0.005$))... this study was conducted before the start of mass vaccination against COVID-19 in Bangladesh." Is anyone going to replicate this in the US? Why not treat like masks were ... for masks there was no RCT,

48. **VAERS adverse events.** There are more adverse events reported for the COVID vaccines than for all 70 vaccines over the last 30 years combined. Why shouldn't this generate a safety signal? Doesn't this suggest that there is something seriously wrong with both the safety signal formula and the CDC for not realizing the obvious? Here's the chart that Liz Willner presented at [the start of the Johnson hearing \(at 11:00\)](#):

BEFORE AND AFTER THE INTRODUCTION OF THE COVID VACCINE—US TOTALS

	1990-2020	Per Year	2021-2022	Per Year	% Increase/Year
Reports of Death	4,900	163	15,976	7,988	4800%
Hospitalizations	37,341	1,245	73,897	36,949	2876%
Permanent Disability	11,791	393	16,907	8,453	2050%
Life Threatening	9,530	318	14,041	7,020	2108%

Did she make a mistake? Shouldn't this be troubling? If not, why not? As we sit here today, through November 25, 2022, the CDC VAERS system reports 15,508 deaths in the United States from COVID-19 vaccination, 22% of them within 96 hours of vaccination. There were 15,505 disabled Americans, 9,266 with heart damage, and 356,269 doctor visits, urgent care, or hospitalizations attributed to vaccine side effects. Is this what we should expect from a safe vaccine? On what basis can you conclude that?

49. **Germany reports 460X more deaths from the COVID vaccine than all other vaccines combined** in 2021. That seems pretty unsafe to me. What do you think? Is that safe and effective to you? See this article: [German Government Confirms 460 Vaccine Deaths for 2021](#).
50. **Informed consent.** Do you think that “This page intentionally left blank” is an effective way to inform patients of the thousands of side effects of the COVID vaccines? Did you speak out about this? If not, why not? [See 2:00 into this video](#) where Professor Renata Moon MD testifies at Senator Ron Johnson’s hearing.
51. **Why are the authorities so afraid of defending their viewpoints?** Senator Johnson [named all the people he invited to his forum at 1:37:50 in this video](#). None of them came to defend the narrative. Why not nip the misinformation in the bud? Instead, nearly a million views later, the information is disseminated without challenge. If it is so easy to debunk this information, why are all the experts afraid to do so?
52. **Determining causality.** If the vaccine didn’t cause the events reported in the VAERS system, then what did? The symptoms caused by the vaccines satisfy all the [Bradford-Hill causality criteria](#). So why shouldn’t we believe it? And how could the vaccine phase 3 clinical trials have missed the myocarditis link? When you have 1 in every 29 teenage boys developing myopericarditis, subclinical myocarditis, or pericarditis after the second dose (see [Table 2](#) of the Thailand prospective study (published in the peer-reviewed literature) which looked at 301 teens between 13–18 years old), that’s a huge effect! How was it missed? And we know the vaccine does CAUSE serious adverse events because this was proven by the data collected by the scientific panel appointed by the Israeli Ministry of Health. Even after these adverse events were revealed, nobody in the world was able to find a safety signal for these known symptoms. How is that possible? Is our worldwide medical community really that lame that after we tell them the answer, they still can’t find a safety signal? Isn’t it time the medical community leveled with the people of the world and admitted that their ability to determine causality and detect safety signals is abysmal? Why didn’t anyone else in the world do vaccine safety monitoring using the techniques deployed by the Israeli panel where they looked at the symptoms of people who were re-challenged with multiple doses of the vaccine? Also, a free public heart screening of 12-25 year-old in Southern California found 2% with heart issues. A recent French study shows incidence of post-vaccine [myocardial injury is 2.8% vs. 0.0035% myocarditis](#) in retrospective studies. Can you explain how that can happen with such a safe vaccine.

In particular, what is the mechanism of action of the damage and how do you KNOW it is limited to just the heart? Put it this way: 28,000 cases per million post vaccine vs. 35 cases per million background. That's an 800X increase. So is that what they mean by "slightly elevated" risk? What would be a "significantly" elevated risk then? [This paper says rate is 40 per million](#) from infection compared to 2.8 per hundred from the vaccine in the Swiss paper which is 700 times higher. Plus cardiologists are all reporting more myocarditis post-vax than post-infection.

53. **The V-safe data.** Aaron Siri discussed the [V-safe data starting at 12:30 at the Johnson hearing](#). V-safe is the official safety monitoring system for the COVID vaccine with over 10M people reporting their experiences so we know the denominator. Many questions arise from Siri's attempts to determine what the data said, but the primary question is why did the CDC try for 1.5 years to prevent the release of the data? If the vaccine is so safe, why wouldn't the CDC simply make the data public just like the VAERS data since doing so would increase public confidence in the vaccine and reduce vaccine hesitancy which is a key goal of the Biden administration? What public interest is served in keeping the V-safe data secret for so long and then releasing it after people have gotten their shots? Isn't it troubling that nearly 8% of the people who got vaccinated had to seek professional medical care after getting vaccinated? This was even confirmed in a huge new Rasmussen survey. Nearly 25% of those people had to seek emergency room care or were hospitalized. Why didn't the V-safe system ask about myocarditis or any other serious side effect? These were known side effects and they were listed in the v-safe protocol version 2 document. Why were they never included in the V-safe survey that users were given? How did the public benefit from this omission?

v-safe protocol: Jan 28, 2021, version 2

Attachment 2: Adverse Events of Special Interest

Prespecified Medical Conditions
Acute myocardial infarction
Anaphylaxis
Coagulopathy
COVID-19 Disease
Death*
Guillain-Barré syndrome
Kawasaki disease
Multisystem Inflammatory Syndrome in children ¹
Multisystem Inflammatory Syndrome in adults ²
Myocarditis/Pericarditis
Narcolepsy/Cataplexy
Pregnancy and Prespecified Conditions
Seizures/Convulsions
Stroke
Transverse Myelitis

Shouldn't 25% of the full 10.1M being unable to continue normal activities or miss work/school suggest that the vaccine is causing an abnormal number of problems? Why did the CDC only report out the first week number for people who needed medical care? If the vaccine is safe, the % seeking medical care in any given week should be nearly identical. It isn't. It's not even close to flat. Why was this alarming statistic not disclosed? If it wasn't the vaccine causing this, what was the cause? Note, the numbers listed below are NOT cumulative.

Percent of v-safe users 3 years and older reporting seeking medical care after first dose of Pfizer covid vaccine in succeeding time intervals:

Time Interval	Percentage Reported Seeking Medical Care
Days 1 to 7	.32%
Days 8 to 14	.67%
Days 15 to 21	1.06%
Days 22 to 28	2.88%
Days 29 to 35	4.96%
Days 36 to 42	6.93%

54. **Hospitalization and death benefits?** Where is the reliable data showing these claimed benefits and why didn't they show up in the clinical trials? In fact, we saw the opposite: in the Pfizer clinical trial, more people died who got the vaccine than the placebo. Where is the more definitive data showing a statistically significant all-cause mortality and morbidity benefit? But if we believe that data, then it means that the clinical trials (which showed statistically significant all-cause morbidity) are invalid. You can't have it both ways: either the trials were wrong or the new data is wrong. Which is it going to be and why isn't anyone talking about this?
55. **Why didn't anyone come to Senator Ron Johnson's hearing to defend the narrative?** Nobody from any of the drug companies, federal agencies, or medical community was willing to show up [at Senator Johnson's December 7 hearing on the vaccine](#). They were invited. They all say they want to stop misinformation, so why not stop it at the source? This would have been a perfect opportunity with all these experts in the room. What was the benefit by passing up on this opportunity? How many lives were saved by refusing to challenge the statements that were made?
56. **Japan:** Why are [death rates going up in Japan on each COVID wave](#)? Nearly everyone there is vaccinated and the data is very reliable. How do the authorities explain these numbers?

