

All you need to know about COVID vaccine safety

Steve Kirsch

Executive Director

COVID-19 Early Treatment Fund

stk@treatearly.org

**Nobody is paying
attention
to the elephant in the
room**



The vaccines are
killing more people
than they are saving

Killed: 150K¹
Saved: 10K²



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

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

**Nobody has been able
to attack the data or our
methodology**

**Nobody wants to debate
this “on camera”¹**



¹[Challenge to the Scientific Community – It's Time for Honest and Open Debate on Vaccine Safety](#)

Even worse...
**COVID vaccines
kill more people
than they save
for all age groups over
a 6 month efficacy
period**



Source: [COVID cost-benefit by age computation](#)

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

Killed>Saved for all ages

The table shows the Killed by vaccine:Saved from COVID death in 6 months numbers. Units for both columns are per million doses.

You can [read this article](#) which details how all these numbers were calculated.

For kids, we kill over 6 kids to save 1 kid from a COVID death. Mandating vaccination for anyone, especially school-age children, is proof of a corrupt society.

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

3 stopping conditions have already been met

1. # killed > # saved
2. >150K killed
3. >200K permanently disabled

Sources:

1. [COVID cost-benefit by age computation](#)
2. [Estimating the number of vaccine deaths](#)
3. [OpenVAERS](#) says 8,088 permanently disabled.
[Multiply by URF of 41 to get the true number of cases](#)



**Just the number of kids
killed by the vaccines are
more than have died from
COVID... ever**

**COVID vaccines have killed
over 574 kids (12-17) to date**

Sources: CDC found 14 deaths from VAERS.
 $14 \times 41 = 574$. But [361 deaths from COVID in 17
and under](#). See page 57 of [Why are so many
Americans refusing to be vaccinated](#).



And it's all for nothing...

In Israel, the vaccines are making no difference in protecting people from being infected; the core use case.

Claimed benefit: 95%

Actual benefit: ~0%

 Robert W Malone, MD @RWMaloneMD · Sep 2

More on Israel cases. Not really consistent with the story line pushed by legacy media in USA. Not a pandemic of the unvaccinated in Israel.

Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20–29	2689	795	77.2%	71.9%
30–39	3176	881	78.3%	77.4%
40–49	3303	635	83.9%	80.9%
50–59	2200	359	86.0%	84.4%
60–69	2200	187	92.2%	86.9%
70–79	1384	100	93.3%	92.8%
80–89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	TOTAL	TOTAL	AVERAGE	AVERAGE
20–90+	15634	3038	86.0%	84.4%

738 12.8K 21.4K

In fact, it appears vaccination is making things worse...

New post on **The Expose**



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

by [Daily Expose](#)

So they changed the story...

“the vaccines help prevent you from dying if you get infected”

But that's not true either if you are <50.

Vaccines make you slightly **more likely** to die if you get infected

SARS-CoV-2 variants of concern and variants under investigation

Table 5. Attendance to emergency care and deaths of sequenced and genotyped Delta cases in England by vaccination status (1 February 2021 to 12 September 2021)

Variant	Age group (years)**	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2	Un-vaccinated
Delta cases	<50	497,105	119,611	49,527	30,359	83,009	85,407	248,803
	≥50	95,587	35,596	7,602	314	7,129	71,991	8,551
	All cases	593,572	155,252	58,003	30,674	90,138	157,400	257,357
Deaths within 28 days of positive specimen date	<50	204	N/A	7	6	11	48	132
	≥50	2,336	N/A	32	11	138	1,565	590
	All cases	2,542	N/A	41	17	149	1,613	722

Computation: Death rate of unvaxed < Death rate of vaxed since $132/248803 < 48/85407$ (.053% < .056%)

Source: [SARS-CoV-2 variants of concern and variants under investigation](#) (UK government official report)



ORIGINAL ARTICLE

Obesity-Associated GNAS
Mutations and the Melanocortin
Pathway



Racial Disparities
in Clinical Medicine



EDITORIAL

Audio Interview: Are Covid-19
Vaccine Boosters Necessary?



ORIGINAL ARTICLE

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

Stephen J. Thomas, M.D., Edson D. Moreira, Jr., M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Gonzalo Pérez Marc, M.D., Fernando P. Polack, M.D., Cristiano Zerbini, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., et al., for the C4591001 Clinical Trial Group*

September 15, 2021

DOI: 10.1056/NEJMoa2110345

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

Pfizer Phase 3: 6 month study result

Shows it killed more than 2 people
for every person it saved

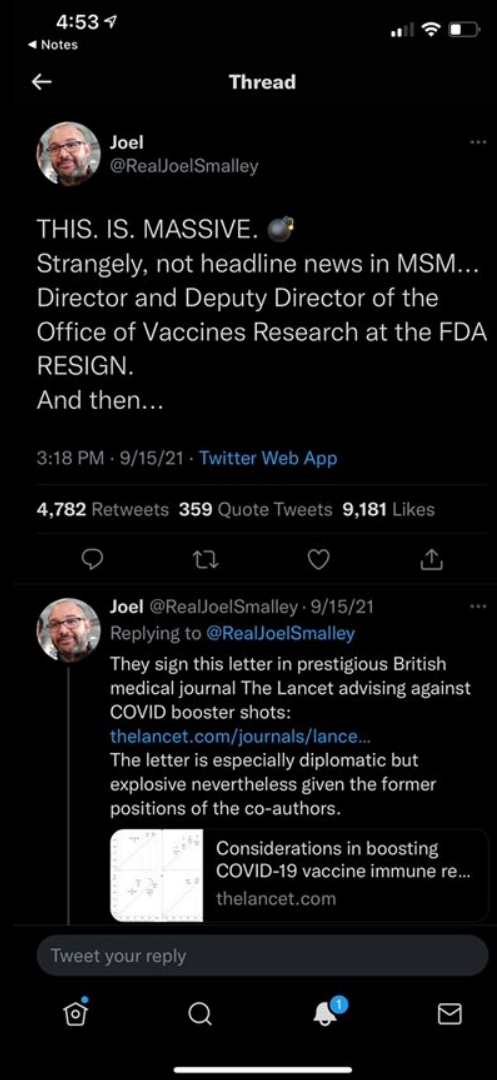
Group	Placebo	Vaccine
Pre-unblind	14	15
Post-unblind	0	5
Total	14	20

Note: Vaccine **killed more people (7)**
than it saved from COVID (1)! Note
 $7-1=6$ which is the net difference.

Top FDA officials are objecting

But no coverage of that in the US mainstream media for some reason.

Source: [Letter by Krause and Gruber published in the Lancet](#)



**Even the police are now
starting to defect**

Blaze Media / News

Senior Australian police officer sensationally quits during interview, says 'vast majority' of cops don't believe in COVID orders

PAUL SACCA | October 09, 2021

f t in e



THE PUBLIC WANTS A DEBATE ASAP

... but the CDC and FDA refuse

and both outside committees [refuse to defend the CDC claims that the vaccines are safe](#).



Steve Kirsch ✓ @stkirsch

3d · 🌐

Should members of the VRBPAC and ACIP committees (these are the FDA and CDC vaccine committees respectively) **engage in a public debate** with our scientific team (listed at the end of skirsch.com/covid/Refuse.pdf) **on vaccine safety** to explore the question of whether the vaccines kill more people than they save and the number of Americans killed so far by these vaccines?

Yes, let's have an open discussion ASAP

100%

No, this is inappropriate. It should be done via the published literature in slow motion

0%

654 votes · Closed

166 likes 27 comments 65 reposts

9 INCONVENIENT TRUTHS (1-5)

1. We estimated >150K excess deaths [8 different ways](#) to make it bulletproof
2. Nobody has found an error in [our analyses](#) to date (Sep 28, 2021) that invalidates all 8 ways and shows that the correct number is lower than what we claimed. Experts like [Professor Jeffrey Morris admit they are clueless](#) about # of deaths.
3. Our numbers have been validated in the peer reviewed medical literature (such as the [Kostoff](#) and [Rose](#) papers)
4. The CDC is lying to people that there are no deaths from the vaccines
5. Nobody can show us a more accurate way to estimate the excess death count*

* Most all throw up their hands and say "I don't know." But if they don't know the correct number, how can they claim our analysis is wrong? Answer: They can't. They are being hypocritical.

