Exhibit 320

GAME OVER: Medicare data shows the COVID vaccines increase your risk of dying

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https://stevekirsch.substack.com/p/game-over-medicare-data-shows-the?utm_source=twitter&utm_campaign=auto_share&r=o7iqo

GAME OVER: Medicare data shows the COVID vaccines increase your risk of dying

This is why the CDC has NEVER used the Medicare data to prove the vaccines are safe. And this is why NOBODY in mainstream medicine wants you to see this data. EVER. They ALL want it hidden. FOREVER.

Steve Kirsch ✔
Feb 25

♡ 1,534   💬 1,243   ⬆   🔖

Nota Bene

This may well be the most important article I'll write in 2023.

In this article, I publicly reveal record-level vax-death data from the "gold standard" [Medicare database](#) that proves that:

1. The vaccines are making it more likely that the elderly will die prematurely, not less likely

2. The risk of death remains elevated for an unknown period of time after you get the shot (we didn't see it return to normal)

3. The CDC lied to the American people about the safety of these vaccines. They had access to this data the entire time and kept it hidden and said nothing.

If there is one article for you to share with your social network, this is the one.

Executive summary

Isn't it a shame that none of the world's governments make the vaccination-death records publicly available? My claim is that if they did that, it would end the debate instantly and prove to the world that the vaccines are unsafe. So that's why they keep it locked up.

But apparently there is one whistleblower who is interested in data transparency.

Last night, I got a USB drive in my mailbox with the [Medicare data that links deaths and vaccination dates](). Finally! This is the data that nobody wants to talk or even ask about.

I was able to authenticate the data by matching it with records I already had. And the analysis that I did on the data I received matches up with other analyses I have received previously.

The nice thing about [this Medicare data]() is that nobody can claim that it is "unreliable." Medicare is the unassailable "gold-standard" database. It's the database that the CDC never wants us to see for some reason. They never even mention it. They pretend it doesn't exist. So you know it is important.

Do you want to know what it shows?

It shows that these shots increase your risk of dying and once you get shot, your risk of dying remains elevated for an unknown amount of time. And that's *in the very population it is supposed to help the most*!

Now you know why the CDC, which has always had access to the Medicare records, has **never made them publicly available for anyone to analyze to prove that the vaccines**

are safe. Because the records show the opposite. That's why they keep the data hidden from view and it's why they NEVER talk about it.

Today, in this article, you will finally get to see what nobody outside the HHS has ever seen before: the "gold standard" Medicare records, i.e., the truth. **You can analyze it yourself.**
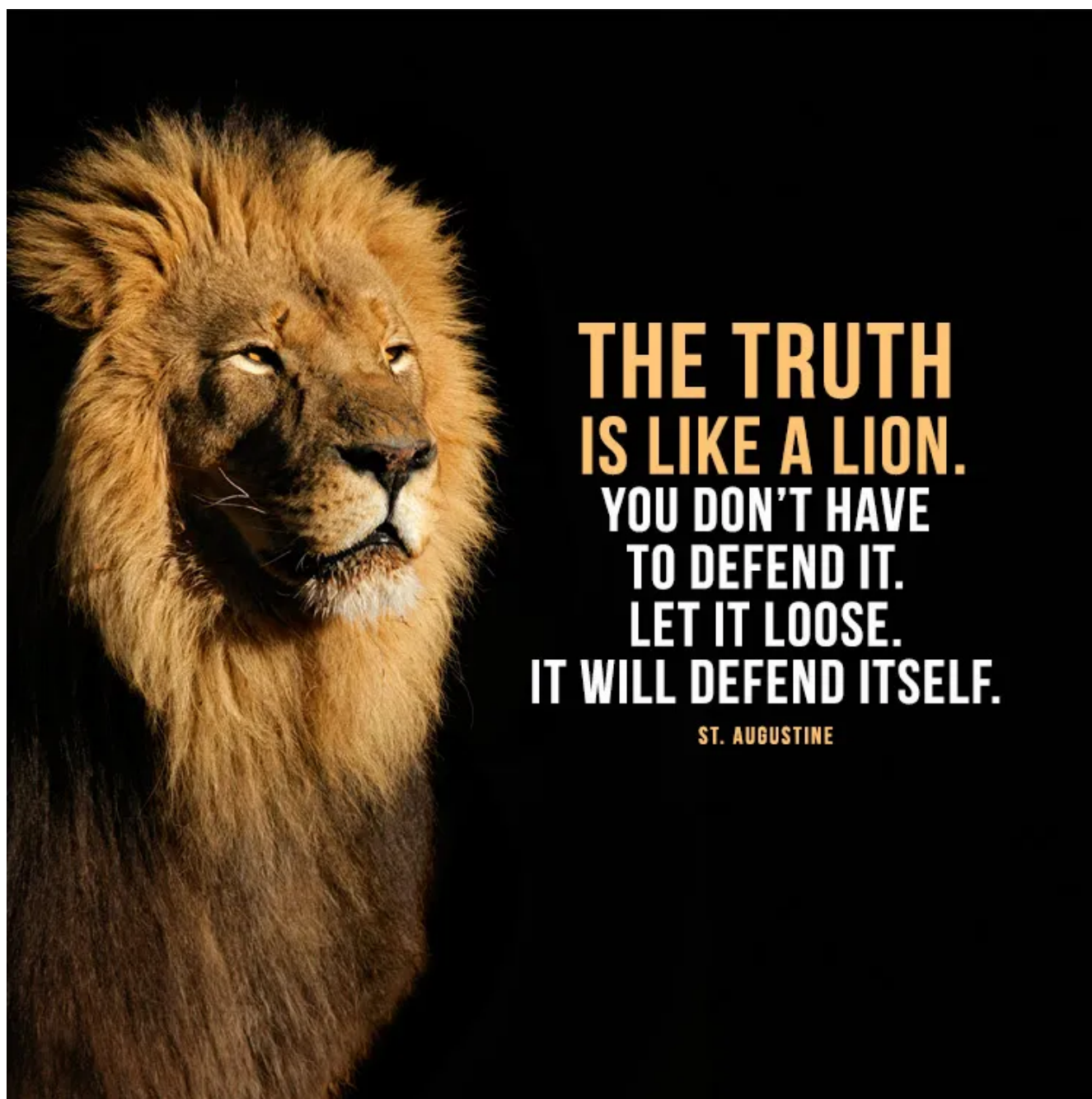
This is a great quote. Unfortunately, the "Truth is like a lion" quotation attributed to St Augustine was never penned by him, nor by any notable philosopher, sage or theologian before the twenty first century.

You'll soon see for yourself why the CDC will never release this data and why the mainstream press is NEVER EVER going to ask to see the data: because it would reveal they lied to people and killed over 500,000 Americans by recommending they take an unsafe "vaccine."

The bottom line is this:

> When there is no data transparency, there is a high chance that the government is lying to you.

After all, if the data supported their narrative, they'd be tripping all over themselves to release the data. When it doesn't support the narrative, they simply never talk about it and pretend it doesn't exist and tell the press never to ask about it.

So you already know how this is going to end. Very badly. For Biden, the CDC, the FDA, the mainstream medical community, the mainstream press, and Congress. They all will have egg on their face because they never asked to see the data.

The "misinformation spreaders" will have been proven right with the government's own "gold standard" database. It's payback time.

Acknowledgements

I had Clare Craig of the HART Group look this over for any flaws. She liked it.

Professor Norman Fenton had a look as well and he didn't find anything amiss either.

This doesn't mean there aren't any flaws, but it just means that there aren't any obvious flaws. If you find a mistake, let me know in the comments.

Why this article is so important

If nobody can explain how the "slope goes the wrong way," then this should be GAME OVER for the vaccination program because we are using their own "gold standard" database to prove that the vaccines are not safe and that they lied to us.

Unless I made a serious error, there is no rock big enough for them to hide under on this one. No excuses. No attacks. It's basically bulletproof. The results simply cannot be explained if the vaccines are safe. And the numbers are huge. You don't need a peer reviewed study on this one.

The Medicare data that I received

It's in Excel, there are over 114,000 records, and you can [download it here](.).

While I would have liked to receive the merge of all death records and vaccination records of everyone in the US, the data I did receive, when properly analyzed, is sufficient to prove the point that the vaccines are increasing your risk of death.

LIMITATIONS

Be sure to read the About tab for caveats about the data. It will help if you read and understand this article before you look at the records.

MEDICARE DATA NOTA BENE

Note that the scatter plots below were produced from a **much larger** set of Medicare records than the ones you can download. The plots from the records I received are included in the Excel spreadsheet and are consistent with the plots in this article which are the higher quality plots (and which contain dose 2 and 3 plots).

Overview of how to analyze the Medicare records

Because we only have vax-death records of people who have died (rather [than the full set of records that any truly honest government would supply](.)), we have to analyze the data in a certain way to understand what is going on.

This is a new way to look at the data so let me give you the bird's eye overview first.

