Should you get vaccinated?

Steve Kirsch
May 25, 2021

197 Comments

I always get vaccinated. I have been fully vaccinated with the Moderna COVID vaccine. My three daughters have all been vaccinated.

I recently learned that these vaccines have likely killed over 25,800 Americans (which I confirmed 3 different ways) and disabled at least 1,000,000 more. And we're only halfway to the finish line. We need to PAUSE these vaccines NOW before more people are killed.

The CDC, FDA, and NIH aren't disclosing how many people have been killed or disabled from the COVID vaccines. The mainstream media isn't asking any questions; they are playing along. YouTube, Facebook, Twitter, and others are all censoring content that goes against the "perfectly safe" narrative so nobody is the wiser. Tony Fauci, the "father of COVID," is still in his job even though all of this is his fault. Cliff Lane, who reports to Tony, is still sandbagging early treatments so that people will falsely believe that the vaccine is the only option. The Democrats are still asleep at the wheel by refusing to request Fauci's unredacted emails from the NIH which will prove he covered up the fact he created the virus in the first place. Biden is clueless urging Americans to vaccinate their kids with a deadly vaccine that has likely killed more than 25,000 Americans so far. Academics in the medical community are nearly all clueless, urging people to get the safe and effective vaccine. When I tried to bring this to the attention of leading academics they told me I was wrong and not to contact them ever again. Sound too hard to believe? I don't blame you. But there is a reason that this article is the most popular article that has ever been on TrialSiteNews with over 1M views so far. It's because everything I've said is true. And nobody will debate me live about it. They all refuse.

Based on what I **now** know about the miniscule vaccine benefits (less than a .5% reduction in absolute risk), side effects (including death), current COVID rates, and the success rate of early treatment protocols, **the answer I would give today to anyone asking me for advice as to whether to take any of the current vaccines would be, "Just say NO."** Waiting for Novavax (and other traditional vaccines) is a much safer option. If you get COVID in the meantime, treating with early treatment protocols that incorporate fluvoxamine and ivermectin is vastly superior to getting the most dangerous vaccine in the last 30 years.

Vaccines are particularly contraindicated if you have already been infected with COVID or are under age 20. For these people, I would say "**NO! NO! NO!**"

In this article, I will explain **what I have learned since I was vaccinated that totally changed my mind**. You will learn how these vaccines work and the shortcuts that led to the mistakes that were made. You will understand why there are so many side effects and **why these are so varied** and why they usually happen within 30 days of vaccination. You will understand why kids are having heart issues (for which there is no treatment), and temporarily losing their sight, and ability to talk. You will understand why as many as 3% may be severely disabled by the vaccine. You will understand why doctors aren't reporting these as vaccine-related.

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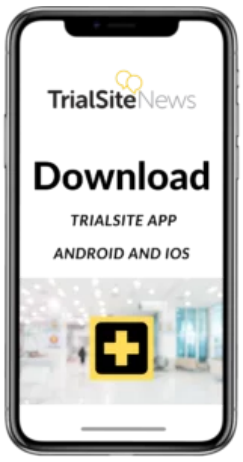

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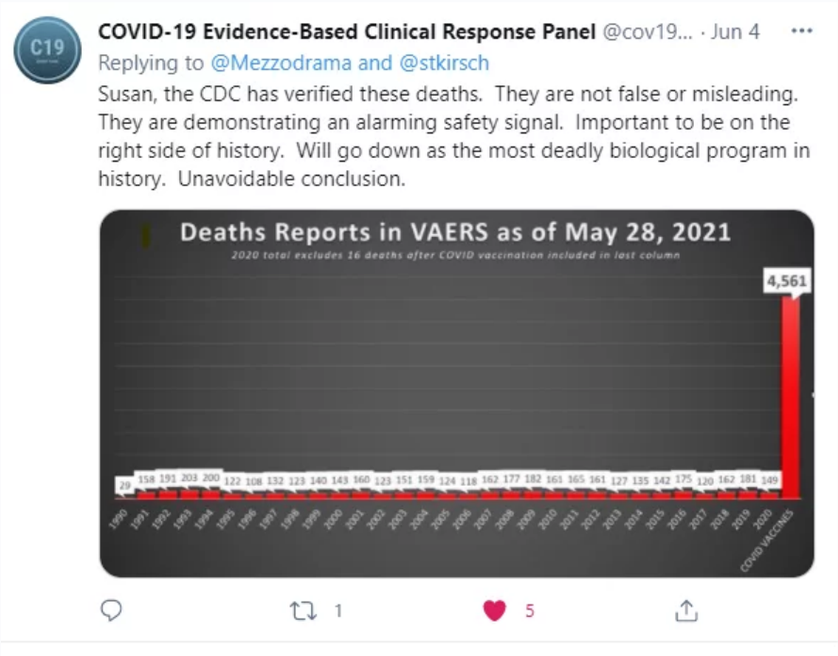
What I find deeply disturbing is the lack of transparency on how dangerous the current COVID vaccines are. Healthy people could end up dead or permanently disabled at a rate that is "off the charts" compared with any other vaccine in our history. Look at the death report in our government's official Vaccine Adverse Event Reporting System (VAERS) summarized in the tweet below. **This is the most deadly vaccine we've ever made by a long shot.** That's why they have to give you incentives to get vaccinated. They need to vaccinate everyone BEFORE people read this article or watch this video of Dr. Peter McCullough explaining clearly why the current COVID vaccines are unsafe and completely unnecessary for our children.



The death rate from this vaccine is off the charts, more than all 70 vaccines over the past 30 years combined

The stopping condition of a typical vaccine is 25-50 deaths. But there isn't a stopping condition for this vaccine! It appears we've killed over 25,800 people (based on CDC "unexplained deaths") and nobody is batting an eye. The CDC is focused on how to vaccinate more people. Clinics today report as high as a 10:1 ratio of vaccine-related cases to COVID cases. So now we have a new health emergency: deaths and disability from the vaccines.

But this is just the beginning of our story. We have a lot of ground to cover. I'll talk about Fauci, NIAID, CDC, Congress, academia, Cliff Lane, and more. I will close with action items you can take and how to treat vaccine victims.

Before we jump into the details, here are some key points:

1. At least 25,000 deaths from the vaccine. The OpenVAERS team think it is over 20,000 due to under reporting. But we looked at the CMS database and it appears VAERS is under-reporting by 5X. And the CDC excess unexplained deaths are 25,000 as well. It matches up.
2. **NOBODY will debate me**. People resort to personal attacks because they can't attack the facts. But nobody who counts (e.g., over 10K Twitter followers) will debate me. I've tried everything. People are too afraid I'll win. If you have at least 10K Twitter followers and agree to a recorded live Zoom debate, just say so in the comments below.
3. Biodistribution data shows massive accumulation in ovaries of the LNP (which instructs cells in ovaries to sprout toxic spike protein). Whoops. That was never supposed to be leaked out. We obtained it via FOIA request. The CDC never told you about that one, did they? Of course not!
4. 82% miscarriage rate in first 20 weeks (10% is the normal rate). It is baffling that the CDC says the vaccine is safe for pregnant women when it is so clear that this is not the case. For example, one our

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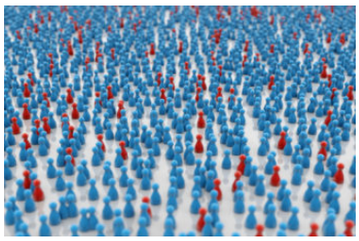
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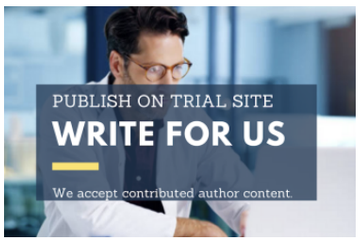

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family friends is a victim of this. She miscarried at 25 weeks and is having a D&C on 6/9/21. She had her first shot 7 weeks ago, and her second shot 4 weeks ago. The baby had severe bleeding of the brain and other disfigurements. Her gynecologist had never seen anything like that before in her life. They called in a specialist who said it was probably a genetic defect (because everyone buys into the narrative that the vaccine is safe it is always ruled out as a possible cause). No VAERS report. No CDC report. Yet the doctors I've talked to say that it is over 99% certain it was the vaccine. The family doesn't want an autopsy for fear that their daughter will find out it was the vaccine. This is a perfect example of how these horrible side effects just never get reported anywhere.

5. 25X the possibility of myocarditis for teen boys (can lead to heart failure and death)
6. Kids already have natural immunity (Science Magazine article), so there is no benefit to vaccination, only risk. Have you ever seen the risk / benefit analysis by the CDC?? Ask for it before you consent.
7. No point vaccinating those who've had COVID-19: Findings of Cleveland Clinic study. No benefit, only risk.
8. Doctors who attribute adverse events to the vaccine are punished (such as Dr. Hoffe). So under reporting is incentivized.
9. The CDC refuses to say how many people have died and is "still investigating" heart damage in kids even though it is obvious why (free spike protein causing clotting and inflammation). A 25X increase when the only "new" thing is the vaccine isn't hard to figure out. Ask the CDC for their current top 5 hypotheses for the cause. It will be more than amusing to see what they say. If it isn't the vaccine, heads should roll.
10. The CDC is deliberately misleading the American people. Check out the side effects page. Death, disability, excessive miscarriage rates, heart attacks, stroke, inability to walk, talk, or see, Bell's Palsy, persistent pain, Parkinson's like symptoms, re-activation of shingles, blood clots, etc. are all missing.
11. >500X more deadly than the flu vaccine
12. COVID vaccines have generated more adverse reports in the last 6 months than all 70 vaccines over the past 30 years combined. They missed that one.
13. Defective virus design (s1 was never supposed to be free, inclusion of PEG was unnecessary and allows LNP to be widely distributed)
14. Strong opposition to vaccination by extremely credible voices like Malone, Geert Vanden Bossche, others
15. NIAID (Cliff Lane) is improperly manipulating the COVID Treatment Guidelines to make it appear these drugs do not work, thus giving the world the false impression that the vaccine, even if imperfect, is the only way out. Ivermectin and fluvoxamine have been confirmed in Phase 3 trials. Ivermectin has a very high quality systematic review, the highest possible level in Evidence Based Medicine. Repurposed drugs are safer and more effective than the current vaccines. In general, early treatment with an effective protocols reduce your risk of dying by more than 100X so instead of 600,000 deaths, we'd have fewer than 6,000 deaths. NOTE: The vaccine has already killed over 6,000 people and that's from the vaccine alone (and doesn't count any breakthrough deaths).
16. Vaccines skipped proper toxicology studies in order to bring to market faster. We don't know what we don't know.
17. The unpredictable and horrifying side effects of this vaccine on heathy kids, such as the 16 year old girl who was unable to speak and see just 48 hours after being vaccinated
18. Debilitating side effects can happen at any time because vaccine victims are very similar to COVID long haulers (Dr. Bruce Patterson has discovered this) and we all know that long haul can start at any time (even when the disease is asymptomatic) and could be incurable.
19. Because the vaccine is not perfectly safe, the government is required by law to warn people of the death and disability risks caused by the vaccine and to obtain informed consent. Always be sure to ask for the 50 most serious side effects and how often they happen. And find out whether they will compensate you if you are disabled for life from the vaccine. This is important because the blood clots can form anywhere with this very unsafe vaccine.

Note: this is a large document and different sections were written at different times so you may find that the numbers may be inconsistent. If you spot an error, please use the comments to point it out.

> *If you enjoyed reading this article, please follow me on Twitter at @stkirsch so I can keep you apprised of how this story progresses. The more followers I have, the less likely they will ignore my requests for informed consent and data transparency. Also, please share with your friends on social media. Thanks!*

At-home Covid Research Study

New research shows why we should not vaccinate kids

Will we listen to the SCIENCE? Or will will follow the Biden, CDC, NIH narrative blindly? Time to decide.

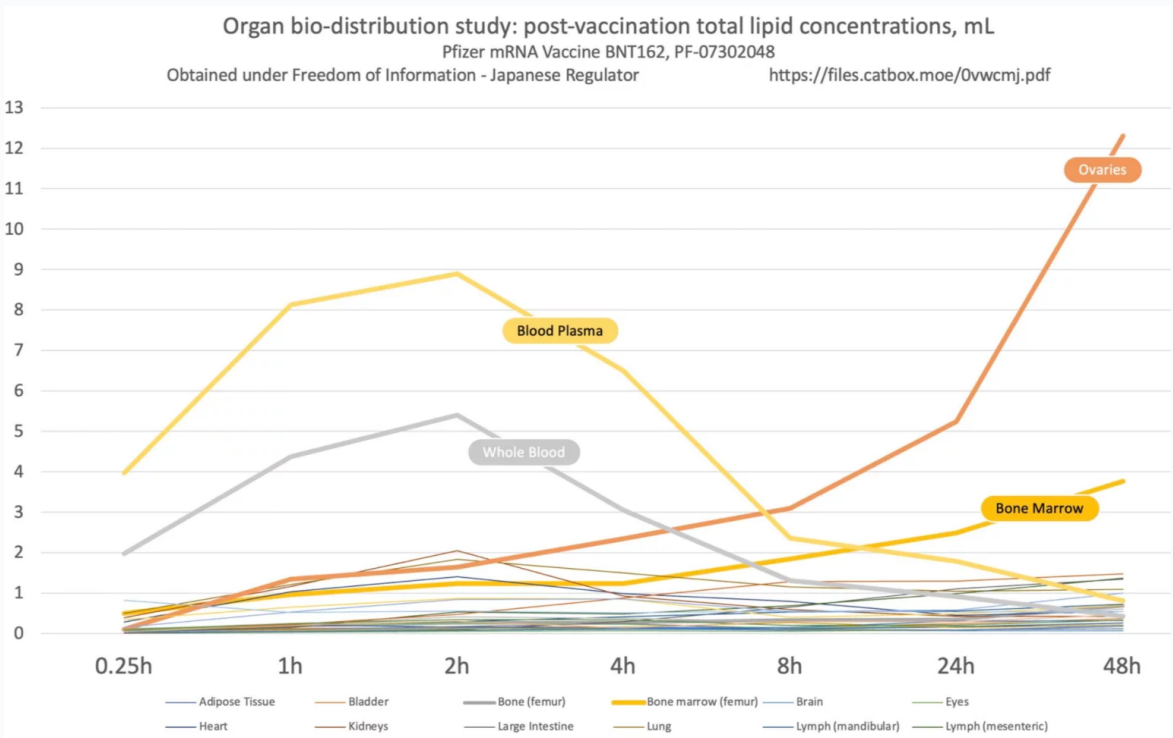
Tweet from Brian Tyson on June 6, 2021. Does science matter anymore? Or will we just follow the narrative?

In other words, **science says that kids are essentially already vaccinated**. So giving them a dangerous vaccine has virtually no benefit but significant downsides (like death).

But the academics are too vested in the false narrative to let one study take them down. I predict they will ignore the science and try to discredit it. That's exactly what they've done with fluvoxamine and ivermectin even though all those studies were published in peer reviewed journals too. They are good at suppressing science and convincing the masses that the vaccine is needed and safe, regardless of the actual facts. They believe the Phase 3 studies and consider real world events as anecdotal.

Here's the third item I need you to see. This is the biodistribution graph created from the Pfizer data obtained via Byram Bridle FOIA request to help you visualize where the vaccine is going in your child's body. This shows you the the sites where it cranks out the toxic spike protein; the higher the line, the greater the production of spike protein that can cause damage to blood vessels and cause inflammation.

NOTE: There are areas of the body that are not included here like the injection site (165), liver (24), spleen (23), and adrenals (18). These were not included so you can see more detail. The graph ends at 48 hours because that is the extent of the data provided in the original Pfizer study. The mRNA is basically mostly gone after 48 hours which is why it ends there. I did not commission this slide; it was created by PANDA.



Biodistribution of lipid nanoparticles which carry the mRNA show that the ovaries get the highest concentration. This turns the ovaries into a very large manufacturing plant to turn out toxic spike protein. Accumulation in the bone marrow is likely not good either. What are the long term implications of that?

Here's what this means. This vaccine seeks out your daughter's ovaries and instructs the cells in the ovaries to turn out a very toxic spike protein. It also goes to your child's brain, heart, and other critical organs. This can cause deafness, blindness, inability to speak, myocarditis, pericarditis, and more at unacceptable rates. It may permanently damage your child's reproductive system. We just don't know. Would you like to volunteer your child for a clinical trial so we can find out? Well if so, and if your child concurs, then get vaccinated and be part of the largest experiment ever done on the human reproductive system.

OK, let's recap what we've learned so far, because there is a lot more to talk about. I am just getting started.

1. The destruction we are doing to our kid's hearts, brains and especially their ovaries. We are harming perfectly healthy young adults. For example, the miscarriage rates are alarming post vaccination: 82% spontaneous abortion rate before 20 weeks.
2. Approximately **2% of people report severe / still annoying side effects** based on the random sampling I've done. This number is extremely high but it totally explains why the "Vaccine Side Effects" groups in Facebook had over 200,000 members before Facebook deleted them. There are much better options where no healthy person has any added risk of death or disability (since they will not need to be treated at all).
3. The government has been suppressing the fact that repurposed drugs work with virtually 100% success when given early with virtually zero side effects. So the better, safer alternative is considered "unproven" when Cliff Lane (head of the NIH COVID Guidelines who reports to Tony Fauci) knows without a doubt that it works.

Sound like a conspiracy theory? I don't blame you. I don't think there is a conspiracy (except for a select few such as those called out in Chris Martenson's excellent video on the coverup happening after the outbreak). I have no issues with anyone at Moderna or Pfizer or any government agency (**again with the exception of Tony Fauci and Cliff Lane** and a handful of others who were in on it and aren't talking). I think everyone else are all ethical people who started with the best intentions, shit happened, and now people don't want to see the reality because of the cognitive dissonance it would create. So the CDC and FDA ignore all the **subjective** safety signals (like alarming anecdotal reports from doctors) and rely on what I believe (based on info from CDC insiders) is a flawed serious event warning system (combined with pressure not to report that there is anything wrong). Hence everyone is acting like there is nothing wrong because their traditional alarm bells aren't triggering. **A 25X higher event rate** for myocarditis after vaccination... oh, completely normal. They justify that because they think that the vaccine is so helpful (a 10X reduction in cases) that even if there is death caused by the vaccine, society is better off net net. So they support the false narrative that the vaccine is safe. And none of them realize that early treatment of COVID is way better and safer since Fauci and Lane suppress the better option.

For example, why is Monica Gandhi calling for vaccinating kids including her own? Is she evil? Of course not! I asked her for the risk benefit calculation in this tweet. Will she reply? I doubt it. Most of the doctors who swallow the false narrative find it difficult to deal with the facts.

Also, let me point out that in this document I link to a number of sources, some of whom tout conspiracy theories like this is being done deliberately for nefarious purposes. I absolutely don't believe that. If I include a reference to someone else's material I do not endorse any conspiracy theories that are espoused by them. I will make one exception for Chris Martenson. All of his YouTube material I have watched of his work is all top notch, well done, and well supported. Watch this video of Dr. Chris Martenson taking down Fauci's original Senate testimony. It is priceless. Chris mentions my work at 47:30. It's hard to argue with his conspiracy theories.

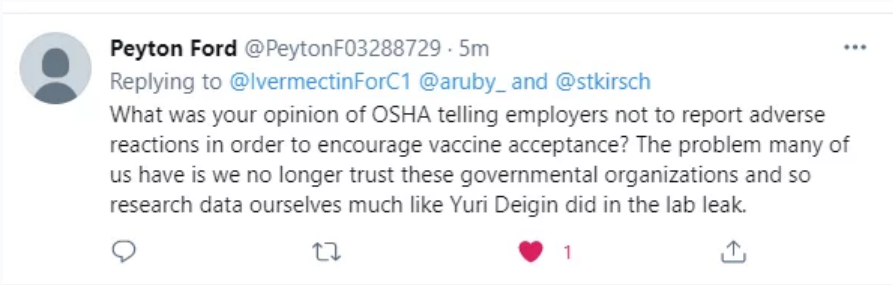
Still, it's a bit hard to explain why they aren't at least warning the public that the vaccine is the deadliest vaccine ever and has an extremely high incidence of death and long-term disability. There is absolutely no excuse for hiding that. Health authorities have a responsibility to report that and they aren't telling the real numbers to anyone.

To figure out the truth, all you have to do is realize one important thing: **there isn't any transparency here on the numbers.** I called my local pharmacy to see if the pharmacist knew the death and disability rates. Nope. No clue. We are so brainwashed into believing the narrative that the vaccine is safe that nobody even asks the question: "So, exactly how many people have been killed or severely disabled from the vaccine?" There's a reason for that lack of transparency: the CDC has no clue what the numbers really are (the VAERS numbers are a lower bound and could be off by as much as 100x). Nobody will tell me either (and believe me I'm persistent). That alone should be frightening.

Not only won't they tell us the numbers, but they aren't answering any questions either: nobody is willing to debate me on the issues raised in this article in a public forum. Nobody from the government will. None of the docs on Clubhouse who promote the false narrative will either. If they did, they will be exposed as promoting false info and would lose their followers. Here's proof they are chicken: my Twitter post challenging them all to a debate in front of all their followers.

Twitter challenge issued Jun 6. I don't think anyone is going to accept my offer to debate because they know they will lose. Badly. And I'm not even a doctor. As of 6/8/21, nobody has dared to challenge me when the playing field is level.

If you check, everything in this document is completely on the level and everything is independently verifiable from trustworthy sources. Government agencies are refusing to even comment on this document (and TrialSiteNews has tried reaching out for comments). Consider this: do you how many people have been killed and disabled from this vaccine so far? Of course you don't. They don't have accurate numbers themselves.



Uh oh... more under reporting. No wonder the FDA and CDC don't see any safety signals. Track the replies to that tweet here.

Vaccines are never designed to kill or disable people. The background death rate for vaccination in the US as reported in VAERS <500 people per year and that's primarily because people coincidentally die around the time of the vaccination (a smaller amount will have some sort of adverse reaction to the vaccine). The death toll for the current COVID vaccines in the US alone is off the charts compared with all other vaccines in any other year.

There are now over 5,000 reported deaths so far, and that's likely a very conservative estimate because the data is under reported historically and even more so during the pandemic (based on all the anecdotes I'm aware of because nobody wants to challenge the narrative that the vaccine is anything but safe). Note that a comparable % of Americans have been vaccinated with the COVID vaccine as compared with prior years. This vaccine is more than 100X more deadly than the flu vaccine… possibly even 1,000 times more deadly as I will explain in detail below.

Virtually all of these deaths are "excess deaths" due to the vaccine. The CDC cannot explain any of these excess deaths. If it wasn't the vaccine, what caused it? Have you seen the analysis of any of these cases? They cannot explain how dozens of our children have heart problems now. They will not disclose how many dozens of kids are affected. 10 dozen? 100 dozen? They will not tell us the truth. The one thing all those 5,000 deaths had in common was the vaccine.

In Israel, the adverse event tracking is much more accurate than the US. They found rate of myocarditis in vaccinated young adults is **up to 25X the normal background** rate for that age range. That's not my calculation. That's right from the article ("The rate reported among young men in Israel was 25 times higher"). "Israeli researchers reported this week that between one in 3,000 and one in 6,000 men between the ages of 16 and 24 had developed myocarditis, or heart muscle inflammation, after receiving **both doses** of the Pfizer COVID-19 vaccine there." That's 4X the rate for even the smallpox vaccine (which is 1 in 12,000).

However, doctors in the US insist this is normal and everyone should be vaccinated including kids. WTF?!?!

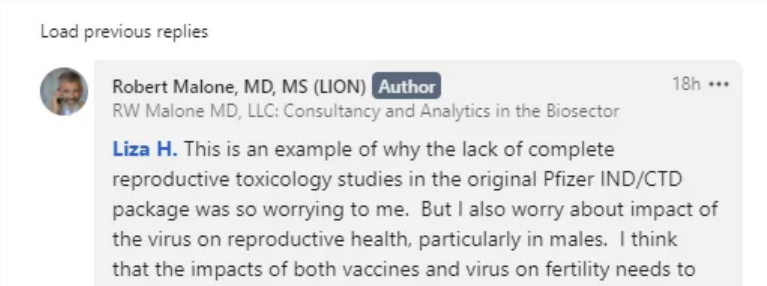
Pfizer has said that it is aware of the Israeli findings, but doesn't think a causal link has been established. The company said the rate of myocarditis after vaccination was no higher than the rate normally seen in the general population. Seriously?!?! How can they say that with a straight face to the press? This is a classic example of gaslighting.

Note that the health tracking in the US is terrible as you can see from this report from Connecticut showing a one in 20,000 rate of myocarditis in 16-34 year olds; we miss reporting most of the cases. Darn.

So now after killing more than 4,500 Americans, the government wants to "protect" your children knowing full well that some of them will die from a vaccine that is **totally unnecessary and dangerous**. It is preposterous and no parent should put up with it.

This vaccine is much more dangerous than any vaccine in our history. There are **more reactions to this vaccine than all 70 vaccines in the last 30 years combined**. This is obvious from OpenVAERS since the total reports from this vaccine and # of deaths are rapidly approaching >50% of all reported cases. Note that VAERS is a lagging indicator because there is a substantial backlog of VAERS reports. As of 28 May, there were 262,566 reported adverse reactions regarding Covid-19 vaccinations. However, there were another 168,564 reports that have been submitted to VAERS but not added to the database yet.

The vaccine teaches cells all over your body (every organ especially women's ovaries) to make a toxic spike protein.



be much more carefully examined. Just my two cents (an american expression that may or may not make sense). I guess that translates into "Just saying...".

Like · 3 | Reply

Both male and female reproductive organs may be affected by the toxic spike protein. We just don't know yet, but the miscarriage rates are alarming post vaccination. 82% spontaneous abortion rate before 20 weeks.

Over 4,500 people have been killed by this "safe" vaccine. If a foreign nation killed well over 4,500 Americans, would we sit idly by and cheer them on? The government might argue that the death toll is less than the 600,000 Americans who have died from the virus. But that's a false argument because our government has been deliberately suppressing the alternatives (despite proof of efficacy in large randomized Phase 3 trials) and keeping them from view.

It is almost beside the point to calculate the exact number of deaths. In the past, the death threshold was that if 1 in 1 million Americans were killed by the vaccine, we stop it. So we stop at 168 excess deaths. There are 4,500 excess deaths right now and probably more like 25,000. So we are at 25X to 125X over the stopping threshold and we want to accelerate our rate of vaccination and give it to our kids. Why isn't the press asking why we are doing this when there are better alternatives that result in much lower loss of life?

We don't know how many people have died. 4,500 is a lower bound. And many more will be temporarily or permanently disabled. Nobody is talking.

Based on all the anecdotal reports from physicians I've received so far, I estimate the severe life altering side-effects rate to be around 2% and the death rate could be as high as .02% (1 in 5,000 patients which means most docs will never see a death so it will look safe). **These are estimates and will be refined as I get more data.** For example in one practice of 600 vaccinated patients, 6 have severe adverse events (SAEs) and one of those is near death. I can't identify the physician because he is afraid of retribution. For 900 patients of Dr. Hoffe, 3 are permanently disabled and 1 died. Dr. Hoffe wasn't afraid to speak out but telling the truth resulted in him losing his hospital privileges and having his reports torn up. Ask yourself, why would any doctor jeopardize their livelihood? He isn't an anti-VAXer; he was pro-vaccination. He vaccinated 900 patients. He felt compelled to write up his serious concerns, basically "I have been quite alarmed at the high rate of serious side-effects from this novel treatment." If the vaccine is as safe as they claim, you never see notes like that. Nobody has the time or incentive. Why would anyone draft such a detailed note to get fired?

Excerpts:

6. It must be emphasised, that these people **were not sick people**, being treated for some devastating disease. These were **previously healthy people, who were offered an experimental therapy, with unknown long-term side-effects, to protect them against an illness that has the same mortality rate as the flu. Sadly, their lives have now been ruined.**
7. It is normally considered a fundamental principal of medical ethics, to discontinue a clinical trial if significant harm is demonstrated from the treatment under investigation.
8. So my last question is this; **Is it medically ethical to continue this vaccine rollout, in view of the severity of these life altering side-effects, after just the first shot? In Lytton, BC, we have an incidence of 1 in 225 of severe life altering side-effects, from this experimental gene modification therapy**

This is why doctors will not speak out. Fear of retribution. There is no benefit to speaking up.

Today 1:56 PM

I know Dr. Hoffe. He's in my Cdn Integrative medicine Association group. He's the one that was interviewed recently by RFK Junior. His hospital threw him out and public health dismissed ALL his reports as misinformation

This is what happens if you speak the truth: they take away your hospital privileges and delete your reports. This sends a clear message to doctors: support the narrative or else.

A superior alternative to vaccination is simply to treat a COVID infection with a proven early treatment protocol and to modernize our hospital protocols (which we are afraid to change to adopt drugs like cyproheptadine). This alternative results in significantly lower disability and death compared to the vaccines. Newer vaccines available soon appear to be much safer than the current vaccines.

Purpose of this document

The purpose of this document is to raise legitimate concerns about the false narrative that the current vaccines are safe and should be used on everyone.

I am open to corrections, especially if you feel you have been unfairly abused by this article. Just reply in the comments section below for everyone to see.

There are certainly a lot of people who buy into the narrative. And it's a reasonable position since the Phase 3 study was done by the book, etc. One of my friends was an investigator on the Pfizer trial and she said there was nothing amiss and everything they saw looked clean. I have no reason to believe that there was any foul play here.

I have nothing bad to say about any of the vaccine makers. Sure, they cut some corners, but that was reasonable: you make some calculated bets when time is short. If I were in charge, I might have made the same decisions. So my issues are not at all with any of the companies themselves. I really think they've all done a magnificent job under extremely difficult circumstances.

But what is troubling to me is finding lots of evidence that doesn't match the narrative and that raise legitimate concerns about the safety of the vaccine. The purpose of this document is to bring these issues to light so they can be addressed one by one and be resolved.

Therefore, I believe that this document is a valuable addition to the scientific discourse.

There were a lot of people who chose to sever all ties with me after I published this article; nearly all of them would be considered "top tier" academics. Challenging the accepted narrative is seen as evil. They said I was risking lives and they didn't want their name associated with me.

So be it. I think it is extremely dangerous for the scientific community to have the attitude that if anyone challenges the narrative that they must be wrong and the correct course of action is to sever all ties and refuse to engage in debate. If I'm wrong, I'll be discredited. If I'm right, I'll be the one saving lives and their views were the ones endangering lives. I wouldn't be spending my time writing this if I wasn't convinced I was right. There are too many things nobody can explain if you buy the hypothesis that the vaccines are safe.

I asked these academics "look if I'm wrong, then how do you explain this....?" None of them would engage. Some of them said, "I heard you are against the vaccine. Never talk to me again." I'm serious. You can't make this stuff up.

These guys are really smart, but I couldn't disagree more with their approach.

I was treated as if I'm an evil person. I'm not evil at all. My sole motivation is to save lives by seeking resolution to key questions. Ostracizing dissenters is bad science in my opinion.

Their belief system is based on phase 3 trial results. If reality diverges from the Phase 3 study, the academic will trust the trial and ignore the reality as "anecdotal." This is why when people go to their doctors complaining of issues, they are directed to do genetic testing because the vaccine is eliminated as a possible cause since it is safe according to the false narrative.

That's not science at all. Science is about intellectual curiosity and fitting hypothesis to the data. Did they redefine science to exclude anything but data in a large Double Blind Controlled Trrial (DB-RCT)??? Maybe they did that when I wasn't looking.

In my opinion, we have to judge success based on real world results on 100M people and not bury our heads in the sand and pretend the only evidence we have is DB-RCT and that real-world data is simply so messy to interpret that it must be discarded as unreliable. Sure, It is messy to interpret but you do not need a DB-RCT when you have a 25X normal event rate that cannot be explained away. They claim you do. The mindset is ingrained. It's weird. That baby whose brain was fried by the vaccine? Must be genetic defect! As a scientist, how can you possibly exclude the vaccine as the cause? If this has never been observed before in nature, why would you rush to a natural origin theory vs. the external intervention of a toxic material causing a miscarriage rate of 82%. Any engineer looking at this problem and given two options, would always conclude it was the vaccine.

I've listened to both sides and I'm convinced that there is an air-tight case to be made here for the counter-narrative because the things I've seen with my own eyes are not consistent with the narrative. Could I be wrong? Sure. Could they be wrong? Absolutely. But my narrative fits the facts and their narrative doesn't. So there you go.

I am certainly not alone in challenging the narrative. See Wastila Citizen Petition and Wodarg Citizen Petition and Childrens Health Citizen Petition as examples.

The goal here is to raise the issues and seek the truth. I think we should embrace open discussion and resolve the inconsistencies constructively.

Since you already know the narrative, this document will focus on presenting the case for the counter-narrative.

My confidence level in the counter-narrative is now 100%. There are no rational explanations for what I've observed. Nobody can explain them. Congress staff won't reply to me. The CDC believes there are 0 deaths caused by the vaccine. That is so divorced from reality that it isn't funny. You've got over a 25X higher death rate from this vaccine vs. history, you have no clue what caused all the deaths ("the vaccine … duh"), and now we feel so good we want to kill our kids? Are you kidding me? Lookup the complications from having myocarditis (hint: heart failure, death). What kind of parent would sign up their child for that especially given the Science article that shows no benefit. So basically, your kid gets to play Russian Roulette with the vaccine and there is no upside here, only downside.

I think the entire academic community should be ashamed of themselves for not speaking out loudly against this vaccine. It shows how inept they are that a computer entrepreneur can clearly see what is happening and they cannot. It is embarrassing for the entire medical community. It's going to come out that I am on the right side of this and they are all wrong. The evidence on the table is so compelling. And the longer academia digs in their heels opposing what I write here, the worse they are going to look.

It's also an indictment of the mainstream media. There should be a *New York Times* investigative journalist on this. Know how many inbound queries I've gotten (since I know a lot more that I can't disclose publicly): zero. However, we did make an outbound request to one of the most respected publications in the world, and they are looking at this. So it will be interesting to watch this unfold.

It should tell you something that NOBODY will debate me. NOBODY.

Safe vs. unsafe

A legit argument was raised by one reader about the safe vs. unsafe moniker. Safety is relative. So when I say the vaccine is "unsafe" it means the alternative options have a significantly more attractive risk/reward profile.

Questions they refuse to answer

There are really basic questions that the media should be asking public agencies and Congress. Since they aren't asking any questions, I thought it would be helpful to provide some "conversation starters" the next time the press talks to Biden, Fauci, members of Congress, etc.

1. Why hasn't Senator Peters requested the unredacted version of the Fauci emails from NIH? This would tell us immediately the true source of the virus. No investigation needed. What is Senator Peters afraid of? NIH has said he can request the documents and they will comply.
2. Can you explain the missing 200,000 records in the VAERS system? Why are records being removed every week (they aren't dups)?
3. Why haven't Fauci and Lane been fired? Fauci funded the research that went wrong and unleashed SARS-CoV-2. We even have the proof of the coverup after the fact. Lane has violated the precautionary principle and use all available evidence principles. Systematic reviews are the top of the Evidenced Based Medicine (EBM) pyramid and he doesn't even mention it in the ivermectin writeup. He's responsible for the unnecessary deaths of hundreds of thousands of Americans. Shouldn't there be criminal charges here since it was willful and knowingly done?
4. When are Fauci and Biden going to come clean and tell the world ivermectin really works? Cliff Lane knows it. Right now GAVI (the vaccine alliance) is running ads all over the world with the false narrative that ivermectin doesn't work. That is not saving lives. WHO knows it works. They are not saying anything. This is another massive cover up and disinformation campaign. Here's an opportunity to set the record straight? I challenged the world to prove the NIH was right. No takers. If you can find an error in the BIRD systematic review, cite it now. Otherwise you MUST follow Evidence Based Medicine, which rates Systematic Reviews at the top of the evidence pyramid. What are we waiting for? We mandate masks without a single Randomized Controlled Trial (RCT), yet for ivermectin we are silent? Are you kidding me!?!?
5. When are they going to finish the toxicology studies in NHPs that they skipped over in the first place? You can't do this stuff in rats, and you must use the real vaccine to do the tests. Please publish the results of the test and the biodistribution for us all to see, rather than hide this as "COMPANY CONFIDENTIAL." That is not in the public interest to have that data hidden. Had we seen this earlier, we could have prevented deaths.
6. What does President Biden say to my friend's daughter who is so distraught about losing her baby (at 25 weeks) due to the vaccine? Why were pregnant women told to get vaccinated when we knew it was extremely unsafe since it has 8X higher risk of spontaneous abortion? The fetus was bloody and disfigured. The gynecologist had never seen anything like it. Never. But it was not reported to the CDC as vaccine related or entered into VAERS despite it being the most likely explanation since the toxic S1 subunit homes in on the area surrounding the ovaries. It seems all of these deaths are being covered up by being written off as "oh, that's really strange… never seen that before." We are told the vaccine is safe so nobody ever thinks the vaccine caused it. No autopsy.
7. How can the CDC possibly call a vaccine that kills somewhere around 1 in 10,000 people as "perfectly safe" while the FDA insists that ivermectin which kills 1 in 1,000,000,000 as "dangerous and can cause serious harm." Are you kidding me?!?!
8. How can the FDA make N-acetylcysteine (NAC) now available only by prescription yet the vaccine is available without a prescription? Can you compare the number of people killed each year by these two?
9. Why aren't you disclosing the exact number of people who have been killed and disabled from these vaccines? Shouldn't that be part of informed consent?
10. Should a proper "informed consent" document include all of the key issues raised in this document? If not, what vaccine-related issues mentioned here should be excluded and why? When will the new informed consent with the incidence rate of each significant side effect be listed? My suggestion would be to include both the incidence rate and the severity of the symptom, e.g., stroke, myocardial infarction would be very serious.
11. Why has the Biden administration stonewalled all of my attempts to talk to them about Fluvoxamine? Why will NOBODY debate the evidence for this drug publicly with me? Doesn't the American public deserve an honest discussion of this important and safe alternative to vaccination?
12. How many other cheap, safe, effective drugs against COVID have been on 60 Minutes? Just fluvoxamine as far as I know. Will Francis Collins debate me? He'll lose. I have the truth and the data on my side and he has no viable explanation for if the drug doesn't work how we can achieve a 100% effect size even with 8 cross-over patients. How will he explain away a p-value of 1e-14 for the symptom data? It was an NIH funded researcher who did the trial.
13. Surely, you must know that both fluvoxamine and ivermectin were confirmed in large clinical trials whose processes were validated by the WHO. The WHO was notified. Lane knows it. The Gates Foundation knows it. So why are you not letting people know there are viable alternatives to

vaccination? Isn't that sandbagging? And why aren't any of these organizations speaking out against the shameful ads being run by GAVI to dissuade people from using ivermectin. You know these are wrong, but everyone is silent.