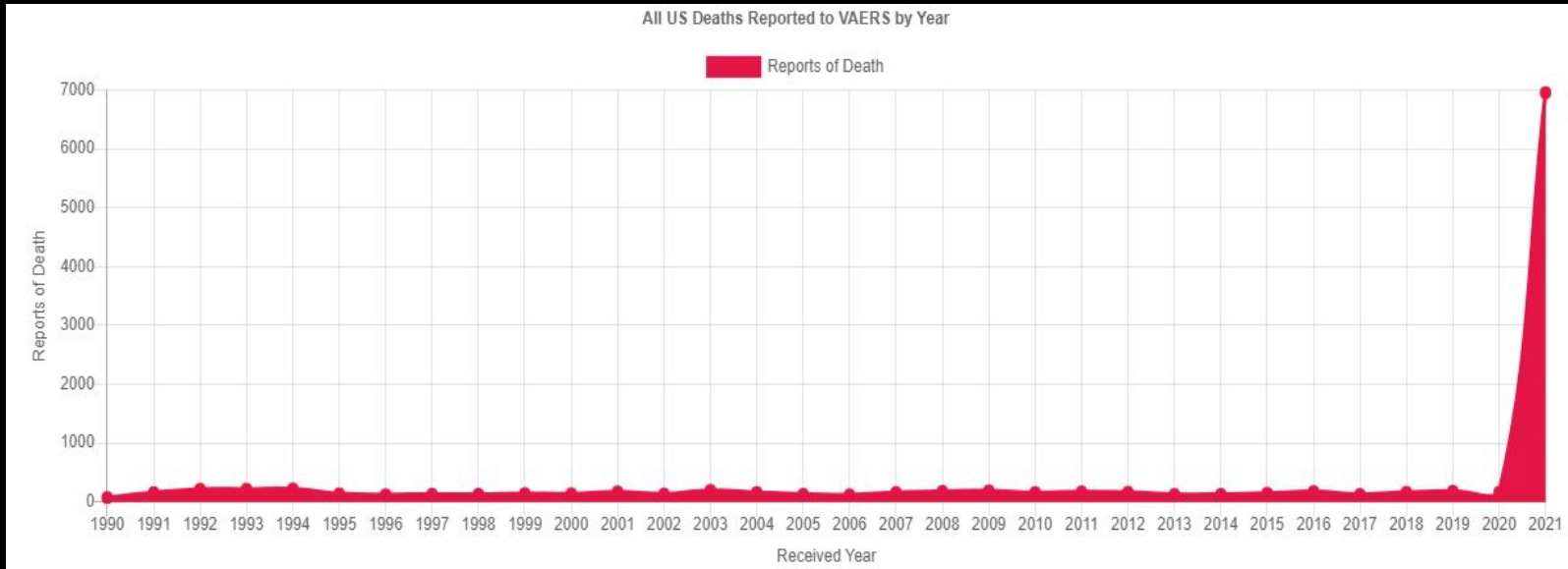
9 INCONVENIENT TRUTHS (6-9)

6. Nobody from the CDC, FDA, or their respective outside committees (ACIP, VRBPAC) will agree to a public discussion on the matter despite overwhelming public demand for this. They won't even disclose the URF.
7. Masks don't work. The [CDC says masks don't work for smoke](#) which is [25X bigger](#) than the virus ([50 to 120 nm in size](#)). [Cloth masks filter 5%](#) (Fig 3A).
8. Recovered immunity >> vaccine immunity. Makes no sense to vaccinate recovered patient. Why prohibit a naturally immune person from campus?
9. Early treatment protocols are the safer, more effective, smarter alternative to vaccination. They offer up to a [99.76% risk reduction](#) without safety issues.

VISION TEST

Can you spot the unsafe vaccine?

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





Steve Kirsch
@stkirsch

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



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

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

280 Retweets 24 Quote Tweets 734 Likes

We never needed a vaccine

Using early treatments we can get to zero COVID quickly.

Uttar Pradesh in India is now COVID-free.

Vaccination rates there are miniscule.

Adverse event table

This is a partial list of adverse events. Here is [a more complete list](#).

Nearly every event was elevated.

[Jessica Rose found over 10,000 event types](#).

No vaccine in history has this range of adverse events. It is unprecedented.

Note that the elevation of risk is often temporary, e.g., for cardiac arrest. This table only compares the number of events reported this year vs. previous years.

Example: Cardiac arrest was reported 71X more often than normal, but that risk is only elevated for an unknown amount of time.

For example, troponin levels only stay elevated (up to levels >10X that of heart attack levels) for a few months. D-dimer, troponin, and spike protein can be elevated for months after vaccination. This is not normal.

Dr. Peter McCullough would be delighted to talk to the press about actual patients, but the press isn't interested in reporting on this.

Symptom	X factor
Pulmonary embolism	473
Stroke	326
Deep vein thrombosis	264.3
Thrombosis	250.5
Fibrin D dimer increased	220.8
Appendicitis	145.5
Tinnitus	97.3
Cardiac arrest	71
Death	58.1
Parkinson's disease	55
Slow speech	54.3
Aphasia (inability to talk)	52.3

Full list: [Estimating the number of COVID vaccine deaths in America](#)



Over 200K Americans killed by the vaccines so far

The detailed calculations showed background deaths were negligible. Therefore, a good estimate of the number killed is multiplying the actual number in VAERS (6,756 for US-only) by the under-reporting factor (URF) of 41 which is derived here.

$$6,756 * 41 = 276,996 \text{ excess deaths}$$

So if the vaccine didn't cause those excess deaths, then what did? All of the causes of death are consistent with the symptoms that are elevated by the vaccines.

The FDA, CDC, and the drug companies all say there have been no deaths from the vaccine and the only side effect is myopericarditis Someone is lying to you.

**How we know for sure that
the CDC is lying**

Dr. Peter Schirmacher

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

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

August 1, 2021, 9:53 a.m. Science - Heidelberg

Chief pathologist insists on more autopsies of vaccinated people



Peter Schirmacher, Managing Director of the Pathological Institute at Heidelberg University Hospital. Photo: Uli Deck / dpa (Photo: dpa)

Reference: [Chief pathologist insists on more autopsies of vaccinated people](#)

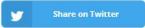
[Deutsch](#) | [Italiano](#) | [Español](#)

PRESS CONFERENCE ON MONDAY, 9/20/2021
4PM IN THE LIVE STREAM

**CAUSE OF DEATH AFTER COVID-19
VACCINATION**

**UNDECLARED COMPONENTS OF THE COVID-
19 VACCINES**

20.09.2021 16:00 | [Contact](#)

On Monday, 9/20/2021 in the pathological institute in Reutlingen, the results of the autopsies of eight people who died after COVID19 vaccination will be presented. The fine tissue analyses were performed by pathologists Prof. Dr. Arne Burkhardt and Prof. Dr. Walter Lang. The findings confirm Prof. Dr. Peter Schirmacher's finding that among more than 40 corpses he autopsied who had died within two weeks of COVID19 vaccination, approximately one-third of those deaths were caused by the vaccination. Microscopic details of the tissue changes will be shown during the live-streamed press conference. Prof. Dr. Werner Bergholz will report on the current parameters of the statistical recording of vaccination events.

Schirmacher validated

"The fine tissue analyses were performed by pathologists Prof. Dr. Arne Burkhardt and Prof. Dr. Walter Lang. The findings confirm Prof. Dr. Peter Schirmacher's finding that among more than 40 corpses he autopsied who had died within two weeks of COVID19 vaccination, approximately one-third of those deaths were caused by the vaccination."

In this study, 70% of deaths probable to very likely caused by vaccine.

Someone is lying to you and it isn't the Germans.

See

<https://twitter.com/DrJohnB2/status/1440083692857135111>

Original source

<https://www.pathologie-konferenz.de/>

<https://odysee.com/@de:d/Pressekonferenz--Tod-durch-Impfung-Und-eklarierte-Bestandteile-der-COVID-19-Impfstoffe:b>

Norway also confirmed vaccine may cause deaths

1. 100 reported deaths in nursing home patients examined (87.7 avg age)
2. Using medical records alone:
 - a. 10 cases: probable
 - b. 26 cases: possible
 - c. 59 cases: unlikely
 - d. 5 cases: unclassifiable
3. The 36% possible number aligns with the 30% to 40% estimated by Schirmacher

The big question is: How are Germany and Norway both able to determine causality in sample sizes of 100 or less, but the CDC can't determine causality in a single case of over 14,000 deaths it investigated!?

THURSDAY 09 SEPTEMBER 2021


Tidsskriftet
DEN NORSKE LEGEFORENING

ARTICLES SUBJECT AREAS EDITIONS AUTHOR GUIDE MEDICAL JOBS SEARCH Q

Deaths in nursing homes after covid-19 vaccine

ORIGINAL ARTICLE COVID-19 GERIATRICS / INFECTIOUS DISEASES / GENERAL MEDICINE / COMMUNITY MEDICINE ENGLISH

SUMMARY
Torgeir Bruun Wyller, Bård Reikvam Kittang, Anette Høyen Ranhoff, Pernille Harg, Marius Myrstad *About the authors*

MAIN FINDINGS

ARTICLE
INTRODUCTION
In the period 27.12.2020–15.2.2021, about 29,400 of Norway's approx. 35,000 nursing home patients vaccinated with the mRNA vaccine BNT162b2. During the same period, the Norwegian Medicines Agency received 100 reports of suspected fatal side effects from the vaccine. An expert group has examined the reports and assessed the degree of causal link between vaccination and deaths.