57. **Professor Fukushima's public rebuke.** [Japanese infectious disease Professor Masanori Fukushima publicly rebuked the Japanese Ministry of Health for not investigating the harms caused by the vaccine.](#) His remarks are scathing. If the vaccine is so safe and effective, why would he do this? Was anything he said false?
58. **Wayne Root's prospective study.** 200 of his friends (about half vaxxed) attended an event. He tracked what happened to them since the event. [The vaxxed had significantly more severe adverse events and deaths.](#) Injuries 26:0. Deaths were 7:0. Shouldn't it have been the other way around? How do you explain this?
59. **The Levi study about a 25% increase in cardiac events in Israel correlated to the vaccine rollout.** The research was [published in Nature](#). How do you explain this? If it wasn't the vaccine, what caused is the more likely cause? If you can't explain the more likely cause, then doesn't the precautionary principle of medicine require that you at least warn patients? But the most interesting part wasn't mentioned in the paper. The researchers tried to get data after the May 2021 cutoff and were denied access. If the vaccines are so safe, what is the benefit of hiding the data that would prove that the Jan-May 2021 data was just an anomaly? It looks like they are hiding the safety data, doesn't it?
60. **Death survey comments.** I asked my readers to report any deaths in their friends from any cause; vaccinated and unvaccinated. While the numbers were too small to draw any conclusions, it was actually the comments on the deaths that told the story. If the vaccines are so safe and effective, how do you explain [that the deaths were tied to the vaccine in over 75% of the cases of all-cause deaths](#)? Are you willing to replicate the survey yourself? Even if the results are biased by a factor of 10X, this is still a devastating number of deaths.
61. **Insurance company excess all-cause mortality is unexplainable if it isn't the vaccine.** How can you have a 40% increase in all-cause mortality among a generally very healthy cohort and have no idea what is causing it? ([see 21:40 in the Johnson hearing](#)). And why do the insurance companies not want to ask about the vaccination status of people who died? Here's a link to [Pierre Kory's May 10, 2022 tweet](#) which has a link to the [insurance industry report](#) (Society of Actuaries) where Table 5.7 below was taken from (see page 23):

Evidence of the Crime: The Great Fraud

**SOURCE DATA: SOCIETY OF ACTUARIES (SOA)
2021 Group Life Insurance Survey**

- The much healthier group life insured population (25-64) experienced a higher excess all-cause mortality rate of 40% versus the overall US rate of 31.7% in 2021.

This is a stunning 8% difference.

- Mortality of this population is about one third the rate of the overall US population in any given year according to Society of Actuaries (SOA).
- Group life millennials experienced an event in Q3 of 2021 with 84% excess mortality that happened to coincide with vaccine mandates.

Edward Dowd, Humanity Project, December 2022

21:50 / 3:02:41

rumble

Table 5.7
EXCESS MORTALITY BY DETAILED AGE BAND

Age	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	4/20-3/22	% COVID	% Non-COVID	% Count
0-24	116%	124%	104%	101%	119%	127%	110%	91%	111%	3.3%	8.1%	2%
25-34	127%	132%	121%	118%	131%	178%	131%	125%	133%	13.3%	19.6%	2%
35-44	123%	134%	128%	129%	133%	200%	156%	136%	142%	23.1%	19.2%	4%
45-54	123%	127%	129%	133%	119%	180%	151%	143%	138%	27.4%	10.8%	9%
55-64	117%	123%	130%	130%	114%	153%	141%	137%	131%	24.0%	6.7%	18%
65-74	117%	115%	133%	130%	108%	131%	125%	122%	122%	18.6%	3.9%	17%
75-84	114%	114%	133%	123%	106%	119%	121%	121%	119%	14.0%	4.6%	20%
85+	112%	103%	124%	111%	92%	104%	105%	103%	107%	10.3%	-3.5%	27%
All ¹	116%	115%	129%	123%	107%	134%	126%	122%	121%	17.1%	4.3%	100%

62. **Sudden death tied to the vaccine by respected German researchers:** See this [article on Peter McCullough's substack published on December 4 entitled *Found Dead at Home after COVID-19 Vaccination*](#): 71% of a random sample of people who died unexpectedly within 20 days of the vaccine and underwent an autopsy to determine the cause of death, died of a primary symptom that is caused by the vaccine. In the paper, [German scientists conclusively linked the COVID vaccine and sudden death for the first time](#). This is a direct quote: "Our findings establish the histological phenotype of lethal vaccination-associated myocarditis." There were 35 patients; 10 were excluded as having died from pre-existing conditions, leaving 25 people. Of the 25, the study found 5 which likely died exclusively from myocarditis and no other case. So they only examined the histopathology of five bodies (3 female, 2 male) who met the criteria of myocarditis and had no other likely cause of death because they were looking to assess whether the vaccine caused myocarditis leading to sudden unexpected death. **They basically were looking for the "cleanest" proof of death**, but it's likely that all 71% of the cases (25 out of 35) died from the vaccine, it's just harder to "prove" that. They pointed out that one of the 5 they investigated had herpes, but nobody ever dies from herpes so they left that patient in. They found heart damage consistent with vaccine-induced myocarditis in all 5 cases. More interestingly is the death timing: "All [five] persons died within the first week following vaccination (mean 2.5 days, median 2 days)." (see [Table 2 in the Schwab paper](#) for the death timing of each case). If it was not related to the shot, it wouldn't be clustered so close to the

shot.

”During the last 20 years of autopsy service at Heidelberg University Hospital we did not observe comparable myocardial inflammatory infiltration.”

”Based on the autopsy findings and all available data, no other cause of death except (epi-)myocarditis was identified in any of the cases presented here. Hence, myocarditis has to be considered the likely cause of death.”

”In three cases, the overall autopsy findings, in particular presence of (epi-)myocarditis in combination with the absence of other plausible causes of death (especially pulmonary embolism, myocardial infarction, severe brain infarction or bleeding, other cardiac disease), together with the close temporal association with the vaccination event lead to the **conclusion that vaccination was the likely cause of (epi-)myocarditis and that this cardiac affection was the cause of sudden death.**”

Schwab was the first author but Peter Schirmacher was the senior author on the paper. They pointed out that “It has to be emphasized, that a comparable (epi-)myocardial infiltration was neither found in any of the other 20 autopsies performed on bodies found dead within 20 days following an anti-SARS-CoV-2 vaccination.” I recognized Schirmacher instantly; he is internationally recognized as one of the world’s top pathologists and was also one of the first pathologists to link the vaccines and deaths and tell the world about it. I was told that they threatened to kill his family so he went undercover which is why he was completely unreachable when I tried to contact him in August 2021). See this [news story on the vaccine-related COVID deaths](#) and [this FOX News segment featuring Peter McCullough](#). This is consistent with the [research described by Dr. Ryan Cole here](#). More than a year ago, on August 1, 2021, Peter Schirmacher looked at [40 deaths within 2 weeks after vaccination and determined that at least 30% to 40% of the deaths could be linked to the vaccine](#). The question everyone should be asking is why is this research only now appearing two years after the vaccine roll out? Why are no autopsies being done in the US? Why is nobody in the US publishing similar research? [Watch this video from John Campbell entitled Myocarditis German evidence](#) who explains the significance of this important paper published by top pathologist in a top German cardiology journal. Here is [Dr. Been’s video about the Schwab paper](#). Here is [Dr. Moran’s video about the](#)