14. If the NIH Guidelines are right on Ivermectin and Fluvoxamine, then why has NOBODY come forward to claim the $2M prize if they can defend the NIH Guidelines? There hasn't even been an attempt other than one guy from Belarus. Seriously?!!?! Is that the best you can do guys?
15. Where is your Phase 3 DB-RCT showing that kids under 20 are better off been vaccinated with these vaccines? I must have missed that one.
16. Where is your Phase 3 DB-RCT showing that if you've had COVID, you are better off getting these vaccines or not? I missed that one too. If there was no death or disability risk from the vaccine, I could see the argument. But that's just not reality?
17. Where is your DB-RCT showing that a 12 year old girl that is vaccinated today will be able to have kids in 6 years from now?
18. Where is your DB-RCT showing mask wearing makes a difference? The only RCT we have on mask wearing against COVID was done in Denmark and it showed mask wearing had a statistically insignificant difference. By your own rules of evidence, you shouldn't mandate this. By contrast, fluvoxamine has two published RCTs showing 100% effect size when given EARLY (lower effect size when you give it late as with the Phase 3 study). So Fluvoxamine is effective yet not mandated, yet masks are ineffective and mandated. How do you explain that? At 50mg BID x 14d, fluvoxamine is extremely safe with a very low side effect profile.
19. Why isn't anyone else asking these obvious questions that any thinking person should be asking?
20. Why are physicians who speak out against the narrative being punished? What happened to Dr. Hoffe?
21. If it wasn't the vaccine that has killed over 5,000 people then what was it? Why can't we see the cases that have been analyzed so far? How many cases have been analyzed?
22. Everyone knows the S1 subunit is toxic causing inflammation and damage to endothelial cells? Surely, this was well known at the FDA and CDC. Who brought it up and why were they ignored?
23. Why hasn't Kristian G. Andersen been called to Congress to testify about the cover up and talk about all the redactions in the Fauci emails? This was the biggest pandemic in our history, and we are not calling any witnesses with inside information??? Boy, I don't get that at all. Would be awesome if the press interviewed Kristian to tell his story about the coverup since he's not talking to Chris Martenson at all after Chris did his takedown video.
24. Why is the CDC taking so long to analyze the myocarditis and pericarditis deaths in teens? What is the current theory? How many kids have we killed so far? How many more kids must die before we stop this campaign? Or are we going to offer them candy and let them sign the informed consent?
25. Why will no one from the CDC, FDA, NIH debate me on these issues listed in this section? Surely, they cannot be afraid of a Silicon Valley tech entrepreneur with just two degrees from MIT… in electrical engineering and computer science???
26. The NIH COVID Treatment Guidelines panel meetings are secret. How is THAT in the public interest? Shouldn't those meetings be public and allow presentations from experts on the drug in a public forum? Should the votes of the panel members be public so that they can be held accountable for their errors in judgment? Why is there no calculation of the downside of getting a wrong recommendation? For example if there is just a 10% chance that people think that ivermectin works, why wouldn't you recommend it since it will save more lives if it works? I would like to understand from each panel member what they believe the % likelihood that ivermectin is useful against COVID. Do these people ever talk to any frontline doctors who are using ivermectin now? So if I have 1,000 docs all with close to 100% success rate in keeping people out of the hospital, you'd call that anecdotal and toss the evidence? Come on guy, people are dying. Science is about making a hypothesis based on all the evidence, not cherry picking evidence you like. Look science up in the dictionary; there is nothing about how you must ignore data from frontline doctors who are actually treating real patients and saving lives.

We can start with these for now. I have many more I'd like to ask.

The smoking gun that I think will bring down Biden and the Democrats (if the Republicans are smart)

The smoking gun is the free S1. This means "oh shit, the vaccine is defective. That was not supposed to happen."

Fortunately, with early treatment using drugs proven in Phase 3 trials, we have a safer, more effective option than a defective vaccine.

I'm a Democrat. But I'm a human being first. And this isn't even a close call. The sooner Biden backs off and halts the vaccine, the better for his future. If he moves forward, he and the Democrats will be swept from power. I do not want that to happen.

The arguments regarding quality-adjusted life years calculations (QALY) as the basis for justifying risk/benefit assessments for these vaccines are incontrovertible. The government has not followed its own established processes and policies for making these determinations. Anyone who regularly attends CDC Advisory Committee on Immunization Practices (ACIP) meetings knows what I speak of regarding QALY.

They are violating the law. The bioethics and federal law is clear cut and is laid out in Malone's article on TSN:

1. These are experimental vaccines. Emergency Use Authorization (EUA) grants a waiver for informed consent, but it doesn't override key requirements related to human subject research.
2. Therefore, the government must comply with federal statutes that cover ethical human subject research.
3. There are three key requirements that must be met: 1. full and complete disclosure of risks, 2. test subjects have to comprehend the risks 3. and there is willing consent to participate.

If anyone refuses to consent, and you try to coerce them (e.g., a punishment for non-compliance like "i'll fire you"), then you are in violation of federal law.

Furthermore, adolescents cannot provide informed consent; only their parent or legal guardian.

There are three ways around this:

1. Claim that the vaccine is "perfectly safe" (which would not be true, but doing so waives the consent requirement)
2. Change the law (boy that would look really bad and the Republicans won't allow it)
3. Rush it to be approved (boy that would compound the mistake and tank the Democrats)

They are pursuing #3. That just compounds the error and will discredit the FDA and CDC for decades to come.

The free spike protein (the S1 subunit) in the blood all over the body is the smoking gun.

This is not right. Free spike is dangerous. Everyone knew that. It wasn't supposed to happen. They created anchoring so you would not get free spike. This should have been detected, but nobody did the toxicology. **The FDA didn't force the drug companies to do the required toxicology studies.** They were too hurried and believed the anchoring would work.

We know there is free spike several different ways:

1. It breaches the blood brain barrier. This is why people are sleepy for days after vaccination… their brains are fucked up.
2. There are so many neurological adverse events reported
3. PET scans, which determine how cancer responds to treatment, can't used used on vaccinated patient for a couple of weeks because the lymph nodes all over the body are lighting up from the spike.
4. The Harvard researchers measured in vaccinated patients.

They **didn't take the time to get the dose right**. Dose is way out of the park. Had no time to do dose ranging.

If President Biden and the Democrats continue to ignore this article, it will sink them. Please, do the right thing immediately and stop this experiment now. Go back and fix the product. It is defective.

Vaccine mandates are wrong

Senator Ron Johnson gets it exactly right: vaccine mandates are wrong.

Will any Democrats come join him?

Informed consent is all about your ability to say no. If there is a mandate, then informed consent (as required by law) is superfluous. I don't see how a mandate can be legal since it violates federal law on experimentation on human subjects. If the Democrats want to allow experiments on human subjects without informed consent, they will need to change the law. And if they do that, pretty much all of us will change parties.

What are people saying?

At this point, you are probably wondering, "What are people saying about this document?"

Well privately, after most of my academic friends severed all ties, it's all been positive. A lot of people are afraid to speak out in favor of what I wrote because of fear of retribution because it goes against the narrative and they could be fired. Boy, America sure has changed a lot since I was a kid. Today, people stand in line for a vaccine that has a pretty good chance of killing them, and if I ask, "do you know if this vaccine is safe?" they shout me down as "anti-vax." Gotta love the tolerance for original thinking. Try this yourself. It's mind blowing.

Congress staffers have said "we'll get back to you."

Cliff Lane: no answer. I even reached out for corrections. Nothing. Crickets.

Biden administration: Crickets.

CDC: I've always been rebuffed in any of my attempts to contact Rochelle, so I gave up.

FDA: I like Janet Woodcock. I've made my points. She's listened. She understands them. She's not allowed to say much in response at this time. She's smart. I have a lot of respect for her.

In general, I like the people who engage me with legitimate debate. These are the good people.

People like Cliff Lane, Jeremy Farrar, Kristian Andersen who stop communicating when they know they've been caught with their hand in the cookie jar, those are the people I dislike.

I am a pretty simple guy in that respect.

Summary of key points covered in this document

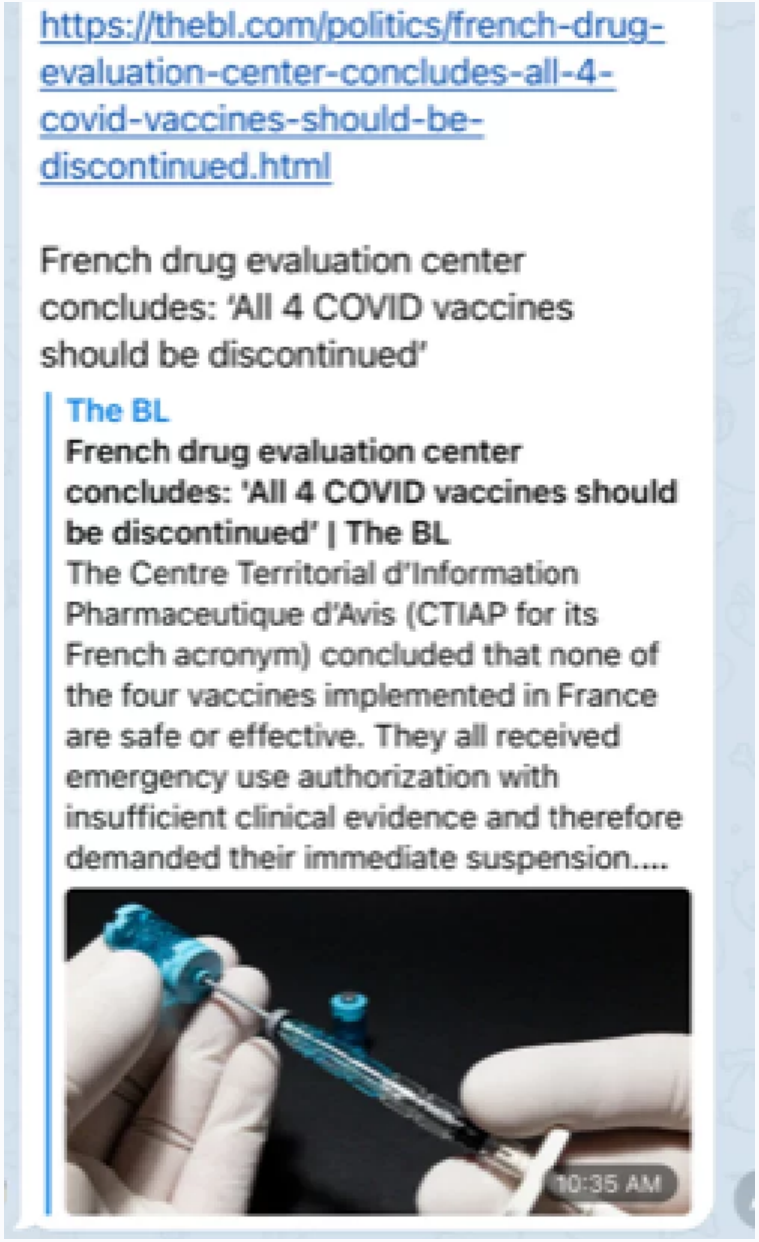
1. Vaccines are never supposed to kill people. The influenza vaccine doesn't kill anyone. Virtually zero (there are also very rare events where people do die, but they are < 1 in a million). People are much more likely to die just coincidentally with the vaccination not from the vaccination. For example, less than 1 person in the age group 30-39 dies per year according to VAERS.
2. The COVID vaccines are unique in that healthy people who take the vaccine can end up dead or disabled at a rate that may be far greater than we have been led to believe. I will debate anyone on this publicly and they will lose.
3. This vaccine is much more dangerous than any vaccine in our history. There are **more reactions to this vaccine than all 70 vaccines in the last 30 years combined**.
4. We are essentially creating a nation of vaccine long-haulers. Some will be asymptomatic, some will have mild symptoms, some will have disabling symptoms, and some will die. The symptoms are all over the map.
5. At a minimum, if the FDA doesn't halt vaccinations, they should require a BLACK BOX warning notifying people that the vaccine can kill you or cause permanent disability and the rates of both are unknown at this time. At least that way, people are going into this with their eyes wide open.
6. The side effects of the vaccine can be both subtle and incredibly diverse because the vaccine can

affect any part of your body, including your brain. One physician said, "What's so typical about the responses is the atypical nature of all the presentations." For example, my fingers have now started to shake uncontrollably 2 months after my second dose. This sort of neurological damage is impossible to show cause and effect. I never would have ascribed it to the vaccine because I was told the vaccine was safe. But if they had told me that the vaccine causes my body to make a toxin everywhere, including my brain, any new neurological symptom within 3 months after any shot is highly suspect. I cannot report it in V-SAFE since you can't make a proactive report. I will report in VAERS. Once you realize most people would never think to associate it with the vaccine because it happened 2 months later and the vaccine is supposed to be safe AND because most people don't know about VAERS AND because most people wouldn't bother to report it in VAERS since they would deem it too speculative, all this data is lost. V-SAFE **never warned me that the symptoms can be subtle, diverse, and to report EVERYTHING that is NEW and ABNORMAL** in VAERS. This is why the FDA and CDC isn't seeing a safety signal. Had I not written (or read) this article, I would have ascribed it to old age/bad luck. I now know better.

7. We don't know how many people this vaccine has killed or disabled. There is no transparency of these numbers and no analysis of the people who have died or been disabled. Of course we know these vaccines cause massive mini blood clots, so nothing is surprising.
8. If you have anything happen to you within 3 months of either dose that is **new and affecting your daily life**, please report it in VAERS.
9. We are collecting information from doctors. One doctor, with 600 vaccinated patients, reported that 6 of them had serious adverse events (requiring a hospital visit or hospitalization); 1 of those patients may die soon. This is very troubling. We don't know if this is typical or not.
10. Doctors are reporting adverse events in recently vaccinated patients that are off the charts. The range of conditions is unprecedented and doctors are baffled as to the cause and proper treatments. One 16 year old couldn't speak or see just 48 hours after getting the shot. We don't know how common this is, but even hearing a single event like this is extremely troubling. The press didn't report it; I saw it in an email. So there must be dozens or hundreds of cases just like these that we are "unaware" of because it isn't considered a vaccine-related event.
11. The CDC admits that dozens of teenagers have been diagnosed with heart issues shortly after receiving the shot. Fear not! They are investigating, but they will not stop the vaccination program while they investigate. It's been 2 weeks and no word.
12. Normally, vaccination injects or generates a harmless antigen in your shoulder to generate immunity. It stays in your shoulder. These vaccines are different. The mRNA vaccines deliver instructions to cells all over your body to make a pathogenic spike protein over the next 48 hours: inside your brain, heart, ovaries, etc. The spike proteins damage your blood vessel walls and cause clotting. The spikes can break free of the cell membrane and freely circulate causing even more damage. The spike proteins can last around 30 days. The damage that has been done in the 30 days can last a lifetime.
13. This is the reason people have a wide range of side effects: inability to see, inability to speak, heart attacks, myocarditis, pericarditis, bell's palsy (half of your face doesn't move), numbness in various body part, re-activation of shingles, etc. Some events are such as the teenager who killed himself after getting the shot are very hard to ascribe.
14. A large fraction of the spike protein ends up in the ovaries (see nice line graph later in this article… it will shock you). We don't know how the reproductive system of women will be impacted; we won't know that for another 4 months. Nobody needs the jab that bad. Why not wait and see what happens?
15. Social media companies do not want anyone to discover the problems until it is too late. Facebook for example has removed multiple "Vaccine side effects" groups comprising hundreds of thousands of users. If there are really no side effects, then what are these groups talking about? The weather? We don't know because Facebook doesn't want us to know. Don't you love the transparency?
16. Doctors are being told not to speak out or face the consequences. They are told not to associate deaths with the vaccine. Why is this needed if the vaccine is as safe as they led us to believe?
17. We are not told about the alternatives including safer vaccines or refusing vaccination and if infected, treating with an early treatment protocol.
18. Early treatment protocols with repurposed drugs are extremely safe and effective. If started within 48 hours of first symptoms, the hospitalization, fatality, and long-haul COVID rates are extremely low. In short, early treatment turns COVID into a mild cold.
19. The NIH is deliberately sandbagging the approval of drugs used for early treatment and that sandbagging continues to the present. They know the drugs work, but they don't want anyone to know. The guy leading the vaccine effort (Fauci) is the same guy suppressing the approval of alternatives because Cliff Lane, head of the Guidelines Committee reports to Fauci.
20. If the government really wants to reduce vaccine hesitancy, they should make the rate of death and disability public rather than hiding these numbers. They are hiding this information from everyone including doctors on the weekly CDC calls. I asked one of them recently, "How many people has the vaccine killed so far?" He said "about 100." There is no way just 100 people have died from this vaccine, I guarantee it. But it just shows you how they are hiding the true numbers.

21. Tony Fauci and Cliff Lane should be removed from office. Their failure to deploy the Precautionary Principle of medicine and use all the available evidence has led to the needless loss of life of millions of people.
22. The mainstream media and social networks have blindly followed the "authorities" and have contributed to the problem by enabling their false narratives and shutting out the voices of those who have legitimate challenges to these authorities.
23. If you can prove the NIH got it right on ivermectin and fluvoxamine (they rated them NEUTRAL), there is a $2M reward waiting for you. Nobody has been able to do that because it is impossible. It is like proving that a baseball team with a 30-0 win loss record is a losing team. This is outrageous that Congress is so asleep at the wheel that they have not taken immediate action to direct the NIH to fix the Guidelines to minimize loss of life.
24. **Once you get vaccinated, you can never be unvaccinated.** The damage may not be undoable and may only manifest itself years or decades later. It's a bit like starting a small fire inside all of your key organs and letting it burn for 30 days.
25. **If I knew what I know now, I would not have chosen vaccination with the current vaccines for myself or my family.** I would have waited for one of the newer vaccines which are not expected to suffer from these safety issues (but let's see what happens). If I was at risk for COVID, I would prophylax with ivermectin. If I got COVID in the meantime, I would treat immediately with a 4 drug combo of fluvoxamine (50mg BIDx14d), ivermectin (12mg x 7d), simvastatin (....), and maraviroc (...) . This is what Dr. Bruce Patterson recommends to his patients and was developed from what has worked to cure long-haul COVID cases. If started within 48 hours of first symptoms, this protocol should be extremely effective because each drug targets a different mechanism of harm.
26. If I already had COVID, I'd wait for the newer vaccines which confer broader immunity. Since I already have natural immunity in the meantime, there is no rush to vaccinate with a potentially unsafe vaccine.
27. If you MUST get vaccinated now for some reason, take 50mg once a day of fluvoxamine starting 3 days before and continuing for 2 weeks. This will reduce inflammation and damage just like it does for COVID patients.
28. These vaccines were rushed to market and they made a few bad design decisions. There is a way to re-formulate the current vaccines to significantly reduce the risk. If Pfizer or Moderna want to talk, you know where to find me. If the FDA expedites the fix, it could be fixed in as little as 60 days. I know of no reason they would not want to at least hear me out.
29. Don't you find it a bit odd that the CDC is telling kids to get vaccinated without showing proof that they are better off with the defective vaccine vs. taking their chances with the virus? I commissioned some experts to find out which was better and they threw up their hands because there is no data available to make the calculation because all the vaccine data is so bad (VAERS reporting). Their best guess is it was a wash. If you factor in an early treatment protocol if you get sick, then it isn't a close call: just say no and if you get infected and then treat it early. And I challenge the CDC to show the actual numbers to prove I'm wrong (I'm happy to be wrong by the way... it does happen on occasion).
30. Finally, not everyone will agree with me. I wouldn't have gone through the trouble to write all this if I didn't believe it was all true. I could be wrong. The FDA isn't seeing a safety signal. But the FDA isn't known for going out and talking to people in the real world and collecting data that way. They rely on official sources that can be grossly under-reporting the side effects in order not to scare anyone from taking the vaccine. I'm not making this up; there are lots of doctors that would vouch for what I'm saying. Check out Robert Malone's article, for example where he refers to this censorship of evidence as "alarming." Malone is the inventor of the mRNA vaccine! So I'm not worried that the FDA sees different data than I do. I'm in good company with Malone.
31. Right now, the mechanisms of action point to putting your body at much greater risk than a natural COVID infection would cause. The natural COVID infection travels slowly through your body; the vaccine takes about 15 minutes to set fire to every part of your body at the same time (and the biggest fire is in your ovaries). This is why, when you do have a side effect from the vaccine, it can happen anywhere. You never see that with a natural infection. You get immunity either way. Some think natural immunity is broader and more durable, others disagree. But I think we are splitting hairs at this point.
32. Lastly, let me address the elephant in the room. Some people have told me not to write this article. They believe that the upside of herd immunity and returning to normal outweighs the damage that is inflicted by the vaccine (which they believe is 100 deaths and no disabilities). I have several reasons for not agreeing: 1) the evidence on the table is all consistent with the hypothesis of a very destructive vaccine that has devastated a LOT of people, 2) they can fix the product quickly if they prioritize it, 3) if they kick Fauci and Lane out and replace them with reasonable people (in the mold of Michael J Ryan), we can get the drugs we need put on the NIH recommended list so if anyone does get COVID, it will be short lived and mild, and 4) this vaccine has the potential to wreak havoc on the reproductive system of our kids; if they can't even tell us how many people have died and been disabled from the vaccine so far, I have little faith in their ability to project 9 months or more in the future. We know the toxic S1 subunit accumulates in the ovaries (see chart below; search for "Still Unconvinced"). Prove to me this isn't a problem because it looks like it could well be a major train wreck to me. There is simply

no way that after dozens of healthy kids have reported myocarditis and pericarditis (still unexplained by the CDC) that this vaccine could be anywhere close to safe. Nothing happens on a flu shot. This is off the charts and the dozens of kids affected is just the tip of the iceberg and this is just one of hundreds of symptoms caused by the vaccine. What the CDC observed in those kids is perfectly consistent with the narrative I outline here. In short, my explanation of what is happening here, and my assertion that the vaccine is causing harm to healthy people, matches reality. Their narrative ("it is perfectly safe") does not. So, sorry, I'm not buying it. And I'm hardly alone in this belief:



French agency is thinking clearly. Not everyone was fooled.

If you believe everything I wrote above (or a trusted friend told you this is on the level), you can stop reading here.

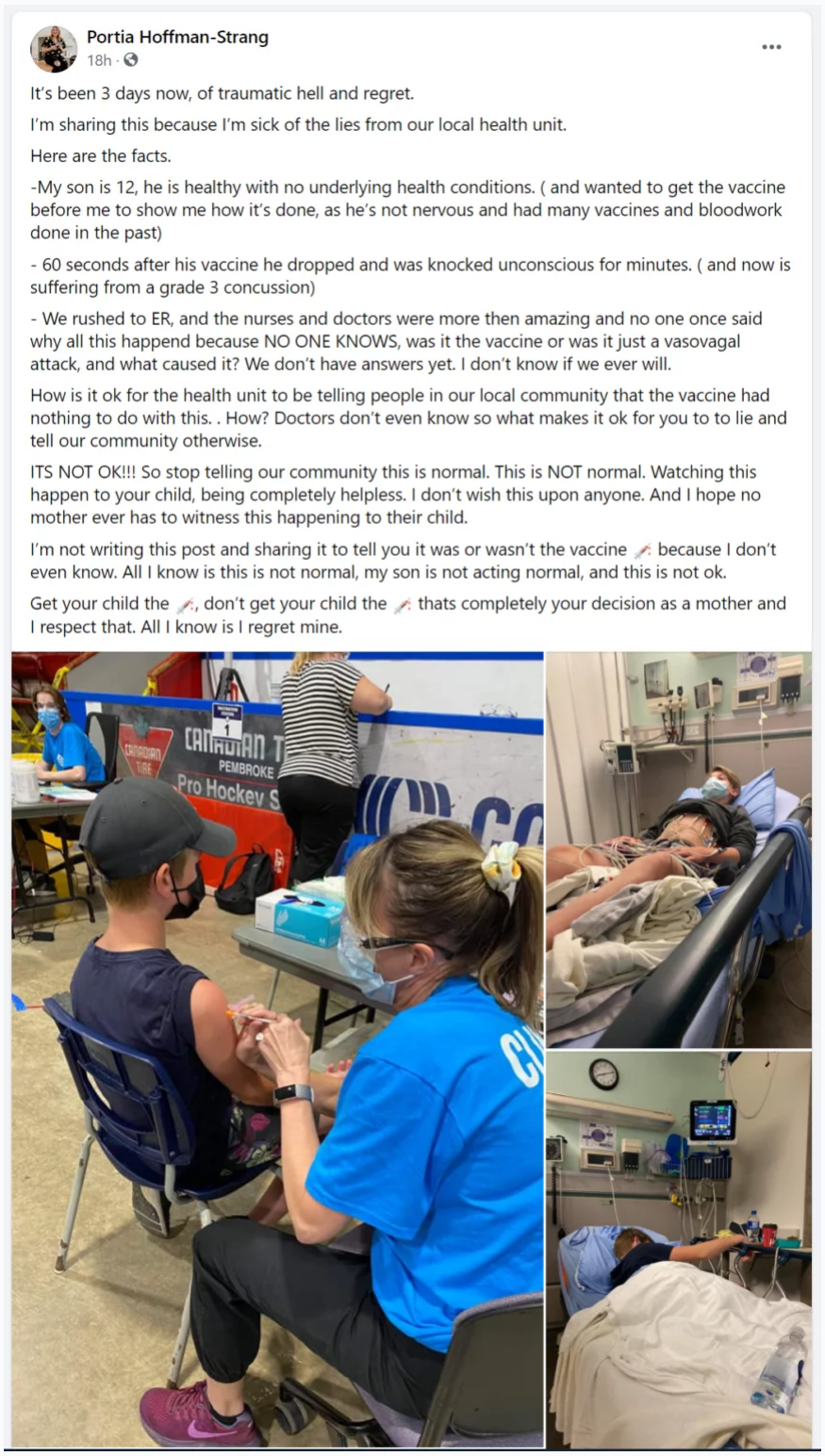
Since there is a lot of misinformation on the Internet, let me give you a few tips to help you decide whether this article is on the level or not:

1. Start with this site, Canada Health Alliance and watch their excellent 20 minute video. Bravo to them for pointing all that information out.
2. Then read the superb petition to the FDA to revoke the EUA for the vaccines filed by Children's Health Defense. Key excerpts in the next section.
3. Listen to Dr. Bridle present the results of his FOIA request showing the vaccine instructs cells all over your body to create a toxin for 48 hours.
4. My wife and I were the recipients of a National Caring Award. Evil people disseminating misleading information typically don't get such awards.
5. There are lots of stories about my philanthropy. Recently I donated $1.5M to the Glaucoma Research Foundation, for example.
6. Look at the entire history of my Twitter posts. It would be hard to find any misinformation in any post. If there is, I'm happy to delete it. So I'm not a spreader of misinformation.
7. You can verify all of this with the inventor of mRNA, Robert Malone. He's horrified about what has happened here; the muzzling of doctors, the lack of proper testing, the refusal to halt the drug when legitimate safety concerns have been raised, and the lack of transparency.

8. The comments to date (June 4, 2021) have all been positive. That doesn't happen when you spread misinformation. You are usually called out instantly.
9. You can check me out with known, credible people like the Dean of the Emory School of Medicine Vikas Sukhatme, Peter McCullough, George Fareed and Brian Tyson, etc. But this isn't about me. This should be about the facts and I'm happy to debate anyone from NIH, CDC, FDA, Pfizer, Moderna, Merck, etc. to challenge me on any of this, but they will not show up at a fair debate. We can even host it live on CNN to make it more interesting. Similarly, what Dean of any US Medical School will debate me? None. Because they can't use facts to discredit me because I'm telling the truth.
10. **I challenge anyone from the CDC, FDA, NIH, or WHO to debate me live. Nobody will take the challenge because they will lose. Badly.** The CDC won't be able to answer my simple questions. TrialSiteNews verified this independently because they did the debate "ask." The NIH turned them down instantly with no reason. The WHO didn't even respond. What are they so afraid of? Isn't this America where the free exchange of ideas is embraced? Or do we want America to be like China where there is a narrative from the government and everyone must follow the narrative without asking questions. It seems like we are moving to the latter.
11. If Cliff Lane wants to debate me live, I will expose the corruption live and he will be unable to defend himself because there were a lot of people who also received the email I sent him.
12. The Gates Foundation knows I'm not kidding about ivermectin and fluvoxamine working. They will not deny it. If they did, their credibility would be toast.
13. The Fareed and Tyson protocol works and can be verified by hospitalization records independently. Early treatment works and the NIH just doesn't want you to know that so they make it out like the drugs do nothing by giving them a NEUTRAL rating which has cost countless lives to be lost unnecessarily.
14. A lot of people told me never to talk to them again after I wrote this article. Virtually all of them are "academics" whose reputations are at stake. If they speak out against me, they will hurt their credibility in the future as sooner or later the truth will come out.
15. This whole thing didn't exist until I was on a chance meeting with the Canadian Covid Care Alliance, a group of Canadian doctors who are appalled by what has happened to their profession. If you go on their website, you can get a two page summary of what Dr. Bryram Bridle presented at that meeting. If you register on that site, you will be sent Dr. Bridle's full 20 page report (lay version for parents in about a week from now); the longer version for scientists is being written now (estimated to be in another week). The CCCA members and Dr. Bridle will debate anyone in the world on the merits of what is presented in Byram's reports.
16. After Dr. Bridle presented his results on a popular podcast, someone went to extraordinary lengths to try to discredit him through misinformation via a website and twitter handle. The perpetrator will not reveal his identity and refused my request to debate in an open forum. They like to hide in the shadows. If you want to challenge the doc, show yourself. They are not afraid to debate you, why are you so afraid to debate them?
17. Mainstream media won't air this because it goes against their narrative that the vaccine is safe and you should get vaccinated. If they give this story any airtime, it will hurt their credibility for not checking out the facts before promoting the vaccine to the public. If they refuse to give this story airtime, they will be digging themselves even deeper into a hole by compounding their mistake and continuing to promote a false narrative. They should let people know that people can die and be disabled from this vaccine. It is nowhere near as safe as the influenza vaccine, which is given out to the same % of people in the US without any reports of death or disablement. I bet you've never heard of anyone dying or being disabled from the influenza vaccine. But ask around and I'm sure you'll find a lot of people close to you with vaccine horror stories either in your family or your friends.
18. Early on in this pandemic it was me who was the truth teller saying we have to focus on using repurposed drugs as the fastest, cheapest, and safest way to turn COVID into a "mild cold." I was right. If you start treatment early enough (ideally within 24 hours of first symptoms or discover earlier via PCR) COVID becomes a very minor cold that ends in about 3 days.
19. I was right then about the critical importance of repurposed drugs, but it took the NIH over a year to acknowledge that. I'm absolutely confident that I'm right again. And it's important that you believe me ASAP because while it is too late for me and many of you, the health of your kids is now at stake. I burned a lot of bridges by publishing this article. If I'm wrong nobody will believe me ever again. Why would I trash my credibility? The reason I can be so confident is simple: everything is 100% consistent with what I wrote here: the mechanisms of action are known, the toxicity of the spike protein and the free S1 subunit cannot be denied as it is in the published literature and measured in vaccinated people, the anecdotal stories from my friends, doctors, and others, the fact that other top people are speaking out, the fact that vaccine victims are damaged in a similar way as COVID long-haulers (Dr. Bruce Patterson and Dr. Ram Yogendra).
20. I don't believe the people running the CDC or FDA are evil. I think they are absolutely fine people who are simply relying on broken systems for safety signals. The FDA knows it cut corners in approving the drug for EUA without the appropriate toxicology studies. They knew about the biodistribution data. But

they just believed the spike protein and the S1 subunit were "harmless" and they never expected that the S1 subunit would break off and become freely circulating. And even today, they think there is no problem because their systems aren't detecting a problem. They should be spending a lot more time talking to doctors with lots of patients. If they reached out, they'd be horrified by the stories just like I was. They should talk to my carpet cleaner, Tim Damroth and his wife both of whom were disabled from the vaccine. If the vaccine only disables 1 in a million, then I just saw an event that could never happen. Reality eventually wins over the "narrative."

This is reality. I captured this before Facebook could take it down. Here's the link to the post. If the link doesn't work, you can see what Facebook is removing from sight as "misinformation." If the link does work, then even Facebook censors believe it is legitimate. There were 600 likes and 488 comments. Read all the comments. Those comments are the reality of what people are really thinking; it's the narrative they don't want anyone to have. There is no doubt this is vaccine related. It wasn't 60 seconds before he took the vaccine... it was 60 seconds after. And the docs don't know if it is vaccine related. This is why the CDC isn't taking action because this is just a coincidence. Got it?



Portia Hoffman-Strang
18h ·

It's been 3 days now, of traumatic hell and regret.

I'm sharing this because I'm sick of the lies from our local health unit.

Here are the facts.

-My son is 12, he is healthy with no underlying health conditions. (and wanted to get the vaccine before me to show me how it's done, as he's not nervous and had many vaccines and bloodwork done in the past)

- 60 seconds after his vaccine he dropped and was knocked unconscious for minutes. (and now is suffering from a grade 3 concussion)

- We rushed to ER, and the nurses and doctors were more then amazing and no one once said why all this happend because NO ONE KNOWS, was it the vaccine or was it just a vasovagal attack, and what caused it? We don't have answers yet. I don't know if we ever will.

How is it ok for the health unit to be telling people in our local community that the vaccine had nothing to do with this. . How? Doctors don't even know so what makes it ok for you to to lie and tell our community otherwise.

ITS NOT OK!!! So stop telling our community this is normal. This is NOT normal. Watching this happen to your child, being completely helpless. I don't wish this upon anyone. And I hope no mother ever has to witness this happening to their child.

I'm not writing this post and sharing it to tell you it was or wasn't the vaccine 💉 because I don't even know. All I know is this is not normal, my son is not acting normal, and this is not ok.

Get your child the 💉, don't get your child the 💉 thats completely your decision as a mother and I respect that. All I know is I regret mine.

Facebook post on June 4, 2021 by a concerned mom who had her healthy child harmed by the vaccine. This should never happen. It never happens with the flu vaccine. Even one of these cases is too many. But there are countless horror stories like this one and most are being censored from view by the mainstream media and social networks.

Ask yourself if the vaccine is so safe, then why does Facebook keep removing "Vaccine side effects" groups? **Facebook employees are enabling this censorship to happen by not organizing and demanding that their company stop silencing innocent vaccine victims. Since when is it OK to censor**

facts and truth and civil discussion??

Marc Zuckerberg has no comment on this (he has a lot of money tied up in the vaccine and promised Tony Fauci to remove any content that goes against the false NIH narrative which is probably why when I tried to notify my friends that I'd be on 60 Minutes, Facebook censored my post). Does he support this or not? You have to take a side. This is preposterous and outrageous. **Censoring victims of a dangerous vaccine is not in the public interest.**

We are literally silencing free speech and nobody in Congress is speaking out about it since it goes against the narrative that the vaccine is safe. Some leaders in Congress will emerge sooner or later. Who will be first to demand the actual names of people who have been killed or disabled so that we can see how much under-reporting is happening? Ask yourself, if this vaccine were as safe as the influenza vaccine, these posts would be rare to non-existent.

Twitter post about facebook removing vaccine side effect groups. This is one of many. I heard another group was 120K members. There are likely more.

Here's an email from an ER doc showing why these events can be difficult to attribute to the vaccine. This is why surveying primary care docs is more useful (and asking the % of severe adverse reactions in their vaccinated patients). Ask yourself these two questions: 1. if the doc thought these events were normal, why did he bother to draft the email at all and 2. why is he afraid of retribution for speaking out about what happened? Note the frank comment about the event reports… there is no reward for filling these out and they are a time suck that nobody wants to do. So most of the events don't get reported. This is why the CDC and FDA never see a "safety signal."

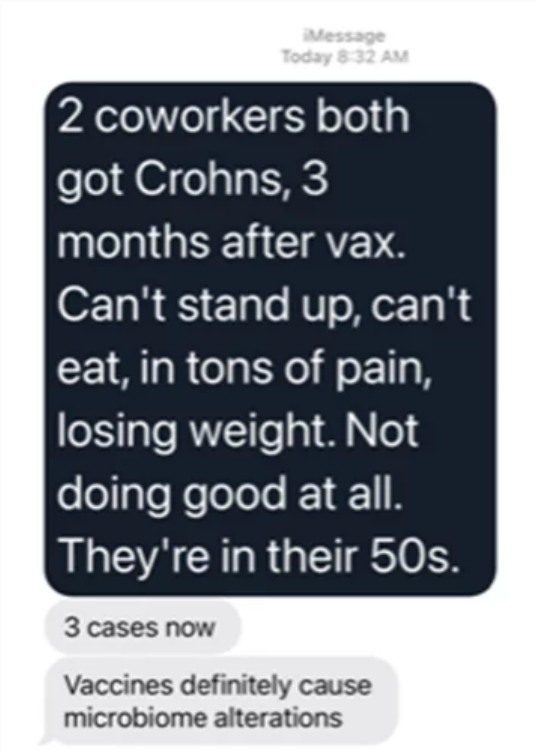
> *Some anecdotes for you:*
> *xxxxx Hospital in xxx where I work, has 2 cases of Guillain-Barre syndrome currently admitted. Both developed within 2-3 days of first vaccine, one in a 40yr old, the other in a 50yr old.*
> *We had a 64 year old female smoker die of a massive PE 5-6 days after vaccine. I know for a fact this was not reported as a possible vaccine event, even though I told the physicians I think they should report it.*
> *We have had at least 2 DVT's within a short time after vaccine.*
> *A girl in her 20's with a clotting disorder permanently on Fragmin because of previous PE had another PE after vaccine, but had also been non-compliant with Firagmn for 48 hours, so unclear.*
> *I had a lady admitted to me with "sepsis" when I was on the hospitalist service, 16 hours after vaccine. Workup negative for any other cause.*
> *I have personally seen three cases of "COVID arm". Not until the third did I figure out this is not cellulitis and doesn't need antibiotic*

treatment.
I am hearing issues from further afield.

This is such a tough issue to sort out statistically because, with the majority of the public being vaccinated, most of these issues are probably unrelated to the vaccine and statistically predictable without it. But having filled out the adverse event form, it is obviously a massive barrier to reporting – 5 pages of blanks and checkboxes. I know at least 2 docs who said "F— it" once they saw the form.

Email from a doctor who requested his name be withheld for fear of retribution

I just received this text:



Text message I received on Jun 4, 2021

If you're still not convinced, or just want to learn more about how the vaccine really works and how you were misled, the rest of this document is to prove to you that everything I've said above is accurate and it goes into a lot of detail. That's why it is so long. It's a lot to cover when you are up against a false narrative of this magnitude. And this is a work in progress to finish it up and clean it up. But I thought it was important to get this out so people can think it over and make their own informed choice as to what to do.

If you'd like to help me clean this doc up and you have a passion for the mission and enough medical knowledge to understand it all, DM me on Twitter @stkirsch.

Introduction

This was written on June 1, 2021. My views may change as new evidence and new vaccines emerge. I'm particularly excited about the Novavax, Covaxin, and Valneva vaccines because they may have a superior safety profile than the current vaccines and the Valneva is likely to lead to much broader immunity. Novavax reports minimal side-effects. That is the key.

First, here are a few things I want you to know:

1. The views in this article are not shared by most mainstream scientists who insist that the current vaccine is the best choice for everyone.
2. The arguments are very polarizing: each side insists they are right and the other side is completely irresponsible and unethical.