MATERIAL AND METHOD

RESULTS MATERIAL AND METHOD

Published: May 19, 2021
Issue 10, June 29, 2021
Tidsskr Nor Lægeforen 2021
doi: 10.4045 / tidsskr.21.0383

Received 6.5.2021, first revision submitted 13.5.2021, approved 14.5.2021.

Open access CC BY-ND

 PlumX Metrics

Peer-reviewed scientific literature

“In plain English, people in the 65+ demographic are **five times as likely to die** from the inoculation as from COVID-19 under the most favorable assumptions!



Toxicology Reports
Volume 8, 2021, Pages 1665-1684



Why are we vaccinating children against COVID-19?

Ronald N. Kostoff^{a,*}, Daniela Calina^b, Darja Kanduc^c, Michael B. Briggs^d, Panayiotis Vlachoyiannopoulos^e, Andrey A. Svistunov^f, Aristidis Tsatsakis^g

Show more

+ Add to Mendeley Share Cite

<https://doi.org/10.1016/j.toxrep.2021.08.010> Get rights and content
Under a Creative Commons license open access

Highlights

- Bulk of COVID-19 per capita deaths occur in elderly with high comorbidities.
- Per capita COVID-19 deaths are negligible in children.
- Clinical trials for these inoculations were very short-term.
- Clinical trials did not address long-term effects most relevant to children.
- High post-inoculation deaths reported in VAERS (very short-term).

Thus, the ratio of E_{SAE} to O_{SAE} is 31 to 1, suggesting a URF of 31

$$(N_{SAE_Pfizer_trial} / N_{SAE_Pfizer_VAERS} = \sim 1.4M / 43,948).$$

Using this URF for all VAERS-classified SAEs, estimates to date are as follows: **205,809 dead**, 818,462 hospitalizations, 1,830,891 ER visits, 230,113 life-threatening events, **212,691 disabled** and 7,998 birth defects to date [38].

Since the URF for MAEs is very likely larger than for SAEs, it is satisfactory to assume that 31 is a humble estimate URF for all AEs (refer to Supplementary Table 2). ”

Source: [Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System \(VAERS\) a Functioning Pharmacovigilance System?](#), Jessica Rose



Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?

Jessica Rose, PhD, MSc, BSc
The Institute for Pure and Applied Knowledge

“Patterns of adverse events, or an unusually high number of adverse events reported after a particular vaccine, are called ‘signals.’ If a signal is identified through VAERS, scientist[s] may conduct further studies to find out if the signal represents an actual risk.”

CDC on Vaccine Safety

Abstract

Following the initiation of the global rollout and administration of the COVID-19 vaccines^{1,2} on December 17, 2020, in the United States, hundreds of thousands of individuals have reported Adverse Events (AEs) using the Vaccine Adverse Events Reporting System (VAERS). To date, approximately 50% of the population of the United States have received 2 doses of the COVID-19 products with 427,831 AEs reported into VAERS as of August 7th, 2021.

Pharmacovigilance (PV) is the process of collecting, monitoring, and evaluating AEs for safety signals to reduce harm to the public in the context of pharmaceutical and biological agents. Many of the issues with VAERS are becoming well known – especially with regards to reporting and recording of data – in light of the extensive use of this system this year, challenging its functionality as a pharmacovigilance system.

This appraisal assesses three issues that respond to the question of VAERS pharmacovigilance by analyzing VAERS data: 1. Deleted reports, 2. delayed entry of reports and 3. recoding of Medical Dictionary for Regulatory Activities (MedDRA) terms from severe to mild. The most recently updated publicly available VAERS dataset was found to have N=1516 (0.4%) VAERS IDs removed (“missing”).

- 1 The Brand Name: Pfizer-BioNTech COVID-19 Vaccine, the Previous Name: BNT162b2 or the Company Name: Pfizer Inc. and BioNTech SE. can be used in the case of the Pfizer/BioNTech COVID-19 products. The Brand Name: mRNA-1273 and/or Company Name: Moderna, Inc. can be used in the case of the Moderna COVID-19 products.
- 2 mRNA biologicals are not true vaccines. True vaccines undergo time-dependent testing protocols to ensure safety and efficacy, typically enduring between 10 and 15 years. True vaccines are a preparation of a weakened or killed pathogen, such as a bacterium or virus, or of a portion of the pathogen’s structure that, upon administration to an individual, stimulates antibody production or cellular immunity against the pathogen but is incapable of causing severe infection. The mRNA biologicals do not satisfy either these requirements and as such are more akin to experimental treatments than vaccines.

“Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the **mass immunization with COVID-19 vaccines must be halted immediately ...**”

Source: [US COVID-19 Vaccines Proven to Cause More Harm than Good...](#) by J. Bart Classen, MD

Research Article

Trends in Internal Medicine

US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”

J. Bart Classen, MD*

Classen Immunotherapies, Inc, 3637 Rockdale Road, Manchester, MD

*Correspondence:

J. Bart Classen, MD, Classen Immunotherapies, Inc, 3637 Rockdale Road, Manchester, MD 21102, Tel: 410-377-8526, E-mail: Classen@vaccines.net.

Received: 24 July 2021; Accepted: 25 August 2021

Citation: Classen B. US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”. Trends Int Med. 2021; 1(1): 1-6.

ABSTRACT

Three COVID-19 vaccines in the US have been released for sale by the FDA under Emergency Use Authorization (EUA) based on a clinical trial design employing a surrogate primary endpoint for health, severe infections with COVID-19. This clinical trial design has been proven dangerously misleading. Many fields of medicine, oncology for example, have abandoned the use of disease specific endpoints for the primary endpoint of pivotal clinical trials (cancer deaths for example) and have adopted “all cause mortality or morbidity” as the proper scientific endpoint of a clinical trial. Pivotal clinical trial data from the 3 marketed COVID-19 vaccines was reanalyzed using “all cause severe morbidity”, a scientific measure of health, as the primary endpoint. “All cause severe morbidity” in the treatment group and control group was calculated by adding all severe events reported in the clinical trials. Severe events included both severe infections with COVID-19 and all other severe adverse events in the treatment arm and control arm respectively. This analysis gives reduction in severe COVID-19 infections the same weight as adverse events of equivalent severity. Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically significant increase in “all cause severe morbidity” in the vaccinated group compared to the placebo group. The Moderna immunized group suffered 3,042 more severe events than the control group ($p=0.00001$). The Pfizer data was grossly incomplete but data provided showed the vaccination group suffered 90 more severe events than the control group ($p=0.000014$), when only including “unsolicited” adverse events. The Janssen immunized group suffered 264 more severe events than the control group ($p=0.00001$). These findings contrast the manufacturers’ inappropriate surrogate endpoints: Janssen claims that their vaccine prevents 6 cases of severe COVID-19 requiring medical attention out of 19,630 immunized; Pfizer claims their vaccine prevents 8 cases of severe COVID-19 out of 21,720 immunized; Moderna claims its vaccine prevents 30 cases of severe COVID-19 out of 15,210 immunized. Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe.

Keywords

Clinical trial, Vaccines, COVID-19.

Introduction

For decades, true scientists have warned that pivotal clinical trial designs for vaccines are dangerously flawed and outdated

Trends Int Med, 2021

[1]. Vaccines have been promoted and widely utilized under the false claim they have been shown to improve health. However, this claim is only a philosophical argument and not science based.

In a true scientific fashion to show a health benefit one would need to show fewer overall deaths during an extended period in the vaccinated group compared to a control group. Less stringent

Volume 1 | Issue 1 | 1 of 6

Other validation (examples)

Fact checkers delight in saying VAERS can't be used for pharmacovigilance

The [scientific literature](#) says otherwise.

Just because the [CDC says something about VAERS](#) doesn't mean it is true. That's a huge mistake that has cost hundreds of thousands of lives.

FDA says this is just over-reporting. That's untrue. They provided no evidence of that, just hand waving. All the [evidence shows they are lying](#).

We use the [five Bradford-Hill criteria to establish causality](#). And we did the death calculations 8 different ways using 8 different data sources (including government data from 35% of the world's population) and got the same results. So we didn't rely on VAERS. That was just one method.

None of the fact checkers would ever dare to debate me in public. They hide in the shadows while people die.

