REFERENCE

Evidence of harm

A short collection of key pieces of evidence showing the COVID vaccines are not "safe and effective." Not even close. They are the most deadly vaccines we've ever produced.

Steve Kirsch
Sep 21

1,029 630

Executive summary

Here's a high level collection of some of the most compelling pieces of evidence I've seen to date. This is not an exhaustive list, but just the key pieces of data that are impossible to explain if the vaccines are safe and effective.

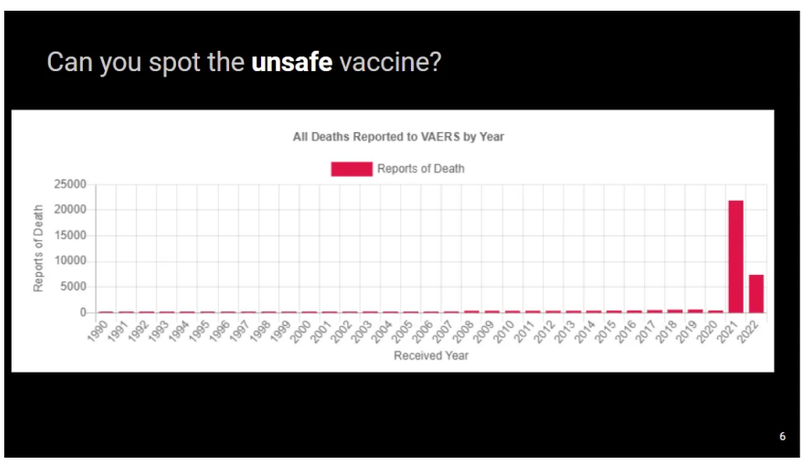
I've divided the collection into sections and I've tried to limit each section to the most compelling data points. So don't be disappointed if your favorite item isn't mentioned in this article; I wanted to keep it short enough to be read..

I'll try to keep this updated over time. It can be found in the Reference section of my Substack.

The most definitive data

The official US government safety monitoring system is the VAERS system. It has been throwing safety signals since the vaccination program began. The signals are all being ignored and the CDC will not comment on it.

1. The VAERS system generated a safety signal for "death" long ago, but the CDC never noticed and is not commenting. This is a clear message that the CDC is not monitoring safety events. We were lied to. They said they were watching the safety signals like a hawk. They forgot to mention the hawk had a blindfold on.
2. Nobody in the world can explain this graph. VAERS is the official safety monitoring system for all vaccines. We proved it isn't fraud and it isn't overreporting. Our survey of healthcare workers randomly sampled shows it is from more events happening. We were lied to.



3. Not only are they not monitoring their own safety system, but none of the people at the CDC wanted to see the more sophisticated data collected by the Israeli

Ministry of Health that the MoH did not tell the public about. Even the chair of the ACIP committee refused to even answer the question about seeing the safety data (preferring to call the Palo Alto Police instead).

4. The CDC claims VAERS is simply *over*reported, but cites no evidence. The evidence I collected shows that VAERS is *under*reported by 5.4X. For example, the VAERS data shows that acute cardiac failure is elevated in the COVID vaccines by 475X compared to other vaccines. Once we correct using the 5.4X factor, we get a 2,565X higher fatality rate for these vaccines. How could that be "safe"? Nobody will explain that.
5. Several analyses put the death count in America caused by these safe vaccines at over 500,000. The US household polling data shows as many as twice as many people were killed by the vaccine as from COVID. Nobody wants to comment on the survey or even to try to replicate the survey.
6. There are no autopsies that test for whether the vaccine caused the death. Only one pathologist in the US is doing the proper tests to make the association. The rest don't want to know. If they don't test for it, how will they know?
7. Damage to women's reproductive systems (stillbirths, miscarriages, lower fertility, etc) are nearly all happening ONLY to vaccinated women.
8. Sudden deaths worldwide are happening to vaccinated people at a 50:1 odds ratio. That's highly unlikely if the vaccine wasn't causing these issues.
9. US household surveys show that over 1M people are so injured from the vaccine that they can no longer hold a full-time job.
10. UCSF Professor Vinay Prasad calls for Biden to get new COVID advisors. That would simply never happen if nothing is wrong. Vinay Prasad is highly respected.
11. See the news items in this article for more.