[Schwab paper](#) which in the first 5 minutes talks in detail about the prospective Thailand study where 7 out of 202 males developed myocarditis or pericarditis within just two weeks after their second dose of the vaccine. This is far greater than the risk of myocarditis from COVID ([which creates NO added risk](#) per this large-scale Israeli study of 196,992 *unvaccinated* adults after Covid infection). **A rate of 3.5% of teenage males (which is 1 in every 29 teenage males) being diagnosed with myocarditis post-vaccine is a disaster.** If the vaccine isn't causing this, what is? This cannot be simply "bad luck" that these kids all developed spontaneous myocarditis; the rate is too high and the timing is suspicious. The precautionary principle of medicine requires us to halt the vaccine for kids, but the US ignored it, no further research is being done. In a move contrary to medical evidence, Yale University is now requiring the vaccine for all undergraduate students including the latest boosters. The question for the reader is whether you have a more likely explanation for these deaths than vaccine induced? Also, did you notice that throughout the video (such as at 12:10), Campbell has to expressly point out what he is "allowed" to talk about? Have you ever wondered what he would say if his speech wasn't muzzled? Don't people have a right to know that? Or is the public better off when clinicians' speech is muzzled? Finally, look at all the comments on the video. In particular, this comment tells you all you need to know:



michael del zitti 5 days ago

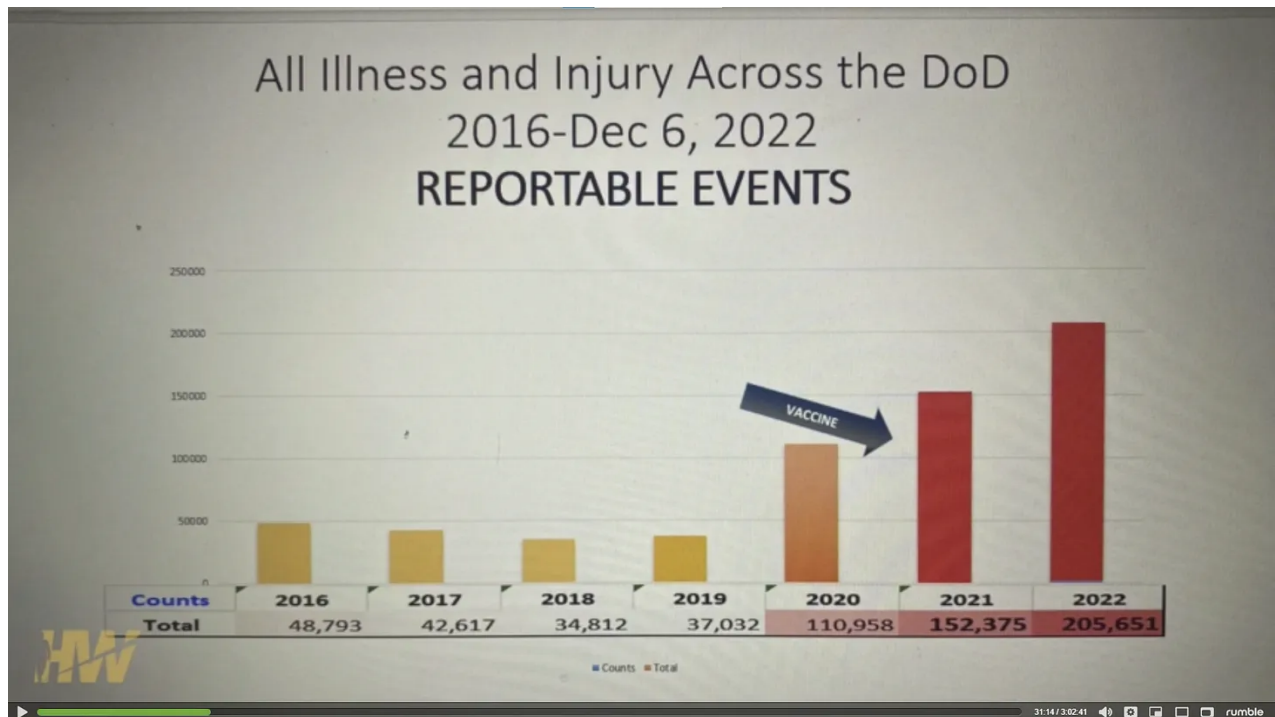
Dr. Campbell speaks in the most gentlemanly way as he tells us we are all being scammed.

👍 4.5K 🗨️ Reply

▼ 491 replies

63. **Rates of myocarditis observed by cardiologists.** Can you find a cardiologist who experienced a DECREASE in the rates of myocarditis after the vaccines rolled out? I have yet to find one. Why is that? They should be easy to find based on the narrative about COVID being more dangerous. This [article uses ICD-10 codes in German to show that myocarditis rates went up by 12-15X higher than the rates from the virus.](#)
64. **Interest in myocarditis in Google.** It peaks shortly after the vax was rolled out for kids. But I thought it was higher for COVID. After the vax rolled out, it should have dropped. How do you explain [why the opposite is happening in Google Trends?](#)
65. **DMED data:** The DMED data shows something is drastically affecting the health of our soldiers. If it isn't the vaccine, what is it and why isn't anyone talking about it (or

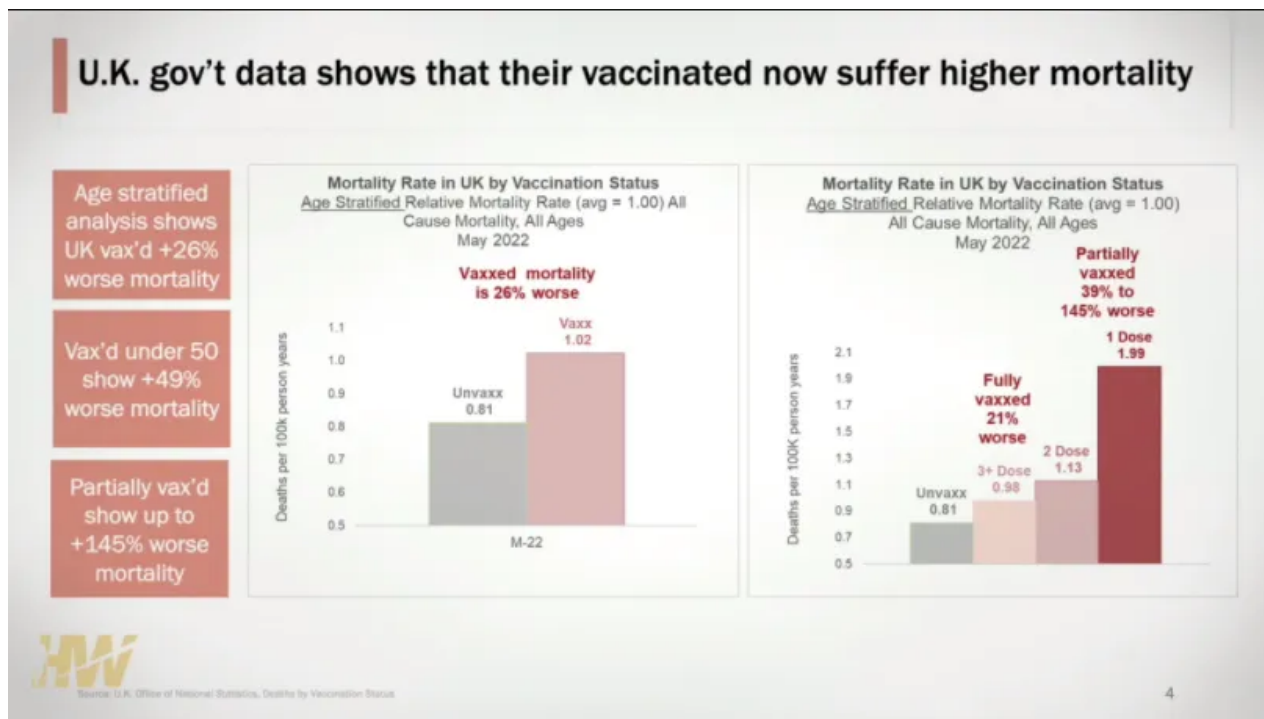
even curious about the cause)? See [30:39 in the Johnson hearing](#)