The main thing is that in Jan 2021 we have a double whammy of death: from COVID and seasonality (older people die more in winter).
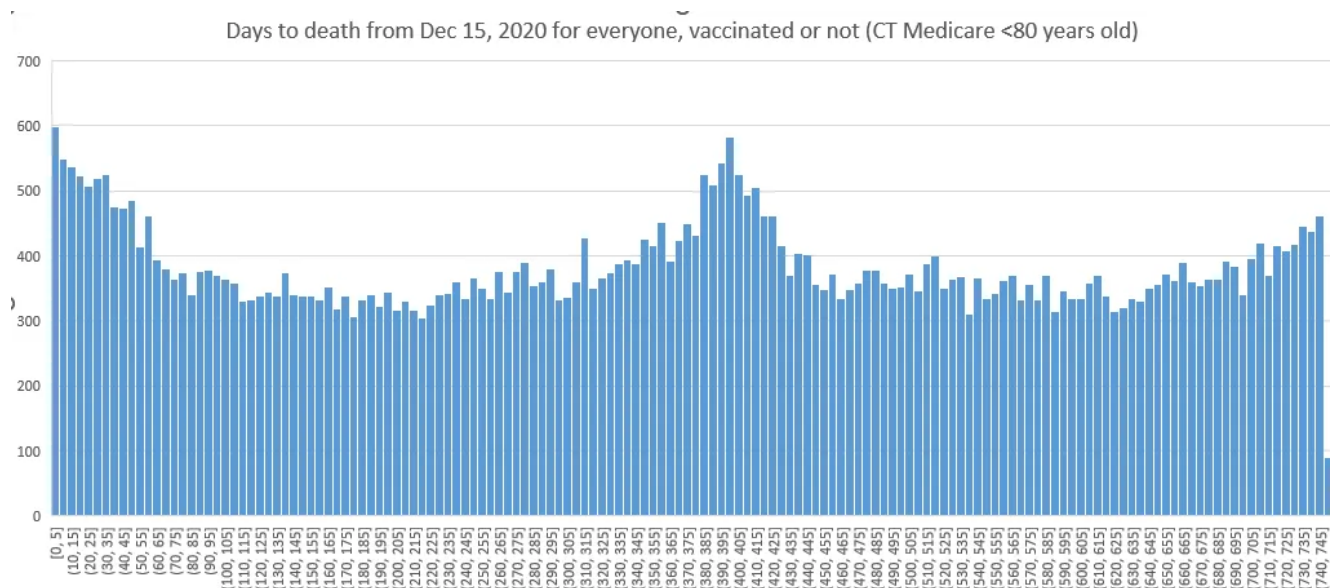
Figure 0. Days to death from Dec 15, 2020 for everyone in Medicare in Connecticut (vaxxed and unvaxxed). Each bar is a 5 day period. The point of this graph is to show that the COVID outbreak exacerbated the slope since you are seeing effects of seasonality PLUS the waning part of a COVID outbreak. This is why there is a 40% drop from peak values.

So if the vaccine does absolutely nothing, we'll see the slope of the histogram of the deaths per day curve go dramatically down in the first quarter as COVID and seasonality effects diminish. Then it will flatline for a time until seasonality picks up again in winter or there is another big COVID outbreak. The drop could be as much as 40% from the peak value (e.g., from 536 to 324) in Figure 0.

If the vaccine is PERFECT, we'll see the same slope go down, but not as much because we'll just see seasonality effects going down (since nobody is dying from COVID). It will then remain perfectly flat until it picks up again in winter. See Figure 1 below for what the "deaths per week" curve should look like for a perfect vaccine.

The main point is this: if the vaccine isn't causing harm, the slope will go down and remain flat.

What I will be doing below is calculating the days until death from shot #1 if and only if shot #1 was given in Q1 of 2021. So that histogram should look very similar to Figure 1. It's going to be smoothed somewhat since the shot was given over a quarter (rather than on a single day), but since most of the vaccine in Q1 was delivered in the first half of

January, the curve will be pretty similar to Figure 1, but it will start to flatline a couple of weeks sooner.

Once you understand these concepts, you are ready for the details.

For people in Medicare, there is a strong seasonality effect on the death rate

For the elderly, there is a strong seasonality of deaths. They are high in the winter and low in the summer. The difference between peaks and troughs is around 20%. This data is from the CDC for ages 65-84:
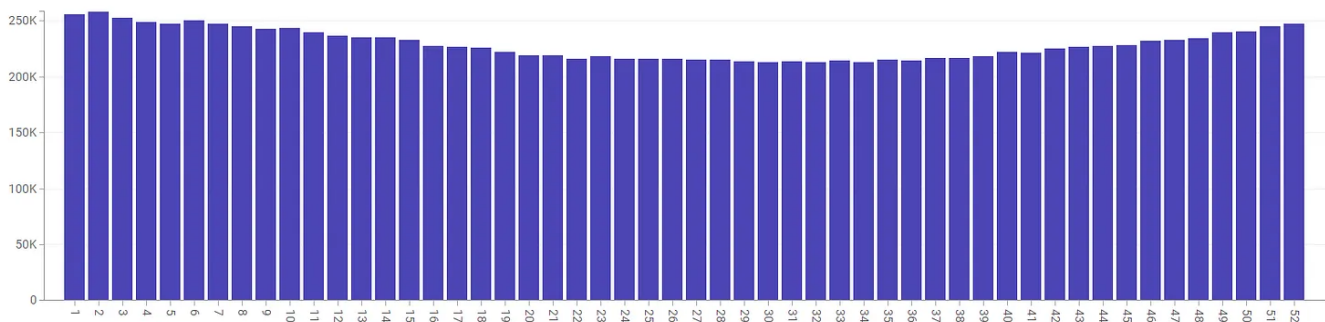

Figure 1. This is the weekly death counts from 2015-2019 summed over all US states for ages 65-84. This was created using a visualization on the CDC website using this dataset. Epidemiologists are very familiar with this effect. There are no surprises here. The peak is 256K, the trough is 213, so there is a 17% seasonality drop in deaths from the peak.

What this means is if you got the shot in Q1 of 2021, and you look at the days until death, **if the vaccines are safe**, you should find that it will go lower in time and then turn upwards.

But what we find is the opposite.

The control group for 2021

Figure 2 shows the deaths by week in 2021 for all states ages 65-84. Note that the rates drop for the first 11 weeks and stabilize.

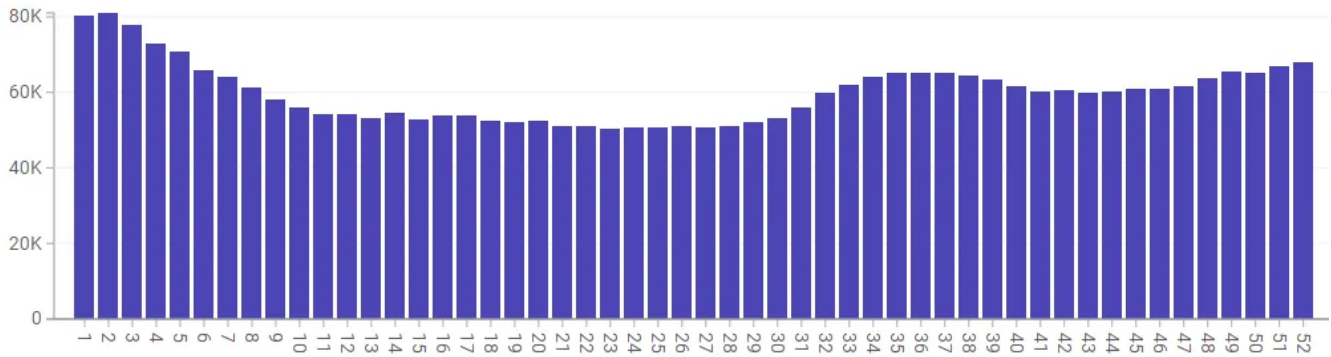In 2021, there is a steeper drop than normal because of COVID adding to the drop:

Figure 2. This is the weekly death counts summed over all US states for 2021.
This is essentially the control graph. This was created using a visualization
on the CDC website using this dataset. Epidemiologists are very familiar
with this effect. There are no surprises here. The deaths drop for the first 11
weeks of the year then stabilize. The peak is 81K, the trough is 50K so there
is a 39% combined drop from peak to trough.

The vaccine program was initiated on Dec 14, 2020, and peaked in the third week of Jan
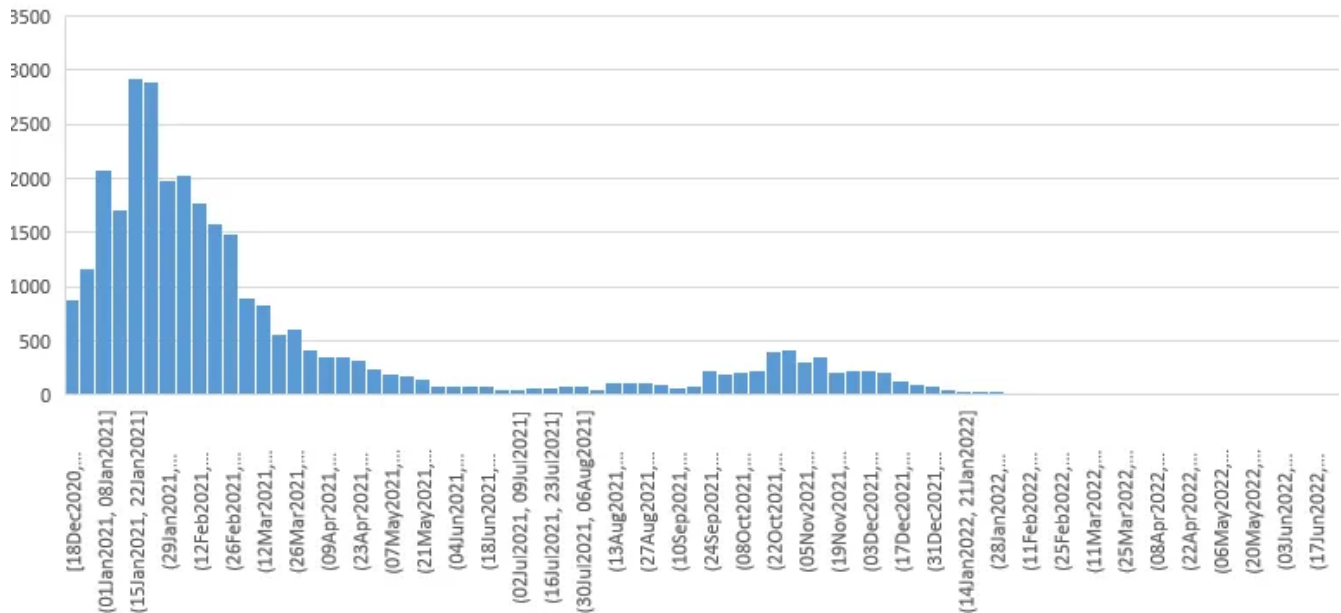2021 for people in this age group:

Figure 3. Connecticut vax rollout schedule for <80 Medicare participants
peaked in weeks 3 and 4 of 2021. Each bar is a week

This means that if we limit our "days from shot #1 to death" analysis to people who got their first vaccine in Q1 of 2021, if the shot is harmless, we should see the rate of deaths dropping for at least 9 weeks after the shot, and then remaining flat for the next 15 weeks before turning upward. This is because about half the shots got delivered before week #3 (11-2=9)

The charts show the slope goes up instead of down

As we noted in the previous section, if the first shot is given in Q1, the number of days after the shot until you die should go down for at least 9 weeks and then stabilize for the next 15 weeks per the seasonality described in the previous section. So a safe vaccine would look like Figure 2
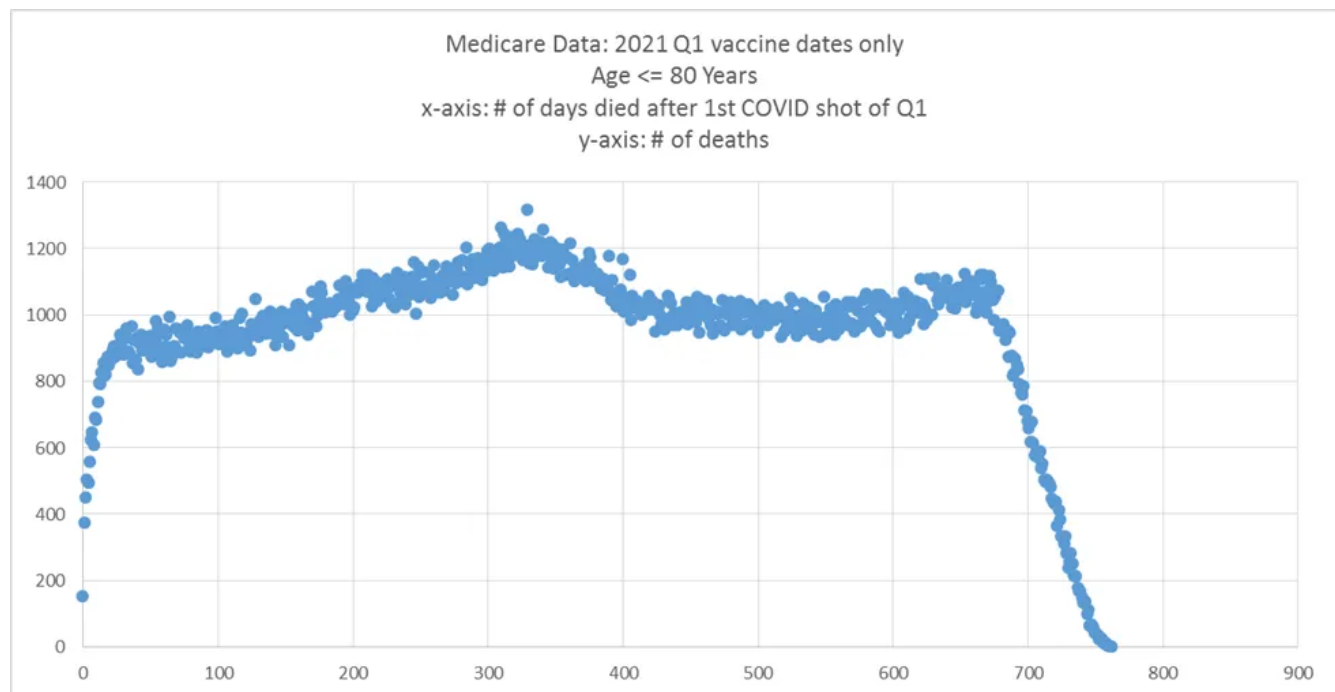
But it doesn't. It goes up! That's the problem.

Figure 4. This shows days until death from Shot #1 where shot #1 was given in Q1 2021 to Medicare recipients under 80. Every single day is a dot on this graph. What is supposed to happen is the line is supposed to slope DOWNWARD due to seasonality. If nothing "bad" is going on, this should look like a weighted moving average of Figure 2 (using the weights in Figure 3). As you can see, the slope goes the wrong way. Note that the increase in risk is still present after 2 years from the initial value at day 50, but at least it's not getting any worse over time. NB: The graph drops off starting at 660

days out because we run out of months to die (since the shot is given in Q1
and the person must die before Feb 1, 2023).

Similarly, if we restrict our analysis to the first shot given in Q2 (most of which would
have been given in April), we see the same problem. The slope should be flat for around
the first 15 weeks after the shot is given (we are starting in a flat period (week 13) and we
have about 15 weeks of flat deaths after that. Yet the slope is going up when it is
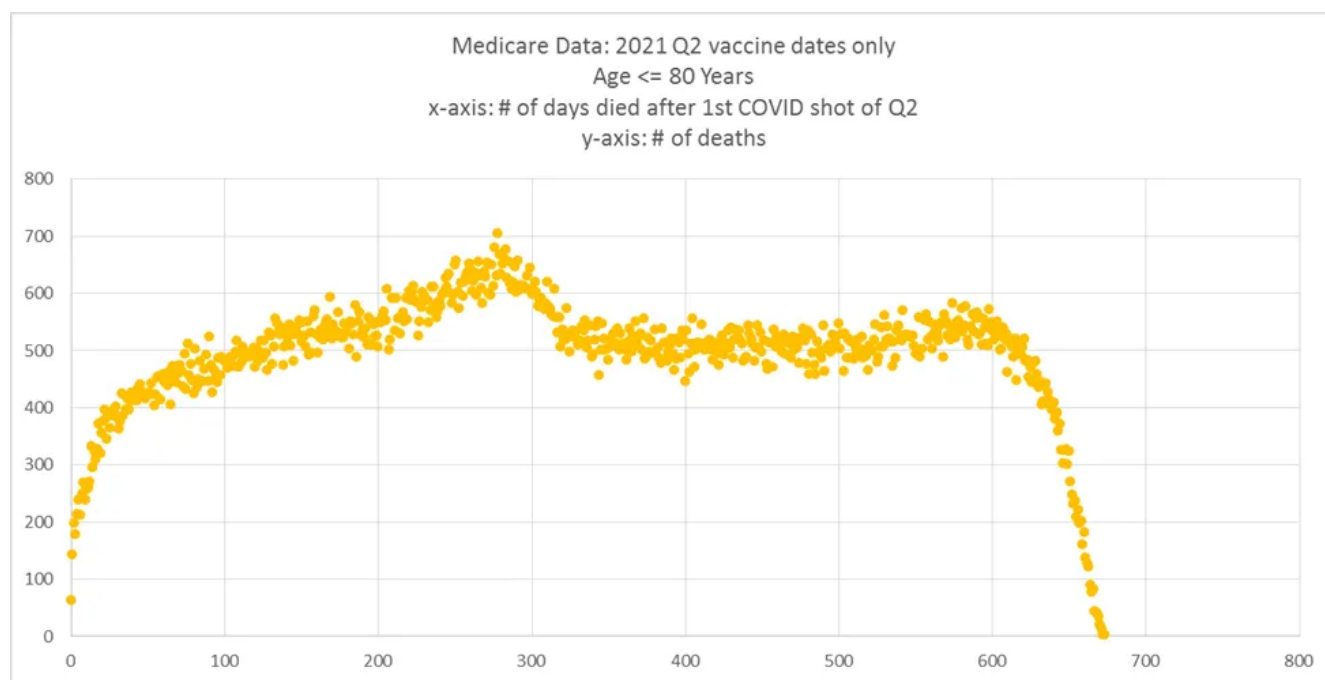supposed to be flat.

Figure 5. Same as Fig. 4 except we restrict shot #1 to be given in Q2. Not that
the peak shifts since seasonality does not move. The drop off is now starting
at 570 since we are now giving the shot a quarter later.

The same wrong slope happens with shot #2

The same problem happens with the second shot. About 75% of the people in Medicare
were injected with shot #2 prior to April 15, 2021.

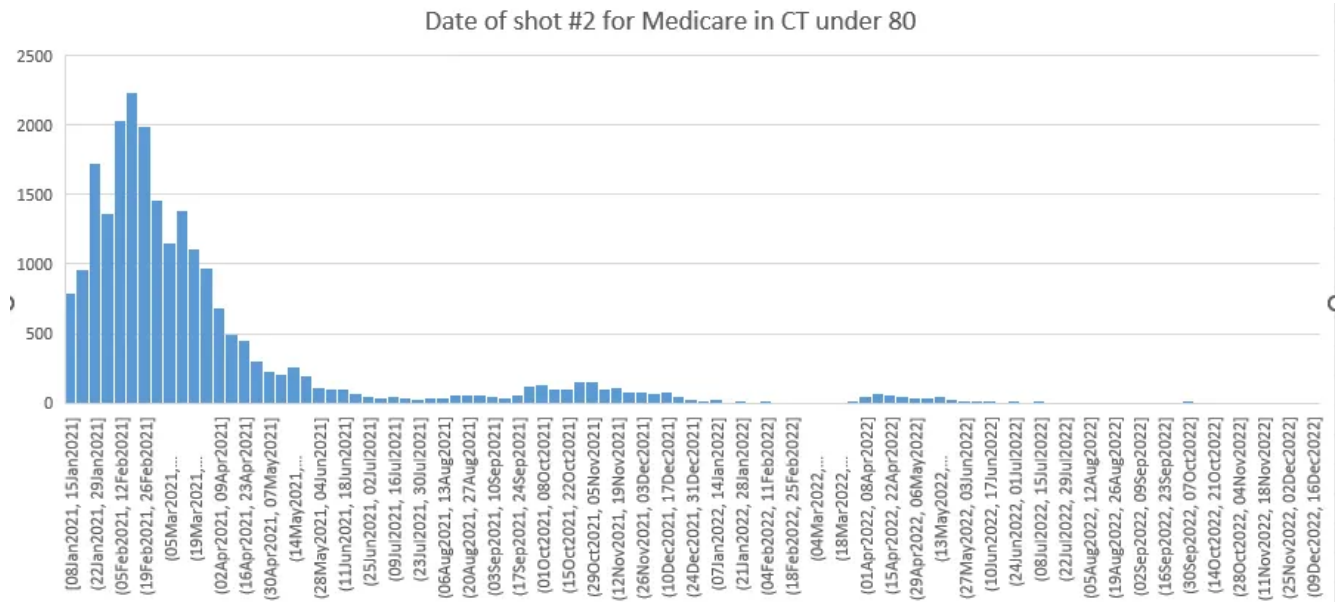Here's what the shot #2 injection schedule looked like in Connecticut:

Figure 6. Shots 1 and 2 were quickly rolled out to the Medicare community
with most everyone getting fully vaccinated in Q1 of 2021. This is from
Medicare data from Connecticut.