3. As proof of #2: I firmly believe that the mainstream scientists have got it completely wrong and clinicians with over 500 patients have it right.
4. I'm just an engineer with a couple of degrees from MIT and not qualified to give any medical advice. I never went to medical school. You should always consult with your doctor on medical decisions. This document is solely to educate you on issues to discuss with your physician and to help you understand your options.
5. There is absolutely no question that vaccination with the current vaccines has a risk of adverse effects. They are much riskier than traditional vaccines. For example for age range 30-39, there have been just 7 deaths in the past 10 years (2010 to 2019) reported in VAERS for the influenza vaccine compared to 68 deaths from the COVID vaccines in 2021 alone (ending in May 2021). Watch this video which explains the process I used to get the 100X. This suggests **the death rate is more than 100 times greater for this vaccine** compared to the influenza vaccine (the influenza vaccine doesn't kill anyone statistically; these are just background deaths since people die all the time). This means this vaccine is not safe; it is killing people.
6. Based on what I know today about the serious adverse events (SAEs) and death rates, choosing not to vaccinate (and *if* you then later get COVID, treating it early) is the superior option. This is especially true for those under age 30; the risks of infection are lower and the early treatment protocols are more effective and proven.
7. I have an ethical obligation to report that option to people because I believe it will save lives and avoid debilitating serious adverse events caused by the current vaccines many of which may be permanent.
8. Over 4,200 COVID vaccine related deaths have been reported in the VAERS system. Nobody knows the exact number, but it is likely much higher since VAERS is a voluntary system and I know that doctors are being discouraged from reporting vaccine related deaths. Conversely, had the 600K people who had already died from COVID infections been treated early, the number of deaths to date could be reasonably estimated to be significantly less than that. For example 6,000 patients if not treated would produce at least 300 hospitalizations (since average age was 60). Early treatment with a proven protocol (such as that of Fareed and Tyson) has been shown to reduce that to 1 hospitalization with the same cohort. These are actual numbers in real life in multiple independent practices. This is a 300x improvement. Therefore, a rough estimate is that only around 2,000 people would have died if we had told people to treat the virus early with an effective protocol *and* we had 100% compliance. If we add a prophylaxis protocol (such as with ivermectin), we reduce the deaths even more to around 400 dead. **This means there is likely more than an order of magnitude difference between the options** in favor of do not vaccinate.
9. By using modern hospital treatments such as cyproheptadine, leronlimab, inhaled adenosine, and the ExThera Seraph 100, even if someone is hospitalized, we can reduce the chance of them dying by up to a factor of 4 or more, leading to **<100 people dead in the US, all without the need for vaccination** just by allowing doctors to use the best evidence-based treatments on the table.
10. Had the CDC told people to treat the virus early with an appropriate protocol, **we would have never had a pandemic** since this would result in a fatality rate that is around two order of magnitude lower than the number of people killed by the flu in a typical year. Early treatment also avoids the huge amounts of vaccine SAEs many of which are debilitating. And it reduces the risk of damage to brain, heart, and reproductive tissues. We know that the vaccine is delivering spike protein to these areas; that is not longer debatable. I think the big mistake was keeping quiet about the value of early treatment and only talking about the vaccine as the only option.
11. Front line doctors who are actively treating patients have a different view than the CDC. For example, a group of doctors I know have shifted from 100% pro vaccine to 100% against the **current** vaccines based on their own personal experiences (wide range of rare, inexplicable serious conditions).
12. Highly respected physicians such as Peter McCullough who previously thought the vaccine was safe have now realized they made a mistake and are now publicly telling people not to vaccinate.
13. A doctor I know has 1,200 total patients of which 700 are vaccinated patients. He has 15 patients with severe adverse reactions including heart attack, congestive heart failure, acute pancreatitis, with one "now near death." A serious event rate of 1 in 50 is totally unacceptable; it's almost as bad as the virus itself. It's likely less than that on average, for example, I know another frontline doctor who has 550 patients; 90% have been vaccinated and there were no significant lasting adverse events. Why aren't we getting the actual data from the authorities? I am having to resort to data collection myself directly from physicians to find out the serious event rates since this is not being disclosed. Really? We expect everyone to do this?
14. The fact that there were Facebook "Vaccine side effect" groups with over 200,000 members before Facebook censored them is objective evidence supporting the clinicians.
15. I believe the current vaccines can cause very debilitating side effects and could be fixed so that they are a lot safer than they are today (by removing the PEG, decreasing the dosing, pre- and post-medicating).
16. I am PRO-VAX. **I think vaccinations in general are fabulous. I have always gotten vaccinated in the past.** I got the Moderna vaccine in March 2021. Both doses. The mRNA vaccines are fabulous in

general. But NOT when the antigen is problematic and you include PEG so it gets broad distribution. That's the issue: the s1 subunit antigen combined with the PEG in the vaccine means that a pathogenic antigen (s1 subunit) is now being manufactured (for up to 48 hours before the mRNA falls apart) in all parts of my body including inside my brain and causing blood clots and inflammation for up to around 30 days until almost all of those cells either are dead or destroyed. For more detail as to the cause of the clotting and bleeding, listen to this excellent 10-minute interview of Byram Bridle.

17. My issues are SOLEY with the SAFETY of the CURRENT vaccines as compared to the efficacy and safety of outpatient prophylaxis and treatment protocols. The number of significant adverse reactions is abnormally high and it isn't clear if these are reversible. The lack of transparency and censorship are both troubling.
18. Knowing what I now know, I would not have made the same choice if given the option today.
19. I would not allow my kids to be vaccinated with the current vaccines. The risk-benefit tradeoff doesn't justify it.
20. I have insider knowledge of the safety and efficacy evidence of early treatments that few people have which gives me a unique perspective that few other people in the world have. I also have insider knowledge of why the establishment is improperly rejecting these treatments and pretending they don't work. I believe that early treatments are superior to the current vaccines in terms of minimizing death and disability.
21. My sole objective in writing this is to **minimize the number of people who end up dead and/or permanently disabled**
22. The CDC has not made a compelling case that vaccination is better. That's because they can't as you'll see in the next section (Children's Health Defense filing).
23. If I previously had COVID, I would not get the vaccine due to the risk of adverse reactions risk.

Here is an example that makes it crystal clear that refusing vaccination saves lives.

Children's Heath Defense Petition to FDA to revoke EUA on COVID vaccines

Here is the full petition.

Here are a few of the most relevant sections:

4. FDA should immediately amend its existing guidance for the use of the chloroquine drugs, ivermectin, and any other drugs demonstrated to be safe and effective against COVID, to comport with current scientific evidence of safety and efficacy at currently used doses and immediately issue notifications to all stakeholders of this change.

6. The FDA should issue guidance to all stakeholders in digital and written formats to **affirm that all citizens have the option to accept or refuse administration** of investigational COVID vaccines without adverse work, educational or other non-health related consequences, under 21 U.S.C. § 360bbb-3(e)(1)(a)(ii)(III) 1 and the informed consent requirements of the Nuremberg Code.2
7. Pending revocation of COVID vaccine EUAs, FDA should issue guidance that all marketing and promotion of COVID vaccines **must refrain from labeling them "safe and effective," as such statements violate 21 U.S.C. § 360bbb-3**.

37. Finally, reflecting on the FDA's regulatory history is helpful: A proven association between the 1976–1977 swine influenza vaccine and approximately 400 cases of Guillain–Barré syndrome halted that particular national vaccination campaign. The r**eported deaths following that swine flu vaccination campaign, 30 out of 40-45 million vaccinees, were insignificant compared to the current reported death toll of 4,434 due to COVID vaccines. Today's death rate is more than 50 times higher than that which ended the swine flu vaccine campaign.**

38. Regarding the halted swine flu vaccine program, the **CDC's Emerging Infectious Diseases Journal concluded, "In 1976, the federal government wisely opted to put protection of the public first."** FDA should learn from this past experience and again put protection of the public first. It is imperative that the FDA swiftly take action to authorize alternative treatments

41. There are 74 million children in the United States. So far, 282 have died "involving Covid." Two hundred eighty-two in 74 million is a rate of 0.00038%. While many children may not have been exposed to COVID, CDC estimated that 22.2 million children aged 5-17 had had COVID and 127 had died, at the May 12, 2021 meeting of the Advisory Committee on Immunization Practices, or 0.00057%. Available evidence strongly suggests that **the vaccine is much more dangerous to children than the disease**.
42. A recent opinion piece in the British Medical Journal noted that "the likelihood of severe outcomes or death associated with COVID-19 infection is very low for children, **undermining the appropriateness of an emergency use authorization for child covid-19 vaccines.**" The authors also suggested child vaccinations could strategically harm vaccination efforts and increase vaccine hesitancy.

Troubling stories

Here are some more headlines that challenge the notion that "everyone should vaccinate including kids":

A good friend of mine is a doctor in Canada. Of the 600 patients who got the jab, 15 have SAEs. 5 of those are hospitalized. One of the hospitalized patients is near death. This same doctor in 29 years has never had any SAE from the flu vaccine. How do you explain this?

Highly cited COVID doctor comes to stunning conclusion: Gov't 'scrubbing unprecedented numbers' of injection-related deaths

Two Healthy Teens Die After "Vaccine" Injections, Famous Yale Dr. Says Ivermectin Works. 70% of COVID Deaths Unnecessary

7 Paralysis Cases Reported After Pfizer Injection, As More Schools Require Shots

Write-up: Patient's niece reported that the patient's arm became sore, had stomach upset, fever the day after the vaccine. The following day the patient died. (24 hours after being vaccinated)

16 year old girl cannot talk or see 48 hours after vaccination.

The statistics and stories on this site which surveys vaccine recipients.

More than 25% of all adverse events ever reported over the past 30 years from all vaccines are from the COVID vaccines which makes COVID vaccines the single most destructive vaccines in human history.

The New York Times (May 22, 2021): CDC Is Investigating a Heart Problem in a Few Young Vaccine Recipients. They will not say the number but it is more than a few. Teenagers never have heart issues after any other vaccinations. The article itself says "**several dozen reports**" of myocarditis yet the agency says relatively few cases (relative to the 100M vaccinated presumably) so as not to panic the public.

Here is a letter to clinicians in Maryland showing that this is not normal.

Here is the CDC page on these reports. They refuse to reveal the number of events and the rate that the events are occurring. We only know this is significant due to the *New York Times* story.

Shingles and herpes zoster infections are known to be re-activated by the vaccine. This was confirmed by an insider at the FDA who used computer analytics to see the association.

Under reported examples

Some examples of under-reporting:

- Dr. Hoffe's reports were all removed.
- Had an ivermectin consultation with 2 seniors who don't want the vaccine; their daughter a school principal took first dose of Pfizer; almost immediately suffered severe undiagnosable neurologic symptoms; numbness; been to ER x 3; saw neurologist; was questioned whether it's in her head; **NO ONE CONSIDERED THE VACCINE AS THE CAUSE**. I told the mother that her daughter's problem is likely spike protein disease and is real and must be reported. I sent her the forms to give to the family doctor; provided the correct fax number. I insisted these events MUST be reported. It has been 5 weeks and she is slowly improving. I warned that Public Health will tell her to take the second dose (which she will not).
- … you get the idea… physicians pressured to not blame vaccine or just unaware of the range of symptoms or form too long, etc.

Why are the current COVID vaccines so dangerous

Listen to this excellent 10-minute interview of Byram Bridle for detail, but basically:

1. PEG enables the lipid nanoparticles to invade the entire body **including crossing blood brain barrier**. They don't just stay inside your shoulder.
2. The mRNA fuses into cells and instructs them to produce the spike protein
3. The spike protein is not benign as had been assumed. It will attach to the ACE2 receptor in platelets causing them to clump which leads to clotting. It will also attach to blood vessel walls (ACE2 receptors on endothelial cells) causing bleeding. All this damage in turn, creates inflammation which makes things even worse. The blood clots and bleeding cause all sorts of disorders (blindness, inability to speak, numbness, etc) depending on where they are.
4. The biodistribution safety studies were not done with the actual vaccine (a big no-no). But they showed distribution all over the body, including brain, ovaries, adrenal glands, etc. This will be published in Byram Bridle's next summary. See Fig below.
5. What's even worse is that the dangerous S1 subunit protein doesn't remain bound to the cell, but can break off and becomes freely circulating (aka free s1 subunit spike protein) as these Harvard researchers measured in vaccinated patients. This increases the damage potential significantly because if the original distribution (from the LNP) was limited in key organs, **the free spike is able to reach many more areas**. The analogy is delivering a small box of pathogen to the front door of each house in a neighborhood. When you open up the box, instead of the pathogen being expressed on the

outside of the house, the pathogen breaks off and is now free to engulf the entire neighborhood (and surrounding neighborhoods) in pathogen (s1 subunit).

6. This free S1 protein may be transferred via breast milk to infants which then can wreak the same havoc on the child's body. This is a hypothesis but it would not be surprising to have the spike protein in the breast milk of some lactating women if they were to be vaccinated. Proteins circulating in the blood usually get concentrated in breast milk. **Notably, there have been some adverse events reported of infants experiencing bleeding in their gastrointestinal tracts after suckling from mothers who had received a COVID-19 vaccine.** This hypothesis would explain it (and afaik is the most likely explanation; is there another?). Byram Bridle's full paper (not yet available) will go into this further. Incorporating the spike protein into an infant's immune system will teach the infant that the spike protein is "good" and should not be attacked in the future. This means that if infected in the future, the child may be unable to get rid of the virus, and would have a life-long susceptibility to the virus.

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Article: [^{3}H]-Labelled LNP-mRNA formulation containing ALC-0315 and ALC-0159
Report Number: 185350

Species (Strain):	Rat (Wistar Han)
Sex/Number of Animals:	Male and female/3 animals/sex/timepoint (21 animals/sex total for the 50 µg dose)
Feeding Condition:	Fed ad libitum
Method of Administration:	Intramuscular injection
Dose:	50 µg [^{3}H]-08-A01-C0 (lot # NC-0552-1)
Number of Doses:	1
Detection:	Radioactivity quantitation using liquid scintillation counting
Sampling Time (hour):	0.25, 1, 2, 4, 8, 24, and 48 hours post-injection

Sample	Mean total lipid concentration (µg lipid equivalent/g (or mL) (males and females combined)							% of administered dose (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Adipose tissue	0.057	0.100	0.126	0.128	0.093	0.084	0.181	--	--	--	--	--	--	--
Adrenal glands	0.271	1.48	2.72	2.89	6.80	13.8	18.2	0.001	0.007	0.010	0.015	0.035	0.066	0.106
Bladder	0.041	0.130	0.146	0.167	0.148	0.247	0.365	0.000	0.001	0.001	0.001	0.001	0.002	0.002
Bone (femur)	0.091	0.195	0.266	0.276	0.340	0.342	0.687	--	--	--	--	--	--	--
Bone marrow (femur)	0.479	0.960	1.24	1.24	1.84	2.49	3.77	--	--	--	--	--	--	--
Brain	0.045	0.100	0.138	0.115	0.073	0.069	0.068	0.007	0.013	0.020	0.016	0.011	0.010	0.009
Eyes	0.010	0.035	0.052	0.067	0.059	0.091	0.112	0.000	0.001	0.001	0.002	0.002	0.002	0.003
Heart	0.282	1.03	1.40	0.987	0.790	0.451	0.546	0.018	0.056	0.084	0.060	0.042	0.027	0.030
Injection site	128	394	311	338	213	195	165	19.9	52.6	31.6	28.4	21.9	29.1	24.6
Kidneys	0.391	1.16	2.05	0.924	0.590	0.426	0.425	0.050	0.124	0.211	0.109	0.075	0.054	0.057
Large intestine	0.013	0.048	0.093	0.287	0.649	1.10	1.34	0.008	0.025	0.065	0.192	0.405	0.692	0.762
Liver	0.737	4.63	11.0	16.5	26.5	19.2	24.3	0.602	2.87	7.33	11.9	18.1	15.4	16.2
Lung	0.492	1.21	1.83	1.50	1.15	1.04	1.09	0.052	0.101	0.178	0.169	0.122	0.101	0.101

Biodistribution data (Page 1) showing accumulation of drug all over your body, not just in the shoulder. But this was not done with the actual drug.

When you get vaccinated, you start generating the s1 protein inside all your organs. While accumulation outside the injection site is minimal, because it is generated everywhere, including inside your brain, it explains the huge range of side effects.

Therefore it comes as no surprise that people suffering from vaccine side effects have EXACTLY the same biomarker profiles as long-haulers according to the scientists at what I consider the world's leading COVID long haul clinic. **The vaccine is supposed to do no harm and simply prime your immune system. It is not doing this. It is causing damage. There is absolutely no question about that.**

See the 2 page summary paper on canadiancovidcarealliance.org for a more detailed description..

So there were 3 major errors:

1. not removing the PEG from the formulation which would have localized the distribution to the injection site more
2. assuming the spike protein and s1 subunit were benign (which means the distribution profile is not harmless)
3. assuming the s1 subunit would remain bound to the cells where the mRNA was delivered. This is not the case as s1 is seen circulating in the blood. This is very problematic: it means that even if you fixed #1, you could still be in trouble since this will likely affect all vaccines. The S1 subunit appears to be the most toxic part of the virus. This explains the wide range of symptoms people have after receiving the vaccine.

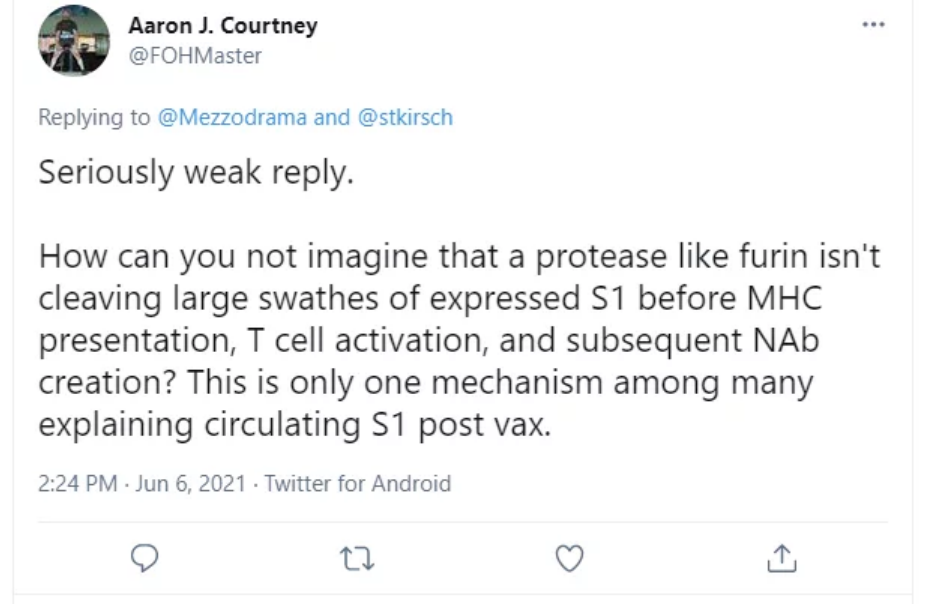
But wait… there's more! Here's one explanation for why you get free S1 subunits proposed by Stephanie Seneff (MIT):

> *But then I think maybe the most disturbing thing to me is they actually modified the code so that it doesn't produce a normal version of the spike protein. It produces a version that has a couple of prolines in it side by side at the critical place where this spike protein normally would fuse with the cell that it's infecting. So the spike protein binds to the ACE2 receptor once it's produced by the human cell, according to the vaccine instructions. But it's a modified version of the spike protein. It has these two prolines that make it very stiff so that it can't reshape. Normally it would bind to the ACE2 receptor and then it would reshape and go straight into the membrane like a spear. And because of this redesign, it can't do that so it sits there on the ACE2 receptor exposed.*
>
> *And of course, this makes it much easier for the antibodies to be produced because I mean it can't hide its underbelly because it's been engineered to keep itself open.*
>
> *Stephanie Seneff, private conversation June 2, 2021*

I wrote to Malone to confirm this. He wrote back:

> *yes, it is locked into a pre-fusion confirmation.*
>
> *It has a transmembrane anchor added which is supposed to keep it in the membrane of the cell that expresses it after mRNA transfection.*
>
> *But clearly there is a proteolytic cleavage step that is happening (no surprise) which is cutting it free from the transfected cells.*
>
> *We know it is being clipped because of the HMS/Brigham paper measuring free spike in the blood of vaccinees.*
>
> *All of this should have been sorted out before it went into humans.*
>
> *Email from Robert Malone, inventor of mRNA vaccines*

And here's a favorite reply I saw on Twitter when Susan Gates attempted to attack this article. Susan is a classical singer but hey I just wanted to point that out since she's mentioned my background. I'm more interested in responding to her argument. She basically resorts to ad hominem attacks since she can't find anything wrong with my arguments. I love it when they do that... it's just more confirmation that I'm right on the facts. Thank you Susan! And Susan, we'd love to hear your response to Aaron's question since obviously you are qualified to discredit me. I'll post it here.



Finally, for scientific readers, here's more on the PEG usage courtesy of Robert Malone (that is above my pay grade):

- The PEG is linked to a short acyl chain, and is there to stabilize the formulation prior to injection.
- The PEG disassociates from the lipoplex after injection
- Yes the synthetic ionizable cationic lipids are a key part of the formulation. They are what drives (thermodynamically) the coating of the polynucleotide and the overall self-assembly process.
- Both the PEG and the synthetic cationic lipids (that are added to the nanoparticles to make them extremely immunogenic) can be removed. The delivery will not be as efficient, but naked RNA does work.

Is this true for other vaccines?

Yes. J&J is affected too. J&J has the same modified version of the spike protein.

Why is the CDC ignoring all these warning signals?

You'd expect that the CDC monitoring would have picked up the myocarditis in kids early and it worked: it did. But interestingly, the Israeli's who are highly skilled at this and have a much more controlled health system did not. This is interesting because it shows these detection mechanisms can have flaws.

The CDC knew early about this, but as more case reports came in, they issued an advisory about 2 weeks ago.

These events are clearly vaccine related. The myocarditis and pericarditis always happen right after vaccination (within a few days). They are more common after the second dose. This tells you for certain that it is the vaccine that is causing these events; we didn't just get "lucky." If it were random, the first dose would be same rate as second dose.

Why isn't the CDC halting the distribution of the vaccine to kids until the cause is determined so that the vaccine can be "fixed"? They aren't.

If you ask Byram Bridle, he'll tell you in seconds exactly why this happens; the narrative we just described fits all the observations.

However, the CDC remains completely baffled even though they have been "working on it" for weeks. I'm sure it will take a while before they do. They will simply remain baffled and just tell docs to treat it.

The reason for this is simple. Even though Bridle's analysis explains everything, accepting Bridle's analysis means that they would have to admit they approved a very unsafe vaccine. That would look bad. So better to keep saying "we are looking at it."

If they are truly baffled, why not make the existing case reports public and reveal their current hypotheses so we can use the brainpower of everyone in the world to find the probable cause? This would be in everyone's best interest.

In the interim, they should adopt Byram Bridle's hypothesis since it PERFECTLY FITS ALL THE FACTS until they find a better explanation. That's the safest thing to do. But finding a second perfect fit… that's really really unlikely. Therefore, it is very likely Bridle got it right and using that in the interim is the safe thing to do to protect the public.

Why early treatments are so safe

Early treatment using repurposed drugs is the fastest, cheapest, and lowest cost way to end the pandemic. These drugs are safe, effective, and they have a well known safety profile. Ivermectin for example, is one of the safest drugs ever invented.

The earlier you start a protocol, the better. In Mexico, they start people on drugs even before the PCR test comes back. Their hospitals are empty. **NEVER NEVER wait for symptoms before starting treatment** if you can avoid it (a common mistake doctors make is to only treat if symptomatic; but that can be too late for minimizing the impact).

Viruses are ALWAYS best treated early (just like a fire). Hit early and hard, just as David Ho advised with HIV.

Because Fauci didn't prioritize outpatient treatment early on and made sure than no repurposed drug gets NIH approval no matter how convincing the evidence is even when nobody in the world can defend these recommendations. Otherwise, if proven he made a huge mistake that cost trillions of dollars and millions of lives, he'd look bad and lose his job.

Congress is still blind to Fauci. They think he walks on water. He doesn't. When he was given inarguable proof these drugs worked, all we got back was silence. If Congress were to actually question him on this, his position is indefensible (see this article). Cliff Lane knows all the evidence-based medicine requirements for a FOR recommendation have been met.

If we had used early treatments and novel in-patient treatments (adenosine, cyproheptadine, etc; see the videos on TrialSiteNews), the death rate from this virus would be in the low thousands making it far less dangerous than influenza which can kill between 20,000 and 60,000 people a year.

Why you should never get vaccinated if you are immune already

If you've had COVID already, there is no quantifiable benefit to getting vaccinated. It's also more dangerous.

If you are not sure, it is safest to always ScreenB4Vaccine to see if you might already be immune. If so, just say no.

How the CDC has reacted in the past for safety concerns

Here's the CDC link so you can compare stopping criteria in the past. Can you find any vaccine which was allowed to continue for longer than the current COVID vaccines?

The increased risk was approximately 1 additional case of GBS for every 100,000 people who got the swine flu vaccine. For COVID, as of June 6, 2021, there are 138M fully vaccinated and at least 5,165 deaths. Let's take off the background deaths and we get 138M/4500 which is at least 1 death for every 30,000 people.

So this is proof that getting GBS is considered 3 times worse than killing people by the CDC. Really?!?! Boy, you really can't make this stuff up.

The CDC can argue that killing people is OK when COVID would kill more people but that's because the NIH is suppressing the success of early treatment and Gavi is taking their billion dollars donated to them and spending it on trashing ivermectin. Man, if I had only 1% of the $2.4B that people donated to Gavi, I could have ended the pandemic safety in a fraction of the time. Smart capital allocation can do wonders. But putting all that money and giving it to Gavi to falsely claim ivermectin doesn't work is absolutely absurd. And if anyone from Gavi wants to debate me, TrialSiteNews will host the live debate. But they won't because it will not be pretty for them. NOBODY will debate me. I feel lonelier than the Maytag repairman.

Maybe there really is a conspiracy / cover up going on after all: Kristian Andersen, Jeremy Farrar of Wellcome

Professor Kristian G. Andersen is a faculty member at Scripps.

Jeremy Farrar is a British medical researcher and director of the Wellcome Trust since 2013.

Led by Jeremy Farrar, they apparently conspired with Fauci and others to organize the cover up so it would look like COVID came out of nature. It took only 1 week from the time Kristian was first contacted (and believed the virus was man-made) to submitting a paper that the virus originated naturally. Come on. Seriously? There is no possible way you can explain your way out of that one.

It didn't come out of nature. Fauci funded the research that went astray and caused a worldwide pandemic. And there is only one guy in Congress, Senator Rand Paul, who has figured it out.

Watch Chris Martenson's excellent take-down video here.

On June 5, 2021, I emailed Jeremy since we've talked in the past and offered to introduce him to Chris in order to respond to all the issues Chris raised in his video. Subject line: "Opportunity to set the record straight on the Fauci emails." No answer.

I would love to have Kristian come on Chris' show and explain how the paper came about. But it doesn't look like Kristian wants to talk about it. Chris told me on June 6, 2021, "Kristian Andersen deleted 5,000 tweets and blocked me yesterday... b7A are my new favorite letters and number combo."

Here's my question to Kristian: what are they trying to hide and how come no one in Congress is investigating this? Why not set the record straight with Chris?

Maybe there really is a conspiracy after all: GAVI

I used to think it was just Fauci and Lane. But maybe it is deeper than that. Check this out:

Uh oh. Gavi is deliberately misleading people and spending money to spread misinformation. Dear Gavi: if you really think it doesn't work, why haven't you accepted my $2M challenge??

I posted this in reply to their pinned tweet. I bet they block me because they are unable to respond to what I wrote here. By keeping the facts from public view, they maintain the narrative that the vaccines are safe.

Here's my ask to Gavi to respond to my article. This is a huge issue in the public interest that deserves to be heard. Can we have a civil debate on the merits?

If Gavi was really interesting in saving lives, they would be running ads like this one:

Wouldn't it be great if Gavi was focused on saving lives instead of promoting a dangerous vaccine that kills people?

Here is why we aren't using ivermectin instead of the vaccine

Nobody explains it more clearly than the Premier of Manitoba, Canada in response to a question.

> *Q: "Another kind of hesitancy, I'm talking about treatment drugs, hesitancy about talking about ivermectin, trying ivermectin... like Dr. Alexander .. oncologist at Yale. Apparently a drug that does no harm. Not a big risk to try it. Has helped many people. Are we trying it? If not, why not?*
>
> *A: "We are pursuing domestic research that we hope can lead to better*

vaccine availability in the future, perhaps not during this wave, but when we need boosters in coming years, or when there's another pandemic to have canadian research available, and we have production of course

in Manitoba it's our leading industry, is drug manufacturing.

I just want to say Thanks to all concerned! ...

for the Rain. ....

Our Fire situation, though not completely addressed, has been significantly reduced in terms of it's danger.

as a consequence of this rain, and of course, when farmers make money we are all better off, and this is a billion dollar rain for our Ag community, so I want to thank the people in charge, for making that rain available.

Keep up the Great Work.

Thanks Everybody!

Have a safe long weekend!

So in my understanding, a well-informed citizen asks whether the cheap, safe, effective drug Ivermectin vs COVID being considered in Manitoba. PM Pallister directly replies that the answer to cheap drugs is that **we make a lot of money on vaccines, and are working hard to supply more, let's give thanks to the rain-makers**. And he adds some more words so the encoded message is plausibly deniable.

Got that?? It doesn't get any more clear than that and you heard it directly from the government official. It is about money, not saving your life. **At least he was perfectly honest about it. I give him credit for that!**

Now you're thinking I made that up, right? Nah. You can't make stuff like that up. Check out the video. I saved a copy in case they take it down. Priceless.

Twitter post of Brian Pallister, Premier of Manitoba, explaining why they aren't using ivermectin. At least he's honest about it!

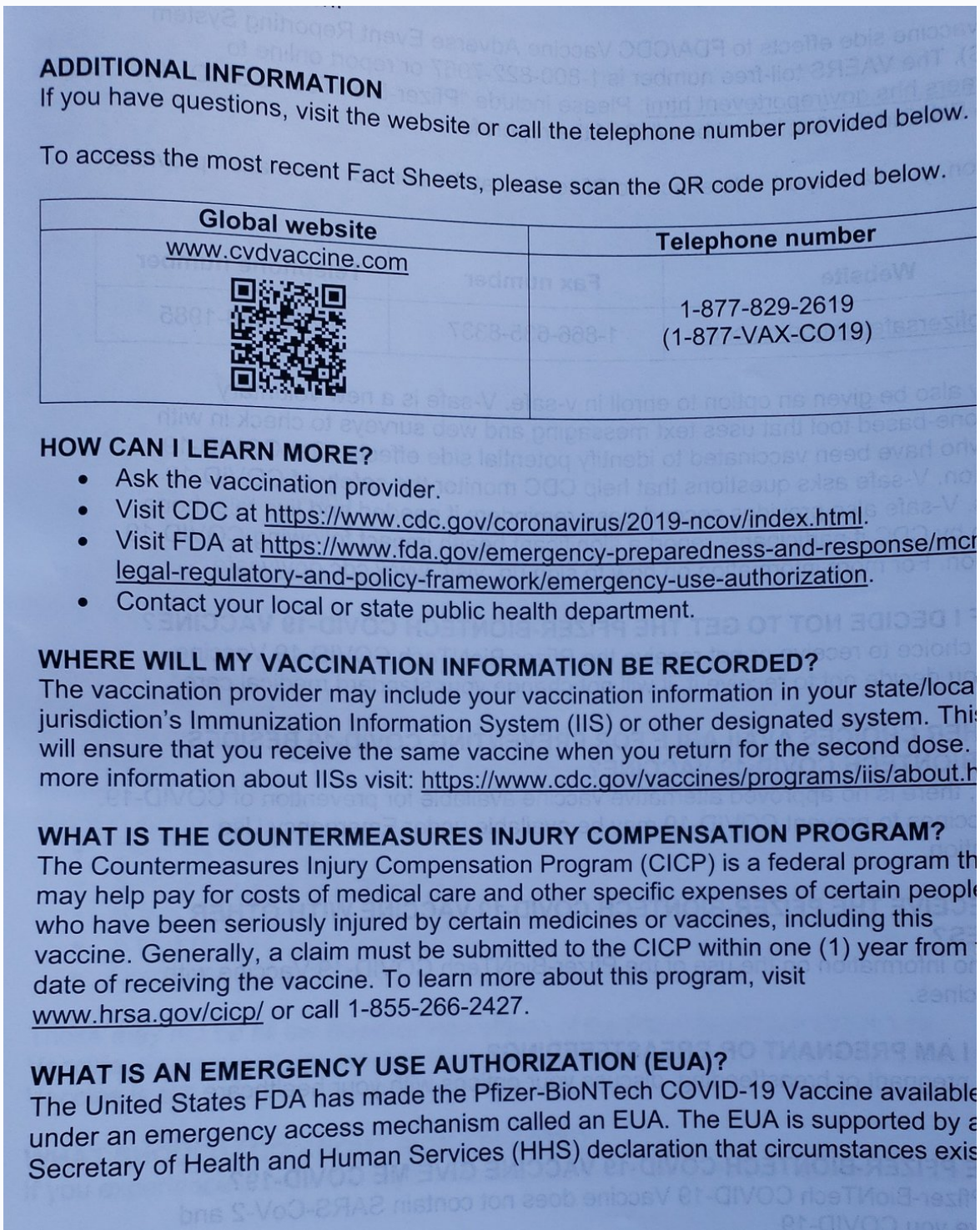
Manipulating the ivermectin safety data to make it look toxic

I can see it coming a mile away. Ivermectin, one of the safest drugs ever created, will "suddenly" start killing people. This of course makes absolutely no sense how a drug that after billions of doses and a few reported deaths could "overnight" turn into a fatal drug. When you see this showing up, you will have proof of a conspiracy to take ivermectin off the table… a huge mistake.

Drug adverse reactions are traced in FAERS and just because someone was taking the drug doesn't mean that drug killed them, e.g., someone was taking ivermectin and overdosed on sleeping pills.

You can get paid back if you are injured by the vaccine

Check this out. If you incur medical expenses due to the vaccine, you can get compensated for your expenses. **But you don't get back any of the wages you lost while you are disabled. That is a huge problem and yet another reason to just say No.**



ADDITIONAL INFORMATION
If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Global website	Telephone number
www.cvdvaccine.com	1-877-829-2619 (1-877-VAX-CO19)

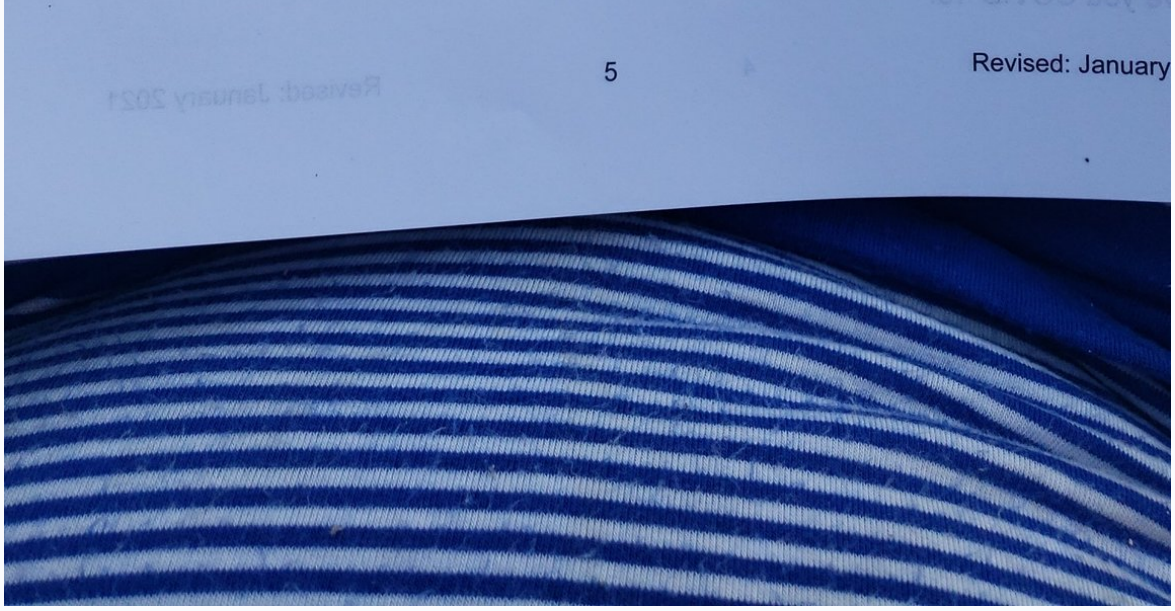
HOW CAN I LEARN MORE?

- Ask the vaccination provider.
- Visit CDC at https://www.cdc.gov/coronavirus/2019-ncov/index.html.
- Visit FDA at https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization.
- Contact your local or state public health department.

WHERE WILL MY VACCINATION INFORMATION BE RECORDED?
The vaccination provider may include your vaccination information in your state/loca jurisdiction's Immunization Information System (IIS) or other designated system. Thi will ensure that you receive the same vaccine when you return for the second dose. more information about IISs visit: https://www.cdc.gov/vaccines/programs/iis/about.h

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?
The Countermeasures Injury Compensation Program (CICP) is a federal program th may help pay for costs of medical care and other specific expenses of certain peopl who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?
The United States FDA has made the Pfizer-BioNTech COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exis



Surveys say...

The problem with VAERS is you don't know what the denominator is. So to get a rough sense of how prevalent disabling side effects are from the vaccine, I did a survey on Nextdoor. Nobody knew I was using it for this article so there was no incentive to lie. Everyone could vote. I did not game the vote count.

Here's the stunning thing: 4% are still suffering from severe annoying side effects (that may not resolve anytime soon).

You can try this sort of survey in your own neighborhood and you can see that I'm not bullshitting you. Here's the screen shot from June 6 to the poll. Note: now that I posted this, the results could be subject to gaming, but again, take your own survey:

Nextdoor survey snapshot on June 7, 2021 shows 3% are still having severe side effects. Uh oh.

See? No deaths! Here's proof!

Only problem is has no idea how many patients and doesn't follow up on all of them. If you are going to attack me, do it with credible data, rather than vague assertions. I believe the death rate might be around 1 in 5,000 from physician surveys, so if you see 5,000 patients and track every single one of them, you can easily see no deaths.

Easy to say there are no deaths if you don't track every single patient.

Ranking the options

At the present time, if I had to order preferred approaches to COVID I would choose:

1. Novavax, Covaxin, or Valneva vaccine when widely available **if and only if the superior safety data is confirmed** (no free spike in blood, distribution limited to arm, no excess SAEs) and I haven't had COVID
2. Prophylaxis, then early treatment if infected while waiting for #1.
3. Current vaccines using pre-treatment and post-treatment to address clotting, inflammation, endothelial cell damage but **ONLY if I had to be vaccinated** for purposes of business or travel or some other reason and #1 wasn't available. 50mg fluvoxamine starting 3 days before continuing for 3 weeks after should minimize the damage.

It is **important you speak with your doctor before making your decision** so that you can make the decision that is right for you.

In normal times, this article wouldn't need to exist: the best choice would be vaccination hands down.