66. **Misinformation:** Were there any misstatements made at the [Senator Ron Johnson's 3 hour hearing on Dec 7, 2022](#)? Can you name one? Can we talk about it?
67. **Paxlovid order.** Why is the US government order billions of dollars worth of Paxlovid when the Fared-Tyson protocol is much cheaper, safer, and more effective?
68. **Should misinformation be a crime?** [Francis Collins says misinformation is responsible for the deaths of 300,000 people. He wants misinformation to be a crime.](#) What do you think of this idea? How long do you think they should be put in jail for? Doesn't this mean long jail sentences for Biden, Jha, Collins, Fauci, Walensky, and most of the the doctors in America?
69. **Death and disability numbers:** Why didn't Fox News investigate my death and disability claims that hundreds of thousands of people have been killed and millions have been disabled? They said on air that they can't verify them. They can't or they won't? [Dr. Naomi Wolf was easily able to verify my claims.](#) Fox wasn't interested in discussing this [after I made the statements and offered the data.](#) They did not want to see the data backing up my claims.
70. **Absence of critical thinking skills: masks and the 6 foot rule.** Masks and 6 foot distancing are two mitigation techniques that have never been deployed for a respiratory virus before COVID. What new data was discovered that caused each of

these intervention to suddenly “work”? Did the laws of physics change? Even after the first two randomized trials made it painfully obvious that masks did nothing, nothing changed! The BMJ noted that the Danish study had its conclusion changed in order to be published. The Bangladesh trial showed in a large population any effect was simply too small to measure; it contained a critical error since it was cluster randomized yet the journal did not respond to the complaint made by Professor Norman Fenton. Despite all of this, there were no protests from the medical community with the lone exception of UCSF Professor Vinay Prasad who wasn't fooled by any of the shenanigans. Is the medical community really that lame that only one professor in the US figured it out? This was obvious to me and I'm not a doctor, just an engineer with two degrees from MIT. You don't need to be a rocket scientist to figure any of this out. Professor Norman Fenton wrote the journal to complain about the Bangladesh study. The journal refused to reply to his very legitimate concerns which completely overturn the conclusions of the paper. If those concerns weren't legit, then explain why?

71. **Hypertension:** Robert Malone's systolic blood pressure shot up to 230 right after his COVID vaccine which almost killed him. That's not just an anecdote. VAERS confirms this is a common side effect. How do you explain that?
72. **Can you debunk Denis Rancourt's evidence showing when the government intervenes, deaths go up?** [Here's the video.](#)
73. **The more you vaccinate, the greater the harm.** How would you interpret this chart? Wasn't the vaccination program supposed to reduce mortality?



74. **Birth rates:** Read this article about the [Missing Babies of Europe](#) showing a massive sudden decline in birth rates that happened EXACTLY 9 months after the vaccine rollout. Does anyone care? If the birth rates dropped to zero, does anyone care? How low do the birth rates have to go before anyone says anything? . Why are birth rates down *worldwide* by substantial numbers? Why is Dr. James Thorp seeing an “off-the-charts” rise in sudden fetal death and adverse pregnancy outcomes, such as fetal malformation and even fetal cardiac arrest, among his patients? He has said, “Miscarriage has increased by a massive number... Fetal malformation...fetal cardiac abnormalities... fetal cardiac arrhythmias...fetal cardiac arrest...severe placental problems causing inter-uterine growth restrictions (unable to grow fetuses)... [it’s] a significant increase, and this is all compared with appropriate controls (like the influenza vaccine)... it’s way off the charts.” Is he lying? Will anyone challenge his patient data?
75. **Excuses for avoiding debate on these topics don’t make any sense.** [UCSF Professor Vinay Prasad co-authored an op-ed two years ago bemoaning the lack of debate.](#) Nothing has changed. It doesn’t matter how credentialed the person asking for the debate is: nobody in a position of authority or influence who is pro-narrative will agree to be challenged. Not a single one. I even offered members of the CDC and FDA outside committees to sit down with me for a few hours to answer some questions. I offered \$1M to compensate them for their time. No takers. I still don’t know why. So even the reason for refusing debate is a secret!

76. **If the vaccines are so safe and effective, why doesn't Pfizer challenge us to a debate?** They are leaving money on the table by not debating us. More and more are coming over to our side because Pfizer isn't stepping up to discredit us using facts and evidence. I wonder why? Doesn't this suggest that Pfizer wants to have disinformation out there if they are doing nothing to convince us we are wrong?
77. **Dr. Paul Marik.** He's arguably the most published intensivist in the world. He relied on trust in authority when he decided to take the vaccine. After he heard about all the vaccine injured, he looked at the data and his trust in authority was shattered. I asked him, is it possible that he might switch back? He said no, the data is the truth and the data is overwhelming that the vaccines are not safe. How do you explain his story if the vaccines are so safe?
78. **Dr. Aseem Malhotra.** He was promoting vaccines on TV. Then his Dad died. This prompted him to look at the data and he was appalled at the willful blindness. He's put his career on hold and spending most of his time speaking out against the vaccines. Why would he do that? It isn't money because he's making a fraction of his earlier income. It isn't notoriety because he already had that. If it wasn't the data that convinced him, what did?
79. **Can we talk about this document?** When the panel headed by Jeff Sachs determined the virus was man made, why didn't anyone want to pursue it further. If the virus comes from nature, how do you explain this document? It [appears to be genuine](#), but if you have proof it is not, please produce it because no one else has.



UNCLASSIFIED

DEFENSE ADVANCED RESEARCH PROJECTS AGENCY
 675 NORTH RANDOLPH STREET
 ARLINGTON, VA 22203-2114

13 Aug 21

From: COMMANDANT OF THE MARINE CORPS FELLOW, DARPA
 To: INSPECTOR GENERAL

Subj: SARS-CoV-2 ORIGINS INVESTIGATION WITH US GOVERNMENT PROGRAM
 UNDISCLOSED DOCUMENT ANALYSIS

Ref: (1) Executive Slide HR00118S0017 EcoHealth Alliance DEFUSE
 (2) HR00118S0017-PREEMPT-FP-019-PM Summary (Selectable - Not Recommended)
 (3) PREEMPT Volume 1 no ESS HR00118S0017 EcoHealth Alliance DEFUSE
 (4) PREEMPT Volume 2 EHA Final HR00118S0017 EcoHealth Alliance DEFUSE
 (5) SF424_2_0-V2.0 HR00118S0017 EcoHealth Alliance DEFUSE
 (6) WIV Budget packet HR00118S0017 EcoHealth Alliance DEFUSE
 (7) WS00094394-RR_KeyPersonExpanded_2_0-V2.0 HR00118S0017 EcoHealth Alliance DEFUSE
 (8) WS00094394-RR_PersonalData_1_2-V1.2 HR00118S0017 EcoHealth Alliance DEFUSE

1. SARS-CoV-2 is an American-created recombinant bat vaccine, or its precursor virus. It was created by an EcoHealth Alliance program at the Wuhan Institute of Virology (WIV), as suggested by the reporting surrounding the lab leak hypothesis. The details of this program have been concealed since the pandemic began. These details can be found in the EcoHealth Alliance proposal response to the DARPAⁱ PREEMPTⁱⁱ program Broad Agency Announcement (BAA) HR00118S0017, dated March 2018ⁱⁱⁱ - a document not yet publicly disclosed.