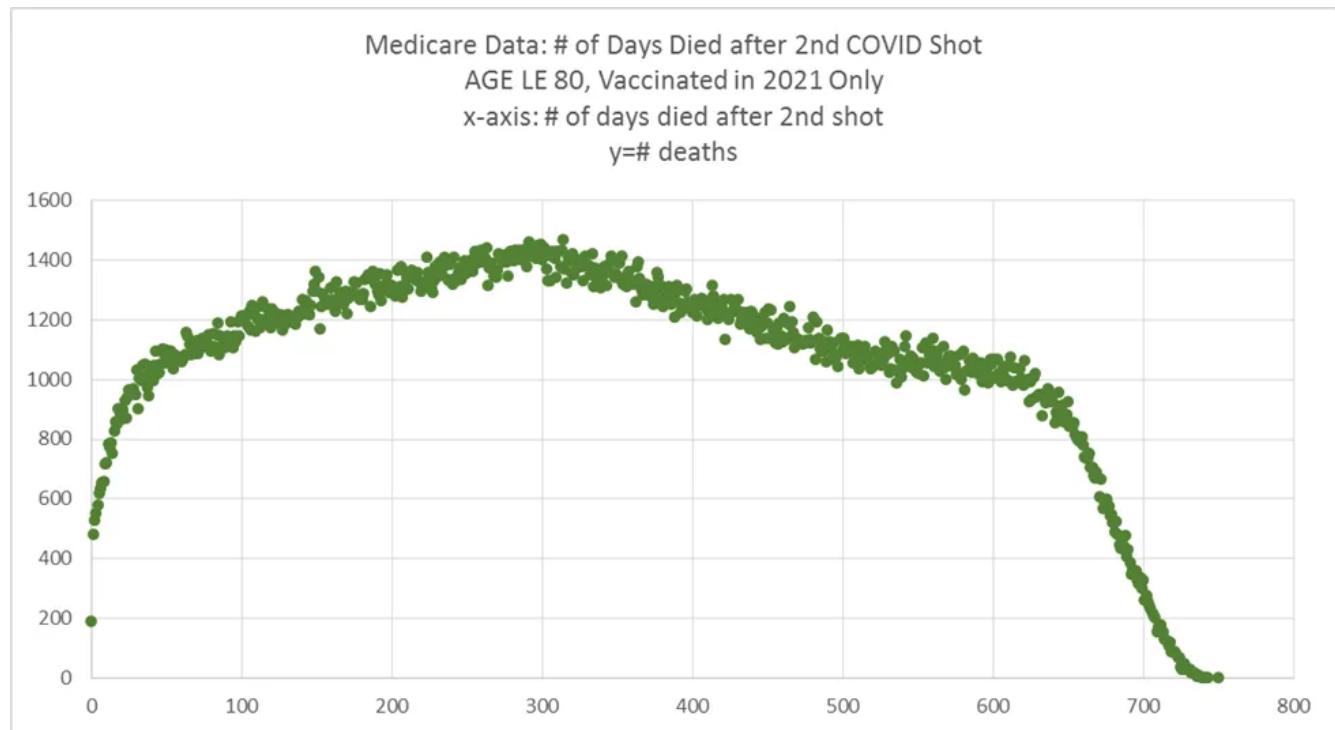Therefore, we should have seen a downward slope in the beginning and we are seeing the opposite again.

Figure 7. This chart is days till death from Shot #2 given that shot #2 was
delivered in 2021. Since most of the shot #2 were delivered in Q1 2021, you

should see a strong downward slope here as well. You don't. The slope goes
the wrong way for shot #2 too. That's inexplicable.

The same wrong slope happens with shot #3 too

Most people in Medicare got shot #3 in October, 2021. So we should see an upward trend
for about 60 days (due to seasonality and another COVID wave), and **then it should fall
dramatically**.

It doesn't. It remains flat. That's problematic. It suggests that if you lived until shot #3, it
will still increase your risk of dying, just not as much as the earlier shots.

This chart would have been more useful had the Dose 3 vax window been narrowly
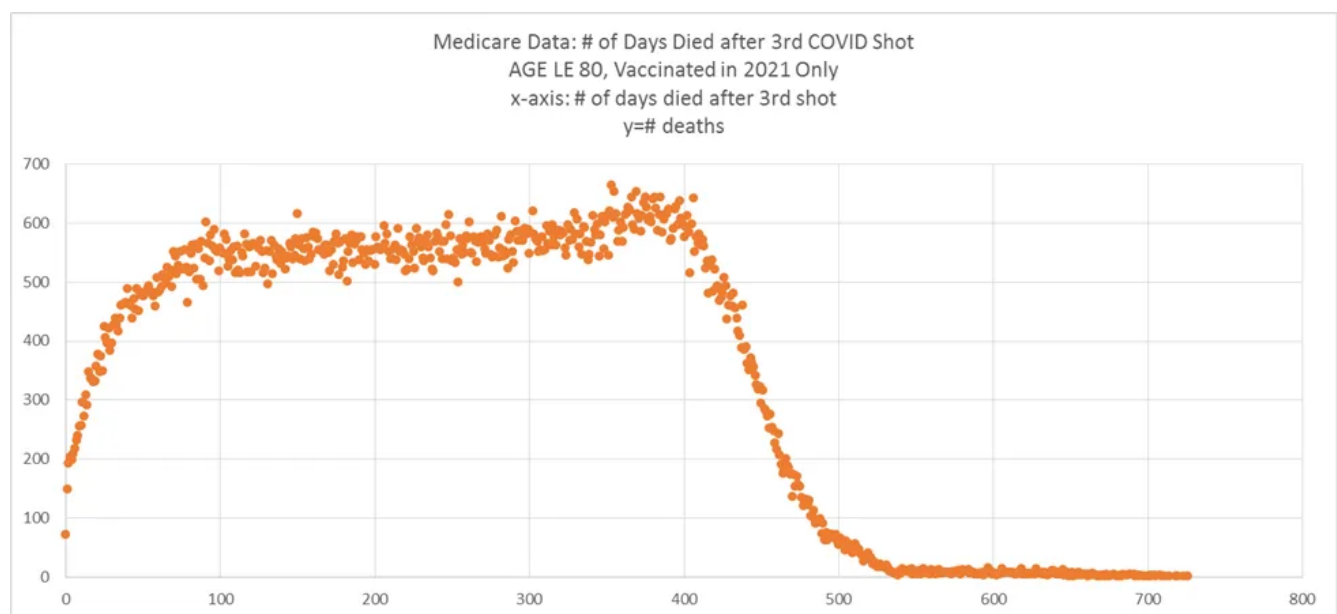restricted. Stay tuned...

Figure 8. Shot #3 delivered in 2021. Most people in Medicare got their
booster in October 2021, so we'd expect the slope to go down after 60 days.
That doesn't happen. The slop remains flat which is problematic.

This is the most damaging chart I've seen

Medicare Data: Patients who received 2 COVID shots in 2021 Q1 and NO other COVID shots
Age <= 80 Years
x-axis: # of days died after 2nd COVID shot
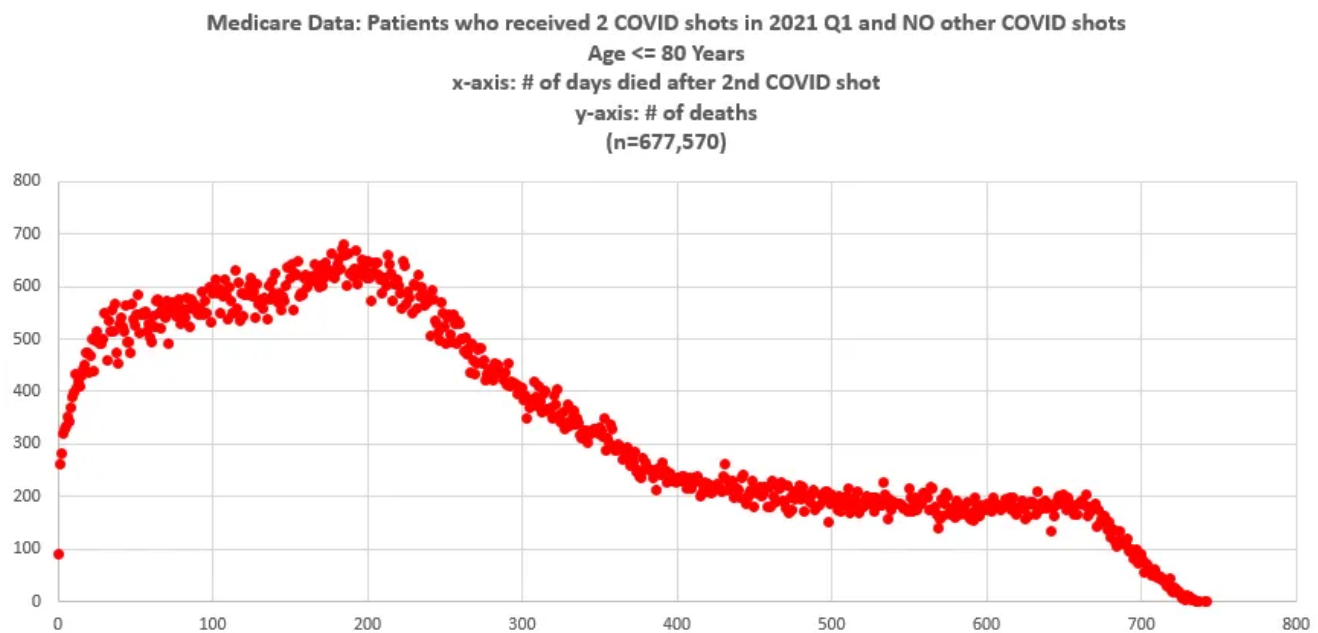y-axis: # of deaths
(n=677,570)

Figure 9. Number of days died after dose #2 if you just got dose #2. So there is a rapid fall off at Day 200 which is people opting for Dose #3 and beyond. But I realized later that fewer than 50% opted for >2 shots. So we can raise the baseline by 2X and get a conservative estimate of steady state. This allows us to clearly see that the shots elevated your risk of death by around 50% for at least the first 200 days after the shot. This is a DISASTER and it's also going to be impossible for the CDC to explain away.