The most egregious evidence ever

1. In Alberta Canada, they are simply deleting the medical records of those injured from the vaccine.
2. Look at this video at 6:21. In 777 patients who got the vaccine, the curve is shifted to the right uniformly. Meaning, pretty much everyone is getting heart damage to some extent after taking the mRNA boosters. This is hard for anyone to explain away. Professor Christian Mueller, MD, the scientist who did the study, is an expert in cardiac disease.

Corruption at the CDC

1. The CDC has been collecting V-safe data since the start of the vaccine program. The data was very bad, so they hid the data from everyone, even their own outside committees. After over a year of legal work, that data has now been released and it is devastating.
2. The CDC is ignoring the safety signals triggered by key adverse events such as death. This is unambiguous because the data and formulas, both from the CDC, are in plain sight. A safety signal has been generated by the "death" symptom but the public has not been informed of this unprecedented event. There is no investigation and no press coverage. There are no "fact checks" and no comment from anyone at the CDC on this. This is corruption at the highest levels. This is the most critical safety signal to get right and they have completely missed it according to all the document obtained under FOIA. Furthermore, they refuse to comment.
3. Nobody at the CDC, or on any of the outside committees, is interested in taking a look at the Israeli Ministry of Health (MoH) safety data that was concealed by the MoH. Think I'm wrong? Name the person who wants to see the data.

The phase 3 clinical trial data

1. The Pfizer trial 6 month report showed absolutely no all-cause morbidity or mortality benefit. There were no *all-cause* benefits at all. It was all negative. Ask your doctor why you should take a new, unproven medical intervention that is not shown to have an *overall* benefit. Even if there was a benefit of fewer COVID infections (which is seriously suspect due to the gaming below), the fact that the total all-cause numbers for both mortality and morbidity were negative means the intervention should not be recommended by any doctor.

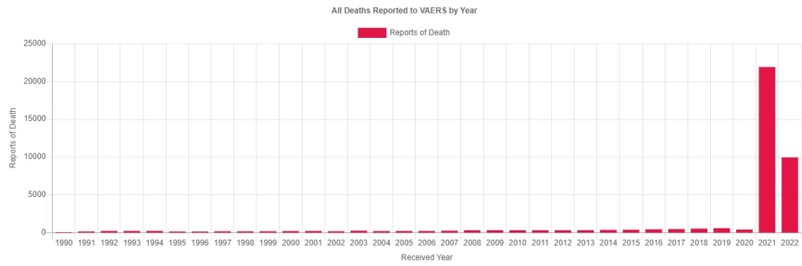
2. The Pfizer trial 6 month report showed that more people died (and were injured) who got the drug than who got the placebo. In other words, the cure was worse than the disease. The drug maker claimed that none of the people in the vaccine group were killed by the vaccine. They do not reveal the tests they did and explain how they were able to make that assessment. Why the secrecy here, especially in light of the study by Bhakdi and Burkhardt showing that trained medical examiners missed the causality link in 93% of the cases they looked at? The Pfizer vaccine had 4X as many cardiac arrests in the treatment group than the placebo (see page 12 of the Supplemental Appendix). This lines up very well with the numerous cardiac-related problems related to the vaccine as documented in the study by Retsef Levi and in the VAERS data which showed that the "cardiac arrest" reports were elevated by a factor of 93X higher than the annual baseline rate (VAERS reports from all vaccines combined in previous years). For some reason, the CDC wasn't able to detect that signal (it was only 100 times higher than normal so they ignored it for some reason; they won't let me ask them about it). In short, the claims from the manufacturer that none of the deaths were caused by the vaccine are highly suspect since all the evidence for those claims remains hidden from public view for some reason.
3. The Pfizer trial 6 month report showed that at best, the drug saved only 1 COVID life per 22,000 recipients. This means that at best, after vaccinating 220M Americans, we might save 10,000 lives from COVID. But the VAERS reports show an *excess* death toll of well over 10,000 people and that's before applying the minimum estimated under-reporting factor of 41. So there isn't a mortality benefit: it's actually the reverse. Furthermore, VAERS reports will likely only be filed for deaths in temporal proximity to the shot and is highly unlikely to report those deaths happening 5 months after the shot which appear to be the bulk of the deaths. This makes the comparison even worse. In short, we aren't anywhere close to saving any lives at all.
4. The Classen paper analyzed the clinical trial data for all three US vaccines and confirmed the lack of any overall benefit. There was an increase in morbidity which was highly statistically significant in all three vaccines. It concluded, "Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe." This is exactly right.
5. The paper by Christine Stabell Benn entitled, "Randomised Clinical Trials of COVID-19 Vaccines: Do Adenovirus-Vector Vaccines Have Beneficial Non-Specific Effects?" confirmed that there was no mortality benefit by taking the COVID mRNA vaccines. "Based on the RCTs with the longest possible follow-up, mRNA vaccines had no effect on overall mortality despite protecting against fatal COVID-19." See this article by Daniel Horowitz for more information. In other words, **these vaccines have no death benefit**. Period. Full stop. This is exactly what the Canadian analysis below showed.
6. Serious adverse reactions, including paralysis, were not reported to the FDA and there were other very serious discrepancies in the trials. For some reason, nobody seems to be interested in exploring or explaining these very serious issues. Some are very clear cut such as the case of Maddie de Garay who was one of 1,000 kids in the clinical trial. She's paralyzed now and has to eat with a feeding tube. The FDA and Pfizer never investigated, but reported her results as mild abdominal pain in the trial results. This is fraud. Also, there were 5 times as many exclusions in the treatment arm as in the placebo arm of the trial: 311 vs. 60. Do the p-value computation on that one and you'll find that it could not possibly have happened by chance (1e-40). It means the trial was not blinded. Why didn't anyone in the medical community ever point this out? Nobody will tell me.
7. Pfizer admitted to clinical trial fraud in federal court. Their defense was that the FDA was in on it.