However, today (May 30, 2021), the vaccination decision is much more complex for the following reasons:

1. Lack of transparency as to the rate of serious adverse reactions (including death) associated with the current vaccines.
2. Deliberate censorship of side effect reporting (such as Facebook removing multiple "Vaccine side effect" groups of hundreds of thousands of people).
3. Troubling anecdotal reports from my friends and from doctors I know.
4. Questions of vaccine safety have been raised publicly by respected scientists.
5. A large respected group of physicians who had previously recommended vaccination (and is now 100% against vaccination). I can't name them for fear of retribution.

6. One physician who regularly gives vaccines to his patients told me "in 29 years of practicing medicine, I've never seen anything like this." He is afraid to speak out publicly for fear of retribution.
7. No transparency as to the risk/benefit ratio for kids of the vaccine vs. getting COVID (which would require disclosure of the serious side effect rate of the vaccine).

Those are some of the reasons I am extremely concerned about the safety profile of the current vaccines.

For example, one could reasonably ask, if the vaccine is perfectly safe, then why aren't the reports in the V-SAFE database available to the public? Why is there censorship of vaccine victim self-help groups? Why isn't there a guideline for treating adverse events resulting from the vaccination?

Should we vaccinate our kids?

Of course not! It is impossible to justify. Look at this table. It shows vaccination for kids could cause more harm (from vaccination) than lives saved. **Only if we had a super safe vaccine with no adverse events would we ever consider this**. We should **never consider it until we actually have the vaccine side effect data in public view** that would enable parents to make this decision. Turns out that kids are naturally immune to COVID. It is stupid to vaccinate them, even if we had a safe vaccine. Why weren't we told that?

	Deaths With COVID	Total Deaths	Deaths Without COVID	Deaths With COVID as % of Age Group Deaths	Population	Deaths With COVID Per 100,000 Population	Deaths Without COVID Per 100,000 Population	Age Group % of U.S. Population	Age Group % of all Deaths with COVID	Age Group % of all Deaths Without COVID
Under 1 year	74	25544	25,470	0.3%	4,128,810	1.79	616.88	1.2%	0.0%	0.6%
1-4 years	36	4602	4,566	0.8%	16,438,858	0.22	27.78	4.9%	0.0%	0.1%
5-14 years	108	7435	7,327	1.5%	41,008,879	0.26	17.87	12.3%	0.0%	0.2%
15-24 years	905	48094	47,189	1.9%	43,106,877	2.10	109.47	12.9%	0.2%	1.2%
25-34 years	4042	99439	95,397	4.1%	46,889,936	8.62	203.45	14.0%	0.7%	2.4%
35-44 years	10,324	143,136	132,812	7.2%	42,627,770	24.22	311.56	12.7%	1.8%	3.3%
45-54 years	28,858	261,915	233,057	11.0%	40,841,936	70.66	570.63	12.2%	5.0%	5.8%
55-64 years	72,612	604,168	531,556	12.0%	43,019,365	168.79	1235.62	12.9%	12.5%	13.2%
65-74 years	128,643	930,793	802,150	13.8%	33,075,174	388.94	2425.23	9.9%	22.2%	19.9%
75-84 years	159,427	1,124,762	965,335	14.2%	16,639,323	958.13	5801.53	5.0%	27.5%	23.9%
85 years and over	174,000	1,365,029	1,191,029	12.7%	6,726,530	2586.77	17706.44	2.0%	30.1%	29.5%
BROADER AGE BRACKETS										
0-17 years	300	44,788	44,488	0.7%	74,128,216	0.40	60.01	22.2%	0.1%	1.1%
18-29 years	2,253	84,876	82,623	2.7%	54,277,315	4.15	152.22	16.2%	0.4%	2.0%
30-39 years	6,513	121,044	114,531	5.4%	45,227,543	14.40	253.23	13.5%	1.1%	2.8%
40-49 years	17,530	181,889	164,359	9.6%	40,772,122	43.00	403.12	12.2%	3.0%	4.1%
50-64 years	90,363	761,736	671,373	11.9%	63,657,235	141.95	1054.67	19.0%	15.6%	16.6%
65 years and over	462,070	3,420,584	2,958,514	13.5%	56,441,027	818.68	5241.78	16.9%	79.8%	73.3%
All Ages	579,029	4,614,917	4,035,888	12.5%	334,503,458	173.10	1206.53	100.0%	100.0%	100.0%

CDC NVSS Deaths, Wonder Population Estimates. From January 1, 2020 to May 22, 2021 as of May 26, 2021.

Alternatives to vaccination

I'm all for vaccination but history has shown that developing a safe and effective vaccine takes years. The current vaccine fiasco rushing it to market will end up proving this once again. But the lessons learned in this pandemic may help us to do the next one faster.

If there was no alternative to vaccination today, then even with its flaws, vaccination with a "black box warning" vaccine may be preferable for many people.

But there are viable alternatives (that the NIH is deliberately suppressing) such as

1. prophylaxis,
2. early treatment if infected (and advanced hospital treatment in the rare event you are hospitalized)
3. waiting for the Novavax, Valneva, or Covaxin vaccine,
4. pre- and post- medicating with the current vaccine.

The best choice for you depends on a number of factors including whether you've already had COVID, whether you need vaccination proof for work and/or travel, your risk factors, your age, the current chance you will get COVID in your community, and more. Not having public access to reliable adverse event data in order to make the best decision is troubling.

If you've already had COVID, you have natural immunity and if you want even higher protection, you may be better off waiting for a very safe vaccine.

If you are troubled by issues with the current vaccine, treating COVID early with drugs such as ivermectin and fluvoxamine, have been shown to be extremely effective with minimal (minor and temporary) side-effects.

If you believe the current vaccines are perfectly safe, consider adding aspirin and fluvoxamine both before and for 10 days after vaccination as a way to reduce inflammation in the presence of the spike protein.

The inventor of the mRNA vaccine wrote this post which brings up legitimate issues with requiring vaccination of an experimental vaccine. This article raises issues about how the vaccines were not properly tested (and still lack the required safety studies).

Please watch this video: Legendary Epidemiologist Sucharit Bhakdi on the Covid Vaccine.

Timeline: How did we get here

1) December 2020: Data looks good for COVID-19 naive adults getting vaccines to prevent mild COVID-19.

2) March 2021: Now1600 deaths. CDC and FDA fail to call for external data review panels. Huh???

3) April 2021: CDC reports 10K vaccine failures (vaccinated people got the virus)–could be tenfold under reported.

4) May 2021: CDC VAERS data indicate COVID vaccines **have more safety events than all 70 vaccines combined all years in history**.

So physicians were enthusiastic and recommended the vaccine early and have progressively become less optimistic with the catastrophic safety numbers. Vaccine centers started to decline in visitors April 8 and are now empty. CDC promoting lotteries of $1M for persons to consider gambling their lives with the vaccine. Likely the most disastrous vaccine campaign in human history.

Now that Americans are 50% vaccinated and most are adults fearful of COVID and seniors, we can lessen the intensity of the vaccine program and focus on treatment strategies for fewer COVID-19 cases both in the unvaccinated and vaccinated.

Here are some of the events in my journey:

1. **May 9:** I get unsolicited DM on twitter from a user who points out a tweet saying deaths from vaccines > deaths from COVID. I assure her that the vaccine is safe (because I trust what the government told me… silly me). She says "I have 3 relatives who died within a week after the vaccine. All over 60 but one was 100% fit, the two smokers did their own choice." I said "well that's statistically impossible unless you have a million relatives which i don't think you have. did any of them have COVID before getting the vaccine?? and HOW did they die? from what?" And she wrote "well they are dead, impossible or not." I wrote off the whole conversation as someone trying to scare me.
2. **May 19:** My carpet cleaner mentions he had a heart attack after the vaccination and had to spend night in hospital. Wife is affected too: her hand shakes like Parkinsons. Tim has been in and out of hospital since then, can only work 2 days a week and is now $30,000 in debt for medical costs and lost wages. The pain is intense. If the vaccine is "perfectly safe," that's highly unlikely. Now thinking the May 9 DM might be legit.
3. **May 25:** I write an article for TrialSiteNews describing that the vaccine may not be as safe as we are told. NOBODY is talking about the number dead or disabled. Nobody is even asking about the numbers. We are all brainwashed into thinking "the vaccine is safe." Nobody who supports vaccination is questioning the narrative.
4. **May 26:** Attend CCCA talk of Byram Bridle who did FOIA request. He shows biodistribution graph. Holy moley. The spike protein is NOT localized to the shoulder like everyone thought. It spreads throughout the body especially the ovaries. There is a study just published from Harvard showing S1 becomes freely circulating. Whoa! That isn't supposed to happen either.
5. **May 28:** Talk to Malone. He explains the PEG causes the biodistribution. Shouldn't be there. Neither should the free S1. HUGE problem. Can cause blood clots and inflammation anywhere including the brain. This explains the huge variation in symptoms reported from the virus. Houston… we have a problem.

6. **May 30:** The entire scientific advisory board resigns because of my article. They don't like that I am not buying into the narrative that the vaccine is safe. They say I am risking lives by questioning the narrative and will cause vaccine hesitancy that will cost lives. I ask them for feedback on my analysis… where did I make a mistake? I never get any feedback on any mistakes. They tell me never to talk to them again. Nobody will tell me where I goofed. Frustrating. But the anecdotal data is alarming and the underlying mechanisms (especially the discovery of free S1 in the blood) are undeniable. This vaccine is unsafe. It explains why Tim and his wife were disabled and the high death rate in VAERS. There is suppression of information. Free thinkers like me are ostracized. I discover I am not alone. The CCCA group feel the same way. Byram Bridle does a great talk show interview. After the show, a listener writes him an email saying 48 hours after injection, her daughter-in-law cannot speak or see. WTF?!?! This is not normal!
7. The more I hear, the more concerned I become. There is no transparency of the numbers. Nobody is realizing all these weird effects (that mostly happen within 30 days of each shot) are related to the vaccine. We never get warned to report any new weird things. This document gets longer and longer and I'm getting more and more convinced that our authorities have massively screwed up because we rushed these defective vaccines to market without the proper testing. Even after the Harvard paper shows free S1 in the blood, nobody is pulling the Andon Cord, likely because you have to know that S1 is pathogenic. Since it didn't show up in the Phase 3 trial, the academics write all this off as anecdotal evidence that should be ignored. But that is not science. Science looks at the real world data and tries to explain it with hypothesis.
8. People try to convince me I'm wrong, that VAERS is up because people are reporting more. That doesn't fit the facts. Patients are never told about VAERS; they are supposed to report to V-SAFE. Doctors are clueless that all the weird effects are vaccine related. They are pressured not to report since reporting could cause vaccine hesitancy. Docs tell me that the range of different side-effects are "off the charts." One doc with 600 patients, 5 are in very bad shape and 1 is near death. Dr. Hoffe has 900 patients and 1 death. That shouldn't happen. There are docs with 500 patients and no problems though. So death rate may be 1 in 5,000 or so.
9. I do a survey on Nextdoor. 1% death rate (reported by spouse) and 3% have severe side effects that are not resolving. Tim is still in a lot of pain.
10. I let Members of Congress know and point them to this document. I suggest to them that we need to stop the vaccination until there is a vaccine without a free S1 subunit that can cross the blood brain barrier. Ideally, it is much more localized.
11. Jun 7: Malone speaks at PatriotsForDelaware event. 300 Moms. They hear the full story. They are all pissed. Big time.
12. **Jun 8:** Wife tells me that she just heard that X, a family friend, is having an abortion. She is 25 weeks pregnant and baby is so massively bloodied that the gynecologist is mortified; never seen ANYTHING like that in her life. I say, "was she vaccinated?" Yes, 4 and 7 weeks earlier. I call my doctor friends and ask what they think. Answer: 99.8% is vaccine, 0.2% it is a genetic defect. It will be reported as genetic defect. No autopsy is planned since will be too painful for the mother to know her decision cost the life of her baby. So it will keep happening.
13. FDA and CDC don't see any safety signals so Joe Biden sets a 70% goal.
14. Cliff Lane is successful in keeping repurposed drugs from view.
15. Offer to debate any of the mainstream narrative docs on Clubhouse to try to change the narrative about the vaccines and/or repurposed drugs in front of their captive audiences. No one will take the bait. I'm banned from rooms. Offer to debate them but nobody accepts.
16. One guy accepts my offer and we DM on Twitter. He asks for evidence. I give it to him in spades. I challenge him to come up with any evidence that is negative. He says, "I have to think about it."
17. I try to convince top medical official in India government that ivermectin and fluvoxamine work. He says, "show me the evidence." I send him the evidence. He writes back "WHO and NIH don't recommend." I say that is the lowest level of evidence (expert opinion). Evidence based medicine means you decide based on the evidence with systematic reviews at the top. He writes back "We at present follow evidence based practices. Pl let us know WHO decision. Thanks and Best rgds" You can't make this stuff up. This is how they think. This is why people die in India. It's sad, but there is nothing I can do about the logic. But that's why the NIH Guidelines are key and why CLIFF LANE MUST GO. NOW.
18. Others are aligned to the narrative. GAVI runs ads saying ivermectin is bad, YouTube prohibits ivermectin in video, Facebook will remove posts and vaccine side effect groups Fauci doesn't like (per disclosed email from Zuckerberg to Fauci), and wikipedia plays along by proclaiming ivermectin isn't proven and Pierre Kory is advocating "unproven treatments" despite the fact ivermectin has the highest level of evidence in the EBM pyramid: an objective systematic review. Wow. "While these gained traction in social media they violated the necessary norms of scientific practice, and the misinformation they contained created confusion among the public and policy makers." Are you kidding me? My $2M offer is open to anyone who believes that. Why is nobody showing up to enter?? Baffling!

19. My favorite is Clubhouse. When I join a room, they won't let me talk for more than a few minutes and they won't debate me on a neutral platform where we can record it and put it on YouTube for all to see. What are they afraid of ? I have an open offer to debate on a recorded zoom call and no takers. They simply do not want to be exposed for promoting a false narrative. Why not let the listeners decide who they believe?

Questions to ask before taking the current COVID vaccines

These vaccines are up to1,000x more dangerous than previous vaccines. I've never personally heard of any adverse reactions from the influenza virus (there are reactions, but they are so rare you never hear of them); from this vaccine, I hear them all the time.

The argument is that the benefit outweighs the risk, that you are 90% less likely to get COVID if you are vaccinated, and less likely to be sick if you do. Yet superior outcomes are regularly achieved with early treatment protocols, but without the risk profile. Where is the comparison of risk benefit vs. repurposed drugs? There isn't one because the NIH and WHO have unjustifiably made it clear that people shouldn't use these options despite compelling evidence.

As a result, Italy is planning to make the vaccine mandatory for all citizens.

If you live in a region of the world that still has free choice, here are some ideas for questions you may be interested in asking before you get the jab. The issue is you want to get informed consent with the emphasis on informed because today you give consent, but they aren't telling you the risks which for these vaccines are significantly higher than typical vaccines:

1. How many people in the US have died within 30 days of receiving this vaccine? Why is this not disclosed?
2. How many people worldwide have been permanently disabled within 30 days of receiving this vaccine?
3. How many people worldwide have been hospitalized within 30 days of receiving this vaccine?
4. How does the side effect/safety profile of these vaccines compare with the Novavax, Valneva, or Covaxin vaccines (death, severe reactions, brain clots, heart problems, etc)?
5. I've heard of very severe side effects from this vaccine. I know many people who are disabled and the doctors cannot help them. So isn't it true that there are many severe side effects from this vaccine that can leave me disabled where the doctors have no idea on how to get me back to normal?
6. If the s1 subunit that is generated all over my body after vaccination is so harmless, then how do you explain the wide range of bizarre neurological events reported AFTER people get the vaccine?
7. What did the CDC determine was the cause of myocarditis in vaccinated teenagers? Shouldn't we stop until we can determine the cause? How many cases were there and why wasn't this disclosed?
8. How does the death rate compare with the influenza vaccine?
9. How does the rate of heart attacks compare with the influenza vaccine?
10. How does the rate of myocarditis in teenagers compare with the influenza vaccine?
11. How does the rate of brain clots compare with the influenza vaccine?
12. How does the rate of disabling side effects compare with the influenza vaccine?
13. If the vaccine is so safe, why did Facebook need to remove vaccine side effects groups totaling hundreds of thousands of members? What were they talking about?
14. Why isn't the V-SAFE database publicly searchable? There is no transparency. What are you trying to hide?
15. If I have a disabling side effect, are there proven treatments that can reliably resolve them?
16. If I do have a vaccine side effect, is there a self-help Internet discussion group left that isn't being censored that I can join?
17. Why weren't the proper toxicology studies ever done that would show the amount of spike protein made in each part of my body? Shouldn't these be done now in rhesus monkeys since they closely mimic the ACE2 binding affinities of humans?
18. Why isn't there an analysis of the over 5,000 deaths available publicly?
19. Why would I ever want to allow my children to get this vaccine? They have low risk of getting COVID, very low risk of dying if they do get COVID, and with modern early treatments, and modern hospitalized patient treatments, it seems almost certain that they would have a greater chance of dying from the vaccine than from COVID.
20. Why are the drug companies who are collecting the significant adverse event data allowed to keep this information private? Shouldn't this be disclosed publicly? If this vaccine is as safe as we are told, there should be nothing to hide.
21. We have never let pregnant women get injected with investigational biologically active substances,

why would the CDC recommend the COVID-19 vaccine in pregnant women without many years of extensive safety testing?

22. Since the dangerous spike protein circulates in the body for up to a month after mRNA vaccination, why would people be allowed to donate blood during those two weeks? Isn't the blood supply now contaminated with SARS-CoV-2 spike protein? What are blood banks doing to test for spike protein and assure safety of the blood supply?
23. Why do mRNA COVID vaccines go to the ovaries and testes and then increase tenfold over the next 48 hours after injection? Is that safe? Is that related to reported menstrual irregularities in women?
24. Why does the investigational program not have a Clinical Event Committee, Data Safety Monitoring Board, and Human Ethics Committee like other big clinical investigations?

A look at the numbers

A lot of people tell me, vaccination may have side effects, but even with the side effects, it is better than getting COVID.

I AGREE!

But this is not true if you knew that early treatment protocols can reduce death rates by more than a factor of 100. So it has a superior risk benefit ratio, especially with the current vaccines.

Fareed and Tyson have a near zero hospitalization rate with over 6,500 patients (avg age 60) so that's over 300X reduction (assuming a 5% hospitalization rate, we'd expect 350 and got 1).

It's sobering that on average you need to vaccinate around 100 people to prevent one case of COVID-19. This implies that **symptoms due to the vaccine had better be only 1/100 as severe as symptoms due to the disease, just to break even**. One severe reaction out of 100 is enough to turn the tide in favor of disease over vaccine. There is a big difference between the absolute risk reduction (ARR) and the relative risk reduction (RRR). Credit to Stephanie Seneff for the observation.

This vaccine fails to meet the 1 in 100 standard based on data I'm seeing from physicians. And it fails miserably compared to early treatment protocols.

Once we had a safe vaccine with no significant adverse side effects (e.g., perhaps like the Novavax, Valneva, Covaxin vaccines), then going for the peace of mind with those vaccines would be preferable. Valneva in particular should confer much broader immunity.

What I object to

There are three things that everyone should find very troubling.

1. We are urging people with natural immunity to get vaccinated. This is wrong. This is **an unnecessary medical procedure** which is a violation of what physicians are taught. The reason doctors are recommending it is they don't know how robust natural immunity is, so they are erroring on the side of caution. That would be fine if these vaccines were as safe as the influenza vaccine, but they aren't. Hence the advice to everyone to get vaccinated is absolutely wrong. The side effect profile is much worse from these vaccines if you've already had COVID. So not only is this unnecessary (since natural immunity is showing to be both broad and robust), but it increases risk for no benefit.
2. **Patients are not giving informed consent**. They are giving consent, without the informed. We are not informing them of the risks because if we did that, nobody would take the shot. For example, a top infectious disease doc I know sits on the weekly CDC briefings and I asked him, "how many people have died from the vaccine?" and he said "about 100." So we aren't informing the doctors since if they knew the numbers, they wouldn't recommend the vaccine. This is why the V-SAFE database is kept from public view. It is not hard to find doctors with >1,000 patients will tell you that this vaccine's side effects are off the charts, like my friend with 0 side effects over 29 years, now has 15 of 700 patients with significant adverse effects, 5 in the hospital, and 1 near death. Nobody knows this. Informed consent would include letting people know that there are **other vaccines with significantly better safety profiles** that should be available soon. Informed consent would include letting people know that there isn't a study showing a clear benefit if you've already been vaccinated, and significantly higher

risks than for people without natural immunity.

3. **Vaccination should not be required for travel and school.** We shouldn't force people to be vaccinated in order to do necessary activities when early treatments are extremely safe and effective. With early treatment, COVID infections can be less risky than getting the flu. We don't require flu shots. The NIH is a huge impediment here by refusing to put early treatment on their guidelines.

I am not alone; even the inventor of mRNA vaccine is mortified

It's not just me that thinks this vaccine is bad news. So does the inventor of the technology. See

Bioethics of Experimental COVID Vaccine Deployment under EUA: It's time we stop and look at what's going down.

Robert W Malone, MD, MS1 I provide this brief essay for the TrialSite community because you are involved or at least interested in human subject … Continue reading

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"What was most alarming to me was that my clinical primary practice physician colleague told me that each of these cases were reported as per the proper channels in Canada, and **each was summarily determined to not be vaccine related by the authorities without significant investigation**. Furthermore, he reported to me that any practicing physician in Canada who goes public with concerns about vaccine safety is **subjected to a storm of derision from academic physicians and potential termination of employment** (state-controlled socialized medicine) and loss of license to practice."

Ask yourself, if the vaccine is so safe, why would they need to resort to intimidation tactics like this? And how can they determine that the death couldn't be due to the vaccine without a thorough review?

Peter McCullough is highly respected and is outspoken against the current vaccines.

Interview of Byram Bridle who filed the FOIA request that showed the biodistribution data that was previously kept hidden by the drug companies showing the S1 protein is being made inside all organs of your body. It crosses the blood brain barrier, it accumulates in your reproductive organs, etc.

If I were forced to take these vaccines today

The S1 subunit is toxic. To minimize the damage to your blood vessels and minimize clotting due to this toxin, if I were required to take the vaccine, I would pre and post medicate with:

1. Baby aspirin 81mg to reduce clotting (do not use full strength; that is worse due to cox-2)
2. 50mg of fluvoxamine once per day to reduce inflammation by activating Sigma-1 including in your brain (this is a lower dose than in trials since it is started before the vaccine)

3. D3 65,000 IU twice weekly to reduce inflammation
4. NAC 600mg twice a day, to reduce damage to endothelial cells,
5. Ivermectin 6mg taken once a day

I would start medicating 3 days before and continue for 3 weeks after which very few spike and free S1 subunit cells will be circulating. These are lower doses than you'd see in treatment protocols

Basically this vaccine is mini-COVID and to prevent damage and inflammation, these are the drugs I would take because they are individually proven to be effective and they don't interact.

What the Biden administration, government officials at NIH, CDC, FDA, and members of Congress think of this article

I wish I knew. None of them respond to my calls and emails requesting them to read my article and asking them whether they agree with what I presented or they will be supporting the false narrative. You can't have it both ways.

When you are in the constituent meetings, please ask them where they stand and why!

There is one exception and but I don't want to single him/her out for fear of retribution.

What academics think of this article

Here are comments I received:

- Happy to promote if published in peer reviewed journal
- Without large randomized double-blind controlled studies, you cannot make any of these assertions.
- Your stories about your physician friend are just anecdotes and must be totally ignored (even though we cannot explain them). The plural of anecdote is anecdotes, not data.
- There could be other causes for all these strange side effects (that I cannot think of at the moment but that doesn't mean that they don't exist). You haven't proved causality.
- If you want your physician's anecdote to be believable, it must be published in a peer reviewed journal.
- The *New York Times* is not a primary source. Just because they reported dozens of cases of myocarditis in teenagers shortly after vaccination doesn't mean it is true. You need an authoritative source for this, and the CDC didn't disclose the numbers. So you can't really say the numbers are high. The fact that Israel found the same high event rate is simply a coincidence, not proof.
- Since the V-SAFE statistics are a closely guarded secret, you can't make any claims as to the rates of serious adverse events.
- Without knowing the denominator on the VAERS data, it is impossible to make any conclusions. It could be people are just reporting more often than in previous years.
- The VAERS data is unverified. You cannot prove any of those deaths were caused by the vaccine.
- I find your arguments completely unconvincing and you should trust the authorities. You are jeopardizing lives. Please do not email me ever again.

Typically, people will zero in on one detail. This technique is known as "cherry picking." If that one point is insufficiently proven in their mind, then that gives them the justification to ignore everything I've written here even if it is all true.

My response is:

- I showed you my analysis. May I see yours?
- May I see your proof that the spike protein and S1 subunit are harmless?
- If our biodistribution data is wrong, are you saying Pfizer lied to the government?
- How do you explain the excess deaths? The sky high rate of pericarditis and myocarditis for teenagers? The high disability rate?
- How can telling the truth endanger people's lives? I am calling for transparency and informed consent. That is a good thing when I believe people are being unnecessarily harmed by being deceived into thinking this is a safe vaccine.
- I'm happy to correct any inaccuracies if there is evidence showing I'm wrong.

- Doctors are too busy with patients to assemble the data. They hope others will.
- Experts like David Wiseman who discover flaws in studies cannot get his papers published. In general, if you go against the narrative, you are unlikely to get published since the peer reviewers are vested in preserving the narrative (note, this is fortunately not 100% effective, but consider Pierre Kory and Frontiers: the paper was rejected after passing peer review).
- No academic who told me what I was doing was wrong could show me the vaccine is safe. Their proof was essentially that if it was unsafe, that the CDC would have stopped it. Clearly, the CDC isn't stopping it, but everyone knows that there are dozens of vaccine reported incidents with teenagers developing a heart condition that requires 6 months to recover from. And people know that there are 4,200 and likely more completely unexplained deaths. This is unprecedented in our history that a vaccine can kill that many people and we look the other way. Whatever happened to "do no harm"??
- It is completely baffling that the death toll from ivermectin and fluvoxamine over the past 50 years is less than 5 people (as far as I know). Yet the NIH and WHO considers these drugs too unsafe to recommend despite overwhelming evidence (including an extremely well done Systematic Review on ivermectin (which is the highest level of evidence in Evidence Based Medicine) that these drugs work. The NIH even knows that both drugs were recently confirmed in a large high quality clinical trial done by a top university and superb researchers that they claimed they were waiting for. So how can drugs that collectively have killed < 5 people in 50 years be considered unsafe, yet a vaccine that has already killed at least 4,200 people in the US and at least 12,000 people in Europe be considered "safe and effective." Nobody has been able to explain that one and I'm still waiting. They justify it because "the vaccine is better than the virus." No it's not if you tell people to treat early with ivermectin and fluvoxamine or any one of a number of protocols that doctors have developed (such as from Peter McCullough, Fareed and Tyson, etc). Early treatment works but is being suppressed by the NIH and WHO. There is no reason for that suppression. That is what is costing lives, not my opposition to a dangerous vaccine.
- This is a pandemic. The Precautionary Principle of medicine requires you to look at all the evidence in front of you now and decide which hypothesis fits the facts best as to why this vaccine is killing people so as to minimize the loss of life. Do you have a better explanation for everything here? The hypothesis I present fits the facts to a "t" and explains why people are being severely disabled or dead.
- The reason you don't hear of the death and disability from this in the mainstream media is people are told not to talk about it and the press won't cover it. How can the press decide whether a given side effect or death was attributable to the vaccine. You can't prove any single case. So all are not reported. But what you can prove is that the adverse reactions from this vaccine are off the charts, but the mainstream media cannot report that because if they did, then it would be an admission that they helped mislead the public into taking an unsafe vaccine that has now killed at least 16,000 people if not more.
- If this vaccine caused a single event like heart attacks, it would be easy to track. But the events are diffuse and random.... where your blood clot will happen is unpredictable. The computers that analyze events are looking for a statistically significant rise of a single event; they never really designed these early warning detection system for a vaccine that causes such a broad range of adverse events.
- The longer the mainstream press looks the other way and insists nothing is wrong here, the more they will lose our trust.
- Vaccines are supposed to be safe. You are not supposed to die from a vaccine. If you argue that death by vaccine is less than death from the virus, then disclose the fact that this vaccine can kill you, tell them the TRUTH about how effective early treatment is, show them the stats of Fareed and Tyson, and let them decide whether to risk their lives on a vaccine that kills and disables people vs. a treatment protocol (like Fareed and Tyson and others) that turns the virus into a minor inconvenience.
- VAERS data: That's why I made this video which is really hard to dispute showing a 100X greater death rate in 30 year olds (who don't normally die). Also, where did you see the analysis of these death reports by the drug manufacturer showing they were unrelated to the vaccine? Excess deaths like this do not just happen by "accident" or "chance". So if it wasn't the drug, what was it?
- If you don't believe me that this is 100X more deadly than the flu vaccine, do you have any proof of the opposite that the death rate for this vaccine is no different than for influenza? I'd LOVE to see that! **If it exists, why isn't it being disclosed?** Lots of hidden evidence here. I wonder why??? Hmmmm... If there are no SAEs, transparency reduces vaccine hesitancy.
- If you disagree, please show me any fact that disproves what I wrote, e.g., here's proof that your doctor didn't say that. You are doing a disservice to the public by not telling me any mistakes. I'd love to be proven wrong here, but thus far, all the academics say "I'm not convinced" but they bring no proof of their own to the table, e.g., here is the actual death rate based on the analysis from the drug companies.

In short academics put a very high bar in place and if you cannot rigorously prove your position, they will not change their currently held belief system, even if they cannot produce any evidence to support it. The burden is on me.

None of the academics cited any evidence disproving anything I wrote. Basically they said I was wrong and shouldn't have written the article. They would not cite any facts to support their contentions or even point out any statement that was wrong (even after I asked them explicitly).

In short, they tell me I am wrong, cite no errors in what I wrote, and suggest that I remove my post and change my position. But in order to get them to change their mind, large double blind randomized controls trials are required. This seems a bit lop sided. But there is a reason for this asymmetry.

For many of them, this article is extremely uncomfortable. They don't have any facts to disprove it, it makes perfect sense, objective smart people find it convincing, yet the academics all reject it. Why? I think because it makes them look silly for supporting the myth that this vaccine is perfectly safe. Nobody likes to be proven wrong. Therefore, they will not evaluate this article objectively: they will instead seek to prove it must be wrong because it conflicts with their beliefs. If you challenge any existing widely held belief, strong evidence is required.

How an academic would argue for the vaccine

They claim: The jab will result in a lower total death rate even if there are serious excess adverse reactions. Academics always believe the Phase 3 trial results are correct and all real-world results are anecdotes.

I claim: Early treatment results in better outcomes than the vaccine (fewer deaths, fewer side effects). Also infection rates are lower since 50% have been vaccinated. The chance of serious event are lower for treatment than vaccination.

So their arguments only works if early treatment doesn't exist.

Without early treatment:

Vaccine: 300M people *.0002 = 60,000 dead from the vaccine itself

COVID: 300M * 10% catch covid * 10% hospital rate * 10% death rate = 300,000 dead from COVID

So if your early treatment gives you a factor of 5 or more, you win. With a single drug you can get 10X or more. With multiple drugs you get 100x or more.

So early treatment wins. You never cause a healthy person to die and lower death rate.

Is everyone so brainwashed that independent thinking is gone?

In order to find out the answer to this question, I stopped by a vaccine site at the drug store. I asked "Does anyone know how many people have died from the vaccine?" People were insulted by the question, called me an anti-vaxer, told me how they believe in God, and called for the management to remove me from the premises.

Wow. I wish I had this on video.

So be careful. If you question "the narrative" you will get shut down. It felt to me like mass brainwashing and independent thinking was gone. People have total trust in authority. As this document shows, that is a huge mistake.

How did we get to this point where people are looking the other way and punishing truthtellers?

Is vaccination an evil conspiracy to kill people? No. It's simply a combination of mistakes by Fauci, the drug companies, and bad assumptions by the FDA, and a lack of good safety monitoring by the CDC.

1. Fauci was funding the gain of function research in Wuhan. We don't know what the real purpose of that research was. But we do know there was a cover up when the virus escaped. Chris Martenson analyzes the evidence here. How can all the experts believe it was man-made and then a week later they write a paper saying it was natural origin? Why is Jeremy Farrar on these emails? Why was the stuff redacted improperly? What was in that redacted part? So basically there was an accident where the virus got out. That was unintentional accident, but now Tony has to cover up that it was his fault.
2. Fauci then screws up by ignoring early treatment and putting all the chips on the vaccine. He doesn't invest anything in that area.
3. When ivermectin and fluvoxamine are shown to work, they make sure to use the regular evidence based medicine criteria instead of the precautionary principle and use all available evidence. This keeps these solutions out of sight. Otherwise Fauci looks bad for spending all that money on a vaccine we never needed in the first place.
4. They rush the vaccines to market. They leave in the PEG and they believe the spike protein and S1 subunit are harmless antigens.
5. Everything looks good in the phase 3 trials since given to really healthy people who have never had the virus.
6. Launch
7. Adverse events are all over the place…not concentrated in one type of event. The safety signals never trigger so everything pats themselves on the back.
8. Doctors don't associate all the weird side effects with the vaccine so they don't get reported
9. Everyone legitimately doesn't know the vaccine is dangerous. Looks safe. So doctors who oppose the narrative are ostracized. So docs keep their heads down and "ignore" the events.
10. The CDC's tracking systems never figure out the safety signals since it is so random and diffuse
11. Outsiders like me discover that my carpet cleaner and his wife are both disabled by the vaccine. That cannot happen by chance with a safe vaccine, so I start looking into it.
12. I attend a CCCA meeting where Dr. Byram Briddle presents the biodistribution data from Pfizer obtained under FOIA. Whoa! The vaccine is NOT confined to the shoulder. It goes everywhere and causes inflammation and blood clots.
13. I call Robert Malone with this info. He tells me about PEG and how that short cut proper safety by not doing proper toxicology study and leaving in the PEG.
14. I write this doc and notify the FDA they have a problem.
15. FDA says no safety signals tripped so they will take no action.
16. I publish the doc on trialsitenews and it goes viral. Nearly all positive comments.
17. I ask people for mistakes. One guy says I shouldn't recommend aspirin (which is legit), so I change it.
18. TrialSiteNews reaches out for comments from NIH and WHO. WHO ignores them. NIH refuses to comment.
19. CDC still can't figure out why anyone died or had myocarditis and pericarditis.
20. I appear on a popular podcast and the viral story goes super-viral [I predict this]

So they made a mistake and still haven't figured it out that they have a problem. They know they can't explain the deaths, blood clots in the brain, etc. but it's OK because nobody else is asking questions since the press is asleep at the wheel or doesn't want to disturb the narrative (since that will make them look bad for earlier pushing the vaccine). So as long as everyone plays along, it looks like it's a perfectly safe drug and nobody has egg on their face.

If someone like Joe Rogan or *60 Minutes* tells the story, then they have to decide whether to admit the truth, or double-down to try to keep the false narrative alive for as long as possible.

So here's the thing… the truth will eventually emerge just like Fauci and gain of function. At that time, Fauci becomes the fall guy and he gets taken out and all the others deny culpability saying "We trusted him… Who would have known?"

How NIH will respond to the issues raised in this article

It is so predictable. They will issue a statement like this: "The National Institutes of Health and National Institute of Allergy and Infectious Diseases are focused on critical research aimed at ending the COVID-19 pandemic and preventing further deaths. We are not engaging in tactics by some seeking to derail our efforts."

The problem with this is if anyone looks at that it is clearly a dodge. I'm the guy who funded the fluvoxamine trial and promoted its use with ivermectin. The NIH stood in the way of this approval even when they learned the large phase 3 trials confirmed it. They cannot argue the trials were not well designed because the WHO has already acknowledged they were. So they have no leg to stand on and I will expose them if given a chance. Denying the truth will further harm the reputation of the agency. They know I'm telling the truth and that's why they will never debate me. Because they will lose.

The proof is simple. Have the press ask them the questions listed in this document and see what they say. They are embarrassing questions for the NIH and WHO.

VAERS shows at least a 100x higher death rate for this vaccine and maybe as high as 1,000x

Watch this video showing a 100X greater death rate in 30 year olds (who don't normally die). This is a very convincing video. **NOBODY can explain a 100X higher death rate.**

But that video was a lower bound. If you remove the background death rate, the real death rate for the flu shot is like 1 in 9M, **so this vaccine is over 500X more deadly than the flu vaccine** if you assume the VAERS data is reporting 100% of all COVID deaths (which it isn't), so it appears that this vaccines is >1000X more deadly (if we believe VAERS is under reporting by only a factor of 2). The reason that the chart at the start of this doc is only 25X is because the "background" death rate is much greater than the death rate due to the influenza virus.

Death from COVID vaccine is 562X higher than death from flu vaccine

The only argument would be more people got COVID vaccine than flu vaccine.

That's not true.

As of Jun 1 when the video was made, 41% have been fully vaccinated (135M) and 51% have had at least one shot (168M).

CDC stats on flu vaccine show compliance from 2010 to 2019 ranged from 41.7% to 49.2%.

So **we should expect to see comparable numbers this year**, not a 100X increase..

Finally, if you knowingly submit a false VAERS report you could be fined or imprisoned, so the idea that there would be lots of data fabrication seems quite unlikely.

What we don't know about VAERS is the denominator because we don't know how under reported these cases are. The 5,000 total deaths reported could easily be 50,000 deaths.

To make a rough guess at the right "multiplier" we ask individual docs for their death rate which averages around .025% so that would be around 25,000 deaths so we should multiply the VAERS data by 5 to get the true number. But again, nobody knows.

Remember that's only a very rough estimate. It takes 30 minutes to enter a case into VAERS and there is no reward for doing that. If you are a busy physician, you can easily skip it.

OpenVAERS

I spoke with Liz (last name withheld at her request) about the VAERS data. She said there is no question that something is amiss with this vaccine. As expected, she said VAERS is a terrible system (vs. a true prospective patient tracking tool). She said her estimate based on her experience was that there have been around 20,000 deaths caused by this vaccine (1 in 6,500) which is actually very close to the 1 in 5,000 that I estimated.

She finds it troubling that over 200,000 records have been inexplicably removed from the VAERS database, most of them recently.

There is no transparency why those records have been removed.

Under reporting

One example of under reporting… terrible advice from doctors because the CDC doesn't docs what is going on. The lack of a list of the most serious and most common side effects means significant under reporting

The docs and the public all believe the narrative that the vaccine is safe. It's almost like people are totally brainwashed. People don't even ask questions like "how many people have died?" So when you are told it is safe, every side effect is from a bad coincidence that cannot possibly be associated with the vaccine.

So you don't treat it as vaccine related or report it as vaccine related for two reasons:

1. you were falsely told the vaccine is safe
2. you were falsely told that any side effect is within 48 hours of vaccination

For a miscarriage, people cannot come to grips with the fact that it was their decision that killed their child. So by allowing the doctor to say "it was genetic" is mentally acceptable, even though it is not true. Case report never made.

And then there is the pressure to conform and to all support the narrative. This also creates a bias to not report.