*Science, Public Health Policy,
and the Law*

Volume 3:81-86
August, 2021
Clinical and Translational
Research

An Institute for Pure
and Applied Knowledge (IPAK)

Public Health Policy
Initiative (PHPI)



Editorial

If Vaccine Adverse Events Tracking Systems Do Not Support Causal Inference, then “Pharmacovigilance” Does Not Exist

James Lyons-Weiler, PhD
Editor-in-Chief

There are two messages from those who hold appointed offices or other influential positions in Public Health on long-term vaccine safety. The first message is that long-term randomized double-blinded placebo-controlled clinical trials are not necessary for the long-term study of vaccine safety because we have “pharmacovigilance”; i.e. long-term post-market safety surveillance that is supported by widely accessible, passive vaccine adverse events tracking systems.

The second message is that any use of those very same vaccine adverse events tracking systems that leads to the inference or conclusion that vaccines

using science is to pose a hypothesis and think of the most critical test that could, in principle, falsify (i.e. disprove) the hypothesis of interest if that hypothesis was, in fact, false.

After conducting the critical test of the hypothesis of interest, a scientist should then examine the evidence provided by the test and interpret the hypothesis and the background knowledge about the hypothesis in light of the new evidence from the critical test that could have demolished the hypothesis if it was, in fact, false.

Under the Popperian model of science, hypothesis testing is not a critical test, but a test that

Reference: [If Vaccine Adverse Events Tracking Systems Do Not Support Causal Inference, then “Pharmacovigilance” Does Not Exist](#)

Germany found boosters were too deadly... even for the elderly

This is a brief from a regional association of physicians in Germany to their members informing them about an incident in a nursing home where [90 inhabitants were given the third booster shot](#). Out of this resulted 1 death, 2 resuscitations, and 9 critically ill with cardiopulmonary symptoms.

"Given the fact that neither German authorities (PEI) nor European Medicines Agency EMA has approved this booster," the association is **urging the members to seriously reconsider the need for a booster as of now.**

07.09.2021-15:01

+49 211 5970 33125

KV Nordrhein Düsseldorf

S. 2/2



KV Nordrhein | Kreisstelle Mönchengladbach | Ludwig-Weber-Str. 15 | 41061 Mönchengladbach

An alle
zugelassenen Ärzte/-innen
Ermächtigte Ärzte/-innen

in Mönchengladbach

Kassenärztliche
Vereinigung
NORDRHEIN

Körperschaft des öffentlichen Rechts

Postadresse:
KV Nordrhein
40182 Düsseldorf

Ihr Ansprechpartner:
Kontakt: Kioppenburg, Birgit
Telefon: 02161 567492
Telefax: 02161 567856
E-Mail: kreis.moenchengladbach@kvno.de
Datum: 07.09.2021

Ihr Zeichen

Ihre Nachricht vom

Unser Zeichen

COVID-19 (Stand 07.09.2021)

Sehr geehrte, liebe Kolleginnen und Kollegen,

kurz eine sehr **wichtige Info** zum Impfgeschehen!

In Oberhausen hat es nach Durchführung von 90 Auffrischungsimpfungen in einem ASB Haus zahlreiche schwere Komplikationen, davon ein Todesfall und 2 Reanimationen gegeben.

Insgesamt sind von 90 Impfungen 9 heftig erkrankt, überwiegend mit kardiopulmonalen Problemen. Entsprechende Meldungen an das Paul-Ehrlich-Institut, das Gesundheitsamt und die KVNO sind erfolgt, die notwendigen Untersuchungen laufen.

Wir müssen Sie zeitnah über die Vorkommnisse informieren, zumal weder eine arzneimittelrechtliche Zulassung durch die EMA noch eine STIKO Empfehlung für diese Auffrischungsimpfungen derzeit existieren!

Ich möchte Sie herzlich bitten, selber ärztlich zu entscheiden, ob Sie nicht lieber auf die Zulassung oder Empfehlung warten wollen, oder Sie diese Auffrischungsimpfung tatsächlich für so dringlich halten, dass diese auch ohne Empfehlung der STIKO oder CoronaImpfV-konforme Zulassung durchgeführt werden müsste.

Wir halten Sie natürlich auf dem Laufenden.

Mit herzlichen Grüßen

Ihre

Dr. med. A. Theilmeier
Vorsitzender der KSMG
der Kassenärztlichen Vereinigung

Dr. med. H. Hüren
Vorsitzender der KSMG
der Ärztekammer

Nursing home: too deadly

4 dead/7 hospitalized after Pfizer Booster
Potential benefit: Save <1 life from COVID

Death:Life = 4:1

Assumptions:

1. 3% IFR for elderly and 30% get COVID in a year
2. Booster lasts for 6 months



Sunnycrest nursing home
Whitby, Ontario, Canada
136 beds

Oahu nursing homes

Hale Nai = 288 and Avalon = 108 residents

They lost over 8% of their residents from the vaccine and < 2% from COVID (**V:C=4:1**).

The whistleblower, Abrien Aguirre, was fired for disclosing this.

Here's his [original interview](#) and [my extended interview](#).

Here is a [discussion of patients are dying from the vaccine and not COVID](#).

ABRIEN AGUIRRE HAWAII COVID WHISTLEBLOWER

WATCH



Abrien Aguirre

UK funeral director John O'Looney

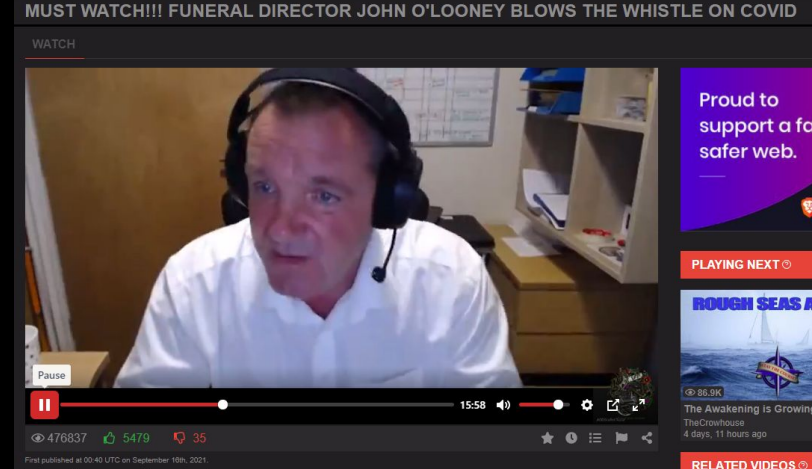
If you are short on time, start watching at 15:00 for just two minutes. "The death rate was extraordinary. I've never seen anything like it in 15 years as a funeral director and neither has anyone I've spoken to. And it began as soon as they started putting needles in arms." Massive number of deaths of all ages and all locations started when they rolled out the vaccines. They were all covered up as "COVID deaths."

Death rate skyrocketed by 250% in elderly after vaccines rolled out.

3-5 bodies a week in a single nursing home in a week.

Death rates only went up after vaccinations started.

Note: we were able to confirm this in the US, but nobody wanted their name used publicly.



John O'Looney

V:C = 2:1 to 7:1 in Pfizer's own trial

The trial had just 2 COVID deaths in placebo group and 1 in the treatment group. Therefore there was only 1 COVID death saved. Overall there were 15 deaths in the treatment group; 14 in the placebo group.

Bottom Line: We killed 2 to save 1, leading to a net loss of 1 life.

Considering both phases, we killed 7 people to save 1 COVID life (net difference of $20-14=6$), so V:C=7:1.

Note: The numbers in Pfizer's study are not statistically significant because the study was never powered to show a death benefit. So this is not conclusive. It is just "interesting."

Vaccination is nonsensical

Vaccines, mandates, and boosters are all nonsensical. We have $> 2:1$ V:C ratio, but need at least $1:10$ to be viable.

If we want to end the pandemic and get back to normal, we should copy what Uttar Pradesh did.

They didn't rely on vaccination at all.

They used early treatment.

If we don't want to end the pandemic, we should keep mandating vaccination over and over again, just like Israel.

Vaccinating kids, pregnant women, and those who have already had COVID is even worse

Our society is driven by a goal to vaccinate everyone alive.

There isn't any rationale, for example, for vaccinating kids who have recovered from COVID. Their protection is already many times what the vaccine provides and it lasts longer. The vaccine is worthless. Yet it is mandated. This is insane.