Official government data

1. In Canada, the #1 cause of death is now "unexplained." See Deaths with unknown causes now Alberta's top killer: province. If it isn't the vaccine, what is causing this?
2. In the US, the FDA is withholding autopsy reports from people who died shortly

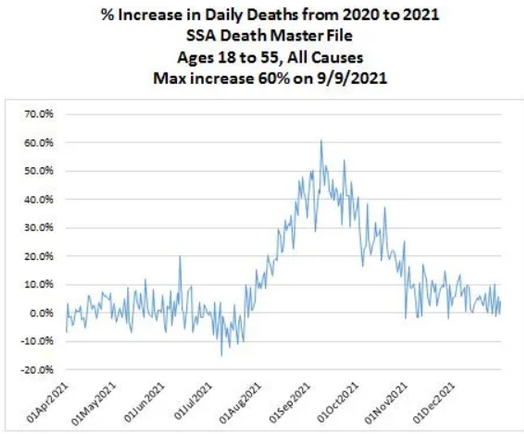
after vaccination. See "EXCLUSIVE: FDA Withholding Autopsy Results on People Who Died After Getting COVID-19 Vaccines." Why would the FDA withhold from the public conclusive proof that the vaccines are safe and effective? The mainstream press isn't asking about that. The article notes: "The FDA declined to release any reports, even redacted copies." You don't need anything more than that to figure out there is something very wrong.

3. There aren't any all-cause mortality studies vs. placebo on the COVID vaccine or any other vaccines for that matter. Why haven't any governments anywhere in the world funded any such studies in the past 60 years? There must be a reason. Do you know what it is?
4. The VAERS data, which is the official adverse event reporting system used by the US government, shows that an estimated **hundreds of thousands have died and millions have been injured**. If these weren't caused by the vaccine, what caused them? Why are there more adverse events reported for these vaccines than for all other vaccines in history combined? Nobody can answer that question. See this tutorial and this recent confirmation and this article on VAERS and causality. Here's how these numbers were calculated. Here is independent confirmation of the estimates by Dr. Naomi Wolf who used different datasets. No fact checker was interested in contacting me to challenge the facts since I always insist on recording any calls. Also, the causality of events was confirmed by the Israeli safety studies, but nobody wants to look at those.

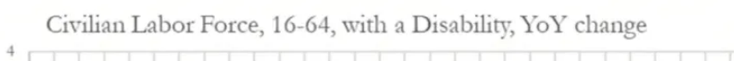


Can you spot the unsafe vaccine? People at the CDC don't see any problem with this mortality chart: all the vaccines look perfectly safe.