This is a chart of people who just got two shots and no more. At first, I dismissed it because if you got 3 or more shots, you'd leave the group so the flat part starting at day 400 isn't a valid steady state number because the size of the cohort changes due to the "no other shots" criteria.

But then I did a calculation using the Connecticut data and found that when there were 23,259 deaths from Dose #2, there were only 10,557 deaths from Doses #3 onwards. So this suggests to me that fewer than half the people in Medicare opted for the jabs.

Then I confirmed in [USA FACTS that fewer than half the people who got shot #2 got any of the boosters (68% vs. 33%)](#).

So if we simply take our 200 deaths per day flatline number from the chart above and adjust it for the people who left the cohort (i.e., double it to 400 steady state deaths per day), we can see that the first 200 days, we had a 50% increase in the rate of death (600 per day) vs. the 400 per day rate after 1 year (which itself might be elevated from normal).

This is a complete disaster no matter how you look at it.

The good news here is that it shows if you stop the shots, it appears your risk lowers after a year.

As you can see from this chart, if you keep on with the shots, as half the people did, your risk of death remains elevated!
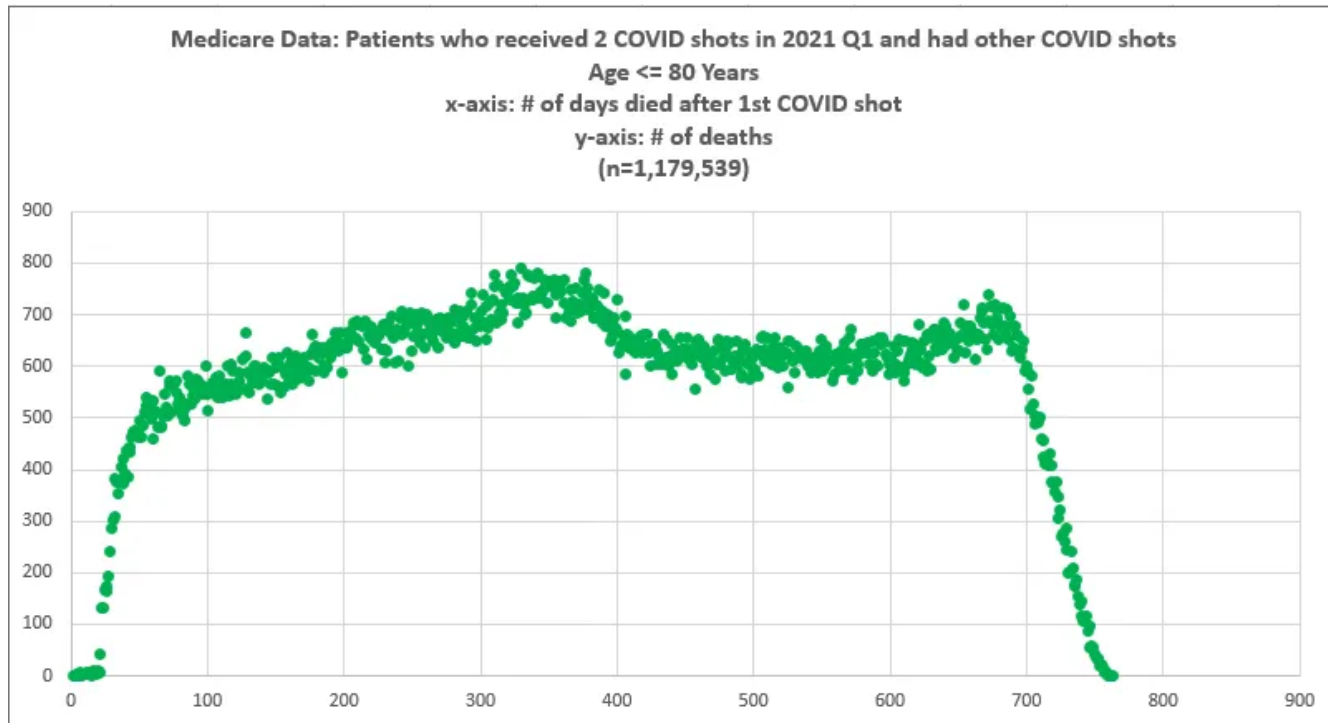

Figure 10. This is the same as Figure 9, but here we do NOT have the restriction that you didn't get any more shots. The number of deaths remains elevated due to the fact that half the people opted for subsequent shots. If nobody opted for any more shots after shot #2, we would have expected the curve to flatline at around 400 deaths / day.

Shot #4 elevates your risk as well, for the few that took it

People in Medicare got up to 7 total shots. That's really stunning.

For example, in Connecticut, the numbers are: 31170, 23259, 8902, 1428, 217, 9, 1. So only 1 person got a 7th shot.

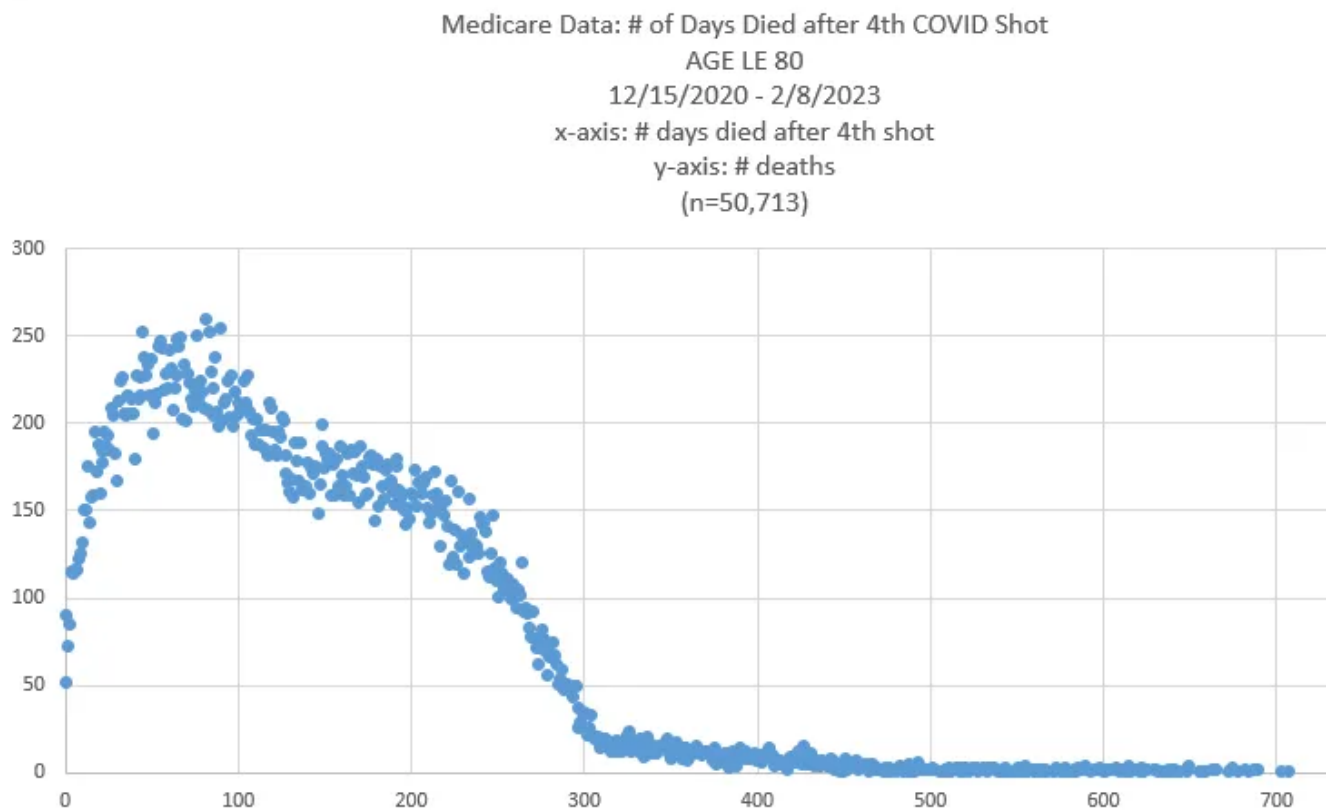Here's the graph for people who got Shot #4:

Figure 11. The fourth shot increases your risk of death too. People get the fourth shot late in 2022 so it drops off after day 100.

So people got shot #4 in 2022 which is why the graph falls quickly after day 200 (you simply run out of time to die). But you can see the same elevation in risk happening after this shot as well.