The contents of the proposed program are extremely detailed. Peter Daszak lays out step-by-step what the organization intends to do by phase and by location. The primary scientists involved, their roles, and their institutions are indicated. The funding plan for the WIV work is its own document. The reasons why nonpharmaceutical interventions like masks and medical countermeasures like the mRNA vaccines do not work well can be extrapolated from the details. The reasons why the early treatment protocols work as curatives are apparent.

SARS-CoV-2's form as it emerged is likely as a precursor, deliberately virulent, humanized recombinant SARSr-CoV that was to be reverse engineered into a live attenuated SARSr-Cov bat vaccine. Its nature can be determined from analysis of its genome with the context provided by the EcoHealth Alliance proposal. Joining this analysis with US intelligence collections on Wuhan will aid this determination.

UNCLASSIFIED

80. CDC lying about Pfizer trials. Why do the fact checkers never go against the narrative even when the narrative is proven false?



81. **Are the vaccines safe and/or effective? Do they kill more people than they save?** The Pfizer trial showed a not statistically significant COVID death benefit of 1 in 22,000 people. But the death data in VAERS shows more than 1 death per 1,000 people vaccinated. If this isn't right, then what are the real numbers and how do you know? If the vaccines are effective, then why haven't data scientists such as Joel Smalley been able to find a signal? If the vaccines are effective, then how come the ["line goes the wrong way"](#) as [Chris Martenson noted at 6:53 in this video](#) (referencing the [Harvard study by Subramanian](#) showing that the more you vaccinate, the higher the cases). Martenson showed clearly the line goes the wrong way, yet [Subramanian claims that his paper shows vaccination is beneficial](#). You can't have it both ways. The line slopes the wrong way; how is that consistent with the vaccine making a positive difference?
82. **Why are we so afraid of a virus which when treated early with the proper protocol causes no hospitalization or death?** Do you think this is how medicine should be done? Is this about what is best for the patient?



83. **Why are the VAERS reporting rates off-the-charts for just the COVID vaccine and no other vaccine?** It isn't gaming or over-reporting since there is no evidence of either, so isn't the only thing left that it is unsafe? If not, what's the cause
84. **Can we really trust our public health officials to make decisions to keep us safe?** Why doesn't [ACIP chair Grace Lee want to see the Israeli safety data](#) which proves that the vaccines are not safe? Is calling the Palo Alto Police Department the correct answer to "Do you want to see the safety data from Israel, yes or no?" Shouldn't the top vaccine safety official always be interested in safety signals from a top world government authority? Shouldn't behavior such as this be grounds for termination or at a minimum a performance review? Or should she be recognized with an award for looking the other way when given an opportunity to review credible safety data on the vaccine?
85. **Spike protein:** When does our body stop making spike protein after vaccination? Shouldn't we have known the answer to that question before the vaccines were approved? Does anyone in the mainstream medical community want to know? Why haven't they spoken up?
86. **Papers in the peer-reviewed medical literature showing the vaccine is not safe.** How can such a safe vaccine generate [more than 1,200 papers in the peer-reviewed medical literature documenting harm](#)?
87. **Is it Turtles All the Way Down?** The book, [Turtles all the way down: Vaccine science and myth](#), paints a troubling portrait of vaccines as gaming the approval process to avoid being tested head to head against a placebo. Despite [a \\$1,000 reward for errors, nobody has found an error in the book](#) (whereas for the Fauci book, many errors were found). Is there an error in the book and where is it? If there are no errors, then why shouldn't we believe the conclusions, that the vaccines have not been properly tested for safety.

88. **Surveys:** Why is it that [every time I do a survey, including surveys done by third party polling firms using their own lists, the results are so devastating for the vaccine?](#) How can that be? Shouldn't I be getting the opposite result that people who took the vaccine are reporting fewer side effects than people who didn't? I must be unlucky. How do you [explain our survey results in ten different surveys done by independent polling firms?](#) They show the vaccines are not safe. [One of the surveys showed that the COVID vaccines killed more than twice as many people as COVID has](#) (unbiased audience). How come NOBODY is running the same survey questions to prove I'm wrong? Are they afraid of the truth?
89. **Why are heart attacks so deadly nowadays?** Pre-vaccine old people would have heart attacks, sometimes many heart attacks, and survive. Today, it's one and done, even for young people. Any thoughts on why the big change and only among the vaccinated? Why is this happening if it isn't the vaccine?
90. **Why is the FDA ignoring the vaccine injured?** The FDA meets regularly with the vaccine injured. But nothing ever happens. An FDA insider told me that many people inside the FDA believe that all these symptoms are simply stress related. But they aren't telling the vaccine injured this. Why aren't they interested in going to Dr. Cole's lab: [the cells don't lie](#) and stress cannot cause the injuries being observed. The pathologists have never seen anything like it. For example, from the [Schwab paper](#): "During the last 20 years of autopsy service at Heidelberg University Hospital we did not observe comparable myocardial inflammatory infiltration." In plain English, "Whoa! We've never seen anything this bad in our careers. The exact same damage pattern we are seeing at the injection site ("a phenotypically identical T-cell infiltrate") is showing up in the heart muscle." That's a little hard to explain, isn't it?
91. **The Kirsch Challenge:** Why are there so few winners of [The Kirsch Challenge](#)? All they had to do was show a reliable dataset showing that the unvaccinated were experiencing known vaccine injury symptoms at the same rate or higher per capita rates compared to the vaccinated. This should be easy to do if the vaccines are safe and effective.
92. **Hiding the statistics from public view.** Isn't it funny how once the statistics start looking bad for the vaccine that the governments stop publishing them (like they did in the UK). Even more perplexing is why [no state wants to allow their data to be independently analyzed as John Beaudoin has proposed](#) (and it doesn't have to be by

John). If the vaccines really were safe, states would be RUSHING to do this. But you cannot get any state to do it. What does THAT tell you?

93. **No quality control.** There is no quality control on the product delivered to the pharmacies. Nobody is taking samples of the vaccine just before it would be normally injected into someone and having it analyzed. This was revealed at the Johnson hearing by an FDA whistleblower. We basically do NOT want to know what is in the shots or the integrity of the mRNA at the point of delivery. That's bad enough, but the fact that **nobody in the mainstream medical community is speaking out about this is appalling**. Here's [proof there is a serious quality problem that nobody can deny](#) and that **the health officials knew it and choose to ignore it**. It seems it isn't about protecting the public, but protecting the manufacturer, doesn't it?
94. **Where are the variants coming from?** The variants are not from the virus evolving as [argued in this article](#). So where are they coming from? Isn't it more likely that the variants are being generated by new drugs such as the non-sterilizing COVID vaccines and Molnupiravir.
95. **Vaccine side effects are being caused by what again?** There are now over 2,000 papers in the peer reviewed scientific literature documenting vaccine side effects, yet the NIH still claims there is no association between the vaccine and these injuries. Why are so many people injured and disabled and dead after being vaccinated? Why are we so blind that [the vaccine injured have to make their own videos to be heard](#)? In particular, [former top ICU nurse Marsha Gee at UCSD, developed 78 unusual symptoms common to other vaccine victims including bleeding behind her eyes](#). OK, so if the vaccine didn't cause all these symptoms, then what did? You can't really expect us to believe she got unlucky and simply developed 78 symptoms all of a sudden for no reason. How do you explain how [all these people developed so many symptoms common to the vaccine injured shortly after getting the vaccine](#)? Were they all unlucky? My reach for this survey was very small and that the number of severely vaccine injured is 100,000 or more. The data from V-safe showed that nearly 8% of people had to seek medical care post-vaccination which translates into 20M people adversely affected. Many people never realize they've been injured by the vaccine because their doctors tell them it wasn't related to the vaccine. Watch this [4 minute clip describing how people ignore vaccine injuries](#). This is exactly how the vaccine injured feel.