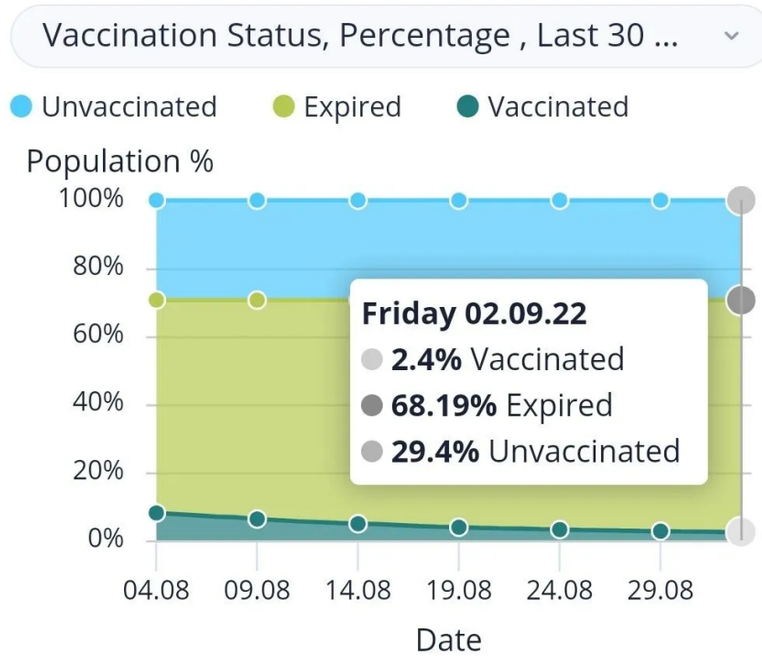
5. The US Social Security Death Master File showed a 60% increase in the all-cause death rate in September 2021 vs. September 2020 **for ages 18 to 55**. According to the insurance companies, it wasn't COVID. COVID kills only a small fraction of people in this age range so even if the COVID death rate doubled, it would be a minor blip on the all-cause death rate. A five month delay in death vs. vaccination was discovered in multiple countries, not just the US. Different studies found nearly identical delays. Also, I find it very troubling that the insurance companies aren't asking the family of the policyholders who died whether they were vaccinated with the COVID vaccine and when. They don't want to collect this information for some odd reason. So let's be clear that a 60% increase in all-cause death rate makes this intervention extremely dangerous. I'm not aware of anything that comes close to killing people in such massive numbers. The CDC is silent on this. They don't even want to show the public this chart:



6. US disability rose dramatically soon after the vaccines rolled out (Y axis is Z-score). A 3 sigma increase is hard to explain.



7. As of Sep 2, 2022, the vaccination rate in Israel is now just 2.4%. They used to be one of the world's most vaccinated countries. Today, very few people in Israel are considered to be vaccinated. If the vaccines are so beneficial, why has nearly the entire country shifted from extremely pro-vax to extremely anti-vax in such a short period of time?



Statements from government officials

1. The Israeli Ministry of Health revealed in a confidential meeting with scientists that the reason that they never notified the people of Israel about the safety issues from the vaccines was because of budget/staffing issues. Apparently, while they had millions of dollars to promote the vaccines as safe and effective, they forgot to budget for the possibility they were wrong.

Independent expert reports solicited by government officials

1. The Israeli vaccine safety data showed very clearly the side-effects are serious, long-lasting, and caused by the vaccines. Secondly, it showed that the Israeli authorities and the worldwide mainstream media are covering it all up. It also showed that US officials were not interested in seeing credible COVID vaccine safety that didn't go along with the narrative. I tried to find out why, but nobody would talk to me. Harvard Professor Martin Kulldorff, a widely respected authority on vaccines, when asked why these people wouldn't want to see the data, replied, "I don't know." This is the single most damaging report in the history of the COVID vaccines. Nobody wants to talk about it. They are hoping it will die. It won't. Some people claim Israeli used a broad mix of vaccines, but that's not true. Over 90% of the reports are from Pfizer, the bulk of the others are from Moderna. See also Israeli Investigators Find COVID-19 Vaccines Cause Side Effects: Leaked Video.
2. The Canadian report prepared for the Liberal Party of Canada (Trudeau's party) showed no benefit for infection, hospitalization, and death for those under 60. "The empirical evidence investigated in this report from PHO and PHAC **does not support** continuing mass vaccination programs, mandates, passports and

travel bans **for all age groups**." You can't have a vaccine that doesn't work in Canada work in other countries. The authors of the report had to hide their identities for fear of retribution. The statistics analyzed were those from Ontario which is not a small province (15M people). Naturally, the mainstream press ignored the report. Nobody has shown where the experts who wrote this made a mistake. The conclusion of the report is supported by independent analysis done by Mathew Crawford of the data from San Diego County, San Diego County Data Busts a Hole in Vaccine Efficacy Narrative. So apparently, the results are not limited to Ontario.