Death curve for the unvaccinated

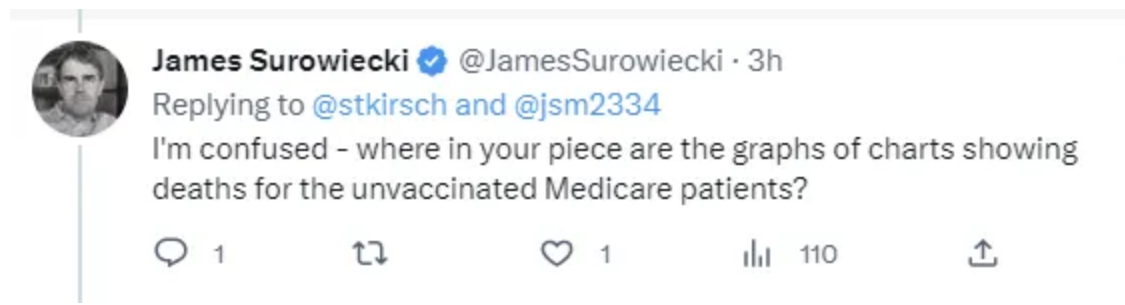James Surowiecki said was confused by this article because I didn't include the unvaccinated.

I purposely didn't include that chart because it would be confusing.

But if James was confused because I didn't include it, I'll include it with a big caveat.

The problem with the Medicare data is that the unvaccinated are a mix of people with vaccination and no vaccination so it is not pure. This is because Medicare patients went to a pharmacy to get their free vax and it wasn't recorded in the Medicare records. This is why half the Medicare records don't have any vax info at all. For Connecticut for

example, there were 57,297 records of people in Medicare who died since Dec 14, 2020 and 26,092 had no vaccine records.

Also, people migrate from the unvaccinated group to the vaccinated group at an unknown rate (even Medicare doesn't know the rate) which makes it problematic to use. That's why I didn't include it.

James Surowiecki ✔ @JamesSurowiecki · 3h
Replying to @stkirsch and @jsm2334
I'm confused – where in your piece are the graphs of charts showing deaths for the unvaccinated Medicare patients?

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But since James was confused about this, I've now added the unvaccinated Medicare records from CT to the excel file (since those are the only unvaxxed records I have right now).

The plot is below. As you can see, the slope is downwards, just like you'd expect. No surprises.
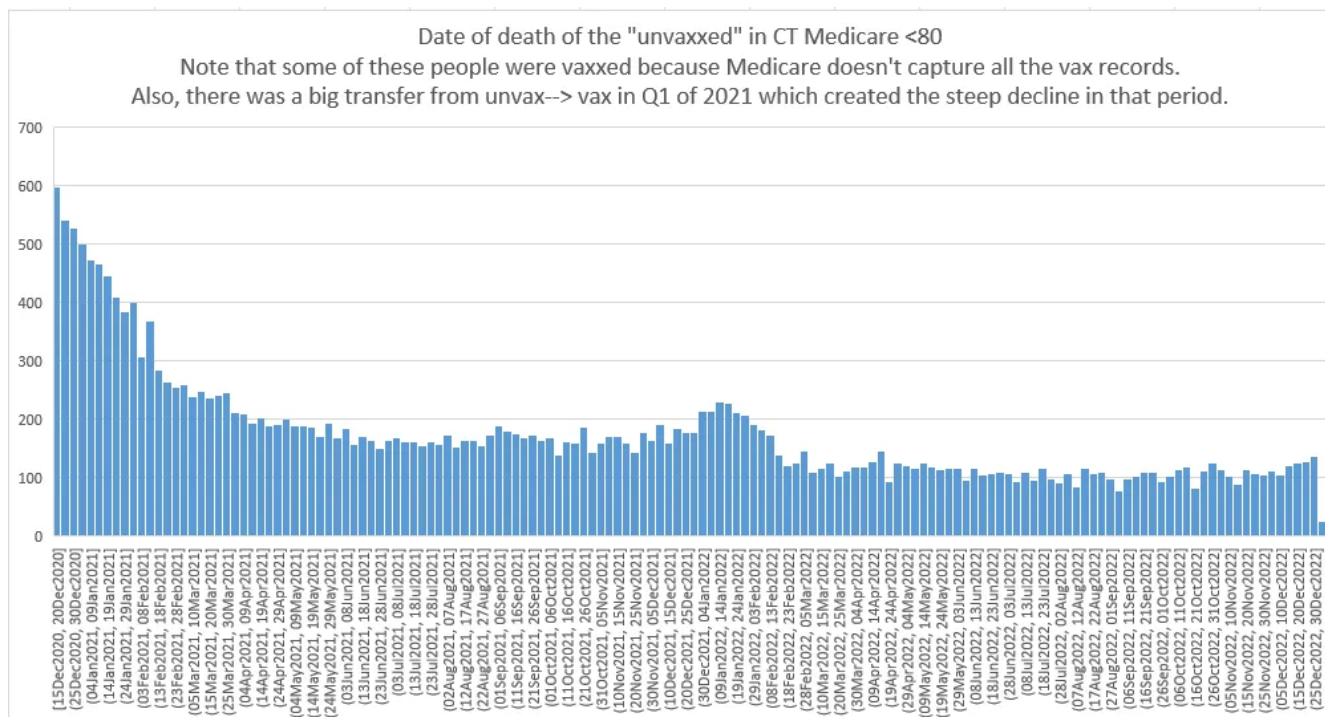
Hopefully, James is less confused now.

Figure 13. The death curve for the unvaxxed in CT. This was added to the dataset you can download. This shows the deaths per day since Dec 15, 2020 for people in CT with no vax records who are in Medicare and < 80. Compare this with Figure 0 above (Figure 0 is ALL deaths whereas this is just the unvaxxed deaths).

Medicare reference data on the shots

This table may be helpful to some people.

# of COVID Shots	# of Medicare Patients
1 (only 1)	12,941,809
2 (only 2)	11,188,954
3 (only 3)	13,157,096
4 (only 4)	53,420
5 (only 5)	5,754
6 (only 6)	471
Total	37,347,504

- This program was run on Feb 9, 2023
- Includes ONLY vaccines given from 12/14/2020 - 12/31/2021
- COVID vaccines
- Medicare patients only, all ages, all states

For example, James Surowiecki posted this on Twitter:
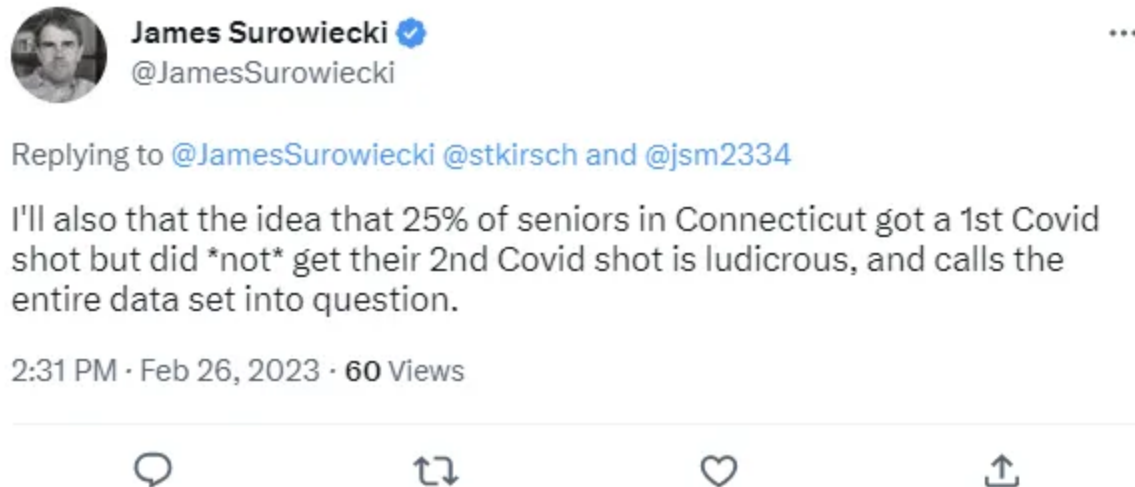
I'm not sure which way it is "ludicrous." Is he surprised that so many got the shot or so few? And what is his reference?

From the Medicare numbers above, 37.3M got Shot #1 and 24.4M got shot #2. So in Medicare, there was a 35% drop from first jab to second jab, likely due to significant side effects experienced after the first shot. So 26% dropped off in Connecticut which is lower than expected. There will always be deviation from the mean.

Even more Medicare data: cardiac events following vaccination

Below is a graph of people with an ICD10 code of I2xxx to I5xxx, showing the number of days from the date of the COVID vax to the time of the cardiac event.

This is NOT normal. This should be a flat line. There is no way they can explain this way.

Here are the percentages of the total number of events over 365 days that occurred on day 0 through day 7 after the shot: 4.5% 2.8% 2.4% 2.2% 2.2% 2.2% 2.3% 2.1%.