Vaccination
vs.
Early treatment

Vaccination is not the solution

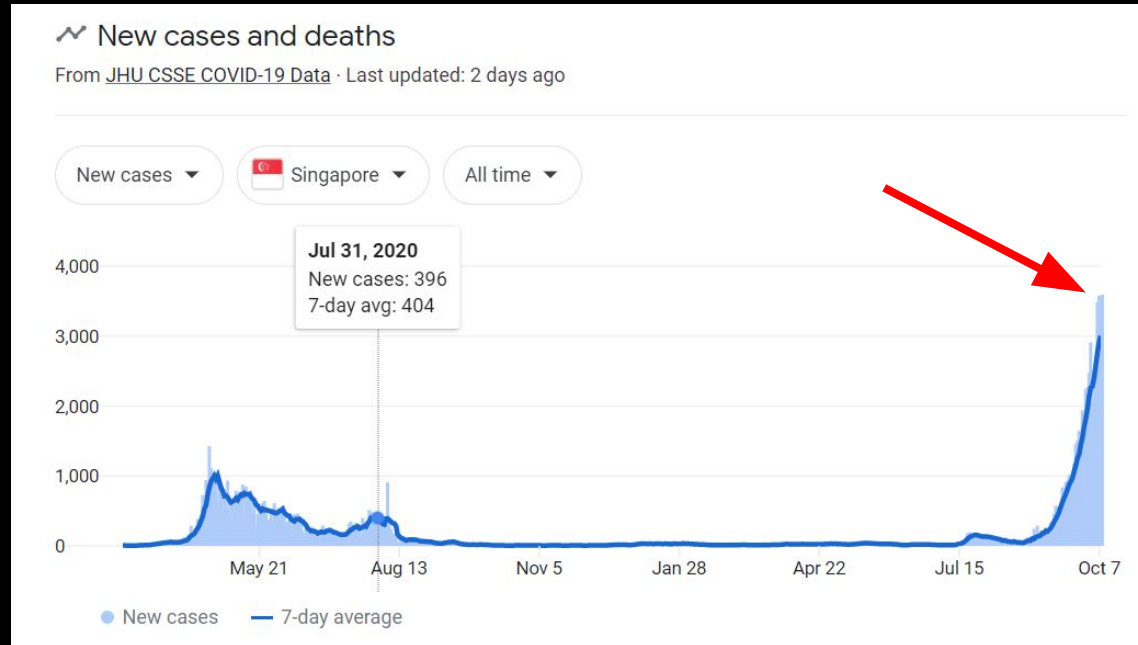
Vaccination is **making things worse, not better.**

In Israel, cases are now at an **all-time high** and that's after the third boosters have been rolled out.



Vaccination is not the solution

The same thing is happening in Singapore with an 80% vaccination rate. Just like in Israel, cases are at an all-time high.





Steve Kirsch
@stkirsch

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



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

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

280 Retweets 24 Quote Tweets 734 Likes

Early treatment is

Uttar Pradesh is now COVID free because they embraced early treatments.

Unfortunately, in the US, the NIH says these don't work despite multiple systematic reviews and meta analyses published in peer-reviewed journals, the highest level of evidence-based medicine (EBM).

The FDA ignored all this data. The vaccine is the only solution they will consider in their risk benefit analysis. NOBODY in the VRBPAC advisory committee said one word about early treatment in their meeting on Sept 17 when they approved a 3rd dose of Pfizer for those over 65. They don't believe the vaccine causes any deaths at all and they can't explain any of these anecdotes.

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

DANIEL HOROWITZ | September 17, 2021



Kerala by contrast...

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

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

Vaccines aren't
the way to solve
this problem

Steve Kirsch ✓ @stkirsch
4d · 🌐 · Edited

The US medical leadership sucks. Look at US and UK vs. India. Is anyone paying attention? Vaccines are a terrible solution.

Now Yesterday 2 Days Ago Columns ▾ Search:

All Europe North America Asia South America Africa Oceania

#	Country, Other	Active Cases/1M pop
	World	
1	USA	29,551
2	India	194
3	Brazil	1,983
4	UK	19,710
5	Russia	4,391
6	Turkey	5,642
7	France	1,807

Early treatment benefits

No masking

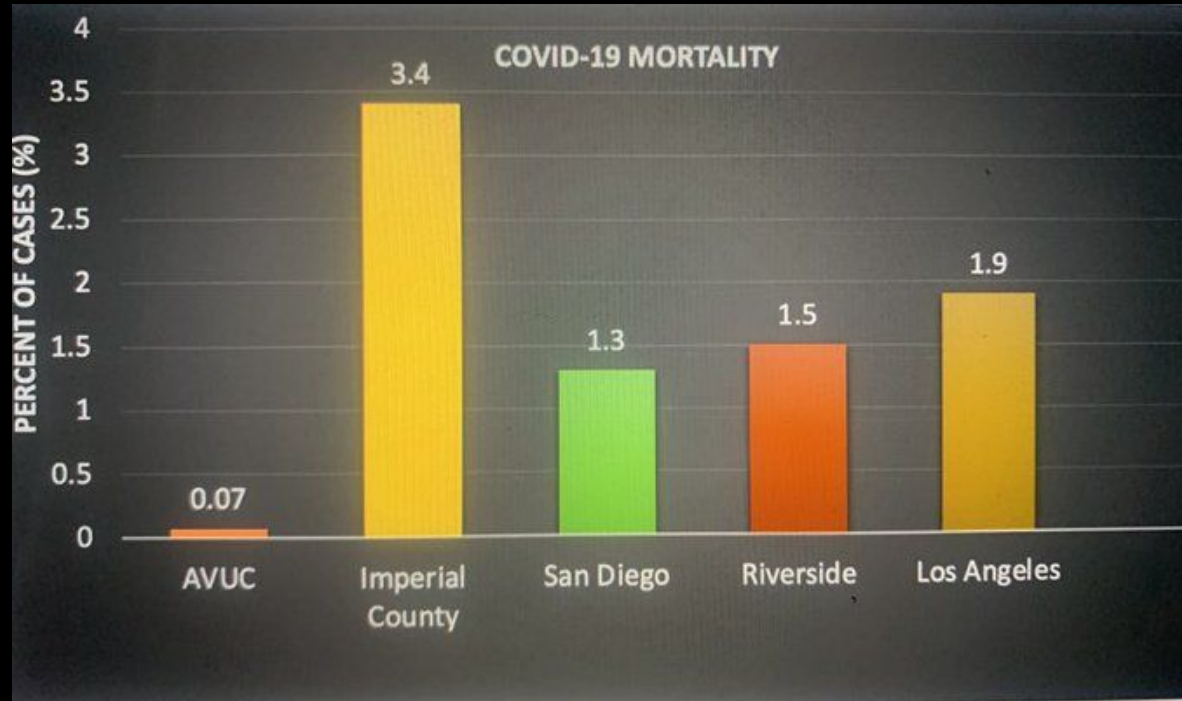
No social distancing

No more lockdowns

No more mandates

The medical community falsely claims early treatments don't work

Can you see a difference? AVUC used early treatment; the rest of Imperial County didn't. The CDC isn't interested in exploring.



Early treatment benefits

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



Hospital treatment should be modified as well

People are dying of COVID in the hospitals because we are treating them with drugs and protocols that are hurting more than helping such as Remdesivir. There are known late treatments that we disallow.

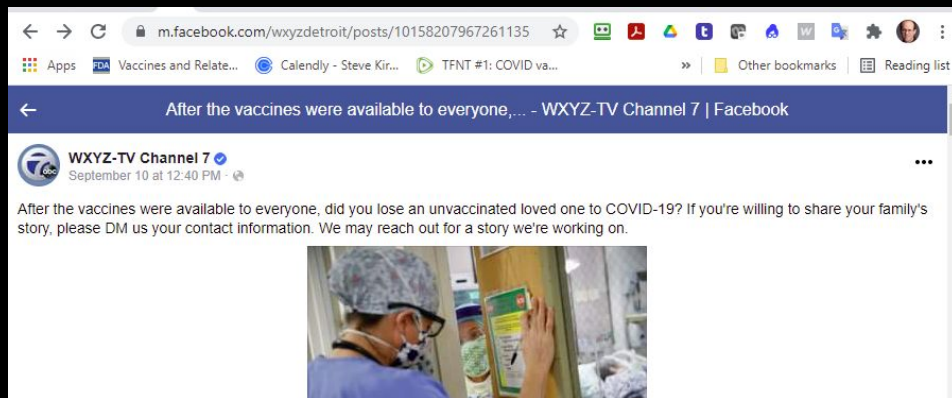
What about the victims?

Their lives are destroyed

Many injured so badly can never work again

Compensation paid by US government = 0

People are trying to
send you a message
... are you listening?



Charlamaine Butler

Lost a 39 & 28 year old friend to their booster shot(edit 2nd shot) . Also a friend's 19 year old daughter had massive blood clots in her lungs after her shot. Think I'll stick with not being vaccinated. All the ones I know in the ICU or that have recently died with "covid" are fully vaccinated.

on Sun Like Reply More



See WXYZ-TV's [Facebook post](#) for > 200,000 stories like these

What do you say
to the victims?