96. **The Silence video.** [Watch this video](#). If the vaccine didn't cause these injuries, what did? For more vaccine injury stories, [see this page](#).
97. **Mayors under 60 are dropping dead unexpectedly. Why?** [16 German and Austrian Mayors Under 60 Are 'Suddenly and Unexpectedly' Dropping Dead](#). If it isn't the vaccine, what is causing this? More importantly, why aren't the government officials who are still alive interested at all in finding out why their peers are dying? That makes no sense! The article notes the following: Are the numbers of the Mayor's unexpectedly dying the same as in the past? Perhaps it could be? *But shouldn't the authorities compare previous statistics and share them with the public?* Looking the other way or downplaying the number of unexpected deaths of younger and seemingly healthy Mayors *only adds to people's fears*. Furthermore, it is creating even more rumors and "conspiracies." If there is, in fact, a problem, it should be of concern to the government. After all, it's government officials who are dropping dead in numbers.
98. **Vaccine injury compensation:** Does the vaccine cause injury? If not, then how do we explain all the same side effects that occur post-vaccine [as documented in this database](#)? If it does cause injury, then why has the US government never awarded a dime in injury compensation despite over 6,000 applications to the CICP program? ["Of the 8,010 COVID-19 countermeasure claims, 5,033 allege injuries/deaths from COVID-19 vaccines."](#) Isn't this more than any vaccine in history combined? The CICP program isn't being advertised at all. So why are there so many applications for this vaccine?
99. **Mix/match vaccines increases side effects:** Why aren't people warned not to mix/match vaccines? Instead we do the opposite and advise people to mix/match vaccines. Yet there is strong evidence that can't be ignored that doing so increases risk as was noted at the Johnson hearing.
100. **Childhood vaccine schedule:** Why was the vaccine added to the children's vaccination schedule when the risk of a COVID death is on the order of 1 in a million but we don't have the safety data to prove benefits outweigh the risk? This provides lifetime immunity to the vaccine makers so the government can drop the "emergency" and the vaccine makers are still protected.
101. **Why aren't we providing liability protection for other products?** Since the liability protection for manufacturers has done such a superb job at protecting the public from

injury, why stop there? Shouldn't we give all manufacturers liability protection? Why limit it to just vaccines? Why not extend it to every drug and every product?

102. **Why is only one state doing COVID vaccine safety studies?** Florida found the government was lying about the safety of the vaccines. Shouldn't other states' health officials do their own studies? Florida Surgeon General was asked by Fox News why Florida was the only state to find that the COVID vaccine was more dangerous than what the CDC has claimed. He replied, "Because we were the only ones who looked." Why aren't any other state public health officials doing their own checks?
103. **States can easily resolve the ambiguity about whether the vaccines are safe.** See my Substack article, "[How any state can learn the truth about COVID vaccine safety in under a week.](#)" Then answer the obvious question, "Why do none of the states want to know the truth?"
104. **What is the mRNA integrity of the vaccines at the time of injection and how do we know?** The regulatory agencies all found it could be very low (below 50%). What are the current minimum and maximum numbers? Who is measuring this and why is this not being reported to the public? In general, what end-to-end quality control is being done to ensure product integrity?
105. **Is there a difference if the injection is aspirated or not?** How do we know for sure there is no difference? Where was the science that was done on that? Is it possible that [we can reduce side effects by aspirating as noted in this article](#) by Marc Girardot?
106. **Is the public safer by making it illegal for anyone to analyze what is in the vials including measuring the mRNA integrity?** Has any study ever been done anywhere on this? By who and when?
107. **The Thailand study on heart damage in young adults showed the vaccines should be stopped for young adults.** Why aren't easy to execute before/after safety studies being done? Watch the first 5 minutes of this [excellent video by Dr. Moran on the Thailand study](#). One of the top comments to the video says, "As nurse of 30 years, I have never known anyone personally to have myocarditis. Since the roll out, I now personally know 7 young people between the ages of 20 and 35! Coincidence? I think not. Sick." Why can [Thailand do a study of cardiac biomarkers before/after the vaccine and find that nearly 30% of kids showed measurable cardiac damage](#) and 3.5% of the teenage boys developed myocarditis or pericarditis after the shot, yet other countries cannot? Why is nobody in the world following up on this research to replicate it in larger

numbers so we can see what the rate in females is. The drug companies, the FDA, CDC, and NIH are all ignoring this highly acclaimed study. Shouldn't the mainstream press be letting parents know about the true rate of cardiac injury? Why aren't they? Why isn't a study like this allowed to be done in the US? Is it unethical to ask if the government is telling the truth? Why didn't the FDA require before/after tests to confirm or deny the Thailand result? Also, is 30% of kids sustaining cardiac damage and 3.5% of boys developing myocarditis considered "rare" by the CDC? Why isn't the CDC commenting on this study or repeating it? More importantly, why are they not notifying parents of the 3.5% risk of myocarditis (which we now know can be fatal as shown in the Schwab paper) and the nearly 30% risk of cardiac injury? Is the public better served by not knowing the risks? From the study: "Myopericarditis was confirmed in one patient after vaccination. Two patients had suspected pericarditis and four patients had suspected subclinical myocarditis." So 1 in 301 patients had confirmed myocarditis. In the military, the doctors are seeing rates of myocarditis of 3% or more. So the Thailand study wasn't just bad luck.

108. **Vaccinated Thailand princess dies suddenly at age 44.** The key question is why no autopsy that tests for a possible vaccine link? Why wouldn't they want to know what killed her? [They had a paramedic right there who started CPR and she couldn't be revived.](#)
109. **The six foot rule:** This is mandated in my county. Why is that? Where is the science behind this? Why was this recently discovered? What is the reduction in R0 when the rule is adhered to? Where are the studies on that? When did the laws of physics change that this works?? How does it work since the virus stays in the air for days... it does not "drop to the ground." How does hand washing reduce the spread of a respirator virus? What is the mechanism of action on that and where are the studies for SARS-CoV-2 or similar respiratory virus? Did you know how they got to 6 feet? They were in a meeting and thought 1 foot isn't enough and 60 feet was too much.
110. **Is having a Disinformation Dozen list encouraging censorship and deplatforming of certain people beneficial and lead to better outcomes?** Where is the research showing government coordinated censorship of free speech is a good thing? If censorship is good, then why not go the next step and criminalize speech which is not consistent with government narratives, even though it is true.
111. **Should we reward censorship of people who tell the truth?** Twitter, Facebook, LinkedIn, Medium, Wikipedia, and other tech firms censor and deplatform people

who challenge mainstream thinking. Should we reward this behavior or punish it? If the people being censored are found in a court of law to be telling the truth, shouldn't there be a monetary right of action to penalize companies for doing this? Does censorship lead to better medical outcomes? Where is the published study on this?