More importantly, why isn't the CDC releasing this data? It's in Medicare and they can easily pull it. What is wrong with them? It seems as if they are protecting the vaccine
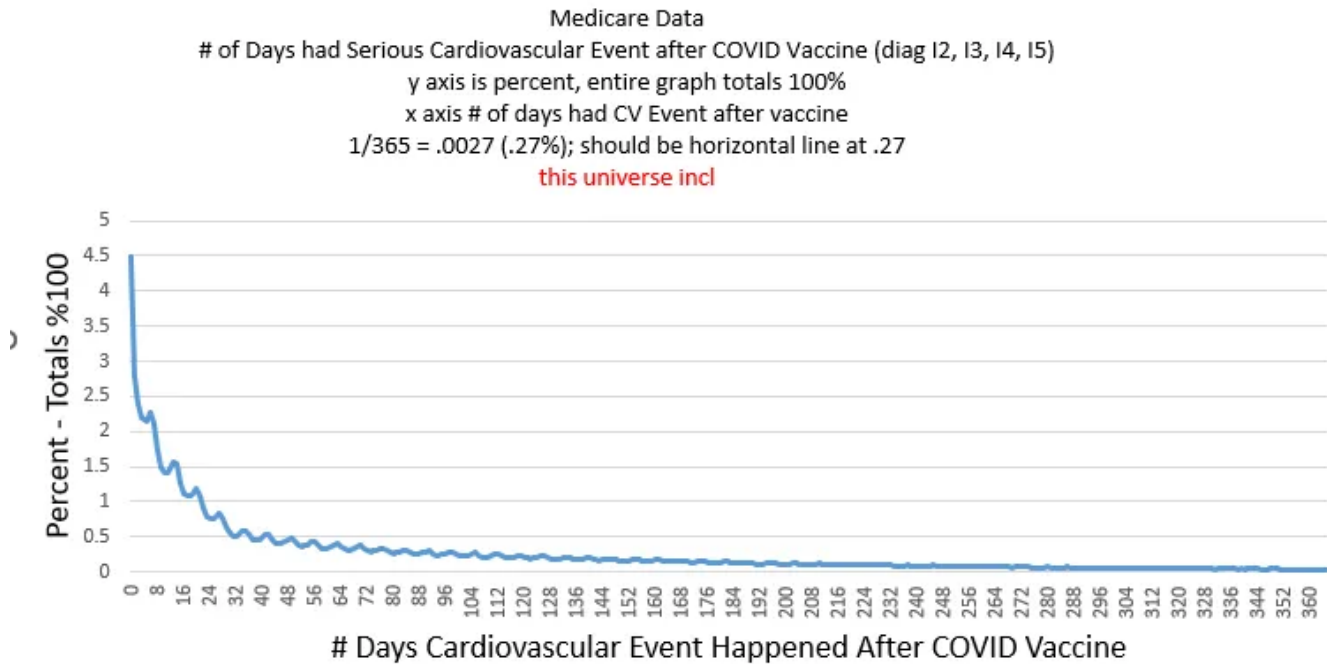
instead of the American people, doesn't it?

Figure 12. Cardiovascular events (ICD10 codes I2xxx-I5xxx) should occur evenly over time if the vaccines are safe. The fact that this graph is not flat is a HUGE problem. NOBODY can explain that. This graph is standalone self-explanatory. No control group needed on that one. The y value at x=365 is .037%. So all events over 365 days were normalized to a percentage for this plot. Sp 4.5% of the total number of cardiac events in the ICD10 categories above within 365 days of a jab occurred on the day of the injection.

The Tableau visualizer

You can [play with the data here thanks to Albert Benavides](#).

Additional confirmation the vaccines are deadly

See my [newly updated article on the UK data](#), which now includes US Mortality's latest analysis:

Basically, even the flawed UK data still has a huge signal they couldn't hide: **there is a bigger killer than COVID and NOBODY can figure out what it is**! Isn't that odd?

[Joel Smalley's analysis of the UK data](#) is superb as well. Even with the flaws relative to the unvaccinated, by focusing on the vaccinated, he can show they are dying at a disproportionately high rate.

The US data is looking really bad. For example, this tweet shows the more a state vaccinates, the greater the number of COVID deaths. Whoops!!! I thought it was supposed to reduce the number of COVID deaths!
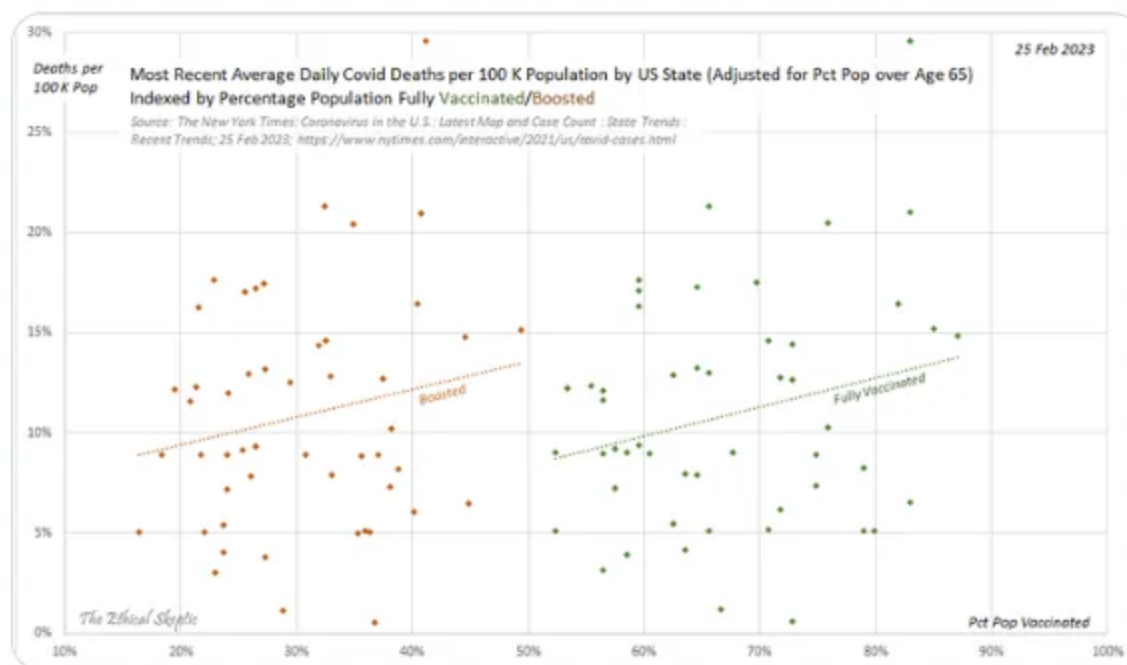
↻ **You Retweeted**

Ethical Skeptic ☀ ✓
@EthicalSkeptic   ...

Those studies showing higher death rates among the unvax'd suffer from categorical exclusion bias.

The overarching 50-state stats for the last 14 days show Vax is Negative-Effective, even for Covid.

But the real tragedy resides in deaths from Non-Covid Natural Causes.

4:24 PM · Feb 25, 2023 · **65.9K** Views

237 Retweets   **4** Quote Tweets   **747** Likes

Ed Dowd's data, beautifully presented in his book "Cause Unknown," is also hard for anyone to refute. How are working people 18-64 suddenly dying at a higher rate than non-working people in America right after the vaccine mandates hit? Nobody can explain that one.

Ed's conclusions are the same as mine. So now you have two very powerful, but completely different datasets that are easy to explain if the vaccines are dangerous and impossible to explain using any other hypothesis.

And of course my favorite example is the VAERS excess deaths. How can there possibly be over 16,000 reported in VAERS if nothing is going on? The only vaccine with excess deaths is the COVID vaccine. All the other vaccines show the same number of excess deaths as in prior years. The argument that the COVID vaccines were rolled out to 100X more people than a normal vaccine is ridiculous. For example, the flu vaccine was given to at least 33% of the Medicare recipients so maybe you can argue a factor of 3X at most. So there is no way to explain the excess deaths which are effectively over 640,000 for a 41 underreporting factor.

The 640,000 number for the first two years of the vax rollout was validated in [Mark Skidmore's paper](#) (which was published in a peer-reviewed journal) along with personal communications with Mark. Mark used polling and found a large number of deaths in 2021. Note that people are trying to get Mark's paper retracted because they said it is unethical to ask people about vaccine deaths. Apparently, it's OK to ask about COVID deaths, but it's unethical to ask the exact same question about vaccine deaths. Also, they objected to the statement about who funded the study and wanted a complete bio of the funder. Mark has written over 70 papers published in the scientific literature and he's never seen anything like these objections. The paper could easily note these, but they seem more interested in having the paper retracted because they don't like the result. This is how science works. You [can watch my interview with Mark Skidmore here](#) so you can see first hand how science is manipulated with ridiculous objections when they don't like what you find. I just learned that his university is now also investigating him. His crime? He reported survey results that go against the narrative.

Could there be an error in the queries?

No. I replicated the shot #1 charts myself and you can see them yourself in the [Excel charts](#) (which are drawn from the record-level data).

Is there any other way to explain away these results?

Not that I'm aware of.

I'd like to see someone try though. It would be fun to see the attempts.

Of course, you could interpret the upward slope as "See, the vaccine is saving COVID lives in the short term, that's why the slope goes up over time as it wears off" but that **is simply preposterous.**

Nobody has ever claimed the vaccine reduces all cause mortality below baseline. There is no clinical trial showing that and there is no known mechanism of action whereby introducing a pathogen into your body will reduce all-cause mortality.

The only claim they make now is that the vaccine reduces COVID deaths. Fine. Let's say that the vax is perfect and reduces every single COVID death, then the slope must still be downwards due to seasonality as we said before. But it's not.

That is why all these pro-vaccine people are upset about this data: because they can't explain it. So they will have to ignore it and hope that nobody reads my article.

So if you share this article, you won't let them get away with it.