CDC's early warning system — NOT!

I always thought the CDC has it's act together. They don't. Their systems are a train wreck.

This should now be obvious to everyone.

They've never announced that the vaccine triggers shingles (herpes zoster) infections. This well known inside the CDC, but they haven't announced it because they don't want to panic people. But researchers found the link too.

The CDC never warned teenagers that they could get myocarditis and pericarditis. Only after dozens of teenagers were harmed by the virus did the CDC let the *New York Times* know, but instructed them to downplay the numbers to "a few cases." It took enough parents speaking out to make this happen. The CDC should have known this way before all the parents figure it out. Here is a letter to clinicians in Maryland showing that this is not normal. Here is the CDC page on these reports. They refuse to reveal the number of events and the rate that they events are occurring. We only know this is significant due to the *New York Times* story.

The secret nobody is supposed to know is that CDC's systems are so messed that they rely on Israel to discover if there are adverse effects. And even Israel was very late to pick up the myocarditis in kids. The order of pickup was parents, CDC, Isarael.

Here's a note I got from someone from "the inside."

> *CDC has its traditional states reporting data base. It is a mess. Race ethnicity very incomplete. Some states submit negatives some only positives. The coding 5 is very sloppy. States have vaccination data bases but those are also in a very poorly developed state. The State of California and New York have the best State data systems but the they usually start with claims data and again, the claims were not used during the vaccinations. If some sort of secondary coding from the vaccinations cites into claims is taking place, I do not know. I do know that some clinical systems are trying to bill for their vaccinations in mass settings.*
>
> *For the over 65 we have traditionally used CMS claims data, but because a lot of vaccination was done in mass vaccination settings billing was not routine. The status of the claims data is poorly understood. The purpose of setting up HHS Protect was to avoid the problem. CDC undermined HHS Protect by focusing on state reporting.*
>
> *The best data is probably coming from Israel and other countries that actually have functional data systems.*
>
> *Confidential source*

A public, prospective registry would make all of these events more transparent. This will cost $10M to fix. Clearly the CDC isn't doing it. If the CDC won't do it, we should privately fund it.

This is really just the tip of the iceberg here. There is a lot more to tell.

Let's just say that it is better to rely on what is happening by talking to physicians off-the-record who have large patient bases (over 1,000). Some physicians (500 patients or fewer) can see no significant events. You can learn a lot from the field.

My biggest complaint is the NIH. Relying on the NIH for COVID treatment recommendations has caused the unnecessary loss of life of hundreds of thousands of people. Watch for my op-ed coming up on this.

Nobody has been able to prove the NIH or WHO got their recommendations right, even after my $2M incentive. There was only one entrant, a doctor in Belarus, but he didn't follow the rules and attempted to prove his case by making up numbers out of thin air instead of analyzing the evidence in the studies.

Still unconvinced? Consider this

This is what your government is incentivizing you to do to your kids. This wouldn't be an issue if the spike protein was benign. It isn't. It is extremely pathogenic. And a huge amount of the "vaccine" seeks out the ovaries of our young women. Is this OK? Are you OK that they didn't tell you about this? This graph reflects the data on Page 7 in "2.6.5.5B. PHARMACOKINETICS: ORGAN". The document is marked PFIZER CONFIDENTIAL. It is confidential for a reason. **We were NEVER supposed to know this because it would create "vaccine hesitancy."** It was legally obtained using a FOIA request to the Japanese government done by Byram Bridle.

Post-vaccine biodistribution data obtained by Dr. Byram Bridle from the Japanese government using FOIA request

I learned from Byram Bridle's paper (add your name here for a copy) there have been some adverse events reported of infants experiencing **bleeding in their gastrointestinal tracts after suckling from mothers who had received a COVID-19 vaccine**. That cannot happen by chance.

The argument against:

1. **Vaccinated child:** Possible damage to ovaries of your vaccinated child.
2. **Vaccinated pregnant mother:** Miscarriage risk. Because free s1 subunit can transfer to an unborn fetus, it teaches the fetus that these toxic cells should not be attacked as foreign for the life of the child.
3. **Vaccinated new mother:** transfer to newborn via mother's milk and teaches the newborn's immune system that these toxic cells should not be attacked.

The counterargument:

1. In cases 2 and 3 above, the mother's antibodies also get transferred to the child and thus will clean up the mess pretty quickly. The problem with this is that the antibodies take at least 5 days to get up to speed so there is a time lag from when the mayhem starts to when the cavalry arrives to stop the bloodshed.

What happens in practice is interesting. In the clinical trial, there were no safety signals, everything was normal.

Nobody is deviating from the narrative no matter how compelling the science. I just think it's a really bad idea.

Why are they suppressing the early treatment drugs?

My guess is Anthony Fauci wanting to prove he is right combined with using evidence-based medicine highest standards of proof even in a pandemic and even when the drugs are extremely safe (little downside).

Fauci could have set the right tone to use the Precautionary Principle and use all the available evidence. He didn't

I used to think he was a God… the guy who stood up for science. Encyclopedic knowledge of infectious disease.

We knew a year ago that the SARS-CoV-2 was man-made when Chris Martenson and others exposed it. It is impossible to explain the sequences because they don't occur in nature. Guess who funded the work in Wuhan. Fauci. He finally admitted it. This whole thing was his fault.

Insiders told me is he is a superb politician who surrounds himself with "yes-men" like Cliff Lane who is in charge of the NIH Guidelines.

Fauci compounded his error in funding the gain of function research by suppressing the early treatments that would have rendered the virus relatively harmless (less dangerous than the flu) if the NIH had told people to treat the virus early and hard with an effective protocol (just as David Ho advised for HIV).

Fauci cannot allow early treatments to be successful. If people ever find out that we had the solution sitting on the shelf the entire pandemic and it was Fauci who was responsible, it will look really bad.

So Fauci made a bad call by focusing primarily on vaccines early on rather than pursuing repurposed drugs with the same intensity. The coronavirus experts I talked to at the start of the pandemic said that camostat was the most likely drug to try against COVID (it was a tie with remdesivir for early treatment of outpatients). Guess who funded these trials? Not NIH. Not Gates. Me! And guess what? The trial has recruited for a year, the results are in. What the hell is going on? This is a pandemic. What happened?

So I'd guess that Fauci told Lane to require evidence beyond any reasonable doubt that drugs work even if they are as safe as over the counter meds and supplements. That's NOT what you do in a pandemic. If you have a sign that safe drugs work, you use them. Watch this 1 minute video of Michael J. Ryan who is head of the WHO COVID response. He tells people:

- *You need to react quickly. Be fast. Have no regrets. You MUST be the first mover".*
- *"The virus will always get you if you do not move quickly."*
- *IF YOU NEED TO BE RIGHT BEFORE YOU MOVE – YOU WILL NEVER WIN".*
- *PERFECTION IS THE ENEMY OF THE GOOD WHEN IT COMES TO EMERGENCY RESPONSE MANAGEMENT.*
- *SPEED TRUMPS PERFECTION."*
- *"Everyone is afraid of making a mistake. Everyone is afraid of the consequence of error, BUT THE GREATEST ERROR IS NOT TO MOVE.*
- *THE GREATEST ERROR IS TO BE PARALYSED BY THE FEAR OF FAILURE."*

Fauci and Lane do the opposite of what Ryan advises. Their actions have not saved lives. Even after there are 29 published studies all positive on risk-benefit when used early, they give that drug a DO NOT USE recommendation. It's bizzare.

In a pandemic, it is essential that authorities use the principle of all the available evidence to make recommendations using the Precautionary Principle and not wait years for large scale phase 3 clinical trials.

The NIH knows all about the Precautionary Principle because that is how they justify mask wearing when none of the research supports it. So they use it when convenient for them, and they ignore it when it makes them look bad.

There was a Cochrane review of the mask wearing studies. It concluded:

> *Medical or surgical masks*
>
> *Seven studies took place in the community, and two studies in healthcare workers. Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3005 people). Unwanted effects were rarely reported, but included discomfort.*
>
> *N95/P2 respirators*
>
> *Four studies were in healthcare workers, and one small study was in the community. Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people) or respiratory illness (3 studies; 7799 people). Unwanted effects were not well reported; discomfort was mentioned.*
>
> *Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses? Nov 2020 Cochrane*

There was only one randomized study done on mask wearing for COVID. It found a small benefit (18%), but the 95% confidence interval was wide enough that masks could be harmful: 46% reduction to a **23% increase in infection**.

I'm not suggesting that we should stop using masks, but the point is that the **mask mandates were done even before a single study was done**. The NIH and CDC still don't have a single large randomized Phase 3 clinical trial showing that mask wearing is effective. So if that is a mandate based on expert opinion, why is fluvoxamine given a NEUTRAL when the experts say it should be discussed and all the studies published to date (June 2, 2021) show a statistically significant benefit and all the other evidence shows a benefit as well? Same can be said for ivermectin and other drugs. The hypocrisy is glaring and inexplicable and NOBODY will debate this in a public forum (TrialSiteNews has asked the WHO and NIH and Cliff declined without giving a reason and the WHO did not respond). Only Congress can make them answer to this but nobody in Congress is doing that.

By selectively ignoring these life-saving principles, Fauci and Lane are both huge liabilities and their collective lack of judgment have cost the lives of hundreds of thousands, if not millions of people worldwide. And if they want to sue me for libel, bring it on because truth is the ultimate defense here and they know I know that they know that these drugs work and are withholding that from the public.

When the fluvoxamine study was confirmed in a second quasi-randomized study at a racetrack showing 100% protection from hospitalization and long-haul COVID, Fauci should have shown up on site and verified that this very credible researcher's study was valid or not. The p-value on the symptoms alone was 1e-14 which is impossible to happen by chance. And the quasi-randomization was more convincing than true randomization because the sicker people chose the drug. There was no observer bias since every observer saw the same differences (including the track management who weren't involved at all). So now you had two trials, p values both <.01, done independently with the same 100% effect size. While you could argue that it doesn't meet traditional evidence based medicine rigorous standards, any normal thinking person would embrace this result.

60 Minutes showed up and spent hours investigating and telling the story. If there was a flaw, they would have pulled it.

What did Fauci and Lane do? They treated the two studies, both with 100% effect size, as insufficient. What could have caused these results if not the drug? Doesn't matter to them; they don't have to come up with a plausible hypothesis as to why the drug should be NEUTRAL. My attempts to brief Fauci: ignored. And I didn't just email him directly. I had one of his high level friends tell him just to make sure he got the message.

Even after the *60 minutes* story, no contact, not with me, not with the researcher. **NOBODY at NIH lifted a finger to verify the study was legit.** This is a pandemic. If there are two studies, both with 100% effect size, both done by top researchers, both published in top peer reviewed journals, both given "Editor's Choice" designation, and both studies appear on *60 Minutes*, you don't ignore it. What kind of a person would do that?

Why didn't the NIH convene an expert panel to review the evidence when this happened? They basically just said, "let us know when you have a large Phase 3 trial." In short, deaths of people in the meantime don't matter. They want to make sure they aren't wrong. Minimizing deaths in the meantime are irrelevant to them.

Dr. Jeffrey Klausner took action. He convened an expert panel of 30 people from NIH, CDC, and academia which examined the evidence including the plausible mechanisms of action. The scientists asked questions. There was discussion. The survey afterwards showed that an overwhelming majority (more than 2:1 ratio) recommended that doctors talk to their patients about using fluvoxamine.

You'd think the NIH would instantly list fluvoxamine with a positive recommendation since expert opinion was positive. They did not. Nothing kept them from having a FOR recommendation. There was no law that would have prohibitied this.

The NIH then waited 3 months before adding fluvoxamine to the guidelines with a NEUTRAL recommendation on April 23, 2021. This is interpreted by doctors as "**do not use**" and the NIH knows that. This is why you don't see fluvoxamine on any government guidelines anywhere else in the world and why if you ask your doctor for a prescription for fluvoxamine they will refuse to prescribe it off-label even though they could and it is perfectly safe when properly prescribed as this Kaiser doctor demonstrated when COVID patient John Halbleib requested fluvoxamine:

FATIGUE (primary encounter diagnosis)
Note: test scheduled tomorrow, declined VOT. I declined Fluvoxamine since not a proven treatment and may have serious side effects
Plan: SARS-COV-2, QUALITATIVE, NAA (COVID-19), KP LAB

Not a proven treatment?!?! Are you kidding me? I have told Cliff Lane on numerous occasions that there is not one shred of neutral or negative evidence on fluvoxamine, **every study shows a positive effect**. I said "you cannot find a doctor anywhere in the world who has used this drug on more than 1 patient who thinks it doesn't work." The opposite is true in fact; the doctors who have used fluvoxamine have told me that it is unethical not to use it.

But all this evidence are anecdotes to Cliff. I could have 100 docs with zero hospitalizations and that's all anecdotal to him. There is NO NEUTRAL OR NEGATIVE EVIDENCE Cliff. Zip. Nada. None. All the evidence is positive (two in a row with 100% effect size) and the drug has a 37 year safety profile and we know there are no long term negative effects when used for COVID from the WashU study of fluvoxamine. In the DB-RCT, if you took the drug you had fewer side-effects than placebo.

Cliff Lane is a disaster. His lack of actions on fluvoxamine, ivermectin, and other effective drugs are not defensible. Nobody else will defend him either: Nobody has been able to prove the NIH or WHO got their recommendations right, even after my $2M incentive.

Do you have a vaccine side effect?

Facebook shut down all your groups, but TrialSiteNews will host your forum. Please report your experiences with your symptoms, whether they are resolved, what your doctor told you was the cause, etc. at the TrialSiteNews Vaccine Side Effects forum where you will not be censored and spread the word.

A very troubling email sent to Dr. Bridle

Have you ever seen an email like this as a vaccine reaction? How many more emails like this must be sent before Congress takes action to stop vaccinating our children?

> *Hi Dr. Bridle,*
>
> *I heard your interview today.*
>
> *My **16 year old** healthy sister-in-law was in ER today. (Alberta)*
>
> ***She couldn't talk or read this morning**.*
>
> *Docs don't connect dots but I told mother-in-law to demand testing. They found markers to indicate clotting in blood. Further CT testing didn't reveal any they could see. Her neurological issues improved enough but she feels spacey. They sent her home blaming stress and perhaps her birth control. She had the Thing 48 hrs ago. Pfizer.*
>
> *Any recommendations of or info you can send is helpful. She's not on any blood thinners but was on Accutane (does it thin blood? I know it has nasty side affects as well).*
>
> *Best regards,*
>
> *Kyle*
>
> *Email sent to Dr. Byram Bridle on Saturday, May 29, 2021 1:02 AM after this interview*

A personal note

Do you know anyone with significant adverse events from other vaccines? I don't.

The anecdotes I've heard from this one are off the charts. Doctors tell me the same. The range of symptoms are unprecendented… serious weird things that are extremely rare all pop up after vaccination like "loss of all feeling in both arms at night only" or inability to see and speak (on a 16 year old) after vaccination. When was the last time you heard that happening.

Let me tell you how I got suspicious something was very wrong. Because of the pandemic we have had very few visitors to our house, maybe around two dozen total. Tim Damroth, my carpet cleaner, is one of them. He is 38 years old and in great health. He got the Pfizer vaccine on April 26 and he had a heart attack 2 minutes later and spent the night in the hospital. On May 23, 2021, he sent me an email, "Last night my head had mild tremors. This morning my left arm at the injection site is in agony. I'm fatigued, and I'm seeing my doctor Monday. Who in the press will listen to me? I'm furious."

Indeed, Tim was frustrated that all his attempts to let others know were ignored. I even tried my press contacts as well. Ignored.

Tim almost died in the hospital recently. He sent me a note telling me to bring his story to the attention of the press if he died so his death would at least warn others.

He's still alive. He is extremely impaired. The doctors don't know how to restore his health.

Tim's wife, Monique, got the Pfizer vaccine in March and now her left arm shakes like she has Parkinson's disease and it's still shaking today, 3 months after her shot. Her tremors are improving, but the pain is getting worse.

Both of them are disabled. If the vaccine is really as safe as they claim, such anecdotes where both husband *and* wife had adverse effects would be extremely rare.

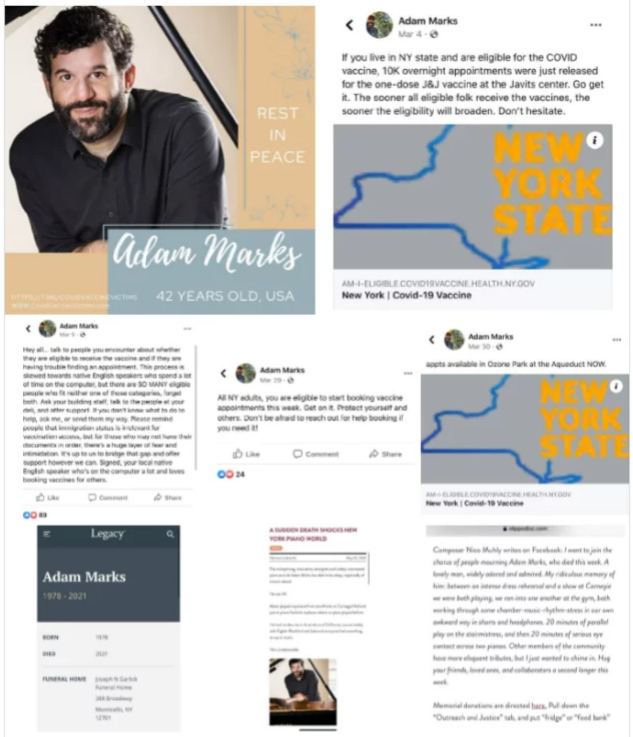
Did I just get "unlucky" that, with so few visitors to our house, we had a husband and wife with serious vaccine side effects? It's certainly possible, but unlikely.

The press wouldn't report either of these events. They won't report on any of them because you can't prove a single one. Same for deaths. They won't say it is vaccine related because they can't prove it is.

Why aren't the autopsies revealing the true cause of death? Because nobody has the equipment to measure S1 subunit spike protein (except at fancy research labs like at Harvard). So they report the cause of death was a heart attack or blood clot in your brain.

Tim's case suggested to me that the rate of serious adverse events could be quite significant. Tim's case led me to look further under the covers and the more I looked, the more appalled I became. I wanted to document what I found since the press would not talk to Tim. That's why I wrote this document.

Remembering the victims #covidvaccinevictims



Adam Marks

42 Years old, USA

Adam a 42 year old professional pianist from New York City died unexpectedly in his sleep on May 9, 2021 of cardiac arrest following his Covid-19 vaccination. According to his Facebook page, Adam was a big advocate in the vaccine and often posted update for his followers about getting vaccination appointments. Young adults dying from cardiac arrest in their sleep seems to be happening far too much after these injections.

Adam played piano and was known in the music community for playing at places like Carnegie Hall. He leaves behind his Husband.

May he Rest In Peace ❤️

#Death #USA #Cardiac #JohnsonAndJohnson #COVIDVACCINEVICTIMS

EMBED VIEW IN CHANNEL CONTEXT

Telegram Group with over 100,000 members and an unknown number of vaccine obituaries

There are countless stories like this. You never see this for the flu vaccine. Nobody dies from the flu vaccine.

Here's a note I got on one of my twitter posts:

Reply to my article post on Twitter

The censorship

Others have written about the censorship. If you challenge the narrative for early treatment and talk about repurposed drugs, all the social networks will remove your posts or videos, ban you, demonetize your videos, suspend or cancel your accounts, or make sure your posts have limited distribution. Appeals are useless. Sendgrid will remove all your contact lists if you send an email they don't like, even to your private contacts. Medium will ban you for life for talking about fluvoxamine and ivermectin as safe and effective treatments for COVID. When I asked them for facts, they just wrote back that they considered my post to be dangerous.

Doctors and patients are censored. Doctors are intimidated and told not to ascribe deaths to the vaccine.

Dr. Chris Martenson creates excellent videos, but he has to spend enormous amounts of time to figure out how to present information in a way that can escape censorship by YouTube. How can he do a video that explains why you shouldn't be vaccinated if he can't talk about it? Muzzling people who are clear thinkers like Martenson is the very last thing a civilized society would want to do, yet here we are.

It is the social media and mainstream media that perpetuate the myth. They are as dangerous as Fauci himself. They empower the false narrative of the NIH on early treatment leaving the vaccine as the only choice. They will not debate their decision. There is no impartial jury.

It's one thing to remove posts and videos with no basis in science. But removing content created by doctors that is scientifically supported just because it goes against the "popular narrative" promoted by "experts" is not helpful and has cost thousands of lives.

Censorship should be a user preference. If the user trusts the platform's censors, great. But if users don't want censored content, they should be able to see everything without filtering.

The other censorship is with the medical journals. How is a flawed study on Ivermectin singled out for publication in JAMA when very well done ivermectin studies are rejected? David Wiseman discovered if you correct the errors in David Boulware's paper, HCQ works. But the journals reject his paper.

Thank you to those not afraid to challenge the narrative

Quora has been outstanding through all of this. From day 1, they have been supportive of people such as myself who are truth tellers. The top management of Nextdoor also should be acknowledged here for doing the right thing in supporting legitimate freedom of speech. LinkedIn has also come through in restoring posts from the FLCCC that were erroneously censored. YouTube has been a mixed bag.

I am grateful to the the LA Times and 60 Minutes for the courage to run stories that challenge the narrative.

I am grateful to the Times of India and the Hindustan Times for running my op-eds when they were refused by major newspapers in my own country.

I am proud of hundreds of scientists who speak out against the narrative. For example, see Robert Malone's article on TrialSiteNews. Malone is **the inventor of mRNA vaccines**; he thinks this vaccine is a danger to society. Geert Vanden Bossche is now against mass vaccination. Geert is **one of the most respected vaccine scientists in the world** and on this video he is expressing his concerns on mass vaccination with the current vaccines. He calls it a "**blunder that is completely unprecedented**." (see 2:55 in the video). Professor Peter McCullough, Vice Chief of Internal Medicine at Baylor University Medical Center is another outspoken critic (nearly 2 hours of content).

Pierre Kory is another tireless advocate for the truth about early treatments. He is "Mr. Ivermectin." George Fareed and Brian Tyson who have been pioneers to prove early treatment works. David Seftel, Emory Dean of Medicine Vikas Sukhatme, the list goes on and on. I am honored and proud to count all of these people as my friends.

Most of all I am grateful to Daniel O'Connor and *TrialSiteNews*. They have been supportive from Day1.

Anthony Fauci

To sum it up from my points earlier in this document:

1. He funded the research that created the virus. He absolutely knows he was lying when he originally said it looks like it came from nature at the very beginning. He even recently lied to Congress, but was later forced to recant. Watch this video of Dr. Chris Martenson taking down Fauci. It is priceless. Chris mentions me at 47:30. There is absolutely no doubt where the coronavirus came from. Fauci funded the work in Wuhan that used a very unusual "furin cleavage site" to work. It was the "fingerprints" on the virus. What a coincidence that SARS-CoV-2 came from Wuhan at the site of the research lab and bearing the "furin cleavage site" fingerprint. Why Fauci is still in office is beyond belief. The people in the White House and Congress must all be blind. Not only does the alternate hypothesis not hold up, but we have the whole coverup happening after the outbreak, culminating with Kristian removing his tweets and blocking Chris Martenson because Chris is smart enough to put 2 and 2 together.
2. Faui's emails reveal he knew it came from the lab, then met with others to cover it up. Why was Jeremy Farar involved in all those emails involving Fauci and the coverup? How did the narrative go from "we all agree it was man made" to "let's put out a paper it came from nature"? The damn fingerprints of the Wuhan Lab were all over the virus. I would love to debate this in an open forum with ANYONE who will take me on!
3. He caused the NIH to suppress funding of early treatment research
4. When others like me funded early treatments and proved it worked, he made sure the guidelines were neutral to negative (by directing Cliff Lane to keep early treatments as unapproved for as long as feasible even after they knew these drugs were confirmed in large credible Phase 3 trials) so nobody would use them leaving the only option: a vaccine
5. He was cheerleader #1 of the most deadly vaccines in our history which although would save lives, has a huge cost in death and disability beyond anything we have ever seen; there are safer, more effective alternatives that people were not told about.
6. He continues to ignore the overwhelming evidence for early treatments like ivermectin and fluvoxamine which have been clearly shown to have very little downside and superior efficacy, leaving people with only one alternative: the deadly vaccines.

This is hardly the first time. I just got this on Twitter:

> *Sadly, Fauci has been this way for decades. Covid is a repeat of his response to the AIDS epidemic, but now is on on a larger scale. His trash guidelines for Lyme disease have left patients disabled for decades. He should have been exposed long before this.*
>
> *Twitter message*

Anthony Fauci said it himself in an email: ""Our society is really totally nuts."

I couldn't agree more. The fact he is still in his position is proof of that!

Cliff Lane

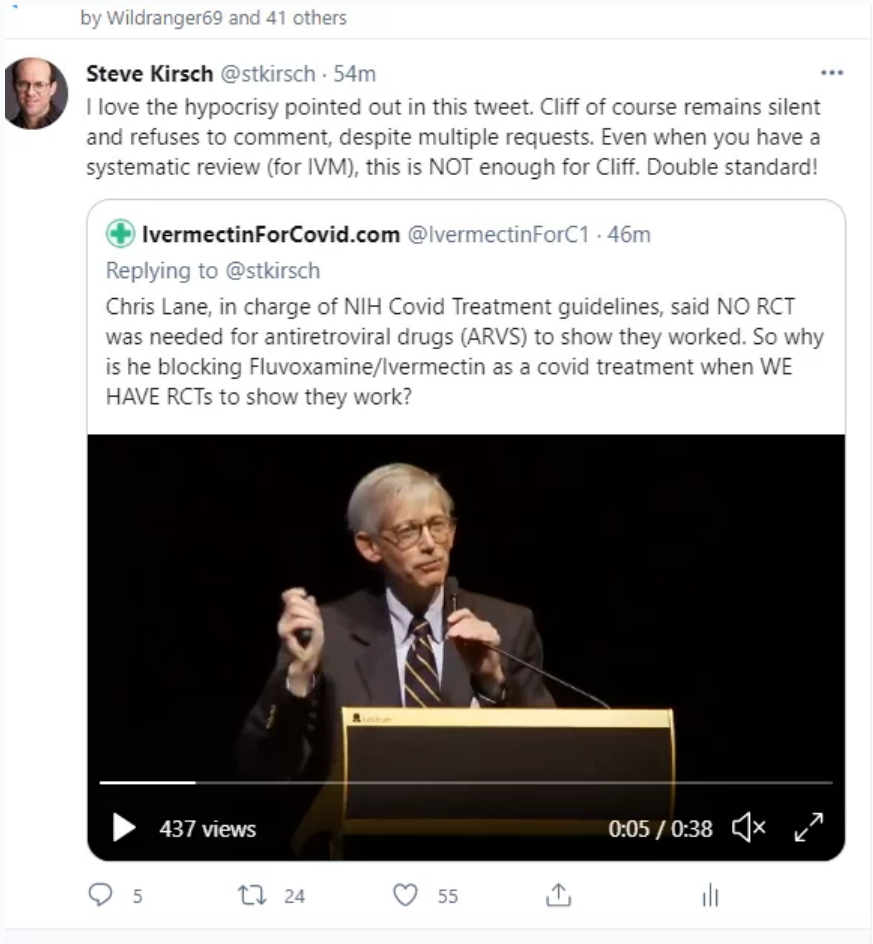
Cliff is head of the NIH Guidelines Committee. In my opinion, Cliff has single-handedly cost the lives of millions of people through his ineptness to use all the available evidenc, the Precautionary Principle of medicine, and the fact that systematic reviews are the TOP of the evidence based medicine pyramid. Cliff raises the bar so no repurposed drug can ever leap over it because we never know where the bar is. A positive systematic review should get you a FOR recommendation on the Guidelines. But Cliff doesn't even realize such a study exists!

Since Cliff doesn't answer my emails anymore, if you know Cliff, please have him go to the BIRD Recommendations page.

If you want to defend Cliff, the rules are here: If you can prove that the NIH and WHO got their treatment guidelines right, you could win $2M. No takers.

Have him read Do the NIH and WHO COVID treatment recommendations need to be fixed? and comment on any errors. Doing so will further dig himself into a hole.

Then make sure he watches this video of himself saying "we don't need RCTs."



Cliff Lane saying you don't need RCTs if you already know it works. We know Ivermectin and Fluvoxamine work, so why do we need more RCTs??

The FDA

Everybody makes mistakes. The mark of a great organization is how they react once the mistake is known.

There were no evil players at the FDA. Everyone thought the S1 subunit was a benign antigen. They knew about the biodistribution but it was deemed irrelevant since the antigen is benign.

I am a huge fan of Janet Woodcock. She has been extremely responsive to the information as it became more and more clear. I'm sure the FDA will do the right thing. I really cannot say enough good things about her. She is a tremendous asset to the FDA and to the country.

The 100X flu vaccine rate observed here means that virtually all the excess deaths were caused by the vaccine. When was the last time the FDA allowed a drug to kill 20,000 people worldwide in 6 months?

At a minimum,

1. there should be a black box warning for the vaccine that is **immediately put on the label** and in the informed consent that when used as directed, it can kill you.
2. Due to the accumulation in the ovaries, **the drug should be halted for all pre-menopausal women immediately** until we can assess the safety of the drug.
3. The drug should also be halted immediately for those under 20 since the COVID risk of this group is minimal, the drug has been shown to produce severe adverse reactions, and early treatments have been proven to work so there are viable safe alternatives (once Fauci is removed and the NIH can see more clearly).

Let's look at a few drugs pulled off the market due to death rate:

1. **Duract**: This pain killer was effective in relieving pain, but it caused **4 deaths**, 8 liver transplants, and 12 cases of severe liver damage in **the year** it was on the market. It was prescribed to 2.5M people and caused 4 deaths. Like the vaccines are today (due to early treatment protocols), it was a drug that no one needed.
2. **Troglitazone (Rezulin)**: Treatment with this antidiabetic and anti-inflammatory drug resulted in 90 cases of liver failure and at least **63** deaths. Over 500,000 people used the drug.

I think I can stop there. There are probably better examples but the point is that with early treatments the drug isn't needed and it is causing excess deaths that are above previous thresholds needed for revocation.

One thing that is important to add is the FDA is still in the mindset that they ignore anecdotes. Nobody can explain the excess deaths but they are there and we are killing people. Nobody can explain the range of symptoms. We can.

There are too many physicians (not cherry picked but picked at random) that have SAE event rates of more than 1%.

In the current pandemic, you cannot just rely on your "trusted" data sources because the data is under reported. You MUST go out and verify the reality matches the data. It doesn't. So who do you believe? The doctors in front of you or the "data".

Early treatment can reduce COVID death rates by 100 fold as they can verify by inspection of records of Fareed and Tyson's records. That's real life data. So that alone turns COVID deaths into a fraction of the number deaths per year from the flu.

It is better to employ drugs that make sick people well than to make well people sick.

The NIH

The NIH is where the problem is: NIAID specifically. The NIH Guidelines should be about saving lives, not scientific perfection. Suppressing early treatment research was a mistake beyond belief and compounding it by continuing to not change the guidelines is inexcusable. The root of the problem is Anthony Fauci. He must go along with Cliff Lane. Fauci should be replaced by someone who walks the talk of Michael J. Ryan that mistakes are OK and the important thing is to act quickly and make decisions that minimize the loss of life even if it means having to admit you were wrong on occassion.

The CDC

I've heard that Rochelle Walensky is a good person. She inherited a large complex organization with a lot of dysfunction. I do not blame her for what happened. I have some suggestions on how to fix some of these problems she faces.

The single most important thing she can do is make the V-SAFE database open access. If the vaccine is so safe, why is this hidden from public view?

But V-SAFE is also very problematic because we haven't told people how the vaccine really works and to report ANYTHING that is "unusual" for you. Right now if my right toe is numb or my hand shakes uncontrollably, I may not associate it with the vaccine, but once I knew the virus engulfs my entire body with a toxic protein, I'm more likely to report it as being relevant.

We know exactly how many people have been vaccinated and make that available. Why aren't we making the number of people who have died or disabled after taking the vaccine public as well? Full transparency.

Congress

Congress is the enabler of Fauci. Fauci doesn't report to Francis Collins (that's just on paper, not reality). Fauci is enabled by Congress. If they fail to remove him, people will continue to die.

The biggest problem is nobody in Congress, with the exception of Senator Rand Paul, thinks Fauci is anything but an angel. Even President Biden and the White House are clueless. Biden is moving ahead full speed to vaccinate 70% of Americans despite all the death and disablement. It's baffling. Fauci can lie to Congress and he's still an angel. Are you kidding me?!?!

Congress needs to wake up and talk to people outside NIH who used to work there to find out what is really going on.

Congress needs to stop the FDA from approving a defective vaccine and stop vaccination until the free spike problem is fixed.

Why is HELP or Energy and Commerce not holding hearings on this? Why are only a few members of Congress willing to even broach these topics?

Where is Biden? The Fauci emails show Fauci covered up his tracks and everyone knows Fauci paid for the research that led to the outbreak. We have Fauci to thank for this whole disaster.

Biden is either driving drunk or asleep at the wheel. It's one of the two. If he doesn't do something quickly, he's toast. I voted for him, I've met him, I like him, he's got a great heart. But I cannot support dereliction of duty. A President who ignores the evidence and continues to direct what is effectively the mass killing of Americans by ignoring all the safety signals and the laws of the United States of America should be removed from office. It is a huge violation of the public trust. He should also fire Fauci. He should fire Lane too, but we'll leave that to Fauci's replacement.

Biden needs to ask questions like "Hey, if this vaccine is killing people at a rate 25X higher than other vaccines and there is an 82% miscarrage rate and there is heart damage in teens at 25X the normal rate, why aren't we fixing the vaccine?" and "Aren't we violating the law?" and "Why are we rushing to get FDA approval on a defective vaccine while at the same time pulling NAC off the market? So the vaccine is safe (and available without a prescription) and NAC is all of a sudden dangerous so it is only available by prescription?!? Are you sure someone didn't get these two reversed?"

I wrote a very well connected Democrat to connect me with the Biden administration. He wrote me back, "I really have no idea who to get it to. My guess is — their goal is to have 70% with first shot by July 4th/. They have shown a singular focus in meeting their stated goals. You piece pushes in the opposite direction."

In short, they will not listen to anything that violates the narrative, even when the narrative is illegal.

This should not be a partisan issue. One member of senior Senate staff wrote me after reading my article, the problem is "the complete deference to NIH/FDA/CDC, and the lack of interest in early treatment, natural immunity, etc,"

That's a good starting point.

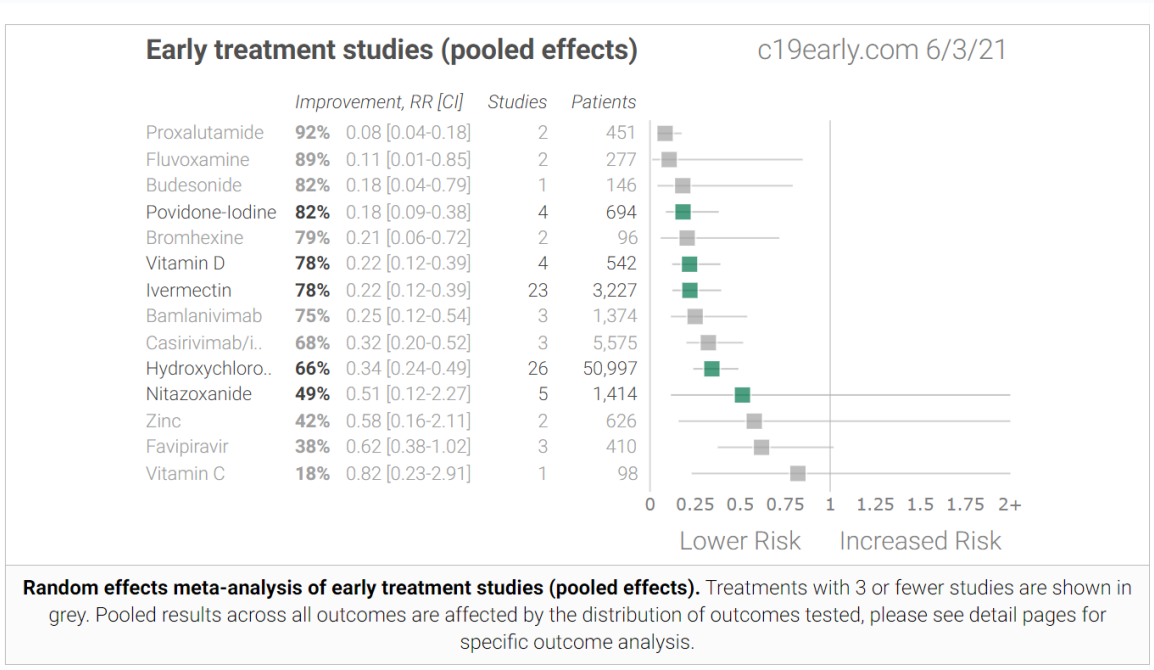
It is also remarkable that nobody in Congress has called for a special outside task force to look at the pandemic response and make recommendations for what needs to change for "next time."

If next time is a virus like in the movie Contagion, we are all doomed. This pandemic was just the "dress rehearsal" for the real thing. It was a "shot across the bow."

Personally, I have list of over 50 things that could be changed that would really make a difference the next time, but it doesn't really matter because there is no panel to consider my recommendations. Once the crisis is over, we go back to our old habits.

The WHO

I tried to get the WHO to look at the fluvoxamine studies. They weren't interested. Fluvoxamine isn't even mentioned on their guidelines anywhere. Like it doesn't exist. Yet it is (as of June 2) at the top of the list of the most promising drugs (the topmost approved drug).



Random effects meta-analysis of early treatment studies (pooled effects). Treatments with 3 or fewer studies are shown in grey. Pooled results across all outcomes are affected by the distribution of outcomes tested, please see detail pages for specific outcome analysis.

From c19early.com, my favorite website for tracking drugs that work

The WHO is seriously broken. They had no outpatient trials at all. Ever! That's ridiculous because you always treat a virus as early as possible, everyone knows that. What drugs did they test on outpatients: None.

They only tested drugs for inpatients without first having any anecdotal data to support that.

When the SOLIDARITY trial was announced in March 2020, I wrote a *Medium* piece on how dumb their drug candidate choices were; that they couldn't possibly work. *Medium* censored my article. In Feb 11, 2021, they published a paper showing I was right: all the drugs were losers. $100M down the drain and they lost a lot of time. Stupid.

I tried to suggest they do outpatient trials with drug combos like ivermectin and fluvoxamine. For inpatient use, I suggested inhaled adenosine and cyproheptadine would be very strong agents to test with unbelievable consistent anecdotal data.

The told me to pound sand and never email them again.

Medical schools, Medical journals, Academia

The evidence is undeniable. This is not about whether my analysis is right or not. This is about over 20,000 people who were killed by the vaccine. And many times that number who have been disabled or permanently injured. All of the death and disability was completely unnecessary as early treatments have been known for a long long time, well before the roll out of the vaccine.

Will any prominent academics other than Peter McCullough and Legendary Epidemiologist Sucharit Bhakdi speak out? Who will be the next ones with the courage to join them?