112. **Self-censoring of scientists.** I've heard story upon story of scientists who refuse to publish research that goes against the narrative because they don't want to jeopardize future funding of their research. This is in multiple countries including the US and UK. So work that would have exposed the vaccine as unsafe is not published. Furthermore, even when people opt to get published, they explain their results so as not to disrupt the narrative, e.g., if the data shows negative vaccine efficacy, they will talk about why this is just an artifact of some confounder.
113. **Is Paul Offit misinformed about the vaccines?** Paul Offit says the new bivalent booster provides no protection. The FDA panel says it does. They can't both be right. Can you explain precisely how Offit's argument (that there is no data that additional boosters *significantly* lower the risk of hospitalization and death) is wrong. Where is the efficacy data and why doesn't Offit know about it? If he is not competent, then why is he on the committee?
114. **Where there is risk, shouldn't there be choice?** Are mandates ethical where you are required to risk your life or health to save someone else's? When is this needed? What proof is required?
115. **Early treatment:** Do early treatment protocols work? Why were they deliberately suppressed despite multiple peer-reviewed systematic reviews and meta analyses? Why haven't world health agencies ever tried the proven COVID protocols used by Fared and Tyson. Isn't 15,000 patients with a perfect track record sufficient evidence? Why not?
116. **Masks:** Do masks work to stop COVID spread? Where is the definitive study that shows this? Why was this not known until just recently? Why was the flawed Bangladesh mask study never retracted by the journal (Nature) despite requests from Professor Norman Fenton to do so? Why was he ignored? What study did Paul Offit use in his determination that "masks are such an important tool?" He makes this statement at [2:00 in the trailer for "A shot in the arm."](#) The data says he's wrong. Will anyone defend him?

117. **Assessing truth:** How can we establish a more reliable source of truth? Will people who are still wearing masks ever stop believing they work?
118. **Fear of challenge:** Why won't any health authority allow themselves to be publicly challenged? Are they more interested in public health and the truth? Or protecting their reputations?
119. **Lockdowns:** Were lockdowns ever needed? What was the evidence they relied on that showed that the benefits outweigh the risks? What is the decision criteria for starting and stopping lockdowns and why is it needed for that criteria to be kept secret from the public?
120. **Fear and intimidation tactics:** Why did the [nurses and staff tell Michael Granata](#) that he had to deliver the message before he died from the vaccine that they are being silenced and that the truth of deaths from the vaccine was being hidden within the medical profession? Is it necessary to create an environment of fear and intimidation like this? Why is nobody speaking out about this?
121. **Died suddenly.** How did the facebook group have 30,000 people a day joining it if the vaccine is safe and effective?
122. **Kids with myocarditis, heart attacks, strokes.** It's the new normal. Do you agree this is caused by the vaccine? If not, what causes it?
123. **Young people dying in their sleep in record numbers, right after getting the vaccine (or bleeding in their brain).** It's the new normal. Do you agree this is caused by the vaccine? If not, what causes it?
124. **Strange clots reported by embalmers show up in [as many as 90% of vaccinated people who die](#):** Why aren't any medical professionals interested in seeing the evidence of vaccine injury firsthand? [In a survey of 126 embalmers, 27% of embalmers report seeing these telltale blood clots in 40% or more of their cases!](#) Nobody is willing to take [Dr. Ryan Cole up on his invitation to examine the strange clots reported by the embalmers](#) in the movie *Died Suddenly*. This can't be "misinformation" because there is a [Dr. Drew episode on YouTube discussing these clots \(entitled "Foot-Long Blood Clots" From mRNA, Says Pathologist Dr. Ryan Cole w/ Dr Kelly Victory – Ask Dr. Drew\)](#) and it has been live for 8 days now and not censored and it has over 471,000 [views](#). Was there any misinformation in that video that you'd like to debate with Dr. Cole or Dr. Victory? There was also a video ([Could These Mysterious Clots be the Cause of Death?](#)) where Dr. Chris Martenson explains how it is physically impossible

for these clots to be formed post-mortem. Or watch this [Epoch Times interview of Dr. Cole](#) where he explains again that “the cells don’t lie.” Or read [this excellent piece by AMD regarding the clots and the people who try to discredit this evidence](#) and it has an [entire section devoted to debunking Dr. Burnett](#) who [I have also written about previously](#). What could have caused these clots? We know the parameters of the possible causes: it’s only found in vaccinated patients (or patients with a blood transfusion), it’s in 40% or more of people, and they take it out intact. So it must be something injected in you, lots of people were injected, it must be novel, and it can kill you. What are the options we can consider that meet those requirements other than the vaccine?

125. **Why are laws such as California’s AB 2098 which prohibit doctors from deviating from medical consensus a good idea?** Haven’t we proved over and over that medical consensus is not reliable? Why are so few doctors speaking out about this?
126. **Why are doctors in Canada dropping dead in record numbers shortly after being vaccinated?** Why is the CMA not investigating this?
127. **Blood supply:** How do we know for sure that the blood supply is safe?
128. **Why won’t anyone who supports the narrative agree to a debate?** There is so much to talk about, but no one on the pro-narrative side wants to talk about it. Why is this a superior approach to using conversation to resolve our differences?
129. **Lack of autopsies and tests:** Why aren’t we doing autopsies in any of the deaths post-vaccine. Do you know how many bodies have actually been tested properly to determine if the death was caused by a COVID vaccine? The answer is less than 5 and the vaccine was implicated in 100% of the cases where the tests were done. Could that have any bearing on why nobody wants to look?
130. **Vaccination status:** Why do we have to reveal our vaccination status to our employer, but when we die, we keep the vaccination status of the person who died a secret?
131. **Why are so many kids being tested for tachycardia today?** It happened to coincide with the rollout of the vaccines and nearly all the kids being tested are vaccinated. So if it isn’t the vaccine, what’s causing the tachycardia?
132. **Gwen Casten’s death.** Gwen Casten, age 17, had no known cardiac issues and died of a sudden cardiac arrhythmia in her sleep. How come this case didn’t generate alarm bells? Why didn’t they check her tissues for the vaccine being the cause of death? Why didn’t they want to know?

133. **Stress-induced heart attacks?!?** A young, famous TikTok star, Megha Thakur, [died at age 21, just 4 months after a stress-induced heart attack](#). My cardiologists haven't heard of this before. Is this new and only happening to people who are vaccinated with the COVID vaccine? Why isn't this happening to unvaccinated young people?
134. **Vaccine mandates:** Why is Yale University mandating students must take the bivalent booster, but it is optional for faculty? This is requiring kids to risk their lives and their health for what benefit? This [article notes that German scientists found that no healthy child 5-17 years of age died of COVID in Germany](#). Zero deaths. How can universities require vaccination (with a vaccine which has shown by the VAERS data to have killed hundreds of thousands of people) for kids who have no risk of dying from COVID?
135. **Why are so many people dying suddenly?** We've never seen so many people dying suddenly before. Mark Crispin Miller's Substack is full of these stories. If it isn't the vaccine, what is the more likely cause of these deaths and why isn't there an investigation by the CDC? More importantly, aren't nearly all of these people vaccinated? Why does nobody want to know the autopsy results when testing for whether the vaccine was involved in the death?
136. **Pfizer Phase 3 clinical trial fraud.** Why doesn't anyone want to talk about the [accusations of clinical trial fraud in the Pfizer Phase 3 study](#) including why Maddie de Garay's paralysis was misreported as abdominal pain and why 5X as many people were excluded in the treatment arm than the placebo arm when the trial was supposed to be blinded? And will Pfizer ever reveal how they determined that none of the deaths in the vaccine arm were related to the vaccine? Did they do the proper stains? Also, what do you think of Pfizer's legal argument that there was no fraud because the government was "in on it"?
137. **Young people dying in their sleep.** This used to be extremely rare. Now it is happening all the time. If it isn't the vaccine, then what is it? Why aren't we testing any of these deaths to see if they were caused by the vaccine?
138. **Unknown deaths:** [Why is "unknown" the new top category of death in Alberta, Canada?](#) Why isn't anyone trying to find a common factor? And weren't all these deaths in vaccinated people? Could that be an important clue?
139. **Why does the media never reveal the vaccination status of the deceased?** They used to tell us this all the time when vaccinations just started to roll out. Now, the families

demand privacy. Why the switch?