Ernest Ramirez
@rgvrunner01

My good byes to my Baby
Boy 💔💔💔

7:44 PM · Sep 13, 2021 · Twitter for iPhone

3,509 Retweets 991 Quote Tweets

13.1K Likes



Tweet your reply Reply

Miestro47 @miestro47 · 15h
Replying to @rgvrunner01

I'm so sorry for your loss. I'm heartbroken for you and the fact that the media doesn't want to highlight your story from obvious reasons. Your son is with the Lord now. May God be with you and your family during this painful time 💔

25 431

Myron T. Moore @myr... · 9h
Replying to @rgvrunner01

This picture should send a strong message to the world. This is the end result for many from the experimental Jab. Mr. Ramirez has been trying to warn others. He is being censored like the rest of us. My guess, Mr. Ramirez has committed to warn others about the dangers of the Jab

18 375 1.4K

susan @susan82130766 · 6h
I'm am so sorry for your loss. Everyone is behind you spirit. Your

VAERS ID: 1466009 ●

ONSET: 27 days **AGE:** 16 **SEX:** M

My son died, while taking his math class on Zoom. We are waiting for the autopsy because the doctors did not find anything. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. He was the best thing in my life.

READ FULL REPORT >

VACCINE TYPE(S): COVID19

VACCINE NAME(S): COVID19 (COVID19 (PFIZER-BIONTECH))

SYMPTOM(S): AUTOPSY, DEATH

WHEN ARE WE GOING TO STOP KILLING OUR KIDS?

“Inexplicably taken away”

Sunday 6:14 AM



Local Teen, Queen's University Student Passed Away Suddenly After Med...
kawartha411.ca



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

Ontario is on a roll

Sunday 7:49 AM



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

4 now

These coincidences should all go in your next slide deck



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

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

Sun 8:43pm

"inexplicably taken away" -

Sun 8:43pm

Ottawa will cover burial costs

At least they recognize the vaccines
are deadly.



Canada



Burial costs covered for Canadians killed by approved vaccines

Kevin Connor

Aug 20, 2021 • August 23, 2021 • 2 minute read • [139 Comments](#)



Vials labelled "AstraZeneca, Pfizer - Biontech, Johnson&Johnson, Sputnik V coronavirus disease (COVID-19) vaccine" are seen in this illustration picture taken May 2, 2021. PHOTO BY DADO RUVIC /REUTERS

Burial costs will now be covered by Ottawa for individuals killed by federally approved vaccines.

When will the politicians recognize that the vaccines are killing our kids?

15-year-old Boy who had the Pfizer Covid-19 Vaccine collapses and dies whilst playing football four days later

BY DAILY EXPOSE ON OCTOBER 10, 2021 • ([LEAVE A COMMENT](#))



Listen Now

A 15-year-old boy collapsed and died whilst playing football four days after he had been given a second dose of the Pfizer mRNA Covid-19 injection.

The boy sadly lost his life on the 22nd July 2021 according to a Vaccine Adverse Event Reporting System report submitted on the 23rd July. The report, which can be found [here](#) under VAERS ID: 1498080, states that the child "collapsed on [a] soccer field while playing soccer at a local camp".

Mother is forced to get vaccinated → child is severely damaged.

The mother had to have a C-section. The hospital said, “We won’t do it if you haven’t been vaccinated.” The mom had no choice.

Now her baby is likely permanently neurologically damaged.

Please watch this video. The same symptoms are common in vaccine victims. For a newborn baby to have these symptoms is unprecedented.

Click the image to watch the video.

More [vaccine injury stories](#).

← Thread

 kristingreenwood
@krisgimages

Newborn vaccine damage. The mum was pressured into having it. Clearly an unthinkable crime 🚫
#pfizer #covidvaccination #comirnaty #vaccinated 🙌
#baby #usforthem #NHS #LeaveOurKidsAlone
#chriswhitty



▶ 293 views 0:03 / 0:42 🔊 ↻

10:14 AM · Sep 13, 2021 · Twitter for Android



Tweet



Massimau

@masimau



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

How? Multidrug regimen based on hydroxychloroquine and ivermectin.

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

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

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

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

- Protocol 2 includes all of these options, plus ivermectin where deemed appropriate by physicians.

11:27 AM · Sep 20, 2021 · Twitter Web App

ASK YOURSELF

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

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

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

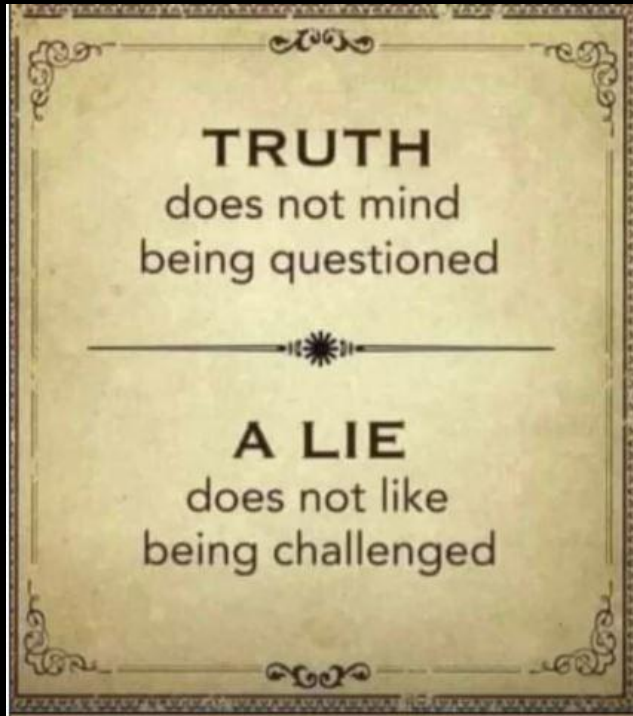
Rochelle Walensky will never say that. Not in a million years. They won't call Fareed. Ever.

NOBODY WILL DEBATE US ON THE SCIENCE

No authority figure who is promoting the false narrative will debate any of us in public on vaccine safety. Rochelle Walensky, Tony Fauci, Eric Topol, Bob Wachter, Monica Gandhi, Lena Wen, Chris Cuomo, Sanjay Gupta, ... you name it. None of these so called "vaccine experts" will accept an open fair debate on the science.

They don't want to be embarrassed for misleading people. They all want to silence my team. It's their only option. See diagram at left.

Note: There was a Trinidad official (Minister Hinds) who made the mistake of accepting a debate with me on vaccine safety and [he lost badly...very badly](#). When things weren't going his way, I was locked out of the Zoom call by the radio station so they could do ad hominem attacks on me after I was booted since they couldn't attack the science.



Challenge to the Scientific Community – It's Time for Honest and Open Debate on Vaccine Safety



TrialSite Staff
September 28, 2021

46 Comments



Like 365 Share

TrialSite has published articles that counter the mainstream narrative promoted by the CDC, NIH, and the US government. While we have been criticized, we believe that transparent and open debate is the best way to uncover the risks as well as the benefits. The authors we have presented on TrialSite are experts in their fields with decades of experience and impeccable credentials. Silencing scientists and physicians with smear campaigns, bans, and threats strikes us as Un-American, and contrary to the public interest.

NOBODY
RESPONDED

One of the comments



lharnisch331

October 4, 2021

Personally, I have found that often what isn't being addressed is often far more informative than what is being addressed.

My concerns as a scientist and researcher involved in clinical research trials throughout my career is that the normal process of questioning everything and evaluating information on any relevant issues associated with the treatment **have been completely blocked**. The possibility of rational discussion regarding COVID-19 vaccine safety is not available and the simple act of raising questions or concerns has become riddled with threats to an individual's career. This is not science nor is it the practice of medicine. It is appalling that we are unable to even have the discussion let alone resolve the questions without being blackballed or threatened with a loss of licensure.

Kudos for putting the challenge out however I am afraid that it will be met with the wall of silence that defines this moment in time for anyone who dares have a narrative different from the accepted one being presented to the world.

The sad fact is that if you actually were concerned about science, medicine, public health, or solutions to the pandemic-driven issues, **you wouldn't take this approach**. Stopping discussions, creating categories of taboo questions, and threatening those who want explanations for logical, scientifically sound questions only fuels the conspiracy theorists fires...

Nicki Minaj was absolutely right

[Read what the science actually says](#). All of her detractors have no facts to stand on. Just hand waving arguments not backed up by any data. Anyone want to debate who was right here?





Censorship required

The methods the US government uses to suppress the truth includes spreading misinformation, intimidation, mandates, and censorship.