Will any Medical Schools be brave enough refuse to vaccinate people? Or will they blindly follow the CDC and NIH directives even when they know it is killing people? That's the big question.

One of two things will happen here:

1. The medical profession will just "say no" to this vaccine now and put a stop to this unnecessary mass slaughter
2. The medical profession will have their reputations damaged irreparably for failing to recognize the evidence in plain sight

That's a question the medical community will need to decide very quickly. I believe there will be a massive split happening very soon and we will see leaders emerge.

Finally, it has to be extremely embarrassing to the medical community that an MIT electrical engineer figured all this stuff out rather than someone from the medical field. Why was it obvious to me 7 months ago that ivermectin and fluvoxamine were effective drugs when NOBODY else in the medical community could figure it out (other than Vikas Sukhatme and David Seftel)? There is a big lesson about using all the available evidence and the Precautionary Principle in a pandemic that the entire medical community still needs to learn. People's lives are important yet evidence-based medicine doesn't take into account the probability and the costs associated with being wrong. If this pandemic were as epic as the one in the movie *Contagion*, we would all be dead. The medical establishment should ponder that one before it is too late.

Employees of Facebook, YouTube, and Twitter

If Facebook had not removed multiple the "Vaccine side effects" groups, totaling over 200,000 people and probably more (I just head of a 120K member group and a 70K member group), there would have been ample evidence in plain sight of the harm caused by these vaccines. Facebook has contributed to this unnecessary loss of life through its censorship. Although it is unlikely the corporation will change its ways, that doesn't mean that Facebook employees have to just sit there and do nothing. If Facebook employees were to all take a sick day off to read this article, it would send a clear message to Facebook management that suppressing truth and restricting the free speech of victims of a vaccine that was rushed to market is unacceptable behavior.

There is no question also that Congress needs to regulate the censorship of these companies since these networks are the new "public square" replacing traditional common carriers. If these platforms want to arbitrarily censor people telling the truth, there should be a private right of action to sue them for $25,000 for each incident of censorship of factual information.

YouTube isn't much better than Facebook. YouTube COVID-19 medical misinformation policy is to censor any videos that:

- Content that recommends use of Ivermectin or Hydroxychloroquine for the treatment of COVID-19
- Claims that Ivermectin or Hydroxychloroquine are effective treatments for COVID-19

Are you kidding me?!? For ivermectin, they have no ground to stand on. The NIH has a NEUTRAL recommendation for ivermectin. A neutral recommendation means the doctors get to decide because the NIH panel can't tell whether the drug works or not. So how can YouTube claim to be "smarter" than the NIH and declare it doesn't work? Where is the research that they did to prove that the NIH got it wrong? Put it out in public view for all of us to laugh at the sheer incompetence of the people who made that decision. Why do they still have a job?

For hydroxychloroquine, there is no doubt it works if given early enough. 100% of the 29 early treatment studies report a positive effect (13 statistically significant in isolation). Where is your evidence that this drug is doing the opposite? You cannot simply rely on the incompetent analysis of the NIH and WHO.

I offered $2M to any qualified person who could show that the NIH or WHO got it right on their recommendations. No takers. If YouTube thinks these drugs don't work, then prove it and take my money. If not, change your policy. You are jeopardizing people's lives here. If YouTube doesn't do either one, then YouTube employees should stage a sitout until they do the right thing.

As for all the other platforms, if you silence people who tell the truth and who are posting legitimate medical information that can save people's lives, you are doing a tremendous disservice.

My email plea to YouTube to correct medical misinformation

I was led to believe that Google's motto was "Do no evil."

Wow. Things have really changed. They block ivermectin, they run GAVI ads saying ivermectin doesn't work, and they don't censor people who say that the vaccine is safe. In short, they are doing things that put us all at risk. How can YouTube employees enable this? Here's my email to Garth Graham. He ignored it.

From: Steve Kirsch
Sent: Tuesday, June 8, 2021 4:39 AM
To: Garth Graham <gaxxxxxxxx@google.com>
Subject: ***** URGENT**** PLEASE change YouTube policy to remove the ban on Ivermectin IMMEDIATELY
Importance: High

Hi Garth,

As you know, all medical scientists and doctors follow evidence based medicine guidelines and the Precautionary Principle of medicine.

At the very top of EBM pyramid are the systematic reviews.

I asked USC Professor Susanne Hempel who is an expert on evidence review (see https://keck.usc.edu/faculty-search/susanne-hempel/) to look at the ivermectin evidence.

She wrote back "I don't think you get anything better than the BIRD recommendation. The best evidence that is out there is the BIRD recommendation and the McMaster living review (Bartoszko et al.). One is positive, the other one finds an effect but is worried about the quality of evidence"

This means you have multiple SYSTEMATIC reviews showing a positive effect and the Precautionary Principle of medicine REQUIRES you to remove IVERMECTIN from your misinformation guidelines. The EARLIER after infection, the better the outcomes.

Therefore, UNLESS you can point to a SYSTEMATIC REVIEW of higher quality which concludes that ivermectin is harmful (which would be very surprising since IVM is about to be confirmed in a large phase 3 trials which the WHO has no objection to), then you must REMOVE the ban on ivermectin from YouTube IMMEDIATELY.

Evidence based medicine puts the WHO and NIH at the BOTTOM of the pyramid since those are considered to be "expert opinion."

Would you please confirm to me you WILL follow EVIDENCE-BASED practices consistent with the Precautionary Principle?

This is important. Lives are at stake here. Thousands of people are dying every day due to the misinformation that Google is spreading about Ivermectin by running ads from GAVI claiming ivermectin doesn't work (as shown in my article Should you get vaccinated? (search for "Maybe there really is a conspiracy after all: GAVI")

I ask that you change the YouTube COVID-19 Medical Misinformation policy to remove the ban on ivermectin.

And please immediately restore all the ivermectin videos that were removed and re-monetize the channels that were unfairly demonetized. I can supply you with a list if that would help.

Thank you so much for your kind and URGENT attention to this matter.

Lives are at stake here and it is even more urgent because the vaccines are unsafe. Not having a viable alternative being talked about on YouTube risks lives.

You can read more about the vaccines here: Should you get vaccinated? I think that it makes a compelling case that any video that claims that the vaccines are safe should be REMOVED from YouTube as medical misinformation.

In short, I am requesting that you:

1. Remove the ban on ivermectin
2. Immediately ban any video that claims that the current COVID vaccines are perfectly safe. These vaccines are the most dangerous in our history as the article points out.
3. Tell Google corporate to STOP running the GAVI ads telling people ivermectin doesn't work. This is spreading medical misinformation

It is important that we protect the public from medical misinformation ASAP. I have copied Dr. Malone on this email if you have any questions. Dr. Malone is the inventor of the mRNA vaccine. The article has all the details.

Thanks Garth. We are all so grateful for the role YouTube is playing in protecting the public from medical misinformation. If you have any questions on my article, please let me know. Nobody will debate me on it but I'm more than happy to do a recorded video debate on zoom with anyone of your choosing if that is needed to help you decide. But the reviews on my article are 100% positive and nobody has pointed out any factual erorrs as you can see in the 50 comments. It has been viewed well over 200,000 times.

-steve

The mainstream media

Just because someone challenges the "authorities" doesn't mean they are wrong and should be squelched. Op-eds should be judged on their merit, not on whether they were written by a medical doctor. Legitimate points of view, especially those that challenge conventional thinking or challenge authority, should be embraced if they are well supported.

CNN was too busy doing stories on hospitals being full, the dangerous vaccine rollout, and covering the horror stories of lost loved ones that they didn't have any time left at all to cover the positive story of how Dr. David Seftel went against the direction of the editors of JAMA in order to save people from the mass COVID outbreak at Golden Gate fields. He had a 100% success record in turning patients around (in an average of 3 days to back to normal) and 100% success in preventing long-haul COVID, but CNN was too busy to cover that amazing, uplifting success story. They should be ashamed of themselves. They didn't want to cover it for fear of "raising false hopes." Ridiculous. It is news. It is positive news. Cover it, don't ignore it. Had you bothered to check the p-value was 10^{-14} which means "it is impossible that the drug didn't work." And every single employee at the track was convinced there was a huge difference between the fluvoxamine and no treatment group that 100% wanted the drug. If they can figure it out, why can't CNN? Of course, writing all this means I'm never going to appear on CNN, but someone has to tell the truth about what they did here. By suppressing these success stories, they contributed to the false narrative that early treatments don't work.

I am grateful to LA Times, 60 Minutes, and The Wall Street Journal for their courage to run stories and op-eds that enable people to challenge the narrative and bring life saving information to the public's attention. This is what the media is supposed to do. Bravo!

Howard Bauchner

Bauchner was the former Editor in Chief of JAMA. He just got booted.

It was Bauchner who penned the Editor's Note that advised physicians not to use fluvoxamine after the JAMA paper appeared because it was just hypothesis generating. That was complete bullshit. The study was confirming a hypothesis generated by many other independent efforts such as the superb work of

Nicholas Hoertel in France and Alban Gaultier and his team at the University of Virginia. Every piece of data was consistent that fluvoxamine was safe and effective. You couldn't find a shred of data that fluvoxamine made things worse or was neutral. And the mechanisms of action made total sense (see the fluvoxamine public data repository).

I emailed Bauchner after Seftel confirmed the original Lenze study in JAMA. I told him, "we confirmed the effect in a second study done by a top researcher; both studies had 100% protection from hospitalization; both were p<.01. Please retract your advice to the medical community not to use fluvoxamine." He refused and stopped answering my emails. That's wrong. If he wants to ignore the Seftel's study, he should have told me why. The p-value for the symptom data in Seftel's study was 10^{-14} and that's a conservative estimate since the study was pseudo-randomized with the sick patients opting for the drug. So there were two independent studies both with p-values <.01 on the primary endpoint (hospitalization). That should have caused Bauchner to at least soften his recommendation, but he refused to budge an inch. This is the kind of medical leadership that we need a lot less of in this country. Good riddance to Howard. I'm not shedding a tear for you.

When he had the chance, Bauchner should have reminded the medical community to evaluate all the available evidence and use the Precautionary Principle to minimize loss of life. Instead he told the medical community to "sit back, and wait a year for them to prove it in a Phase 3 trial." What kind of doctor are you that would do such a thing? You are more worried about making a mistake than saving lives. You should be ashamed of yourself. What ended up happening was recruitment was so slow they had to abort the trial before statistical significance so we had a solution but nobody would use it because it didn't have a large phase 3 trial.

It is people like Bauchner and Fauci who contributed to the slow adoption of repurposed drugs that could have ended the pandemic, causing us to rush an unsafe vaccine to market that has resulted in the unnecessary loss of life of hundreds of thousands of people.

My advice to Democrats

If you do not abandon the false narrative now, you will alienate too many people. The Republicans will skewer you and they will be absolutely right to do so.

You need to get rid of Fauci and Lane ASAP and replace them with people who understand how to use all the available evidence and the proper and consistent application ofthe Precautionary Principle to minimize loss of life. Someone who walks the talk of Michael J. Ryan.

Pursue in parallel:

1. Early treatment with ivermectin and fluvoxamine and inhaled budesonide
2. Prophylaxis with ivermectin,
3. Fix the current vaccine (Robert can help if the drug companies reach out to him which they haven't; this can be done in ~2 months),
4. Wait for the newer vaccines before resuming vaccinations.

My heroes

There are a lot of heroes in this saga that helped move the ball forward.

Inclusion of their names does not mean they endorse this op-ed. Some disagree with what I wrote. Inclusion simply means that they have been helpful in moving the ball forward and save lives through their efforts.

I cannot order them, they've all made a huge difference. Some wanted to remain anonymous. I will take the sole blame for this document. I would not want anyone to lose their job or NIH grants.

Robert Malone, Daniel O'Connor, Geert Vanden Bossche, Peter McCullough, Vikas Sukhatme, Vidula Sukhatme, Ed Mills, Bret Weinstein, Chris Martenson, Pierre Kory, Byram Bridle, Ira Goldstein, Janet

Woodcock, Jean-Pierre Kiekens, Joe Ladapo, Jeff Skoll, the Flu Lab, Patrick Collison, Marc Benioff, Elon Musk, David Seftel, Elaine Lissner, Rockefeller Philanthropy Associates, Congressman Bill Foster, Angela Reiersen, Eric Lenze, Glenn Bunting, David Satterfield, Russ Stanton, Thomas Brunner, Hilary Grant Valdez, Jeffrey Glenn, Mary Beth Pfeiffer, Esther Landhuis, Stephanie Seneff, Tess Lawrie, Bonnie Mallard, Steven Pelech, Joseph Vinetz, Juan Chamie, Covid Analysis, Covid Crusher, Josh McLeod, Karen Levins, Mobeen Syed, Syed Haider, Miguel Antonatos, Drew Pinsky, Sabine Hazan, Ram Yogendra, Robert Likić, Sean Corrigan, Bruce Patterson, Amol Kothalkar, Florian Muller, Peter Meinke, George Fareed, Brian Tyson, Harvey Risch, the FLCCC team, the CCCA team, Jim Roskind, Victoria Yan, Mark Hadfield, Bert Vogelstein, Jovo Vogelstein, Milana Boukhman Trounce MD, John Ioannidis, Susanne Hempel, Jeffrey Klausner, Howard Hu, General Wes Clark, Ken Keller, Gary Dicovitsky, Susanne and Bill Losch. Malathi Srinivasan, Sulggi Lee, Nick Kuel, Eric Osgood, Arjun Bhagat, Peter Relan, Phillip Neustrom, Keletso Nyathi, Joe Giannotti, Flavio Abdenur, Eva Migdal, Alvaro Olavarria, FranceSoir, 60 Minutes, LA Times, The Wall Street Journal, Amy Stoddard, Farid Jalali, Philippe Rola, Tom Hodge, Steven Winston, Sucharit Bhakdi, Phil Harris, Nicholas Hoertel, Alban Gaultier, Jennifer Hibberd, Christy Risinger, ...

You get the idea. This was just a partial list.

Permission to copy, distribute, promote

You have my permission to excerpt, copy, translate, repost, whatever. This is all about getting the information out. Feel free to create more digestible versions. I didn't have time to copy edit this.

Conflict of interests

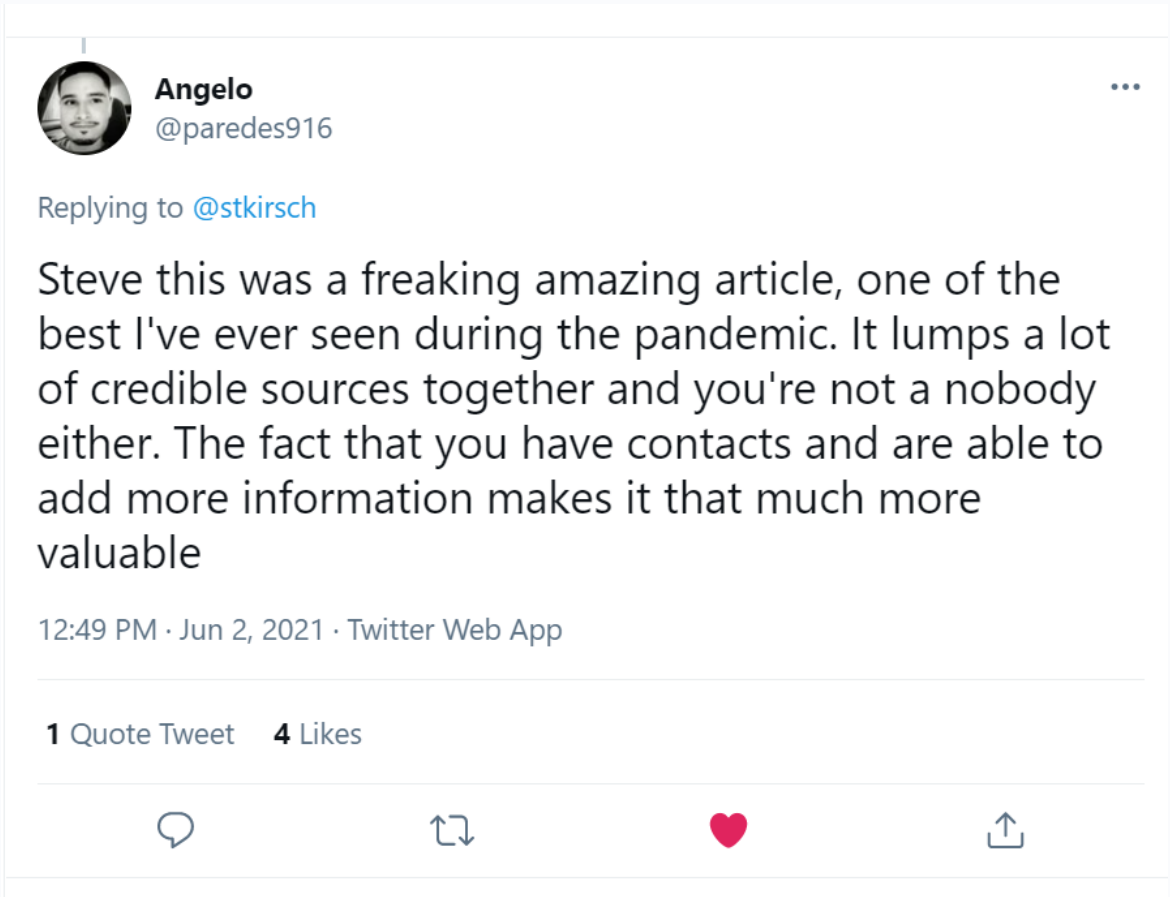
I do not have any investments that would be affected by this document. I am doing this solely for the public interest. I have a long track record as a medical philanthropist that people such as Nobel Prize winner Elizabeth Blackburn and former MD Anderson President Ron DePinho can attest to (I funded their research 20 years ago).

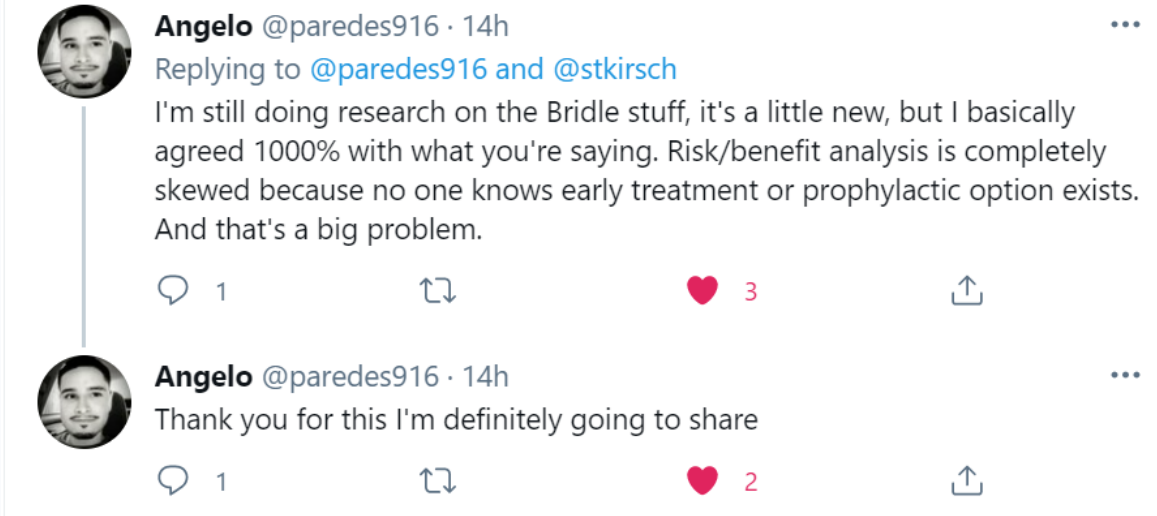
Feedback I've received

It's all been positive.

You can see for yourself attributable reactions on Twitter so you can see I wasn't making this stuff up.

Here's one of my favorite comments.





Twitter comment I received on this article

Here are some more examples. These were private emails or twitter DM.

INCREDIBLE ARTICLE. THANK YOU!

"Steve – this is an amazing article. Pitch perfect. Love the data. Sorry you got vaccinated, let's hope for the best, but I'm increasingly uncomfortable with it, especially for youngsters. My data says that it has about a 1/2500 chance of turning into myocarditis in youth, skewed toward males, obviously. That's completely unacceptable! And yet here we are, unable to really talk about that without being hard or soft censored."
— Dr. Chris Martenson

I'm not getting vaccinated. AVV / AAVV have well known risks of thrombocytopenia. the mRNA ones have understudied risks (LNP cytotoxicity, S1 pathogenicity) and the LNP delivery system does not target only cells with ACE2 receptors — any cell reached can be transfected. Moderna was going out of business until they hit the jackpot because they couldn't target and other cells hit led to severe direct and immune system effects. Plus, what was their involvement in WIV? Stinks

I talked to two friends. One person was already somewhat opposed to further vaccination mostly due to the nanoparticle issue (a conclusion he reached after having already gotten the pair of shots). He too had concerns about drugs crossing the brain-blood barrier, and also settling potentially in key organs (such as reproductive organs in younger folks that care a LOT more about such issues!). He is a brilliant technologist, and also reads more medical papers than ANYONE I know. He was already pretty miffed about the lack of transparency from the Gov't. He generally puts a lot of doctors to shame IMO via extensive research. He is also a good "spreader of information," often based on intense research, but he generally doesn't go broadly public (re: facebook etc.), as he has no interest in the bucking the cancel culture, and he doesn't like the privacy invasions brought on by social media. Another friend (probably a borderline genius, with a lot of medical knowledge as well) thought you made good points. He has a bunch of relatives that are ER doctors, and I bet he'll spread the information further.

My biggest regret

I have 3 beautiful daughters. It breaks my heart that I didn't know this until May 26, 2021 when I attended Dr. Bridle's presentation to the CCCA. After the call, I spoke with Dr. Robert Malone and all the pieces to the puzzle dropped into place. The vaccine sets up shop in our daughter's ovaries cranking out a dangerous spike protein for up to 48 hours that then can stay around for 30 days. What that has done to my daughters' ability to have children is unknown at this point. I tried my best to get at least one repurposed drug to be approved by the NIH. But I was unsuccessful because of Tony Fauci, Cliff Lane, and the NIH COVID Guidelines committee inability to evaluate all the available evidence and use the Precautionary Principle to minimize loss of life. Only Congress has the power to end this; they enable Fauci and Lane.

Summary

I am PRO-VAX. Vaccines in general are good.

Vaccines are supposed to help people avoid disease.

Vaccines are NEVER supposed to kill people. There is always an associated death toll from vaccination, which combines adverse reactions to the vaccine (almost always not deadly) and background deaths (because people die all the time). For influenza, according to VAERS, it is less than 1 death per year for the 30-39 age group (fewer incidental deaths in this age group, so easier to see the number killed by the vaccine itself is close to zero).

When was the last time we had a vaccine that has killed over 20,000 people worldwide and disabled probably more than 200,000? Never.

I've never in my life seen a vaccine which has the devastating side effects as this one. Not even close. More than half of the adverse effects in VAERS are from these vaccines making them more danagerout than the 70 vaccines over 30 years combined.

Compare this to the flu vaccine which pretty much kills about 0 people per year (as demonstrated in this video). If this vaccine was as safe as the flu vaccine, I would not be writing this article. But this vaccine is dangerous: it kills and maims people in unpredictable ways. People go in healthy and come out dead or disabled.

President Biden wants to move forward aggressively to vaccinate more people.

Biden, CDC, FDA should call a STOP to this now until we know exactly how many people have been killed and/or disabled.

Promoting repurposed drug protocols and educating people to treat as early as possible (even before test results come back) is a safer and more effective approach that can reduce the absolute death toll to a fraction of those killed every year by the flu.

The censorship of patients and doctors is both troubling and unprecedented. Why are doctors threatened with loss of license for raising legitimate concerns? If the vaccine is as safe as they claim, why do we need to muzzle doctors?

The reason a doctor or scientist isn't writing this article is simple: fear of retribution. You would never get another NIH grant in your career or ever get a drug approved by the FDA.

The lack of transparency is troubling. Nobody will say how many people have been killed by this vaccine. We know it is at least 4,200 in the US alone but is likely much higher. The V-SAFE database is hidden from public view.

How can a vaccine that has killed at least 20,000 people worldwide so far this year be mandatory, yet ivermectin which has killed less than 16 people over the past 30 years (and it's probably zero because the associations are never 100% accurate) is considered **too risky to recommend for COVID** despite 22 published positive studies (for early treatment). That's baffling.

The long term consequences of these vaccines are unknown. We should know these before we inject healthy young adults.

There are viable alternatives with a better risk-reward profile such as early treatment or waiting for the Novavax, Covaxin, or Valneva vaccines. The Valneva vaccine is expected to be variant proof and uses tried and tested vaccine technology.

The most important thing is to educate yourself on the potential benefits and risks of your options, talk with your doctor, and jointly make the decision that is best for you.

You can always wait to be vaccinated, but you can never be unvaccinated.

If you enjoyed reading this article, please:

1. Follow me on Twitter at @stkirsch
2. Tweet this article on Twitter and other networks
3. Join Vaccine Victims group on Locals (it is free) so when Twitter bans me, we can still talk
4. If you want to know how to treat COVID (acute, long haul, and vaccine syndrome), see Vaccine FAQ
5. If you are looking for a doc to prescribe these drugs, see How to treat COVID

Steve Kirsch is a high-tech serial entrepreneur based in Silicon Valley. He has been a medical philanthropist for more than 20 years. When the pandemic started, he left his day job at M10 and started the COVID-19 Early Treatment Fund (CETF) which funds researchers from all over the world running outpatient clinical trials on repurposed drugs. CETF funded David Boulware's trials on hydroxychloroquine and the Phase 2 and Phase 3 fluvoxamine trials, among many other research projects. He was recently featured on 60 Minutes which highlighted his work with fluvoxamine. He has no conflicts of interest; his objective is to help save lives. In 2003, Hillary Clinton presented him with a National Caring Award. He wrote this article to share some of what he has learned over the past year about the failure of evidence-based medicine during a pandemic in the hopes that people will realize their mistakes and change their views.

Note that views expressed in this opinion article are the writer's personal views and not necessarily those of TrialSite, Inc. or the COVID-19 Early Treatment Fund.

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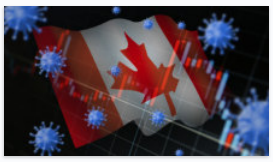

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Steve Kirsch

Silicon valley tech entrepreneur. CEO of M10. Started COVID-19 Early Treatment Fund because repurposed drugs are fastest, cheapest way to end the pandemic and the government wasn't funding the top drugs/researchers. We funded the fluvoxamine trials. Taken early enough fluvoxamine can help prevent hospitalization and long haul COVID (PACS). Close to 100% effect size in clinical use.

Responses

You must be logged in to post a comment.

RiverRat
June 20, 2021

People go in healthy and come out dead or disabled.
The MMR vaccine has grim relationship this vaccine. Many parents reported their kids becoming disabled due to the MMR vaccine. Some claim that Autism was one of the disabilities that the MMR vaccine caused. Why are there so many Autistic people now, than we ever had prior to the MMR vaccine?
Documentaries have been filmed about this point. I'm not the expert here.

Have a great day!

Log in to Reply

Matt
June 20, 2021

Dear Steve,
I admire the work you put into this, but you must ASAP fix the false claim you made about 82% miscarriage rate. This was pointed out but multiple users here and on YouTube. Your misinterpretation is obvious, clear and unquestionable. All 127 pregnancies you refer to ended well before 3rd trimester, because study took only 10 weeks. If pregnancies end so early there is no surprise that most of them (104, so 82%) end in miscarriage. That's nothing specific to vaccinated women.
You refused to address those specific, factual objection directly, even thou you asked in the article for exactly that. You dance around it, moved it two points down, said your main point is that no one wants to debate you, you want to wait for response/update from researchers.
No, this is not good enough. You made this claim on false grounds and it must be fixed without waiting and hoping new data will somewhat justify you. But this way you do EXACTLY the same as those making false claims about vaccine side effects hoping that in time they will be justified.
Are you afraid your cause will suffer if you admit mistake? Doesn't matter, the only thing that matters is that your claim is not true. And you say you seek truth. If you try to justify means by ends, then again you act as unethically as those you try to expose. Your fixing this point, admitting you inferred to much or made a mistake will actually help your credibility, preserve readers confidence in your cause and motives. But it's already overdue. Please correct it. Regards.

Log in to Reply

bhh1988
June 19, 2021

If the vaccine's benefits are actually small when you take into account its side-effects and death-rate, do you have an explanation for why hospitalization rates are so much lower, in correlation with increased vaccinations? Even if people are denying the linkage between the vaccine and sudden mysterious symptoms, you'd expect such people to still go to the hospital, no?

Log in to Reply

nicolelou
June 19, 2021

Hi, I am am trained in media and journalism and was a freelance writer/photographer when this all began. I have been researching for a year and a half and can spot evasiveness, language manipulation, and propaganda from the media point of view. I join dots. I thank you for this article which is a treasure that I will share, also that is one of many confirmations of my investigations. I would like to add in June 2020 my father died after the flu vaccine at which he suffered horrifying side effects. I know he is not the only one because I joined groups, forums and You Tube comments in which many revealed that a friend or relative had died from this flu vaccine in the last few years, but especially last year. Scientist, Judy Makovits who was disgraced for speaking out, described exactly 100% the side effects that my father suffered. She warned many elderly would die from them. And last year they did, mostly in aged care where they were given the flu vaccine and it was marked as Covid19. My father endured a painful death and I reiterate, he wasn't the only one. What I can confirm is before Covid my father did have a few comorbidities but was strong enough to drive around, shop, visit people and attend to daily affairs. The fact that he was under a brutal, restrictive lockdown and forbidden from sunlight and to see people, even in his aged care residence, I'm sure weakened him. But after he developed side effects from the vaccine and went to the hospital he returned home in a much worse condition. The fact is he was also pumped with far too many drugs at the hospital. It took a week more for his passing. It is very uncomfortable to write this as I am sure it is very uncomfortable when people describe Covid vaccine side effects of their loved one's. It is also traumatising. All of it is negligence. Doctors were not even discrimanating who to give the flu vaccine to, nor Covid vaccine, quite honestly makes me furious. And they made a good buck out of it. Vaccines can be dangerous. Not one fits all. They are a risk. And doctors should know this. They should know what is in them, and which patients are strong enough to take them depending on their condition. However, this does go further and I know it, there are many brave and honest scientists and doctors who have been slammed and discredited and I thank them with all my heart. And there are many, many more who are working in a very corrupt system, some of them know it and are part of it and some perhaps just go along with the narrative blindly and unquestioning. Either way, people are dying and perhaps being made infertile. In future the people need to stand up and demand a much higher standard and more transparancy. Not forgetting the media who are paid by pharmeutical industries and billionair investors, I am so disappointed. For me media means informing the public, investigations, and exposing the truth, keeping Governments and organisations accountable but now they are propaganda machines, only accountable to their bosses and investors. It's very disappointing how low they have stooped.

Log in to Reply

AprilUK
June 19, 2021

My son in law (26 years old healthy young man) just got his first 'jab' (goodness how I hate that term) and collapsed within minutes. His resting heart rate went from 75 to 14. They tried to sit him up and gave him water and he immediately collapsed again and had a fit. Rushed to hospital. The reasons for his reaction? The doctors told him that either a) he had a panic attack, b) they hit a nerve in his arm (!!??) or c) they are unsure but they feel pretty confident that it will be okay for him to have the second one. My daughter was driving home after her first vaccine and had to pull over as her vision went blurry for quite some time, she felt ill for days which they told her was normal. Since they are both young people who have had covid, I feel very angry that social pressure and work pressure has put them in the position of making this choice. But I feel there is no voice for those of us who see all this horror unfolding. We are labelled 'tin foil hat' conspiracy theorists and ostracised. I feel in despair.

Log in to Reply

mgirardot
June 19, 2021

Thanks for this Steve. I work with Panda. We share a lot of your concerns and perspectives.
I have been specifically working on a perspective that's been pushed under the rug and that's cross-immunity.
I have been following for over a year.
The density conundrum is that as:
– density increases attack rates grows and death consequently,
– but also cross-immunity because the same density gives the same attack rates in th epast;
– till the point when the increase in density/attack rates is compensated by the incremental cross-immunity…
– and at one point of lied density around 2.500 inhab.sq. 99% of the people are immune (everybody except the newborns), and there's no death.

IMHO this cross-immunity is saving the lives of many from the vaccines, as it is protecting from the Spike proteins by ridding the body of their pathogenic and inflammatory presence.

Log in to Reply

Tronor
June 19, 2021

Oh my. What an article.
First of all, i need to sleep over this to get rid of the nocebo-effect and also to clear my mind. I (M/18) got my first Moderna-shot two days ago and the next day, I woke up with severe headaches. Now they are gone. Anyway... I have some questions that right now linger in my mind:

1. Is there a safety difference between pfizer and moderna or are they systemically unsafe as statet in your article? The case of myocarditis has only been reported to be linked with pfizer in israel.

2. Does reaction of family memebers to the vaccines say anything about your own risks of getting unwanted symptoms? Nearly all of my near family members are vaccinated (besides me recently because i was too lazy) and all of them dont have any severe concequences. Or are we at the whims of the randomness lottery?

3. What can we do right now to improve vaccine safety immediately or are mRNA vaccines generally unsafe? Is it safer to just inject raw mRNA instead of putting it into lipids first? And do you think that the problems regarding spike proteins reigning freely in the bloodstream can be ironed out? Can the dosage also be adjusted to decrease risks?

4. Does a longer period between shots decrease risks of severe symptoms in theory? I can postpone my second shot for a couple of weeks so i want to know if it helps my body to recuperate to prevent or at least decrease the chances of these outcomes.

5. What can i do if i dont have any access to the drugs such as fluvoxamine? I intend to contact a doctor to talk about exactly that.

Some of theses questions may be out of your league but besides calming myself, I'm also interested to hear your thoughts on this. I may come back and pose more questions if I'll have any.

Log in to Reply

MiTsi
June 18, 2021

Great article,
You say that for people willing or having to take the vaccine, to take Fluvoxamine until 3 weeks after vaccination. If one takes for instance 2 doses of Pfizer, 3 weeks apart, let's say. Then it would translate to taking 50mg Fluvoxamine for 6 weeks. Isn't that too long? Is it ok to take 6 weeks of Fluvoxamine than stop?

Log in to Reply

elstupido
June 18, 2021

Steve, the VAERS data is clearly wrong.
Why don't you create a system like this yourself? You got the means and knowledge.
Then, let the people report deaths and adverse effects...

Log in to Reply

DrMGerhard
June 19, 2021

And how would he get 300m people to use it?

Log in to Reply

TaraJustice
June 18, 2021

Thank so much you for this article.
Further research into the Canadian situation will find Barry and Honey Sherman were generic drug manufactures who were murdered in 2017 in Toronto ON https://globalnews.ca/news/7941619/supreme-court-canada-barry-honey-sherman-files-unsealed/. I know they manufactured Hydroxychloroquine but I would imagine also Ivermectin. Makes their deaths even more suspicious.
I am trying to get Ivermectin released from the ban in Canada as it is so helpful among the other drugs mentioned in your article. I have managed to get budesonide from my doctor as per Dr. Bartlett's findings and tried but couldn't get HCQ. I am stay at home mom who dabbles in many hours of research, I have a Master in urban and rural planning and live in Nova Scotia Canada. I, along with a friend, have submitted a Notice of Liability to the Premier, Chief medical officer and Minister of Health of my province to rescind the State of Emergency which allows all of these COVID-19 measures to happen including the Interim Order (EUA) vaccines to be used. The Qui non obstat quod obstare potest facere videtur deadline has come and gone with these agents admitting guilt by their silence. So we are in the process of filing criminal charges against them. We will keep going as long as we can to stop this mad agenda from unfolding. Thanks again for all your wonderful work!
Tara

Log in to Reply

DrMGerhard
June 19, 2021

>>I am trying to get Ivermectin released from the ban in Canada
It's not banned. You can buy it on Amazon.

Log in to Reply

thedan
June 18, 2021

Question from an average nobody... Let's say the vaccines are causing problems with the spike proteins and S1 subunit, among whatever other possibility(s). Is it possible that with ever emerging variants, if vaccinated people start developing any adverse effects later on, it will be blamed on covid and not the vaccines?

Could that scenario realistically happen? I guess it's hard to know because this is an ongoing experiment and the longest historical data we have is now from the beginning of the trials. Just curious =)

Log in to Reply

codetalker
June 18, 2021

Of couse it can happen. MSM is promoting that the COVID cases currently in hospitals are people who are unvaccinaed despite dozens of tweets from nurses & Dr. stating the increase in patients is due to the COVID vaccines. Here's a tweet from someone in the medical profession:

MarcusTriton
@MarcusTriton
So being in the medical field for a long time. Now our hospital has come out with a 2hr in service course on how to treat and manage venous thromboembolism and other clotting disorders, plus anticoagulant therapy. The timing of the courses is a direct link to the dangerous jab...

Log in to Reply

DrMGerhard
June 19, 2021

>> it will be blamed on covid and not the vaccines
Obviously it will be blamed on Covid.

Log in to Reply

AverageJOE
June 17, 2021

What I liked about this piece: Links to actual evidence about some of the issues you are talking about.

What I didn't like about this piece: Not enough links and I don't get why you need to talk about yourself to prove you are trust worthy...

This is how I would have write this piece: Hey, you don't know me, and I may well be just another average Joe but I have evidance that may chanje your mind on the safety of the covid vaccines:
1) S1 protein is toxic (link to the study)
2) mRNA goes all over your body especially the reproductive organs (link to the evidance)
3) S1 Protein may detach from the cells into the blood stream and stay in the body for 40+ days (link to the evidance)

Conclusion: this may cause miocardia and a whole lot of other condition, including death. This is the list of reports we found so far (links of the reports)

Now make your own conclusions. Thanks for reading.

No need to talk about me or the awards I have been given that no body cares about. And no need to complain about the fact that everyone hates me for publishing my research, or what politicians are doing or failing to do. Those aspects do not make the evidance more true or less true, facts are facts and the only facts that really matters in this subject are the ones that have to do with the vaccine and its functions and posible side effects short/long term.

That being said, I'm not satisfied with you write and express your self, but I do acknowledge I did find some interesting facts I will take time to analize deeper, so thanks for that.

Log in to Reply

observanthuman
June 17, 2021

Steve – I joined https://vaccinevictims.locals.com/
Why are you charging money to comment or see the comments?

Log in to Reply

joek
June 17, 2021

Your first source about the proclaimed 25000 deaths is already misleading. Here is the comment I have made under it: "The death code you are citing is mostly temporary, and gets updated later with a more detailed code after labs and autopsy results come in. In short, there is ALWAYS a "recent spike" for this code looking backwards, no matter when you pull the data. Why are publishing disinformation without thinking for yourself? This exactly explains the discrepancy. https://pbs.twimg.com/media/E379x76WEAEunsf?format=png&name=large Also: the guy you call "inventor of mRNA vaccines" has not really worked with that topic after one of his early papers. Calling him the "inventor" is a huge stretch. "When your first claim I lool at is already this wrong, I do not want to imagine how right your other claims must be (irony). I am not going to fact check this collection of misleading information, but having your first claim I look at being already this wrong speaks for itself.