140. **Why are death records so secret?** Shouldn't we make these public records? And shouldn't we require the death certificate to disclose any vaccinations done in the last 12 months before death?
141. **Why are there so few critical thinkers in medicine?** Why is UCSF Professor Vinay Prasad nearly the only mainstream doctor willing to criticize the CDC? Is he wrong or is the entire mainstream medical community corrupted? You can't have it both ways.
142. **Why are masks required to visit a doctor in California but nowhere else where there is close contact?** Also, since the authorities claim nobody can get hospitalized or die after vaccination, why the requirement? Will we have this requirement for all time? When will it end? What's the criteria? What science is this based on?
143. **My Pennsylvania Senate testimony.** See this video starting at 30:20. Do you disagree with anything I said? Why would all of these people refuse a million dollars to talk to me for four hours?
144. **My original TrialSiteNews Should you get vaccinated article.** I [wrote this article back in May 25, 2021](#). A week later, the entire scientific advisory board of the [CETF](#) resigned in protest. I asked them if there was an error in the article. They refused to answer my question. Can you find an error? See [this article for more about my Should you get vaccinated? article](#). I just couldn't figure out why we would deploy a dangerous vaccine when early treatment protocols were safe, effective, cheap, and available. They were (and still are) superior to the COVID vaccines on every single metric (effectiveness, cost, safety, availability).
145. **How did this woman die?** [This case](#) was documented in the peer-reviewed medical literature of a 32 year-old female who took 12 horrific and painful months to die after vaccination. [Details](#). This is just representative of one of the more horrific vaccine injuries. If it wasn't the vaccine, what was the more likely cause of death and how do you know?
146. **Meta-collections of issues.** Can we talk about all of the issues listed in these documents:
 - a. [Evidence of Harm](#)
 - b. [Incriminating evidence](#)
 - c. [100 Questions they don't want to answer](#)

- d. [Think we got it wrong?](#)
 - e. [Questions I'd love to ask Congresswoman Anna Eshoo... that she'll never answer](#)
 - f. [Senator Ron Johnson's Dec 7 hearing](#)
 - g. Any issue raised in any of the thousands of Substack articles written by [me](#) and my friends
147. **Perverse death incentives:** Why are we giving hospitals massive incentives for killing people who have COVID instead of rewarding them for saving people's lives?
148. **False claims actions:** Why is Ron DeSantis the only governor [planning on taking action against the drug companies](#) for making false claims that there are only minor side effects? Do all the other governors believe that the safety claims are true? Why don't any of them want to see the Israeli safety data that proves that the vaccine companies are making false claims. Someone isn't telling the truth here.
149. **Range of side effects is enormous.** A local friend was told by her dental hygienist that the hygienist has seen 24 cases of **Internal Root Resorption** over the past 18 months. According to the hygienist, **all 24 cases were vaxxed**. Furthermore, the dental office has x-rays for each of these patients from 2019, and none of them had this issue at that time. By contrast, the hygienist said she'd only seen a total of 6 such cases in the 15 years prior. How do you explain this? See [Internal root resorption: a review - PubMed \(nih.gov\)](#)
150. **No shows at debates:** Why didn't the Canadian health authorities show up for a civil debate [when challenged by three prominent Canadian physicians](#)? I could certainly understand a refusal if there were dozens of debates already, but I haven't seen a single debate anywhere in the world. Will we ever have a discussion about any of these issues?
151. **Canadian bank accounts.** If you disagree with the government narrative, you can [have your bank account frozen in Canada](#). Is this really the best approach to resolve differences of opinion?



152. **They won't even provide a written response.** Why don't David Gorski, Debunk the Funk, Jonathan Jarry, or some other "fact checker" simply publish a document answering all of these questions with compelling evidence? If you don't want a debate and want to settle the issue with dueling documents, then this is your chance. Simply respond to all these points.

Will we have a debate?

I predict that no one in the world will accept our offer to have a discussion/debate on the key issues.

Their lack of interest in a fair public discussion is very hard to justify. For them, this is the easiest way to show the world that the "misinformation spreaders" are wrong which will reduce vaccine hesitancy and, according to them, save lives. They always tell us they want to reduce vaccine hesitancy: this is their golden opportunity. Why wouldn't they seize it?

So the ad campaign is important to help people realize that they have been misled.

If we do have a discussion, ideally we will have an objective third-party moderator and have it live-streamed to the public so they benefit from the real-time interactions of the participants.

Correction (12/27/22)

Liza Dunn is a vaccine advocate and agreed to have a civil discussion with me about the VAERS data. [You can listen to the 45 minute discussion here](#) and make up your mind as to what the truth is. To save you time, she wasn't able to explain the 15,000 excess deaths in VAERS. Nobody can.

The inevitable outcome

One way or another, this will ultimately lead to a massive loss of trust in:

1. Congress (and other federal legislative bodies all over the world)
2. State and local lawmakers
3. The medical community worldwide, both in academia and in medical practice
4. Medical organizations (AMA, IDSA, CMA, etc)
5. Government agencies including the FDA, CDC, NIH
6. Medical regulators including state licensing boards and certification boards
7. The mainstream media
8. Local public health officials

Apparently, that's the way they want it to end. So be it. They shall have it.

Dr. Byram Bridle's reaction to my invitation

Read [Dr. Byram Bridle's reaction to this post](#). I couldn't agree more.

Summary

I'm not content sitting around doing the same thing over and over again expecting a different result. It's time for new, aggressive, in your face tactics that will force the pro-narrative side either to debate us or face public ridicule for refusing to be held accountable for their decisions.

Some people will choose to be on the right side of history early. Others will wait until it is "safe" to switch sides. Sooner or later there will be a "tipping point."

My goal is to make that happen sooner rather than later.

This is going to be a very expensive campaign. If you want to help enable us to pull this off, please consider becoming a paying subscriber (only \$5 a month or \$50/yr). Thanks!

1,503 Comments



Write a comment...



communete Dec 6, 2022 📌 Pinned

Those vertical lines at the left are clickable. Click the leftmost one to retract a whole branch of replies.

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7 replies by Steve Kirsch and others



Brian McKerrow * PAID 6 hr ago

ENQ-1-15026282065 This is the initial ref for The Care & Quality Commission complaint, I have raised about c19 injection. Should have a full acknowledgement and receipt via email within 3 working days time. Their number is UK 0300 061 6161. I don't think people calling to add their name to this complaint would be a bad thing. In fact it's what public agencies really need to see and sense from the public to have confidence to do the right thing I know that's shocking but this is where we are at. During raising of this complaint, the gentleman Timothy, on the second call was interjecting on my reference to evidence given in the Senate hearing raised by Senator Ron Johnson, to claim that America has no bearing on them. Oh contraire. I insisted. Like a 747, this crap is operating in all countries and its safety, like evidence given in a Senate Plenary Hearing about issue of a 747, effect all where it is deployed. So please. Everyone around the world calling in and state that you do so, recognising, the worldwide scale of this particular, evidenced threat. Listen to your subconscious superior intelligence and sense of things and do what it makes you feel you SHOULD do. Not what you feel like doing. I hope you understand the difference I'm making there. Lol. I worry that people don't realise that they can make a difference through engaging with responsible stakeholders. Responsible in the sense that they are supposed to be responsible. Make them aware by contacting.

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