UPenn Professor Jeffrey Morris tries to attack my piece: Epic fail

Jeffrey Morris wrote "temporal HVE" on Twitter:

But this is simply a hand-waving dismissal of all this work with no evidentiary support whatsoever. HVE refers to the "healthy vaccinee effect." His "theory" is that the healthiest people get the vaccine first and since those people aren't likely to die soon, it
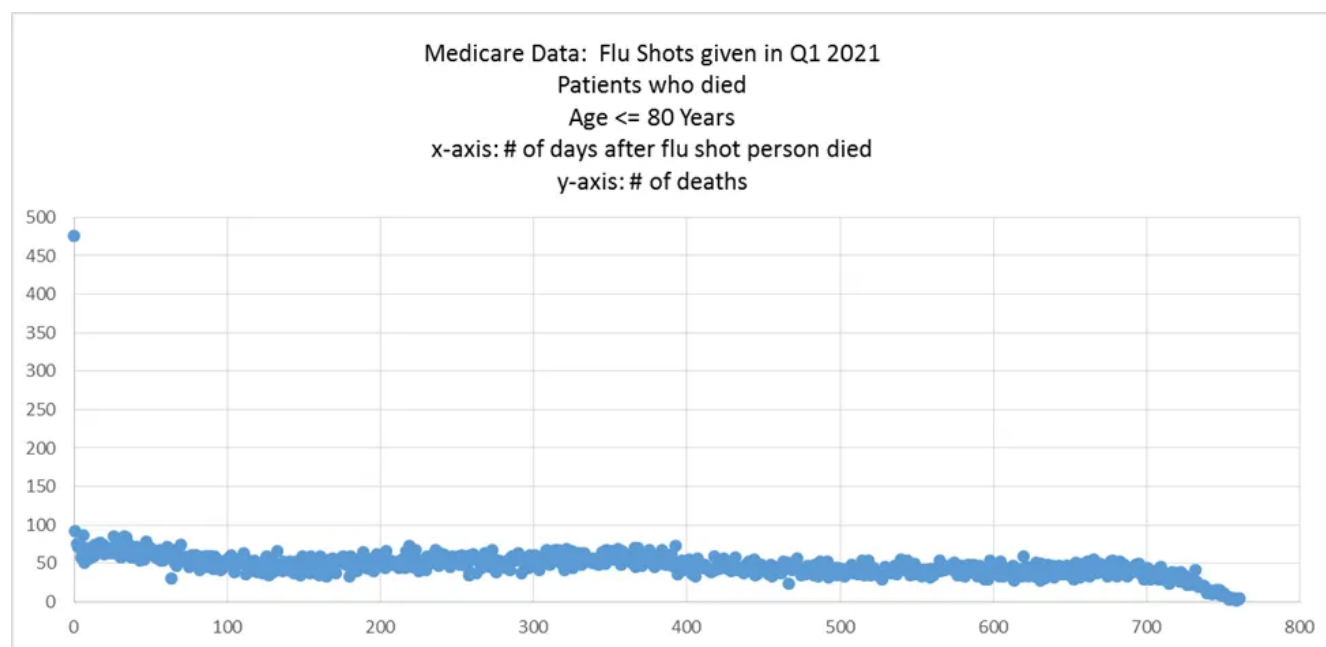
causes the slope to go upwards. The second part of the effect is that if you are dying from terminal cancer and will be dead in 3 days, you're unlikely to want to get a COVID shot to protect you from dying from COVID. So people "self-select" out of the vax program if they know they are going to die.
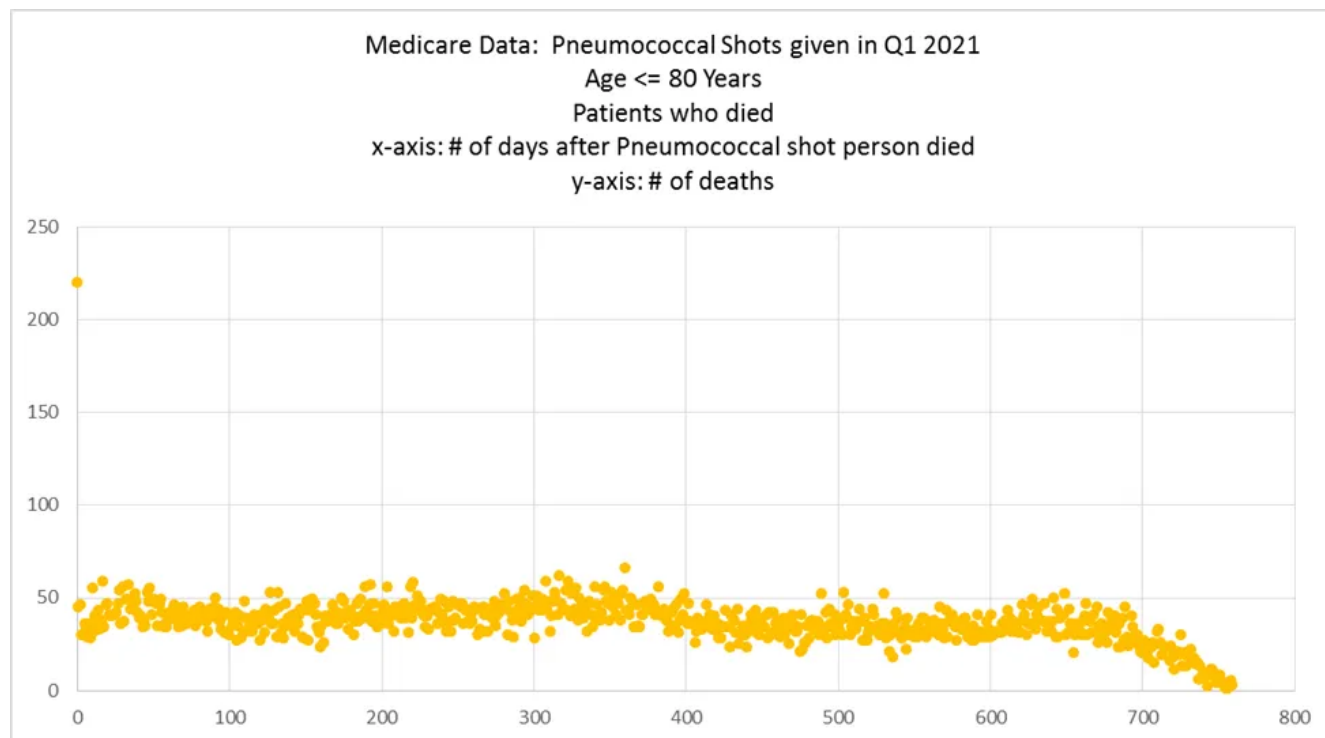
But in our case, there was a mass vaccination effort for all Medicare patients and they were all vaccinated ASAP come December.

What Professor Morris can't explain is why the slope is even more distinct for people who got their shots in March 2021. Those would be the "stragglers" and thus less healthy, yet the upward slope is even **more** pronounced than in January. So his "explanation" just doesn't fit the data. Nice try, no cigar.

Furthermore, here are the days to death numbers for the flu and pneumococcal shots in Medicare patients. Nobody has ever seen these charts before either.

See how the lines are all FLAT for the same study on these vaccines??

Medicare Data: Pneumococcal Shots given in Q1 2021
Age <= 80 Years
Patients who died
x-axis: # of days after Pneumococcal shot person died
y-axis: # of deaths

If you look closely, you can see that there is a slight rise in the slope for a few days after the shot only. That's the HVE effect. It's small and very short lived. It is NOTHING like what we see for the COVID vaccines.

Also note that anyone taking these shots isn't planning on dying the day of the shot (why take the shot if you are going to die?).

Yet they do die on the same day of the shot, in massive numbers. Why is that? Because these "safe vaccines" kill people; that's why there is a huge spike on Day 0.

This is another reason why the CDC never shows you the Medicare data: it would reveal that other vaccines are deadly as well (and kill more than 1 person per million which is the threshold for safety).

On February 26, I sent Professor Morris an email. He needs either to believe the Medicare data or discredit it. If he wants to discredit it, it would imply that all US government data on COVID is bogus. If he believes it, then he has to accept what it says, which is that the vaccines are increasing your risk of death.

I said he can't have it both ways. Which path will he take?

I'll update this article if I hear back.

If the CDC wants to prove I'm wrong, it's easy: simply make the Medicare death-vaccination record-level data publicly accessible.

We need to stop holding the data hostage.

If the CDC wants to prove I'm wrong, the best way to do that is to [publicly release all the data as specified in this article](#). That would be in the public interest.

Will they do that? No way. Never. They will come up with excuse after excuse why they can't do this.

And that tells you EVERYTHING you need to know.

Summary

The record-level vax-death [Medicare data](#) I received is now publicly available. Now, for the very first time, you can analyze it yourself.

It shows the vaccines increase the risk of death for the elderly and that these risks appear to remain persistently elevated. It's anyone's guess for how long.

So now you know why the CDC never showed us the [Medicare data](#). And now you know why the medical community and mainstream media never asked to see it and never will. They had it the whole time and kept it from public view so they wouldn't create "vaccine hesitancy."

If you think public health officials don't hide the data, you should read this [tweet from Chris Martenson](#) where the Australian health authorities **admit that they covered up vaccine deaths because they "didn't want to undermine public confidence" in the vaccine**. Get it?

If you think public health officials in the US want to see all the safety data even for just themselves, you should watch [my video of Stanford Professor Grace Lee calling the Palo](#)

[Alto Police on me when I tried to ask her if she wanted to see the safety data from the Israeli Ministry of Health](#).

Basically, the health authorities in the US run the other way when you try to confront them with data showing they are wrong. The proof is on that video. I tried to show the top CDC outside official world-class data collected by top scientists hand-picked by the Israeli health authorities. And her response to my offer to see the data was to call the cops.

Finally, if your doctor still tells you to take the shot, ask her to first explain to you why the slope in the [Medicare data](#) goes the wrong way before you get the shot. Have her explain to you why all these charts in this article are "normal." And let us all know what she says in the comments.

1,243 Comments

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SEF   Feb 26   ·   *edited Feb 26*   📌 **Pinned**

To add to my earlier comment, a much more notable issue: in the raw data file it seems that Indiana was the state with the most deaths (14% of all the deaths!)- this can't be right. And how can Florida have only about half the deaths of Georgia, when FL is twice as large population-wise and has a more elderly-skewing population? Can anyone confirm or deny what I found in the dataset? I absolutely believe the vaccines are causing excess deaths, but have a hard time believing this dataset is accurate.

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> **206 replies by Steve Kirsch and others**

Amanda Scheider   Mar 3

To really see the difference, show people the trend prior to covid.

♡ LIKE (1)　　💬 REPLY　　•••

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