Our government is deliberately ignoring early treatments; they tell everyone that early treatment don't work. They demonize the key treatment used by India to be COVID-free. Their agenda is to push the vaccine, not to cure COVID.

Social media companies will censor, demonetize, and/or ban you for telling the truth. If you are a doctor, you can have your license revoked if you say the vaccines are unsafe. This way, the public "believes" that the vaccines are safe since no doctor is speaking out against it.

CAUTION

The Biden Administration does not believe in allowing people with dissenting views to be heard. They believe in censorship of people who are trying to spread the truth like me. [They even have a list of people to censor](#). Sadly, truth is NOT considered “protected speech” in America.

The information in this presentation is fatal to the false narrative. You risk being suspended from Facebook, Twitter, LinkedIn, etc. if you spread links to this presentation.

Wikipedia may also [post defamatory statements on your Wikipedia page](#) like they did to mine. You will not be able to get this removed. Ever. No matter what the facts say later. They even [laugh about it](#).

♥ Ian Clayton liked

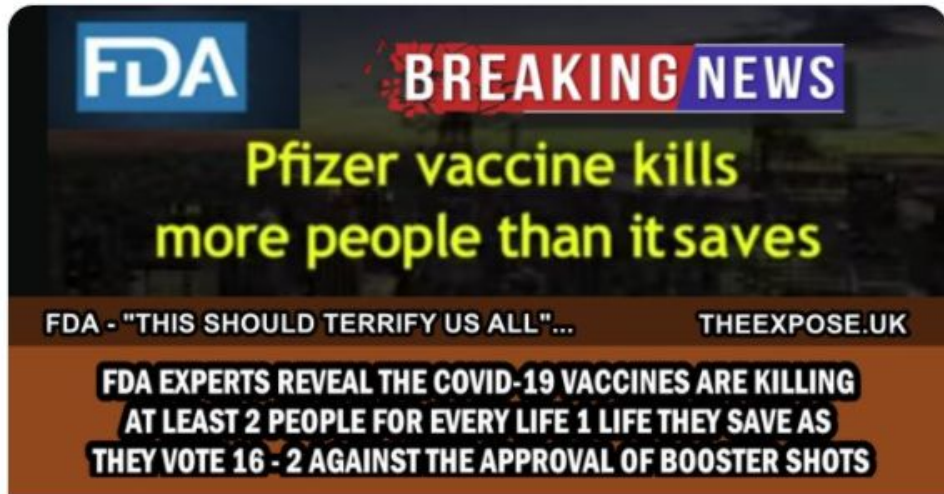


Robert W Malone, MD
@RWMaloneMD

...



This Tweet is misleading. Find out why health officials consider COVID-19 vaccines safe for most people.



FDA experts reveal the Covid-19 Vaccines are killing at least 2 people for every ...
FDA experts have unexpectedly voted against approving Covid-19 vaccination
boosters for anyone over the age of 16 in the USA, citing a lack of long term dat...
theexpose.uk

2:14 AM · Sep 20, 2021 · Twitter Web App

[View Quote Tweets](#)

For example...

Twitter is doing the exact opposite of keeping people safe.

The are suppressing the truth and not allowing Robert Malone to warn people about the dangers of these vaccines.

Robert Malone invented the mRNA vaccine and they are not allowing him to speak.

Are we in China?

[Pfizer's own study](#) showed 20 people who took the vaccine died vs. 14 people who didn't take the vaccine.

RE: [EXTERNAL] Please respond to my public comment submitted at the...



McNeill, Lorrie <Lorrie.McNeill@fda.hhs.gov>

To: Steve Kirsch

9/2/2021

Cc: Su, John (CDC); gmlee@stanford.edu; Anderson, Steven; Marks, Peter; Forshee, Richard; Scott, John; Walderhaug, Mark O; doconnor@trialsitenews.com; +3 others

You replied to this message on 9/7/2021 4:53 PM.



Dear Mr. Kirsch,

While your email was not directly addressed to FDA, we would like to note that we do not agree with the analysis put forth in your comment, as we believe the data from VAERS that you reference were not properly interpreted. This is due to the limitations of VAERS itself, as well as limitations regarding certain private patient information that is not available to individuals outside of the FDA and CDC, as we noted in our correspondence to you dated July 27, 2021.

FDA and CDC have multiple systems in place to monitor the safety of COVID-19 vaccines, including VAERS. We continue to find that the COVID-19 vaccines have a favorable benefit-risk profile, supporting their use under Emergency Use Authorization. Additionally, FDA's approval last week of Comirnaty (COVID-19 Vaccine, mRNA) followed a determination that the vaccine is safe and effective in preventing COVID-19 in individuals 16 years of age and older.

Sincerely,

Lorrie H. McNeill

Director

Office of Communication, Outreach and Development
Center for Biologics Evaluation and Research
U.S. Food and Drug Administration
lorrie.mcneill@fda.hhs.gov

THE FDA COULD NOT DISPUTE WHAT I WROTE

I wrote a [34-page document that was submitted to the ACIP panel](#) (the CDC panel on vaccine safety). The FDA refused to address any of the points and just said that they disagreed with what I wrote about VAERS **without citing any evidence of a mistake**. They ignored everything else I wrote like the fraud in the Phase 3 trials, the lack of autopsies, the fact that there were 5 other methods that didn't use VAERS at all and it found the same thing. They didn't cite any evidence that their analysis was correct. They just made a "hand waving" assertion about VAERS (which was wrong). **They will not discuss this further.** They don't want to hear that they made a mistake.

Do you care about vaccine safety and misinformation?



Steve Kirsch

To: Steven Anderson (steven.anderson@fda.hhs.gov)

Cc: Peter Doshi ([REDACTED]@rx.umaryland.edu); Jessica Rose ([REDACTED]@protonmail.com);

Mathew Crawford ([REDACTED]@gmail.com)

Bcc: Robert Malone ([REDACTED]@gmail.com)

This message was sent with High importance.

Hi Dr. Anderson,

My presentation is now getting millions of views worldwide... this is just ONE example... 10K retweets which is about 3M views. see below. It's probably around 20M views worldwide by now.

I wonder if you are ever going to respond to me so we can talk about my analysis?

If you think it is wrong, I'm happy to retract it if you can show evidence that I made a mistake. I'm not into spreading misinformation so far, all I get is hand-waving arguments.

If I don't hear from you, I will presume it is because you are unable to find a problem in my analysis.

Surely, you must be as interested in getting the CORRECT answer as I am. So you must know the correct number of excess deaths by now.

Please respond to this email with the correct number of deaths and the analysis of the evidence to back it up.

And we found a serious error in your safety signal algorithm used by the CDC. I was shocked that NOBODY followed up on that. Why is that?

I'm cc'ing Peter Doshi of the BMJ who I'm sure is very interested in hearing your response since this controversy is of great public importance to the world.

-steve



9:51 PM

FDA'S STEVEN A. ANDERSON DOES NOT CARE IF YOU DIE

I saw a video of Steven A. Anderson of the FDA where he says he's in charge of safety monitoring at the FDA for the COVID vaccines.

I called Dr. Anderson multiple times and sent him and his staff emails multiple times. I was ignored. I was trying to tell them we found safety signals that the FDA had missed.

Jessica Rose is one of the world's leading experts on VAERS and is a team member.

Dr. Anderson never responded. Attached is the latest attempt to expose the truth.

RE: Public debate on vaccine safety issues?



Steve Kirsch

To: Monica Gandhi (monica.gandhi@ucsf.edu)

Cc: Peter Doshi (peter.doshi@trialsitenews.com); Daniel O'Connor (daniel.oconnor@trialsitenews.com);
Del Bigtree (delbigtree.com); Jessica Rose (jessica.rose@protonmail.com); +1 other

Mon 9/20/2021 11:08 PM

Reply

Reply All

Forward

...

This message was sent with High importance.
We removed extra line breaks from this message.

Dr. Gandhi,

Since I haven't heard back from you, how about if I donate \$20K to fund your research in exchange for agreeing to debate me on vaccine safety. My claim is that the vaccines are unsafe for all ages.

My view that the vaccines are not safe are now getting huge traction around the world since I testified at the FDA meeting on Friday. If I'm wrong, it's important to correct that misinformation ASAP. The best way to do that is a debate.

It's an opportunity for you to show the world I'm wrong in a recorded debate.

That would be a great public service since it would reduce vaccine hesitancy.

Will you accept? If not, please let me know why not. I'm baffled you'd not want to correct the "misinformation."

-steve

> -----Original Message-----

> From: Steve Kirsch

> Sent: Wednesday, September 1, 2021 5:17 PM

> To: Monica Gandhi (monica.gandhi@ucsf.edu) <monica.gandhi@ucsf.edu>

> Subject: Public debate on vaccine safety issues?