Pre-prints from highly credible sources

1. The Harvard-Hopkins-UCSF-Oxford study showed it is unethical to mandate vaccination for college students and anyone younger. The study clearly said, "**University booster mandates are unethical**."
2. The Thailand study did blood tests before vs. after the jab and determined that nearly 30% of young adults experienced cardiovascular injuries after the jab. How is that safe? And why didn't anyone in the US ever do such a study? Do we not want to know? This was a simple blood test before and after the vaccine. Why did they not notify parents as soon as the study was published?
3. The study by Bhakdi and Burkhardt showing 93% of deaths after vaccination were caused by the vaccine
4. The data showing the vaccines cause prion diseases shortly after vaccination. This is impossible if the vaccines are truly safe. See the paper on ScienceOpen.com (after ResearchGate removed it).
5. Determinants of COVID-19 Vaccine-Induced Myocarditis Requiring Hospitalization by Jessica Rose and Peter McCullough showing the myocarditis caused by the vaccine have distinct biomarkers.

Papers published in peer-reviewed medical journals

1. The Malhotra two papers called for a halt to the COVID vaccines based on a 6 month look at the risk-benefit data. See Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine (Part 1 and Part 2). See also the backstory on these papers.
2. A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19 proves that the vaccines cause both myocarditis and Encephalitis (brain inflammation). Vaccines aren't supposed to cause either one. And the CDC and medical community are supposed to warn people at a minimum. They remain silent.
3. The Fraiman-Doshi paper looked at serious adverse event rates and found that the vaccines may not be as safe as has been claimed, but they cannot do a proper analysis because they are not allowed to see the data. "Full transparency of the COVID-19 vaccine clinical trial data is needed to properly evaluate these questions. Unfortunately, as we approach 2 years after release of COVID-19 vaccines, participant level data remain inaccessible." You have to wonder: if the vaccine is so safe, why are the drug companies hiding the data?
4. The Levi cardiac arrest rate elevation paper showed a troubling correlation between vaccine doses and increased cardiac events from January–May 2021. When they tried to get data after May 2021, they were refused access. This begs the question: if the vaccines are perfectly safe, what are they trying to hide?
5. There are over 1,250 papers published in the scientific peer-reviewed literature showing the vaccines cause significant adverse events.
6. The Walach paper found that the vaccines harm more people than they save.

7. This news article published in the BMJ showed that 10 out of 100 deaths in elderly people they examined were "likely" caused by the vaccine. Funny, in America we think the number is 0. They can't both be right. Someone should investigate why we have different results. This is very important. In fact, with a deeper investigation, over 90% of the deaths thought by medical examiners not to be caused by the vaccine were shown to be caused by the vaccine. This suggests that the US isn't looking at the deaths.
8. My colleagues and I are not misinformation spreaders according to this paper published in a peer-reviewed medical journal.

Articles by respected vaccine experts interpreting the data

Are the Covid mRNA Vaccines Safe? was written by Harvard professor Martin Kulldorff who until recently was on vaccine committees of the FDA and CDC. He concluded:

> Fraiman and colleagues have produced the best evidence yet regarding the overall safety of the mRNA vaccines. The results are concerning. It is the responsibility of the manufacturers and FDA to ensure that benefits outweigh harms. They have failed to do so.

Articles on court rulings and expert opinion

Canadian court decisions on the constitutionality of Covid measures are invalid due to jurisdictional errors of law reviews court decisions on COVID and emphasizes the courts' repeated over reliance on government expert testimony. Courts are supposed to find the truth and not rely on government representations or propaganda.

Articles debunking bogus studies in the peer-reviewed scientific literature

1. The Watson et al. "modeling study": did "COVID vaccinations" really prevent 14 million deaths? The original paper was clearly bogus since the vaccines kill more people than they save. This article examines the paper claiming the vaccines have been ridiculously effective.

Autopsy reports

There are specialized tests required to diagnose a death from the COVID vaccine.

The CDC has never told any medical examiner in the US about these tests.

So the medical examiners aren't implicating the vaccine in any of the deaths.

The question is we know what the tests are, we know there is solid evidence from multiple countries that the vaccine causes death, yet we refuse to even consider the possibility that the vaccine caused the deaths. Why?