Log in to Reply

brian_mowrey
June 18, 2021

Yeah, I pointed out the R00-R99 "surge" error in a reply to his video post. To be fair to Kirsch, the CDC should explain the R00-R99 processing effect on their page.

But, much of the rest of the article stands, in so far as the standard being applied is more of inference and theory than of proof. This makes the article valuable, because it warehouses links to what is available so far on those fronts, even if I dislike the sprawling and repetitive tone (you should have visited last weekend when the introductory paragraph linked to a low budget youtube music video, ha). If, in fact, the short-term harms of the vaccine are anywhere near the scale of 1 in 100 to 1 in 1000, a "fact check" approach is not going to get us to the truth: the VAERS system is already overwhelmed, and no other, more robust data collection was put in place before we launched into the widespread rollout. The "fact check" is going to continue to return a "handful" of adverse results because nothing exists to measure a larger scale in real time.

Log in to Reply

DaveGinOly
June 16, 2021

I learned from this article that the spike protein seems to settle in, above all other places in the body, the reproductive organs.

Bingo.

Some conspiracy theorists early on suspected the vaccines because of Bill Gates' involvement. Gates is a known eugenicist (as was his father). He has even spoken about the use of vaccines to sterilize large numbers of people. I wondered, "How would that be accomplished with the COVID vaccines?"

Now I know.

This explains a lot. I've asked several times of my friends, "What is behind the drive for nearly 100% vaccination?" and "Why are they insisting on vaccinating children who aren't particularly vulnerable and young adults who are robust enough to fight off COVID themselves (thus being conferred immunity naturally)?"

And this is it – the vaccines damage the reproductive organs. To have the greatest effect at population reduction, they need as close as 100% vaccination as possible in order to sterilize the largest number of people (because the vaccines won't be 100% effective at causing sterilization), effecting the greatest reduction in population. They most critically need to vaccinate those people who have not yet reproduced – children and young adults. Older people have been vaccinated not just to protect them from COVID, but also to provide cover necessary to peddle the vaccine to young people, who are the actual target of the true, covert purpose of the vaccines.

It makes perfect sense once you accept that the purpose of the vaccines is population control. The effort to get 100% vaccinations, including young people who don't need vaccination, doesn't make sense unless there is an ulterior motive. But when the goal is to sterilize as many people as possible who have not yet reproduced, the insane drive to vaccinate exactly that same demographic makes complete sense.

Log in to Reply

DrMGerhard
June 19, 2021

>>Older people have been vaccinated not just to protect them from COVID, but also to provide cover necessary to peddle the vaccine to young people
No. They are being vaccinated to get rid of them. S1 causes Lewy bodies, which cause dementia, leading to death.

Log in to Reply

username
June 16, 2021

Is there any data addressing this question: if you received your first dose and had no adverse reactions (of course you might not always know), how likely are you to have an adverse reaction after a second dose?

Log in to Reply

thedan
June 18, 2021

I don't know of any formal answer for that, I'd imagine if there were it would be to ask your doctor. In the meantime you can read about people's (supposed) experiences with vaccination here: https://www.reddit.com/r/CovidVaccinated/

Log in to Reply

El_FamousBurrito
June 16, 2021

Hi Steve,

Simply put, this is incredible work. Thank you for fighting, and being willing to do it out in public.

I watched your appearance on Dark Horse, and there was a moment where leronlimab was brought up. There seemed to be mutual recognition between you and Dr. Malone, but regrettably the host had to keep his show moving along. This is too bad, because I would have loved to hear what you and Dr. Malone each had to say about the leronlimab story. It's one of the most frustrating things about this pandemic to have to watch Dr. Patterson use maraviroc when he knows a far superior product exists, but is caught in the FDA's net of indifference.

Have you and Dr. Malone ever had a discussion about it?

Log in to Reply

codetalker
June 15, 2021

Sorry for the quality of this piece but I don't have linked In, the site wouldn't allow me to make a screen copy so I downloaded it in case I got locked out, which I did. This is what I ended up with but you can probably find the original on line.

Robert Malone, MD, MS (LION)
RW Malone MD, LLC: Consultancy and Analytics in the Biosector
The inventor of mRNA vaccines and RNA transfection, Dr. Malone has extensive research and development experience in the areas of pre-clinical discovery research, clinical trials, vaccines, gene therapy, bio-defense, and immunology.

-Regarding dosing of the COVID genetic vaccines (mRNA, recombinant adenovirus) versus the more traditional vaccines (including Novavax). There are some inconvenient truths here. First, the current genetic vaccines (Sanofi, J&J, Pfizer, Moderna) did not undergo the time tested assessments of dose ranging and dose timing clinical studies, to the best of my knowledge. I have direct first person report of how the dose was selected for Moderna (confidential source), and it was basically a SWAG by committee consensus. Personally, for what it is worth, it is my opinion that the current mRNA vaccines selected a dose that was too high, too far up on the sigmoidal dose response curve – so that we may have excess adverse events. Dose selection with vaccines is usually about careful balancing of adverse events with potency/efficacy/effectiveness, with a bias towards safety. Second big inconvenient truth is that the spike protein is the actual active agent, in terms of eliciting an immune response. And in the case of the traditional vaccines, the dose of spike protein is defined relatively precisely. With the genetic vaccines, it is not (to the best of my knowledge). I know of no data wherein the mean, median, range etc of total amount of spike protein produced in a patient after administration of the COVID genetic vaccine has been defined. Usually, the FDA is quite persnickety about such things, but I am not aware of this key variable having been determined. Therefore, the range and severety of adverse events potentially attributable to the level of expressed spike protein may reflect patient to patient differences in genetic transfer efficiency and subsequent spike expression. #Science #Data #honestyisthebestpolicy #Transparency #evidencebasedmedicine

Thought this could add validity to your research.

Log in to Reply

BekkiR
June 14, 2021

Steve, just amazing work. I watched the video with you, Dr. Malone, and Bret Weinstein, simply breathtaking. I believe I read almost everything in your article here, and you seem to give the CDC the benefit of the doubt. I have a relative who was permanently injured by another vaccine, and I wonder if you have seen the documentary – Vaxxed (Vaxxed I – From Cover-Up to Catastrophe
Vaxxed II – The People's Truth)? The way the documentary came about is very analogous to how you came about your research. Within that documentary there is a CDC doctor whistleblower that probably will change your opinion of the CDC. I am not an anti-vaxer, but I no longer have faith in our government, CDC, our doctors, and most of all, big phrama. Thanks for everything you do.

Log in to Reply

Karlme
June 14, 2021

Steve, I appreciate all of your efforts in this area getting good information published. I saw you on Bert's YouTube Live Stream. I feel I have met a kindred spirit. Luckily, my doctor up here in Canada close to the Rockies, is a South African who is pro Iv...n and has assisted many of us to avoid one of the vaccines. I have now had the virus 2x and govt up here still wants me to get a vaccine. Not happening. I am a data nerd having grown up with spreadsheets since the VISICALC days after university. I like spreadsheets so much I joined Lotus as their Canadian corporate sales person in the early days. Again, kindred spirit having been in the early PC days. I have tracked the Alberta data each day since they started publishing. 81% of all deaths are over 70. 89% have 2 or more comorbidities. 67% were from long term care facilities. Under 40, les than 1% of deaths, 17% of hospitalizations and under 3% of ICU admissions. Each one of those stats is equal to or lower than a bad flu season for that age group. Alberta stats are very similar to the best in the US such as Alaska, Hawaii, Vermont and Maine. We are close to 70% 1st dose vaccinated above 12 years of age. I am terrified of the long term implications and I am on a mission to inform as many people as I can with your facts of the issues with these vaccines. Kids and younger women are my first priority. Thank you again for publishing and updating this document. One question. Is it better to only get one jab if someone changes their mind based on the this information? I think that would be useful to get opinions from likes of Robert Malone et al.

Log in to Reply

SteveKirsch
June 14, 2021

As you can imagine, I'm drowning in emails and twitter DMs since I wrote my piece. I've asked one of my assistants to read the comments and reply. I've asked the author of the 82% <20 weeks statistic to respond here. She's in touch with NEJM (they had some questions). The main point of the article here is that I trusted the NIH, CDC, and FDA that the vaccine was safe. It wasn't properly tested, we don't know whether there is ADE or not (has anyone done the extensive tests on cadavers who got the vaccine and later died from COVID), and there is NO transparency about the risk-reward of the vaccine vs. treating early. A huge train wreck in my opinion that will cause mistrust in these agencies for decades.

Log in to Reply

DavidWilner
June 15, 2021

I think you're right, I believe this worldwide experience will teach us one or two things about politics, economy, science, ethics, human relations...

On the technical side, as you already have deduced, this could be the missing piece of the puzzle:

"Polyethylene glycol (PEG) is a cause of anaphylaxis to the Pfizer/BioNTech mRNA COVID-19 vaccine"

https://pubmed.ncbi.nlm.nih.gov/33825239/

Also considering these studies:

"The mRNA-LNP platform's lipid nanoparticle component used in preclinical vaccine studies is highly inflammatory" (preclinical studies in mice)

https://pubmed.ncbi.nlm.nih.gov/33688649/

"First case of postmortem study in a patient vaccinated against SARS-CoV-2"

https://www.ijidonline.com/article/S1201-9712(21)00364-7/fulltext

So it seems we have a potentially allergic polymer (PEG), combined with a potentially inflammatory oil (LNP), combined with an experimental toxin manufacturer (mRNA -> S1). That seems a highly explosive juice...

I don't have the sufficient knowledge to assess this scenario. Could it be that this polymer (PEG) compound in the mRNA vaccine is triggering some kind of immune reaction in some individuals and then, because of that, some immune mechanism is distributing the foreign particles (maybe also carrying some unbroken LNP and mRNA) to other regions in the body?

As you already mention, could there be long-term consequences of foreign particles, such as LNP, reaching bone marrow and ovaries? How can we know today if leukemia or reproductive disorders are not triggered in the long run? There is even the possibility of something similar to dementia/alzheimer's disease triggered earlier in life. Maybe there are not only actual but potential risks.

Early treatment therapies including Ivermectin, Aspirin, Vitamin D3, Vitamin C and Zinc in proper pharmacological dosage (plus Fluvoxamine, maybe after building some initial trust in the public) should not have been ignored by our political and health authorities.

I think every person has the right to assess risk/benefit outcomes without political or economic or scientific bias.

Log in to Reply

ariadne
June 18, 2021

Hello, Thank you for your helpful post with good connections to supporting material.

Log in to Reply

fpaul
June 18, 2021

Good comment!

Log in to Reply

DrMGerhard
June 19, 2021

>>Could it be that this polymer (PEG) compound in the mRNA vaccine is triggering some kind of immune reaction in some individuals and then, because of that, some immune mechanism is distributing the foreign particles (maybe also carrying some unbroken LNP and mRNA) to other regions in the body?
Not necessary. S1 is formed in the vascular epithelium.

Log in to Reply

codetalker
June 15, 2021

I ran across this article and thought it coud be helpful to you. Not being a scientist I don't know if it is legit or not so I was wondering if you can povide some insighs.

https://halturnerradioshow.com/index.php/en/news-page/world/global-time-bomb-first-case-of-postmortem-study-of-patient-vaccinated-against-sars-cov-2-mrna-found-in-every-organ-of-the-body?fbclid=IwAR1NEcky4ekUTyYp5-rTkBOrfpYwVGre5amnFbJN1RXwHeyw3I52QB3UpFc

Log in to Reply

vibraphonica
June 14, 2021

Hi Steve,

Thanks for this thought-provoking article.

I have some comments/questions about the biodistribution / lipid concentration chart near the top of your article. I pulled the same data as you from the Japanese Pfizer report.

First, the units as marked at the top of the chart (mL) are in correct. (Milliliters are not a unit of concentration.) According to Table 2.6.5.5b in the report, the units should be 'µg lipid equivalent/g (or mL)'. That is, micrograms per gram (or mL). This is not my field of expertise so I can only assume that it is µg/g measured in solids, and µg/mL when measured in liquids. (Correct me if I'm wrong.) Thus in the example, the measurement after 48h is ~12.5 µg/g in ovaries. Or roughly 13 ppm.

Also, you left some organs off of your chart — namely the liver, spleen, and adrenal glands, all of which showed higher concentrations than all other organs on the chart. Why did you omit them?

You also left the injection site off of the chart. Predictably it has an more than 10x-100x the concentration of any other organ, but I think you should note that it has been left off.

Also, I'd be interested to know if the concentrations in the table are meaningful amounts w.r.t. outcomes. Certainly the trend in the ovaries / bone marrow look bad, but perhaps 13ppm is too low of a concentration to have any effect.

Log in to Reply

mattmit
June 14, 2021

Steve, I'm very interested in what you're discussing and I'm grateful that you spent the time to put this together.
I have a question regarding the biodistribution graph. What is the relationship between this graph and the findings in the Japanese test with the rats and radioactivity. It doesn't appear to be a one for one translation of the radioactivity test, what other factors are involved in reaching the graph on this page? Sorry if I am not getting this right.

Log in to Reply

Gaius_Vindex
June 14, 2021

Thank you for authoring this piece and doing all of the research that it took to do so, Mr. Kirsch. I am an ABIM board-certified physician in Pulmonary Disease and Critical Care Medicine. Cancel culture has kept me from speaking out about what was clear to me since about May or so of 2020, and I have never done so. Furthermore, I do not use or maintain a profile on Facebook, Twitter, or use any Google products as I consider those organizations and their leadership to be partisan, corrupt, pro-censorship, and thus, part of the problem. Whether this novel coronavirus was/is natural or man-made, and if man-made, was intentionally released or accidentally released are moot points to me, and I don't have the data to make an accurate decision about those questions. A few comments (and questions) from my perspective. Once it was clear that the primary means of spread is airborne, then I have never understood mask mandates. Medical science has known for decades, as the Danish RCT confirmed, that masks are of very, very minimal benefit, if any at all. It is further unclear to me how the Faucis of the world benefit from people walking around wearing masks. Any ideas? Secondly, I totally agree that the Pfizer and Moderna vaccines should not be administered on a massive scale, although there are certain populations where a risk/beneift analysis may suggest that they should be given until safe vaccines can be developed…certainly not to anyone that is healthy and under 40ish. I have not vaccinated my two teenage boys, and strongly suggested to my daughter in her 20s that she not take these injections. I personally was infected and thus consider myself now immune, so I see no logic in taking any vaccine–safety questions aside, and I encourage all of those already infected not to be vaccinated. Third, a bit of caution about basing clinical decisions on "real world anecdotes" even if they involve "large" populations (large is subjective). Early on, many were touting the benefits of "early treatment with hydroxychloroquine." For example, one doc blogged that he "treated 350 patients with it and they all recovered." Well, when you have a virus that is asymptomatic in roughly 40% of those who contract it, and quite mild in the overwhelming majority, then I'd have told that doc that he might have given a placebo to those 350 and gotten the same results. In other words, if the pre-treatment probability of severe illness or death is so low, as it is/was with SARS-CoV-2, then the number needed to treat to show benefit is huge, and unless studies are done in prospective, randomized, controlled fashion, the proper questions won't be reliably answered. Even when there is a plausible mechanism, such as fluvoxamine's agonism of sigma-1 receptors or maraviroc's effect as a CCR5 receptor blocker, caution regarding efficacy is warranted no matter how innouous these agents may be, although I agree with use of the precautionary principle as you imply. Lastly, and this is the "big picture question," I still cannot understand the reaction of government and society as a whole to a virus with about a 0.3%, roughly–all comers, mortality, and a minute mortality to those less than 60 that are healthy. Why weren't we "done" after the first "14 days to flatten the curve?" Why the lockdowns (with no evidence that they'd be effective) that ruined people's lives and businesses? IMHO, this has been the greatest overreaction in history. What are "they" going to do if/when there is a "real pandemic" with a virus that kills 10-20% of the population?

On a personal note, I also don't understand how such learned people as yourself, have not put the same effort into understanding the evils of "statism" and don't take the same amount of time to discover the truth about today's Democratic party (not that the GOP are much different). I agree with DrMGerhard and am also baffled. #walkaway.

Log in to Reply

mhadfield
June 14, 2021

Great comment – thank you

Log in to Reply

DrMGerhard
June 19, 2021

I'm surprised you haven't figured out the masks yet. They are to create fear in people whom they can't reach, because they don't watch television.
How else can you create a "pandemic" when the overall mortality is the same as any other year?

Log in to Reply

concerned_citizen
June 14, 2021

*over 3900 not 35000

still, the premise is correct, s identified by drn1234 in their comment yesterday

Log in to Reply

concerned_citizen
June 14, 2021

that info on spontaneous abortions is bogus. they claim that because 700 women got the vax in third trimester that there were only 124 who got the vaccine in first trimester. thats bunk data.

there werent 800 participants in the study, there were over 35,000. the 824 is merely the pregnancies with an outcome (either later -term pregnancies or those who had experiences spontaneous abortion.). obviously biased toward each of these events that occur sooner by definition than any first- or second-trimester pregnancy that was still ongoing at time of writing

The rate may very well turn out to be higher when all is said and done – but we need to wait for the study to complete before making that call

that said, anybody like sherri tenpenny or the author of that letter who claims there is an 80% miscarriage rate is either a sensationalist liar or completely unqualified to interpret data

Log in to Reply

jgr
June 14, 2021

Agreed; please update with a more accurate characterization of 'miscarriage rate', especially as more data for earlier-in-term vaccinations of young mothers hsould now be available.

Log in to Reply

SteveKirsch
June 14, 2021

http://www.skirsch.com/covid/Vaccine_safety_in_preg_NEJM_May_28_2021.pdf

Log in to Reply

marymary
June 14, 2021

Hi Steve,
I listened to your interview with Bret Weinstein. I have the following *meritoric* questions:

The high number of self-reported deaths in VAERS might be a result of relatively high uptake of the vaccine. In general we only vaccinated kids and and the flu vaccine uptake was usually not large. Moreover, now a large population of the elderly is taking the vaccine and the death rates among the elderly are usually high without any vaccine. Therefore, the conservative hypothesis is to address the extra deaths to the unusually high tempo of vaccination.
Did you disprove this hypothesis?

The graph about biodistribution is misleading, because it doesn't show the percentage of the administered dose. Ovaries got <1% of the does, spleen got about !%. Is such an amount negligible? Do you have any reference that the spike proteins are actually supposed to stay in the shoulder?

Log in to Reply

marymary
June 14, 2021

I made a typo: "spleet got about 1%"

Log in to Reply

Big_Jim
June 14, 2021

Hi Steve, do your warnings also apply to the AstraZenica vaccine or only the mrna versions. I note the warning you show from France and I thought the AstraZenica was one of their 4.

Log in to Reply

DrMGerhard
June 13, 2021

>>The smoking gun that I think will bring down Biden and the Democrats (if the Republicans are smart)
>>The sooner Biden backs off and halts the vaccine, the better for his future. If he moves forward, he and the Democrats will be swept from power. I do not want that to happen.

I am baffled how somebody who has generated so much wealth can be so naive.

Log in to Reply

MBG
June 13, 2021

Running list as I read the article…No negative connotations; you asked for help proofreading, here's some help.

Paragraph begins "For example, why is Monica" – paragraph ends with unfinished sentence.

Key Point #17: "anytime" should be two words – "any time".

"None of the docs on Clubhouse for example that promote the false narrative won't either." – should end "will either".

"The government might argue that the death toll is less than the 600,000 Americans who have died from the virus. But that's a false argument because our government has been deliberately suppressing the alternatives (despite proof of efficacy in large randomized Phase 3 trials) and keeping them from view." – Another reason it is a false argument is that the 600k number is based on PCR tests which are (or were until recent CDC guidance changed it) set to overly high cycles, thereby almost certainly generating massive numbers of false positives.

"I have no reason to doubt that there was any foul play here." – "doubt" should be "believe".

"with just two of degrees from MIT" – not sure, but "of" seems out of place.

"Shouldn't those meeting be public and allow presentation from experts on the drug in a public forum?" – "meetings" and "presentations". Both should be plural.

"since they are unable today which is all positive." – unable to parse; does not compute. (i.e., WTH does that mean?) 🙂

"Can't use use PET scans on vaccinated patient for a couple of weeks. Can't use anymore for looking at how cancer responds to treatment. The lymph nodes all over the body are lighting up from the spike." – "PET scans", plural…"patient", singular. Both should be plural. Entire paragraph needs rewrite for clarity.

"Informed consent is all about you ability to say no." – "your".

"The symptoms are all over the map" – missing period at end.

"Had I not written (or read this article), I would have ascribed it to old age/bad luck." – close parenthesis should be after "read", not after "article".

"If you'd like to help me clean this doc up and you have a passion for the mission and enough medical knowledge to understand it all, DM me on Twitter @stkirsch." – Hahaha! I'd help (I have edited books), but I'm a retired network engineer (specialist in load-balance clustering, accounting and security) and have never used Twitter…and never will. Or Facebook. TrialSite has my email now that I've registered, you have my permission to ask them for it. If they refuse (as they should), I sent an email to support at bretweinstein dot net on Feb 11, '21 with the subject "Signal". If he still has it, have him forward it to you. (Or have your people do lunch with his people…or whatever.)

"The New York Times (May 22, 2021): CDC Is Investigating a Heart Problem in a Few Young Vaccine Recipient." – "Recipients", plural.

"Teenagers never have heart issues after a vaccination." – probably should say, "after a flu vaccination" or "after any other vaccination". Delineate.

"common mistake doctors make is to only treat if symptoms" – should say, "only treat if symptomatic".

"but that's because the NIH is suppressing the false narrative of early treatment" – unclear. NIH is "supressing" a false narrative? Or endorsing? Is "early treatment" a false narrative?

"if and only the superior safety data is confirmed" – needs a second "if" after "only".

"Prophylaxis then early treatment if infected while waiting for #1" – missing period at end.

"decision is much more complex for the following reasons"- points #1-4 all missing periods.

"Turns out that kids are naturally immune from COVID." – probably should say, "immune to" rather than "immune from".

"April 2021: CDC reports 10K vaccine failures (vaccinated people got the virus)–could be 10 fold under reported" – "tenfold". Also no period.

"See says "I have 3 relatives" – "She", not "See".

…

There's more. Mostly just typos and formatting goofs. But I need a break from thumb-typing, and it's time for Viva Frei & Barnes Law regular Sunday livestream.

If you want more, let me know and I'll break out my laptop and do a proper job of it.

Cheers Mate! Excellent work!

Log in to Reply

SK-admin
June 15, 2021

Thank you for all the edits! They've all been entered into the article. Appreciate your help!

Log in to Reply

wombat
June 13, 2021

You wrote: "For example, one our family friends is a victim of this. She miscarried at 25 weeks and is having an abortion on 6/9/21."
This makes no sense. If she already had a miscarriage and the foetus was examined by her gynaecologist then how/why is she booked in for an abortion?

Log in to Reply

SK-admin
June 15, 2021

We change the wording to D&C. Thank you for the edit.

Log in to Reply

chadoxmonkey1
June 13, 2021

HI Steve, what are your views on the two Chinese inactivated virus vaccines, Sinopharm and Sinovac? I noticed you listed your alternative preferred vaccines (if forced to vaccinate) in this order : Novavax (subunit), Covaxin (India produced inactivated virus) and Valneva (french inactivated, still in clinical trials).

Log in to Reply

DrMGerhard
June 13, 2021

Unfortunately the reality is far worse than you describe.

(1) The VAERS data could be underestimating the true adverse effect by 99.9%.
First, VAERS itself has only put about 10% of the reports it has received onto its database. Data is also being actively removed. Note that there are deliberate JS bugs on the page which make it extremely difficult to actually enter a case.
Even in normal circumstances, VAERS only shows 1 – 3% of the total data.

Finally, because of the intimidation by medical authorities, the propaganda in the media, etc., the proportion of clinicians reporting events is likely to be much lower than normal. This suggests approx. 40m serious adverse effects and approx. 0.5m deaths. The former is consistent with anecdotal data suggesting that most people <80 have at least some serious symptoms.
(2) The S1 protein contains prion-like domains which produce Lewy bodies in macaques. This will lead to Lewy Body Dementia in 2 – 7 years. 100% of the macaques in the test arm, and none in the control group. were affected.

You have only touched the tip of the iceberg in your article.

Log in to Reply

SteveKirsch
June 14, 2021

The CDC data indicates 25,800 excess deaths. See my twitter feed (and the new intro to this article). I have 4 ways to get to 25,000 so I think that it is the most likely number.

Log in to Reply

JohnathanStein
June 15, 2021

"I have 4 ways to get to 25,000"

Would like to see those — did you list them anywhere?

***

I did an estimate, simply based on quantity and time, and came up with 14,000 — but past experience with VAERS data shows that the end-of-year data nearly doubles, by the following year. For 2021, then, that means 20,000+ deaths, reported by Jan 2023 (due to backlog).

Here is the worksheet: https://docs.google.com/spreadsheets/d/14BXCTj7-TVRxcv0vGxZMX33QimAEQD88XMqb9sEqAOo/

Log in to Reply

drn1234
June 13, 2021

Hi, there!

Great article, but I wanted to comment about your #3 key point (82% miscarriage rate in first 20 weeks). I think you got this one very wrong. Here's the actual study: https://www.nejm.org/doi/full/10.1056/NEJMoa2104983

The sample size of pregnant women 3,958. The study was *only* 10 weeks (which I believe is the problem, personally). We don't know exactly how many women got the vaccine in their first twenty weeks, but if you look at table 3 you can see that 1,224 women had been pregnant for under 14 weeks when they received vaccination.

In that 10 weeks, 827 pregnancies ended. Due to the short period, of course the vast majority (84.6%) were those who got the vaccine in the third trimester (and thus had live births). So that means there were 104 spontaneous abortions, and by definition those had to happen in the first 20 weeks of pregnancy. Even if we just take the above figure of 1,224 women who had been pregnant for under 14 weeks as the denominator, we would be at 104/1,224 = 8.5%. If we include those who got the shot up through their second trimester (<28 weeks) we would be at 104/2,938 = 3.5%.

Now, I don't think we should be making any conclusions about this data, since it looked at only 10 weeks, and the doctors who sent the letter to the journal may very well have a good point, but it is incorrect to make it sound like the spontaneous abortion rate during the first 20 weeks of pregnancy was 82%. We just don't have that data from what was published.

Thanks!

Log in to Reply

JasonRobinson
June 14, 2021

Thanks for the link to the full report, it answered a question I posted earlier. Looks like the figures Steve quoted come from Table 4 which is dividing the number of SA's by the number of total completed pregnancies 104/827. The dispute is this number should be 104/127 which is comparing SA's/Completed but only for pregnancies where the vaccine was received within the first 20 weeks. The author of the challenge to the report admits that the denominator is likely to improve over time as more pregnancies successfully complete. So I agree that the 84% number is overstating but the original report seems to be understating the risk all the same.

Log in to Reply

JasonRobinson
June 14, 2021

I'm thinking now that no conclusions can be drawn from the data yet. That in fact the report itself is misleading in trying to demonstrate that everything is within normal range. The letter challenging the data seems premature but maybe all it is doing is pointing out the ridiculousness of trying to draw early conclusions.

Log in to Reply

csrobins
June 14, 2021

I'm going to second that. I was very alarmed at the 82% number, and I don't think the original paper or the commenter you cited were doing justice to the stats since they both ignored the thousands of other pregnancies still ongoing. And since it only looked at 10 weeks there would be a huge bias towards live-births by third-trimester moms who had been vaccinated in the "completed pregnancy category". The wording of the paper sounds like they have scheduled to follow up on the remaining pregnancies, but they had only done so many by the time of the analysis. I would like to see those final results when they come out, though even then it might be hard to make out the real percentage with any precision.

Great article though. Thanks for all you're trying to do to help with the madness.

Log in to Reply

jgr
June 14, 2021

I understand it's been less than 48 hours since the 'miscarriage rate' mischaracterization was noted, but if this error isn't fixed soon the credibility of the whole set of claims suffers greatly as we would expect similar easily corrected gross errors still remain if it's not fixed soon. Please fix.

Log in to Reply

ljb
June 15, 2021

I second this. given a base rate of 10% spontaneous abortions by 20 weeks, we would expect the number of spontaneous abortions within the group vaccinated before the 20 week mark to be something like 200 (10% of about 2000, extrapolated from table 3 in the original article https://www.nejm.org/doi/pdf/10.1056/NEJMoa2104983?articleTools=true) The article reports less than half of the expected spontaneous abortions, which means this data is meaningless. The original 12.5% number is meaningless, and the response letter states a "belief" that the number will be higher, but don't give a basis for this statement. the 82% number absolutely meaningless, and I really wish it was not included in this article. Makes me feel like I need to follow up on everything else just to see what else is inaccurate.

Log in to Reply

drn1234
June 16, 2021

It's disappointing that there still has no been a revision or clarification to this point in the article... I've seen places online point this exact part out to discredit and dismiss the whole article and it's a shame.

Log in to Reply

MBG
June 13, 2021

Have not read all comments yet. This could be redundant.

Key Point #18
Last word is "virus".
Should be "vaccine"?

Log in to Reply

SK-admin
June 15, 2021

Thank you for catching that one. We've made the change in the article.

Log in to Reply

libbylochner
June 13, 2021

Steve, this has been invaluable. Thank you for your diligence and bravery. I am not currently vaccinated but about to stay in close proximity for a prolonged period of time with people who have been vaccinated. Has there been any indication that an unvaccinated person being in close proximity with a vaccinated person can experience any of the adverse effects? I have heard rumblings that this may be the case, which I know is not much to go on and certainly not scientific. But I am pregnant and also have a daughter who will be with me so I am extremely nervous at even the remote possibility that there may be something to these rumors, especially as they relate to fertility. Thank you again.

Log in to Reply

DougR
June 13, 2021

This was a hard piece to digest, and I wish I could find some fundamental flaw, but I can't. Realizing that there are serious problems with the current vaccines for COVID requires that one first overcome the cognitive dissonance of realizing that there has been widespread misconduct, and an unprecedented enforcement of a single narrative. There is, basically, no reporting of this in reputable mainstream media sources, but the facts presented here are simply that: facts, and well documented ones at that.

Mr. Kirsch will be, and has been smeared as an anti-vax nut, which he clearly is not. You have to ask what's behind the knee-jerk reaction that everyone (and I have to include myself) has when confronted with an alternative viewpoint.

Log in to Reply

SteveKirsch
June 14, 2021

Thanks DougR. I wish none of this were true. I was warned I'd be attacked if I published it, but the more I learned the more clear it was that this is a huge problem. I talked to an insider at CDC. They are not focused on looking at the death reports. They are putting all resources on how to end vaccine hesitancy. The FDA revokes NAC after 60 years (and incorporation in to over 1,100 products). A top doctor with a potent anti-viral is ONLY allowed by the FDA to test it on hospitalized patients. CLEARLY, this is not right.

Log in to Reply

DavidWilner
June 13, 2021

Hello Steve, thank you for what you are doing. I think I understand your motivation in relation to your family, many other people you care about and the common good.

Please find below some additional discussion with interesting debatable content:

– article titled "The mRNA-LNP platform's lipid nanoparticle component used in preclinical vaccine studies is highly inflammatory" (preclinical studies in mice)

https://pubmed.ncbi.nlm.nih.gov/33688649/

– article titled "Shocking Study Reveals mRNA COVID-19 Vaccines May Progressively Degenerate Your Brain From Prion Disease" (this presents an analysis that is hypothetical but seems quite substantiated)

https://greatgameindia.com/mrna-vaccines-degenerate-brain-prion/

I think you are on the right track. I think I understand your rant tone, as some things are worrying you and you are not receiving rational feedback from high ranked scientists in health organizations and from congressmen and congresswomen you supported and trusted. I may even believe that you don't want validation for your conclusions, just a rational discussion based on valid arguments, am I right?

I would suggest creating another copy of this article with the following considerations:

– any subtle rant/emotional/sensational/conspiratorial tone removed

– clear separation between true facts, valid speculation and potential irrational thinking (if there is any)

– formal political/economic tone, and format, to present to the corresponding audience

– formal scientific tone, and format, to present to the corresponding audience

– press release tone, and format, to present to the corresponding audience

I'd advise you to think as the entrepreneur you are. There is an unmet "need" (preserve life in good conditions), in a vast "market" (world population), and you have the talent to approach those challenges with a serious startup. There is still time and a lot of work to do, remember we are talking about long-term consequences in many cases.

Thanks again.

Log in to Reply

Tentmaker
June 13, 2021

removing profanity would also help

Log in to Reply

SteveKirsch
June 14, 2021

I am having a professional writer redraft it. This is the unvarnished stream of consciousness.

Log in to Reply

DrMGerhard
June 19, 2021

I'll do it for you. You need somebody with at least a relevant PhD.

Log in to Reply

beaker
June 13, 2021

Steve, truly incredible piece of work. I would add a section on ADE (Antibody Dependent Enhancement). It is my own belief that the right new variant or strain will induce ADE in the vaxd. Of everything discussed above, this would be the most terrifying doomsday scenario of all.

Lastly, I have failed to obtain Ivermectin in my country. I am desperate to get some but the only thing I can find is pure ivermectin in horse paste. I have seen many who worked a method of dosing this but I don't know if I can bring myself to go that far. Do you know of any way I can get Ivermectin?

Keep up the good fight, the truth is on your side.

Log in to Reply

Tentmaker
June 13, 2021

Try here: https://covid19criticalcare.com/guide-for-this-website/how-to-get-ivermectin/ Personally, I've been using the horse paste for a couple months – very cheap and convenient (one notch on the plunger per 50 pound body weight for prophylaxic dose). My wife at first thought it was yucky to take horse stuff but she has given in and taken it also. I have great insurance but they won't pay for human Ivermectin except for parasites.

Log in to Reply

JasonRobinson
June 13, 2021

I've just read the linked letter challenging the study that reported that spontaneous abortions are within normal range and stating instead that the real rate is 104 SA's out of 127 vaccinations at less than 20 weeks. That makes sense. I don't understand how they are saying the rate of SA will decrease as these pregnancies complete. Can't the rate only get worse? As I understand it there were 127 vaccinations and only 23 have survived, where are the extra pregnancies coming from to improve/decrease the SA rate?

Log in to Reply

drn1234
June 13, 2021

No, because there are still ~3,000 or so ongoing pregnancies. These preliminary results were only for the first 10 weeks, which is why the completed pregnancies were split between those that ended early (either spontaneous abortion or planned abortion) or live/still birth from those who got the shot in their third trimester.

As times goes on, more pregnancies will reach completion, including those that got the shot in their first trimester, and it's almost certainly not going to be the case that even close to 82% of even those end in spontaneous abortion.

Log in to Reply

JasonRobinson
June 14, 2021

Thank-you, yes I've managed to get the full report now and can see what you've pointed out. Though It seems strange that the report itself would even state the 104/827 figure as that data is almost meaningless.
When all the pregnancies in the study complete do you agree that the comparison SA's <20wks Vaccinated/Completed <20 wks vaccinated is a valid correction to Table 4?

Log in to Reply

VoxMsg
June 13, 2021

Most recent discussion with Dr Malone / Bret at:
https://youtu.be/-_NNTVJzqtY

In Response to the above we saw
https://youtu.be/8VMCka4FiJ8
Dr Mobeen commenting on the Japanses Study...
Need your clarification... Did you get it right that the study was only about the "Parts" of the Lipid Nano Particles that is being concentrated vs the Spike Protiens? Your chart from the same study?

Log in to Reply

observanthuman
June 13, 2021

If the vaccine is causing myocardial infarctions in young immune systems then it certainly occuring in older immune systems.

Log in to Reply

cinthia1215
June 12, 2021

Thank you for this information. I was just sent this in opposition. What are your thoughts? https://healthfeedback.org/claimreview/byram-bridles-claim-that-covid-19-vaccines-are-toxic-fails-to-account-for-key-differences-between-the-spike-protein-produced-during-infection-and-vaccination-misrepresents-studies/

Log in to Reply

SteveKirsch
June 12, 2021

Hilarious. Can you contact him so I can challenge him to a live debate? We can debate the facts. It will be fun.

Log in to Reply

cinthia1215
June 13, 2021

My friend is suggesting that you debate the science editor (Iria Carballo-Carbajal). There is a link at the bottom of the article to contact her. Thanks again, I would love to see this debate!!

Log in to Reply

Tentmaker
June 12, 2021

Bunch of minor typos not caught with spell-check:
"This is important because the blood clots can form anywhere with this very unsafe virus." – I assume you mean "vaccine"
"So she'll use" – incomplete sentence
"None of the docs on Clubhouse for example that promote the false narrative won't either." – double negative
"Note that VAERS is a lagging indicator because [t]here is a substantial backlog of VAERS reports."
"However, there was [were] another 168,564 reports"
"Then, when the scientific community sees the published result, should we ask those members who gave a rating under 51% to resign since they are unable today which is all positive." – something missing here
"Informed consent is all about you[r] ability to say no"
"Some events are such as the teenager who killed himself after getting the shot are very hard to ascribe."
"I would treat immediately with a 4 drug combo of fluvoxamine (50mg BIDx14d), ivermectin (12mg x 7d), simvastatin (….), and maraviroc (…) . This is what Dr. Bruce Patterson recommends to his patients and was developed from what has worked to cure long-haul COVID cases." Numbers available?
"Or do we want America to [be] like China "
"leading to <100 people dead in the US" – did you mean <100,000?
"almost immediately suffered severe undiadnosable neurologic symptoms" – undiagnosable
""We at present follow evidence based practices. Pl let us know WHO decision. Thanks and. Best rgds" I'm totally serious about. You can't make this stuff up" word missing after "about"? Extra period (Thanks and.)
"terrible advice from doctors because the CDC doesn't [tell] docs what is going on"
"This [is] well known inside the CDC . . . researche[r]s found the link too"
"My biggest complain[t] is the NIH"
"everything was normal. I" extra I or incomplete sentence?
"quasi-randomization was more convincing that [than] true randomization"
"who has used tried [used or tried, not both] this drug on more than 1 patient "
" is no[t] helpful and has cost thousands of lives."
"He absolutely know[s] he was lying "
"Early treatment can reduce COVID death rates by 100 " – should be 100 fold?
"That's a[n] question the medical community will need to decide"
"People['s] lives are important"
"then you are must REMOVE the ban" – perhaps this typo is in the original being quoted tho
"Not having a viable alternative be[ing] talked about on YouTube risks lives"
"This is spreading medical [mis]information"
"as he has no interest in [the] bucking the"

Log in to Reply

SteveKirsch
June 12, 2021

thanks you for taking the time to report this!!!

Log in to Reply

tompanek
June 12, 2021

TYPO – think you meant "vaccine":
"This is important because the blood clots can form anywhere with this very unsafe virus."

Log in to Reply

SteveKirsch
June 12, 2021

Yup... too little sleep 🙂

Log in to Reply

hapakal
June 12, 2021

Kind of a shame that with such an excellent data-packed article, the first two 'sources' linked right at the top, are to the same music video. (What, is that your nephew or something?) I could see throwing it in down below somewhere, but many people will see that and not go any further. It's not even an external link, which would open it in a different tab. You're sending your readers to YT to watch a rap video, where a large percentage of them will remain. If you got someone to land on this page, which clearly you put a lot of work into, I would think you would want to keep them reading and if you needed to add any link, it would only be to some important data that supports the contention youre making. Just my two cents. (I did like the video and great article. so thank you. That is a constructive criticism) Also, regarding the claim that most adverse effects show up within the first month, -didnt the ADE ('immunopathology') that was such a problem in efforts to develop a vaccine for SARS CoV-1 take many months (up to a year in some cases) to show up? ['Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus' – 2012]

Log in to Reply

SteveKirsch
June 12, 2021

Thanks, i'll fix that. Most of the side effects so far ARE showing up in 30 days after each shot. that may change.