>

> any chance we can have a neutral party host a recorded video debate

> between our experts and Stanford team on the issues around vaccine safety.

>

> Our claim is the vaccine kills more people than it saves, even for old people.

>

> It would be good to discredit our team. It would do wonders for

> vaccine hesitancy so you'd be doing a HUGE public service.

>

> -steve

>

UCSF's Monica Gandhi won't respond

When CNN calls, Monica also has time to talk to them. It's all softball questions.

But when I ask her to challenge me in a recorded debate on whether the vaccines are safe, she won't answer my emails.

Allegedly, I'm a threat to society because I am spreading misinformation to millions of people.

If that is true, then why doesn't Dr. Gandhi stop me? The most effective way to do that is to debate me and prove to the world I'm wrong.

But you see, she can't do that because she knows I'm right. That is why she won't debate me. Ever. Not for all the tea in China.

Why not require everyone to **read this “informed consent” booklet** (all 106 pages) prior to being vaccinated? At least this way, they will understand the risks.



SUMMARY

The vaccines kill more people than they save.

Even if my calculations are wrong by 10X, they still don't make sense.

Early treatment can get us to zero COVID. Pay attention to Uttar Pradesh vs. Kerala. We are following Kerala.

There are much more effective proven early treatments than they used in Uttar Pradesh, but nobody is paying any attention. Nobody will call George Fareed and Brian Tyson.

So we will end up like Israel instead of Uttar Pradesh.

Because nobody in America likes to admit they were wrong.

CONTACT

[Follow stkirsch on Gab](#); they don't censor truth.

I have an [account on LinkedIn](#) (use InMail).

FOR MORE INFO

See the Vaccine article on skirsch.io

It has links to everything, including this presentation (“All you need to know”).



Vaccine

Vaccine resources

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

[READ MORE](#)



APPENDIX

CORRECTIONS?

If you find an error, [please post it to this link on Gab](#) for everyone to see.

**Here's how we compute
the 2:1 ratio that shows the
vaccines are nonsensical**

V:C defined

V:C is the ratio of the the number of vaccine-caused deaths per million doses (V) relative to the projected number of COVID deaths that could be saved by the vaccine over a 6 month period per million doses (C).

A number like 2:1 means we kill 2 people for every COVID death we save. That's bad.

V:C viability

For a COVID vaccine to be viable, we need a V:C of 1:x where $x > 10$, i.e., you want the risk to be small compared to the benefit.

If you are saving the lives of >100,000 people, you don't want to have to kill >10,000 people to have to do that. That would be unconscionable in a civilized society and would be unprecedented in modern times, especially when we have a viable alternative--early treatments that work with over 99% risk reduction that don't have any safety issues.

V:C varies by place, time, age

V:C depends on the vaccine type, the rate of COVID deaths in your community at a particular time, and your age. For this presentation, we'll compute this as a country-wide average for the US.

Is the vaccine safe for some age groups?

The vaccines may have a positive risk / benefit for people in a certain demographic.

The CDC and FDA think the vaccines are perfectly safe and have killed no one, so they have never done this analysis. For example, the VRBPAC unanimously approved boosters for people over 65.

None of the panel members made the risk-benefit calculation. They were guessing.

Were they right? No. They were dead wrong based on both our calculations and the real-world evidence.

Here's what [the detailed calculations showed...](#)

Pfizer is the safest of the three vaccines

In general, the three vaccines in the US work through a very similar process.

The vaccines have an [estimated death rate of close to 1 death for every 1,000 people who are vaxed](#). All of them kill more people than they are likely to save over a 6 month effectiveness period.

Pfizer is the safest, Moderna and J&J are much more dangerous ([see the comparison](#) for sources).

Vax type	Doses delivered (M)	VAERS US deaths	D/M	Deaths per fully vaccinated per M
Pfizer	218.8	3033	568	1,136
Moderna	149	3023	831	1,662
J&J	14	675	1977	1,977

WATCH

You Retweeted



RancidHoglitosis @Hoglitosis · 41m

Replying to @VaccineTruth2

Transcript;



Federal Govt Whistleblower Goes Public with Secret Recordings: 'Gov... Investigating and exposing corruption in both public and private institutions.

projectveritas.com



1



16



28



WATCH

🔄 You Retweeted



labrat34 @labrat341 · 26m

Replying to @VaccineTruth2

Not nearly as compelling as this.



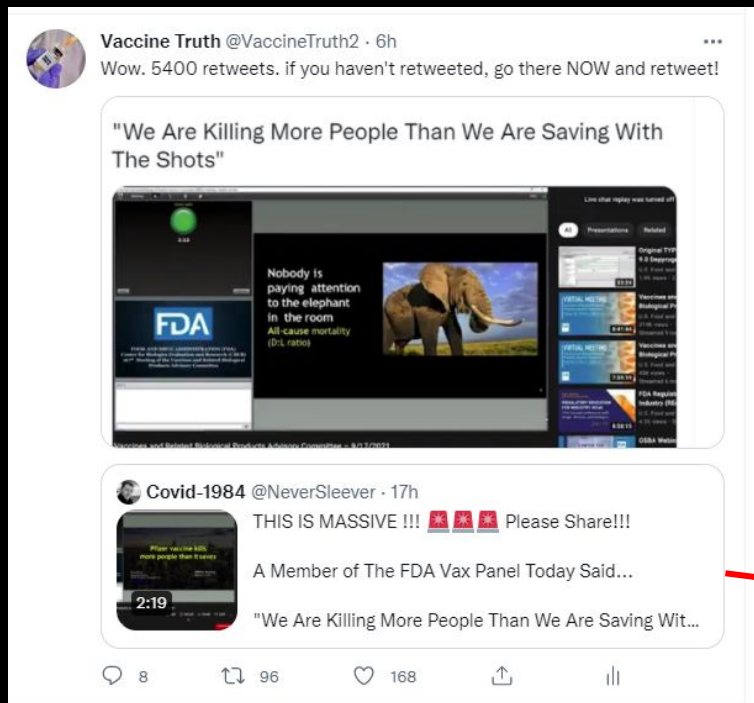
"THESE PATIENTS DESERVE TO BE HEARD" -VAERS WHISTLEBLOW...

"THESE PATIENTS DESERVE TO BE HEARD" -VAERS
WHISTLEBLOWER In a Highwire exclusive, Deborah Conrad, a ...

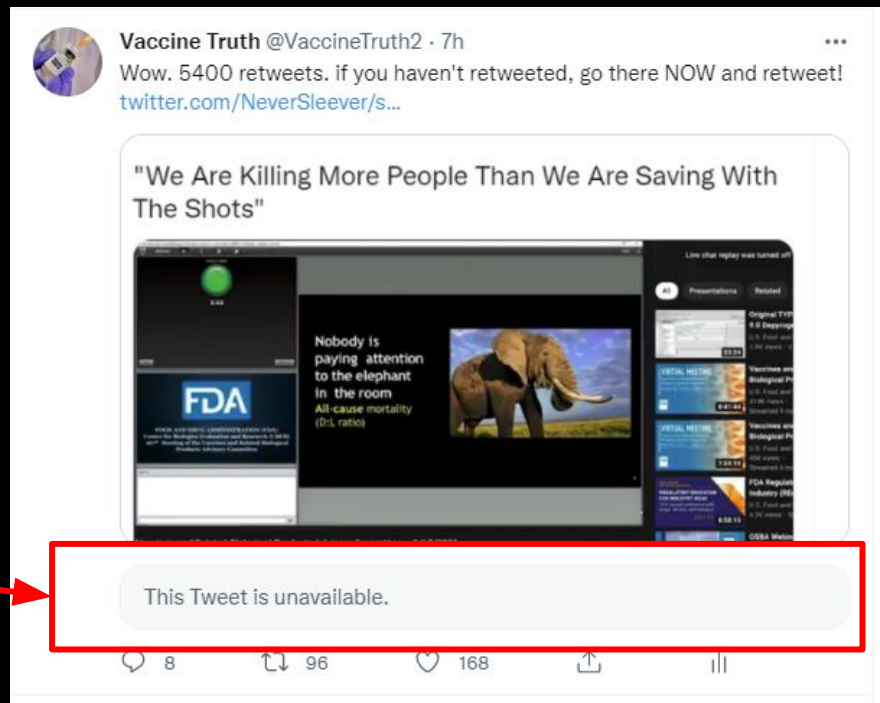
rumble.com



BEFORE



<13 HOURS LATER



The tweet was 2 minutes of my public testimony at VRBPAC. After 790K views and 10K retweets, Twitter forced the author to remove the video clip. Twitter is endangering lives by blocking the truth from people. I now use Gab and encourage people to switch.