Log in to Reply

Tentmaker
June 12, 2021

Looks like an actual number has been put to the "small" number of cases of heart inflammation in young men – 800. CDC has put on the agenda for 6/18 meeting. I read somewhere else that their hand was forced by France doing the same thing.

Log in to Reply

Tentmaker
June 12, 2021

forgot link: https://www.zerohedge.com/covid-19/cdc-hold-emergency-meeting-after-

100s-suffer-heart-inflammation-following-covid-vaccines

Log in to Reply

SteveKirsch
June 13, 2021

Isn't it like a 50x normal incidence? shameful they are waiting for so long. Should be an IMMEDIATE stop to vaccinating kids.

Log in to Reply

Tentmaker
June 13, 2021

It's almost like Pfizer and Moderna know it's just a matter of time before EUA is suspended, so they've got to sell as many as they can while it's still in effect. A friend from South Africa just posted on facebook "America to the rescue" b/c Biden is buying millions of doses of Pfizer and sending them there. I told him "Biden is doing this for Pfizer, not for you," and told him about the VAERS data, Ivermectin, etc. I have put sooooo many posts on FB but Zuckerburg does not want my friends to see them.

Log in to Reply

Tentmaker
June 12, 2021

Steve, you've shown yourself to be a genuine philanthropist, willing to lose friends and take hits to your reputation for the sake of the truth – in contrast to a lot of rich people who strike me as throwing money at popular and relatively useless (sometimes harmful) projects. Please be aware that the seemingly inexplicable (from a logical point of view) opposition you face is pretty common throughout history. Remember that Ignaz Semmelweiss could not persuade the "experts" that they could save lives by washing their hands between doing autopsies and attending childbirth. And Dr. James Lind faced ridicule for his discovery (confirmed by actual experimentation with sailors) that eating citrus fruit prevented scurvy. Human nature, with its seemingly inexplicable callousness to human suffering, as well as herd mentality even among experts ("better to be wrong than to face ridicule") hasn't changed. I do have one issue: Table 2.6.5.5B – says it's describing results in rats but reading through your text one assumes you're talking about humans.

Log in to Reply

SteveKirsch
June 13, 2021

the rat data is best we have. it is *supposed* to represent distribution in humans. gives a ROUGH idea.

Yup, Semmelweiss revisted.

Log in to Reply

Coyote_Rambler
June 11, 2021

Hello Steve. Thank-you for your work and your interview with Dark Horse yesterday. Your passion shows.

I've noticed some omissions with the Pfizer organ distribution graph shown here and elsewhere, and made an updated graph with the data contained in the Japanese Regulatory Agency Report. Interested in considering the updated graph if I send it to you?

Notably –
1) These data were collected from vaccines delivered by intramuscular injection to rats, not humans. This still counters the claim that mRNA-containing, spike-protein encoding lipid nanoparticles stay in the injection site, but this does not directly show where they end

up in humans.

2) The graph's title suggests lipid concentrations in milliliters were observed in body tissues. Lipid concentrations were measured in µg (micrograms) per gram, or µg lipids per mL of vaccine.

3) Total lipid concentrations in the graph match the report table data, but some important organ systems have been omitted.
Total lipid concentrations (µg lipid equivalent/g) in organ systems after 48 hrs:
– Injection site (for reference): 165
– Ovaries: 12.3.
– Bone marrow: 3.77
– Adrenal glands: 18.2
– Liver: 24.3
– Spleen: 23.4
– Vaccine concentrations between 1 and 2 µg lipid equivalent/g were observed in the large intestine, lung, lymph node (mesenteric), small intestine, and thyroid.

None of these data points invalidate the results. Liver, spleen, and adrenal accumulation of spike protein would come with their own concerns regarding blood filtration and hormonal effects.

Thanks again for your work.

Log in to Reply

SteveKirsch
June 13, 2021

sure, DM me on Twitter and I'll send you my email. THANK YOU!

Log in to Reply

JulesSW
June 11, 2021

Thank you for your work. Please, please tell me, how do we stop these crimes against humanity?

Log in to Reply

SteveKirsch
June 13, 2021

They will not be able to look the other way after killing 25,800 people. All we need is *ONE* mainstream media reporter to break the narrative and ask the question "So, if it wasn't the vaccine, what killed those people and how can you be SURE it wasn't the vaccine?"

Log in to Reply

DrMGerhard
June 13, 2021

The entire US establishment looked the other way when Stalin murdered 10 million Ukrainians.

They look the other way when their friends in the CCP murder hundreds of thousands of political prisoners for their body parts.

They look the other way when prominent members of the establishment rape and kill children.

I think they can manage this one.

Log in to Reply

keara
June 10, 2021

Thank you Steve. Your research led me to a doctor who thinks similarly. Are the non mRNA vaccines relatively safe?

Log in to Reply

IvermectinSavesLives
June 11, 2021

"This was written on June 1, 2021. My views may change as new evidence and new vaccines emerge. I'm particularly excited about the Novavax, Covaxin, and Valneva vaccines because they may have a superior safety profile than the current vaccines and the Valneva is likely to lead to much broader immunity."

Log in to Reply

DrMGerhard
June 13, 2021

No.

Log in to Reply

Statistician
June 10, 2021

Also related to my previous comment is that I think you see larger numbers of deaths reported in VAERS this year than in years previous as a result of stimulated reports (we've seen this in previous epidemics – see here for example: https://pubmed.ncbi.nlm.nih.gov/22310205/). After all, when had anyone even heard of VAERS prior to COVID?

Log in to Reply

SteveKirsch
June 13, 2021

Nope. everyone being discouraged to report in VAERS. No advertising campaign to "REPORT IN VAERS" everyone! and 30-39 year olds rarely spontaneously die. even with "overreporting" as shown in my VAERS video. And we know from CDC data of 25,800 "unexplained" deaths.

Log in to Reply

DrMGerhard
June 13, 2021

There are not 25,800 deaths. The true figure is more likely to be around 0.5m and could be >1m.
Barely 10% of the reports are put into the database. Data is actively removed and deliberately mis-classified. Huge amounts of data have been removed.
The reporting website has been modified with a JavaScript timer to make it almost unusable.
Even in a "normal" year, only 1-3% of events are actually reported. Most clinicians don't even know that the VAERS system exists. They receive no training at all in vaccines, other than being shown how to put the needle in (I went through this myself). Now, they are being fired for reporting adverse effects.

Log in to Reply

cdevidal
June 13, 2021

@SteveKirsch love the work you did here. Had you noticed that Google searches for VAERS spiked by Jan 24th? It was about a 1,500% increase over historical norms. So more people were aware, and there could have been more people reporting as a result. That fact could be used by the pro-vax to explain away the increase in reported cases.
https://trends.google.com/trends/explore?geo=US&q=%2Fm%2F05w22w

Log in to Reply

cdevidal
June 13, 2021

Here's a slightly updated chart that includes the actual word VAERS, the first chart I shared was on the topic "Vaccine Adverse Event Reporting System" which would include searches for VAERS and the longer phrase as well. This chart has both side-by-side.
https://trends.google.com/trends/explore?geo=US&q=%2Fm%2F05w22w,VAERS

Log in to Reply

DrMGerhard
June 13, 2021

Why do you keep on quoting 25,800? You can't just pull a number out of a hat. The 800 gives it a spurious air of credibility.

Log in to Reply

csrobins
June 14, 2021

I believe that number comes from the CDC data (https://data.cdc.gov/NCHS/Weekly-Provisional-Counts-of-Deaths-by-State-and-S/muzy-jte6) via https://austingwalters.com/covid19-vaccine-risks/ totaling up the extra deaths since December 2020 compared to the average of the previous months.

Log in to Reply

Statistician
June 10, 2021

You wrote "Note that a comparable % of Americans have been vaccinated with the COVID vaccine as compared with prior years." I'm confused. The COVID vaccine hasn't been made available in prior years. Do you mean to say that a similar percentage of people have received *other* vaccinations (e.g. Influenza) in prior years?

Also, I think your arguments and graphics would be much stronger if you used percentages or rates rather than absolute figures when writing about AEs/deaths associated with the vaccine (and please stop using the phased caused by the vaccine because causation is nearly impossible to establish without randomized control trials and even then it's a challenge). The lay reader may not have any idea how many people received a vaccine in prior years. We'd expect higher absolute figures in a year like this one where more people are getting a vaccine in general. Would you please consider using an epidemiological statistic like death rate or percentage of deaths/number of vaccines administered by year?

Thanks.

Log in to Reply

Scientist
June 12, 2021

You are indeed very confused. VAERS exists since at least 20 years, and it has been registering adverse reactions to vaccines. Not many, indeed a Harvard study completed in 2018 if I am not wrong, indicated that just few adverse reactions were submitted. But unlike your beliefs, there have been self-helf groups of people and parents of kids dishabilitated by vaccines for quite a while, so reporting has been active, just not always taken into account.

So the comparison is between the adverse reactions reported AND accepted currently, with those of other vaccine campains. The data is LIKELY inaccurate. Just like the numbers of deaths by covid are highly overestimated, but you do not get other data ... So what about putting some common sense back in your soup, before acting picky!

Log in to Reply

SteveKirsch
June 13, 2021

Kindly show me YOUR correct analysis.

And also explain the 25,800 excess deaths as well. If it wasn't the vaccine, what killed all these people?

Log in to Reply

SteveKirsch
June 13, 2021

it's approximately same percentage in prior years per CDC data.

Prior years = vaccines in those years.

Log in to Reply

DrMGerhard
June 13, 2021

>>causation is nearly impossible to establish without randomized control trials
Nonsense. It's extremely easy to demonstrate that the vaccines caused the deaths simply using statistics. For example, we know the incidence of Cerebral Venous Sinus Thrombosis in the normal population and compare it with the incidence directly after vaccination.

>>We'd expect higher absolute figures in a year like this one where more people are getting a vaccine in general.
But not hundreds of times higher.

Log in to Reply

NSM
June 10, 2021

Thank you Steve for taking the time to write this! There's a lot of for me to dive into.

I'm a media instructor that just this week announced I will be creating content around the counter narrative... And people were not happy. Imagine being mad that a media instructor wants to investigate further lol.

Anywho I was wondering if you'd be willing to chat via zoom so I can make sure I'm understanding everything in this article? And perhaps do an official interview if we both feel that would be a good fit?

Thanks for your time! Sending you love.

Log in to Reply

IvermectinSavesLives
June 10, 2021

Forum for Adverse Vaccine reactions suffered by Medical professionals/Doctors:

https://www.medscape.com/sites/public/covid-19/vaccine-insights/how-concerned-are-you-about-vaccine-related-adverse-events

Log in to Reply

IvermectinSavesLives
June 9, 2021

Dr Tess Lawrie writes to the UK Medicines and Healthcare Products Regulatory Agency after evaluating the Yellow Card data. She recommends an IMMEDIATE HALT to the vaccine program!" https://twitter.com/Idonotconsent6/status/1402739676759343105

Log in to Reply

IvermectinSavesLives
June 10, 2021

Her 11 page report on the Covid vaccine yellow card data has been published on their website: https://www.e-bmc.co.uk/

Log in to Reply

Massimaux
June 9, 2021

There have been a series of aggressive attacks on prof. Byram Bridle's interview in the last couple of days.

The following two claims made by "fact-checkers" need to be addressed:

Claim 1: The concentration of vaccine-induced spike protein released and circulating in the bloodstream is negligible and THEREFORE HARMLESS.

Claim 2: The spike protein produced by the U.S. FDA-authorized COVID-19 vaccines does not bind to ACE2 receptors and is THEREFORE HARMLESS.

If these two arguments are proven false, safety of spike protein producing vaccines will be extremely hard to defend even for the best of their best "fact-checkers".

P.S. Here is one of the "fact-checking" articles:
https://healthfeedback.org/claimreview/byram-bridles-claim-that-covid-19-vaccines-are-toxic-fails-to-account-for-key-differences-between-the-spike-protein-produced-during-infection-and-vaccination-misrepresents-studies/

Log in to Reply

SteveKirsch
June 13, 2021

Then how do the fact checkers explain the 25,800 deaths since the vaccinations started????

I'd love to debate these guys. Watch Darkhorse on YouTube. We have the inventor of the mRNA vaccine and me on the show. So do you trust the fact checker (anonymous) or the inventor of mRNA vaccine?

Log in to Reply

DrMGerhard
June 13, 2021

>>The following two claims made by "fact-checkers" need to be addressed:
No they don't. "Fact-checkers" would claim that black is white and that anyone who disagrees is a "conspiracy theorist". They are a farcical new addition to the Internet which few people take seriously.

>>Claim 1: The concentration of vaccine-induced spike protein released and circulating in the bloodstream is negligible and THEREFORE HARMLESS.
Obviously not, since they produce measurable pathophysiology.
>>Claim 2: The spike protein produced by the U.S. FDA-authorized COVID-19 vaccines does not bind to ACE2 receptors and is THEREFORE HARMLESS.
Dozens of papers showing that it does.
Don't waste your time worrying about "fact-checkers'. Stick to the science.

Log in to Reply

IvermectinSavesLives
June 9, 2021

BTW, here is forum https://www.reddit.com/r/CovidVaccinated where people who share their experiences after getting vaccinated (good and bad). There are many intense negative reactions, which would be hard to explain if the narrative was true: https://www.reddit.com/r/CovidVaccinated/comments/np7iqq/im_not_anti_vax_im_not_trying_to_fear_monger_im/

Log in to Reply

SteveKirsch
June 9, 2021

cool. adding to my questions list!

Log in to Reply

miketaylor368
June 7, 2021

Thanks Steve.
John Campbell has noticed that the vaccine is commonly given without first drawing back the syringe plunger to check for blood. His theory is that some people, maybe one in ten thousand, are getting the entire dose intravenously by mistake.
Would intravenous dosing be far more dangerous?

Log in to Reply

SteveKirsch
June 9, 2021

yes, it would be. but that's outside my wheelhouse.

Log in to Reply

DrMGerhard
June 13, 2021

It spreads throughout the body anyway. It might be more likely to cause a stroke if it were put in intravenously, though.

Log in to Reply

IvermectinSavesLives
June 7, 2021

Maybe someone could write a wrapper app for VAERS submission. Peter McCollough said it takes 30 minutes to enter a case into VAERS which will dissuade much data collection. Someone could create a nice frontend app with more efficient data entry that outputs to a public registry as well as the PDF that can be submitted to VAERS (https://vaers.hhs.gov/uploadFile/index.jsp). I've heard that the VAERS reports are backlogged by 130,000 events. If VAERS data could be immediately submitted to a public draft location, people could track safety events faster without having to wait for VAERS backlock to be cleared, but eventually the data would be posted into the VAERS database since the writeable PDF would be submitted as normal, and uploaded whenever they got to it. It would also provide a way to track how the VAERS database was lagging user submissions. Seems like what is really needed is transparency, and right now VAERS is the best we have. IIRC there were better vaccine data collection systems (https://www.hhs.gov/vaccines/national-vaccine-plan/annual-report-2013/goal-2/advances-in-science-surveillance-safety-of-vaccines/index.html) that were disabled for the covid vaccines.

For all the warnings about VAERS not being very good, it seems strange with the billions that go into the vaccine development, there is not a lot of money that goes into creating sensitive and transparent systems for tracking vaccine safety events (especially when that is combined with 0 liability for vaccine manufactures under an EUA). If there is 0 liability, we need more public transparency, not less.

Log in to Reply

SteveKirsch
June 7, 2021

YUP. I agree! Exactly!

Log in to Reply

DrMGerhard
June 13, 2021

>>since the writeable PDF would be submitted as normal, and uploaded whenever they got to it.
But they wouldn't. They would be ignored, along with 90% of the reports which are filed directly.

The purpose of VAERS is not to report adverse effects, it's to pretend to do so.

Log in to Reply

observanthuman
June 6, 2021

Steve – someone registered a domain under dr. Bridle's name. https://byrambridle.com/ refuting his claims. Please address.

Log in to Reply

SteveKirsch
June 7, 2021

i challenged him to debate me. he refused. he won't reveal his identity or who he works for. this is a distraction and not worth my time. you are welcome to pursue him.

Log in to Reply

kwstewart
June 6, 2021

This petition is to help in the fight against Penn Medicine and Lancaster General Hospital who are trying to mandate vaccines for their employees. They have lawyers working on this fight — need a lot of signatures. Please sign!!
https://form.jotform.com/211534687257159

Log in to Reply

SteveKirsch
June 7, 2021

Share my article with the employees and mangement!

Log in to Reply

observanthuman
June 5, 2021

Fabulous compilation!
Has someone compared / normalized UK adverse event system to Vaers? UK system is more transparent and accurate than US system and just eyeballing it seems vaers is under reported by at least 2x.
Do you know if someone is tracking the CDC excess death rate of cardiac and stroke death compared to previous years? One should see slight tick up if the vaccine is indeed causing death.

Log in to Reply

SteveKirsch
June 7, 2021

i have only so many cycles. Please do this and let me know what you find.

Log in to Reply

Massimaux
June 5, 2021

Steve, I understand that vaccines that produce spike proteins associated with a high probability of subsequent free circulation of the spike in the blood stream are dangerous.

What about the vaccines based on inactivated SARS-CoV-2? I think they should be much safer than the spike-generating vaccines.

What is your opinion?

Log in to Reply

observanthuman
June 5, 2021

They will be safer in terms of not having organs in your body producing spikes and having your immune system possibly attacking those organs. But they will still cause some thrombosis issues.

Log in to Reply

SteveKirsch
June 7, 2021

yes, the newer ones we think should be a lot safer.

Log in to Reply

Suki
June 4, 2021

It was a little difficult just to get past point 1, because people have died from flu vaccinations. And while this latest weaponized COVID jab has been perfected to deliver death and destruction in a more timely manner, the industries behind this, and all, vaccines didn't just become corrupt over the past year or two.
Vaccines cause all of the auto-immune conditions (Crohn's is now one in six young people), cancer, leukemia, moderate to life-threatening allergies, asthma, SIDS, autism and other neurological damage,
paralysis, seizures, and so much more. Effects can happen within seconds, or decades later, as the notorious deadly SV40 cancer tumors illustrate (began killing off Salk vaccine recipients 30 years later).
The National Childhood Vaccine Injury Compensation Act, which threw out our due process in court and introduced industry-created VAERS in 1986, absolved vaccine makers from liability, and put the financial burden on American taxpayers. In addition, the HHS had admitted that less than 1% of all vaccine injuries and deaths even get reported to

VAERS.
So, even though the COVID shots are the latest most perfected to do their dirty work, this isn't anything new. The only thing new, vaccine-wise, is the scrutiny. I'm grateful for that, but the investigations need to go retro, and cut through all the censorship and false propaganda of the past.
A good start would be to find the website, "Vaccines Did Not Save Us," and then on to VacTruth and VacLib.

Log in to Reply

SteveKirsch
June 7, 2021

one battle at a time!

Log in to Reply

gekcho
June 3, 2021

Thank you so much, Steve Kirsch, for putting all the data needed to make a case in one place. From the start, I determined that real-world data was going to inform my decision about these emergency authorized vaccines but it's been hard to sort out unbiased interpretations with all the noise and misinformation and disinformation going on. You just made it easy.

Log in to Reply

SteveKirsch
June 7, 2021

thanks. it's troubling that the phase 3 trial results don't match the realworld results for sure, but we have to judge success based on real world results and not bury our heads in the sand.

Log in to Reply

mary
June 3, 2021

Totally healthy until I took the vaccine. Now I have severe vertigo. Anyone else? I was hesitant to be vaccinated but felt pressured

Log in to Reply

mhadfield
June 3, 2021

You are the second person I have heard who developed severe vertigo after the shot. Report your situation here please: https://trialsitenews.com/groups/vaccine-side-effects/

Log in to Reply

SteveKirsch
June 4, 2021

did you report in V-SAFE or VAERS?

Log in to Reply

Ms.Pitre
June 3, 2021

@SteveKirsch Great resource – thanks. I found an error (I don't know how to contact you privately). I think you meant "this vaccine is mini-covid" and not "this virus" – 2nd paragraph.

"I would start medicating 3 days before and continue for 3 weeks after which very few S1 infiltrated cells will be circulating. These are lower doses than you'd see in treatment protocols

Basically this virus is mini-COVID and to prevent damage and inflammation, these are the drugs I would take because they are individually proven to be effective and they don't interact."

Thanks for all you do! I have learned so much.

Log in to Reply

SteveKirsch
June 3, 2021

thanks. fixed

Log in to Reply

marten
June 3, 2021

I and my housband and many of my friends were treated with amantadine. I exactly with rimantadine and amantadine. It has spectacular action. https://przychodnia-przemysl.pl/how-to-treat-covid-19-in-48-hours-scheme/

Log in to Reply

Landbeyond
June 3, 2021

Good article, but overly long and repetitive. Needs editing down or few will read it all. Also, it needs proofreading for some errors in the English. Don't assume people know what abbreviations like "PEG" mean.

Thank you for all you have done and are doing.

Log in to Reply

SteveKirsch
June 3, 2021

yes, rushing to market due to urgency. narrowing it down and eliminating redundancy is next. wanted to make sure I covered all the objections so it would be bulletproof.

Log in to Reply

Fritz
June 2, 2021

More great ammunition to have when talking with people. Way too many people have never heard the other side of the story and I am often met with blank stares. And how safe should people feel if they are past 30 days from getting the vaccine? Another casualty is the lost trust in the organizations that are supposedly in place to protect us. What credibility do they have now that they've been exposed to be driven by greed and ego? Thankful Steve mentioned Janet Woodcock to give us hope that not all is lost.

Log in to Reply

HaroldK
June 2, 2021

Thank you Mr. Kirsch for this thorough review of the issues regarding using the spike protein as antigen in these 1st-gen vaccines. I am less sanguine than you, however, at the degree of added safety that Novavax and Covaxin will bring, because they both use at a minimum the whole spike protein in their antigen.

That is a problem because in addition to the direct pathogenicity of the spike protein, which you cover well in this article, the high degree of human peptide mimicry in the spike protein, due to its likely etiology as a lab-created pathogen via serial passaging through humanized mice, means that the spike protein as antigen carries considerable risk of triggering autoimmunity. This is why I neither want Covid-19, ever, nor will I take a Covid-19 vaccine, at least not until one is released that has the human-like epitopes removed from it.

This paper showed that the epitopes on the spike protein consist of ones 78.4% of which are a match to peptides found in human tissue:

https://www.cambridge.org/core/journals/qrb-discovery/article/biovacc19-a-candidate-vaccine-for-covid19-sarscov2-developed-from-analysis-of-its-general-method-of-action-for-infectivity/DBBC0FA6E3763B0067CAAD8F3363E527#

This paper demonstrates via direct experimentation that antibodies to the spike protein do cross-react with human tissue:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7873987/

And this paper demonstrates that the spike protein epitopes have the greatest affinity to human and mouse proteomes — greater affinity, in fact, than the spike protein has to other human coronavirus proteomes — which is just what you would expect if a pathogen were created by serial passage through humanized mice:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7499017/

Log in to Reply

DrMGerhard
June 13, 2021

Indeed. And the extent to which these proteins are cross-reactive in different species determines the extent to which that species gets sick. This demonstrates that autoimmunity is probably the core mechanism causing pathology to CV.

Log in to Reply

Massimaux
June 2, 2021

I find your argument on vaccination safety risks well supported and compelling.

I have a comment, though, regarding the comparison between death risk from C19 vs. flu vaccines.

To compute the death risk ratio (c19 vs. flu vacc.) you need the no. of shots given to 30-39y (for both vaccines) and these two numbers are not accounted for, right?

So do we really know it's a 100x ratio?

Log in to Reply

SteveKirsch
June 2, 2021

You compare 10 years of flu shots with COVID. the number of people who get flu shots are comparable to # got COVID vax. https://usafacts.org/articles/how-many-americans-get-flu-shots-vaccine-cdc/ See https://drive.google.com/open?id=126MDWQ3wYJuqv21HML6Ccoys1JEWNyp1

Log in to Reply

Massimaux
June 2, 2021

Steve, thank you so much.

Wow, flu vaccination had been pretty extensive in the period 2010-2019. I thought it's just a small percentage of the population.

"During the 2018-2019 season... Among adults, 45.3% of people got vaccines."

Again, I don't know the percentage of 30-39 age group having been c19 vaccinated, but I guess it's safe to put the number in the range 40-50%.

If so, then your math is pretty much accurate. Indeed, one gets 68 is about 100x higher than 0.7 (=7/10).

Thank you!

Log in to Reply

SteveKirsch
June 3, 2021

Thanks for the suggestion.

Log in to Reply

MiTsi
June 2, 2021

What about J&J adenovirus vaccine?
This article focus mainly on mRNA vaccines.

Log in to Reply

IvermectinSavesLives
June 2, 2021

J&J creates the dangerous spike proteins as well:
https://www.nytimes.com/interactive/2020/health/johnson-johnson-covid-19-vaccine.html

Log in to Reply

joeg
June 1, 2021

Steve, thank you for your generosity and leadership on the issue of research funding. I've been trying to read your articles and listen to your video interviews due to your unique position.
You must be SO disappointed at the strange, or deceptive design of some of the studies, especially the Boulware hydroxycloroquine study for post exposure prophylaxis. You know the situation of research deception is bad when several other research groups reanalyze the raw data and conclude a medication was beneficial but the original authors reported that it was not.
https://www.medrxiv.org/content/10.1101/2020.11.29.20235218v1
https://twitter.com/Covid19Crusher/status/1334191424292663296
http://covexit.com/accidental-heroes-in-the-search-for-a-cure-for-covid-19/
In so many studies the authors share the data that supports their agenda but don't share other data from their study. The Boulware study is one example.
There was a study of vitamin D3 in Brazil where they admitted that 20% of the treated participants still had deficient or insufficient vitamin D based on followup blood test but did not share the outcome for those who had sufficient vitamin D after treatment. They concluded that treatment was not beneficial.
The Ivermectin study from Cali Columbia published in JAMA was similar. They warn in the limitations section that due to the young average age of the participants the results might be different for the elderly. However they did not share the outcome for the elderly who did participate in the study.

So many studies are designed and/or written to deceive. It must break your heart when you actually ended up funding one such study.

Log in to Reply

SteveKirsch
June 1, 2021

Yes, I am aware of all of that. I'd like to believe people are simply making innocent errors. But when they swap the placebo for treatment group in order to prove ivermectin doesn't work, get called on their mistake, and then their conclusion doesn't change, that's blatant.

Fortunately there are a handful of people who point out the errors, yet find that they cannot get their analysis published even when it is crystal clear that it is correct. Fortunately, self-publishing works to bring these issue to light (and one can include a number of reviewers who will attest to the accuracy of the paper).

Log in to Reply

Tammy
May 28, 2021

Thank you. After the senate hearing Dec 6, 2020 we asked for ivermectin. 30+ of our friends were influenced by the FLCCC information and also received prophylactic scripts. The tele-med doctors are a courageous cohort risking life and livelihood to adhere to their oath "first do no harm". The safety records of the inexpensive repurposed drugs to treat covid are well established. The oath does not say "first do nothing".

Log in to Reply

SteveKirsch
June 1, 2021

Biggest mistake docs make is "let's not treat unless you have symptoms." That's like the fire department coming to your house and saying "let's not start until the entire house is on fire"

Log in to Reply

MiTsi
June 2, 2021

But people usually don't know they are infected until they have symptoms.

Log in to Reply

SteveKirsch
June 4, 2021

sure, but if they get a positive covid test, they should treat immediately and NOT wait for symptoms

Log in to Reply

DrMGerhard
June 13, 2021

The "positive tests" are largely PCR tests with the cycle threshold set so high the result is entirely meaningless. I wouldn't waste $10 of horse paste just because of a test.

ha6ai
May 27, 2021

THANK YOU "IvermectinSavesLives" for the video of Dr. Peter McCullough!
https://vimeo.com/553518199

Here is a similar video of Dr. Pierre Kory of the FLCCC, supplementing the information, concerning the human rights violations by governmental medical agencies, and "Big Science" disinformation,
malfeasance:
https://www.youtube.com/watch?v=JzsRdcoW5kE&feature=youtu.be

Log in to Reply

IvermectinSavesLives
May 26, 2021

Another reason to consider not getting vaccination, is how can governments/agencies be trusted to be promoting the genuine health of their population when there has been such a coordinated effort to suppress all information on early treatment? Peter McCollough, one of the world class leaders in his field (most published papers in all history), has been involved with treating covid since the beginning and describes the malfeasance that has made this pandemic much worse than it should have been.

"Dr. Peter McCullough has been the world's most prominent and vocal advocate for early outpatient treatment of SARS-CoV-2 (COVID-19) Infection in order to prevent hospitalization and death. On May 19, 2021, I interviewed him about his efforts as a treating physician and researcher. From his unique vantage point, he has observed and documented a PROFOUNDLY DISTURBING POLICY RESPONSE to the pandemic — a policy response that may prove to be the greatest malpractice and malfeasance in the history of medicine and public health."

Here is a link to his interview that was not censored when this comment was published:
https://vimeo.com/553518199

Log in to Reply

joeg
June 1, 2021

"...how can governments/agencies be trusted..."
So true. The NIH director said "We do have some particular stake in the intellectual property" behind Moderna's coronavirus vaccine
https://www.axios.com/moderna-nih-coronavirus-vaccine-ownership-agreements-22051c42-2dee-4b19-938d-099afd71f6a0.html
Some think the NIH might reap a billion$ due to their patented technology used by Moderna.

Log in to Reply

SteveKirsch
June 1, 2021

if the vaccine is as safe as they say, there is no need to muzzle doctors. Docs are afraid to speak out because they will lose their license to practice medicine.

Log in to Reply

ha6ai
May 26, 2021

Applying medical ethics and morality, and recognizing basic human rights including freedom from coercion and "informed consent" (which you have boldly confronted, infra**), in a free and open society people should be free to decide whether to be vaccinated, hopefully based on an informed "risk-benefit" analysis.

With the very questionable benefit of a vaccine for young people with a strong natural immune system, and the very rational well-documented permanent unalterable risks of an ADE "Trojan Horse" and/or "Original Antigenic Sin" response which could take years to manifest (in Dengue fever studied over 12 years), potentially resulting in widespread severe illness and death, your reasonable bottom-line "Summary" in THIS article is:

"If you've already had COVID the choice is much more clear-cut: do not get vaccinated unless there is a large study showing that it confirms benefits."

I question whether ANY younger person should risk the targeted mRNA vaccines, particularly where cheap effective safe prophylaxes and early treatment is available.

NOW WITNESS the totalitarian tragedy confronting America's college students (2.4 million so far forcibly imposing the CDC's "guidance"):

Students Face Vaccine Mandate, Immune or Not (May 11, 2021)

https://link.theepochtimes.com/mkt_app/2-4-million-us-college-students-face-vaccine-mandate-immune-or-not_3810841.html

** Are COVID-19 Vaccine Trials in Violation of Ethical Norms by Not Disclosing ADE Risks?
https://trialsitenews.com/are-covid-19-vaccine-trials-in-violation-of-ethical-norms-by-not-disclosing-ade-risks/

Log in to Reply

SteveKirsch
June 1, 2021

Vaccine mandate for students is unnecessary. Everyone should make their own risk benefit analysis. The claim is the vaccine is so good, even if you do get COVID, you won't die. If I were a student, I would refuse the current crop of vaccines. I hope this article will help bring to light that this is the most intelligent solution because there is NO TRANSPARENCY about the side effects of this vaccine. And the docs have no clue on how to treat all the wierd events leaving people disabled.

Log in to Reply

dazzs
June 14, 2021

Hi Steve, thank you for compiling this information and sharing this information on Dr. Weinstein's podcast. Above you wrote, "You will understand why kids are having heart issues (for which there is no treatment), and temporarily losing their sight, and ability to talk. You will understand why as many as 3% may be severely disabled by the vaccine."

I did not find the answer to this statement. Why do kids and young adults have a higher rate of vasculitis issues? Is it as simple that they have a higher expression of the ACE2 receptor than the elderly?

Lastly, any uptick with Elon on taking up Dr. Weinstein's proposal?

Many Thanks,

Log in to Reply

Poalton4
May 26, 2021

Is Novovax a safe traditional vaccine (due out in the fall 2021)? How to find a doctor who will use ivermectin and fluvoxamine?

Log in to Reply

SteveKirsch
June 1, 2021

see skirsch.io the lead article there.

Log in to Reply

EmmaP
June 13, 2021

Go to Frontlinedoctors.com. Docs are listed there.

Log in to Reply

DrMGerhard
June 13, 2021

>>How to find a doctor who will use ivermectin and fluvoxamine?
You can buy them online. Why do you need a doctor?

Log in to Reply

Deleted User
May 26, 2021

This article is well written; however, I am concerned with the assertions about the vaccine causing deaths. I agree with Ardje's comments. As I paged through about 4 or 5 pages of the death reports, it appeared that causality and coincidence may have been confused in this article's citation. The death reports were often not directly attributable to vaccines (based on the content of the reports). I agree with Ardje that comparisons need to be statistically valid (to show that deaths occur more frequently with the vaccine than without it and at what increased risk). I do not dispute that the vaccines have caused some deaths but based on trial data, I would surmise that the risk of death is considerably lower than without the vaccine. I am an old man (72) and I have lots of friends, many with preexisting conditions. No one has had a severe adverse event. No one has died. The dead people I knew died from COVID-19 quite possible because they were treated late in the disease progress with ineffective drugs such as remdesivir.

Ardje's comment concerning the need for early treatment of even prophylactic use of ivermectin is right on target. We still need herd immunity and the quickest most efficient way to get there is with an effective vaccine. The two are not mutually exclusive.

Thanks to Steve Kirsch for keeping the need for early treatment alive. Like many, I am concerned about the lack of urgency surrounding the use of repurposed drugs for COVID-19. It certainly appears that many governmental health agencies are more interested in protecting the profits of the pharma industry than in public health (except where it is also profitable to Pharma).

Log in to Reply

AnnaM
May 26, 2021

Excellent article! Very balanced, all the pros and cons. Thank you, Steve! You begin restore my faith in journalism!

Log in to Reply

SteveKirsch
June 4, 2021

Thanks!

Log in to Reply

Jeffo
May 26, 2021

Eagerly awaiting results of the large Fluvoxamine trial. Any idea when that might be available?

Log in to Reply

SteveKirsch
June 1, 2021

A week. It will prove that LATE treatment doesn't work NEARLY as well.

Log in to Reply

MiTsi
June 2, 2021

Maybe 100mg BID would be a better dose, since the possible late time of disease onset.

Log in to Reply

SteveKirsch
June 4, 2021

yes, need higher dosing if get to the party late.

Log in to Reply

chickade
May 26, 2021

If family members have been vaccinated, will immediate heavy treatment with repurposed medications help in the case of an adverse reaction?

Log in to Reply

SteveKirsch
June 1, 2021

Yes, exactly like with COVID itself.

Log in to Reply

Ardje
May 26, 2021

Either compare deaths against deaths, or SAE against SAE.
My biggest problem with covid-19 was not the deaths, but the long haulers.
There are statistically 25k covid-19 deaths in the Netherlands, and 75k known long haulers under treatment currently.
The use of Ivermectin or any other treatment against covid-19 except for paracetamol can be fined with 150000 euro. But that's beside the point.
Using Ivermectin against covid-19 helps fight the disease, but it doesn't prime your Immune system.
My observations are: short and medium term Ivermectin is a necessity (prevent getting sick, does not build immunity), and long term vaccination is a necessity (builds immunity).
I completely agree with the triple standards the WHO uses and the governments use:
Observation is enough to proof that sars-cov-2 is real (the thing that hoaxers are always screaming: it has not been proven according to "standards"). But that same observation that Ivermectin works and is save to use without prescription in a larger group than any of the phase 3 trials of the vaccines (mexico) is somehow not scientific enough (it has not been proven according to the same "standards" that hoaxers are screaming)?
No really, these "scientists" apply the same science as sars-cov-2 hoax believers.

Log in to Reply

AnnaM
May 26, 2021

You say, Ardje "Using Ivermectin against covid-19 helps fight the disease, but it doesn't prime your Immune system." I have just about read every article about Ivermectin that I could find. Never heard of this! On the contrary, as I understand,

Ivermectin assists your immunesystem to cope with the virus and to prime your immunesystem. I would be grateful for a reference!

Log in to Reply

Rex
May 28, 2021

Paracetamol [Tylenol] is a big mistake and its use belies ignorance of the immune system, this is one of the reasons for my mistrust of current practices. Glutathione is required for the production of T-Cell Lymphocytes and Tylenol seriously depletes it. [ask any E.R. Doc] Its akin to throwing salt on a rusty car. I can only imagine how many sufferers have been made worse by its use.

Log in to Reply

Petersk
May 25, 2021

Great article but is there 1 more option in addition to vaccination and early treatment, namely, prophylaxis supported by several studies in the case of Iver&?mectin?

Log in to Reply

SteveKirsch
May 26, 2021

Prophylaxis is basically “NO vaccine” option, but good point.

Log in to Reply

IveyTech
May 25, 2021

I appreciate this open analysis. Letting the reader see the options clearly, leads to self-responsibility and educated reasoning about what to do

Log in to Reply

Blueroux
May 25, 2021

Another great article, Steve. Keep writing.

Log in to Reply

SteveKirsch
June 7, 2021

thanks. will be hard to top this one though.

Log in to Reply

TimJaeger
June 14, 2021

Hi Steve, Why did you personally get the Moderna vaccine?

Log in to Reply

TimJaeger
June 14, 2021

Sorry Steve, should have kept reading the actual article first – you changed your mind and now would not be vaccinated knowing what you know.

Log in to Reply

ha6ai
May 25, 2021

In my lay opinion, a generally excellent article, EXCEPT for ignoring the issue of a "Trojan horse" ADE, and/or "Original antigenic sin", the potentially fatal risks of which are that the irreversibly permanently induced targeted antibodies created by the Pfizer, Maderna, and other mRNA based vaccines would exponentially increase the risk of failing to protect against a new infection and/or enhancing it, by defeating a healthy body's natural immunity.

Log in to Reply

SteveKirsch
May 25, 2021

Will be adding section on ADE soon.

Log in to Reply

EmmaP
June 13, 2021

Thank you for your bravery. I will circulate this article. I wish to add that the Zelenko protocol is totally effective at preventing death or hospitalization from the virus- HCQ or ivermectin plus zinc plus antibiotic. Many , many doctors using this successfully. Also the RX protocol you list looks scary to me – an antidepressant and an HIV drug. I also want you to know that the docs and scientists I trust say that both pine needle tea from long white pine (has the antidote Suramin in it) and NAC (N Acetyl Cystein,) block reproduction of the spike protein. Anyone, everyone who has had the shots should be on both daily to extend their lives. thanks again

Log in to Reply

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