Retracted papers published in peer-reviewed journals

This paper, A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products, was retracted because the publisher didn't like the result. So he unilaterally decided to retract the paper. This is unethical.

Here's the "withdrawn" notice.

Here is the backstory as well as this censorship update.

The publisher hasn't fixed the problem in over a year despite assurances it would be quickly resolved.

Here is another retracted paper that was correct:

> **Why are we vaccinating children against COVID-19?** by Ron Kostoff
> "Compared with the 28,000 deaths the CDC stated were due to COVID-19 and not associated morbidities for the 65+ age range, the **inoculation-based deaths are an order-of-magnitude greater than the COVID-19 deaths**!"

That is basically what I found: the vaccines kill >10X more people than the number of COVID deaths that they save. The paper passed peer review and was published. The editor of the journal quit after he was overridden by the publisher on the retraction.

The reason cited for the retraction:

1. The use of key terminology, specifically the key terms "inoculation" and "vaccination" diverges from common use and are incorrect, indicating clear evidence of bias.
2. Publicly available data from the United States Center for Disease Control (U.S. CDC) were concluded by the external reviewers to be misinterpreted to make the erroneous conclusion that the vast majority of reported deaths due to COVID-19 are actually due to other comorbidities. Such an egregious misinterpretation and misrepresentation are unacceptable.

This is completely bogus for two reasons:

1. The editor could have easily normalized the terminology to eliminate any perceived "bias." They simply ask the author to do a quick search and replace.
2. The vast majority of COVID-19 deaths were in fact due to other comorbidities. For example, the New Mexico death records where COVID-19 was listed as the cause of death and 5 out 6 were not consistent with a COVID death. If anyone wants to challenge me on that, I have access to the death data. In Massachusetts, only 10% to 20% of the deaths listed as COVID were actually caused by COVID. Most people don't have access to the death data, but I do. So I wonder if the journal is interested in fixing their error?

Hard-to-explain anecdotes

Can anyone explain how these anecdotes are possible?

1. Why don't Dr. Paul Offit (FDA vaccine outside committee) and Professor Grace Lee (Chair, CDC vaccine outside committee) want to see the Israeli safety data? They are deliberately avoiding answering the question. Why?
2. There is data from over 1,000 vaccine injured people where 10% of the injured report 30 or more symptoms that are unique to the vaccine injured. How is that possible if the vaccine is so safe? Marsha Gee was perfectly healthy before her COVID vaccine. Less than 1 hour after her first Pfizer shot she experienced severe symptoms and experiences 78 of symptoms common with other vaccine injured. If Marsha wasn't injured by the COVID vaccine, what caused all these symptoms?
3. Why is it illegal to analyze the vaccine vials? Why hasn't a single medical institution done an analysis of the content of the vaccines to see if there are placebos with saline solution and the amount of mRNA degradation, rendering the vaccines useless? Why the secrecy here? If we knew what was in the vaccines would this cause harm? How?
4. Why are prominent people risking their careers to obtain fake vaccine cards? We know top people at Mass General Hospital have fake vaccine cards. We've heard that people at the highest levels of the DoD can get fake vaccine cards. It is well known that the CEO of a large pharmaceutical company bought a fake vaccine card. Why would he risk spending years in jail if the vaccines are perfectly safe?
5. The Died Suddenly group on Facebook was adding users at 20,000 per day making it the fastest growing group in Facebook history. They had to throttle the growth rate due to attempts by the British military to infiltrate the group to cause it to be shut down.
6. The average age of the people reported dead in the Died Suddenly group has been trending younger and younger over time. How can you explain that? The only worldwide massive intervention that goes to younger people is the COVID vaccine.
7. The embalmer data (such as The Epoch Times article and this interview). These clots are not blood clots, but they are clots embalmers never saw before mid-2021 (since they take 3 months or more to form into large sizes). If the vaccines are not causing these killer clots, what is? They can be found in up to 93% of the embalming cases.
8. Insurance company data from insurance companies worldwide:
    a. Adults Aged 35–44 Died at Twice the Expected Rate Last Summer, Life Insurance Data Suggests

b. Millennials Experienced '84 Percent Rise of Excess Mortality' Into Fall 2021: Former BlackRock Portfolio Manager

9. Wayne Root's wedding: 200 guests, half vaxxed, half unvaxxed. Only the vaxxed got injured (26%) or died (7%). I surveyed my readers and collected data from over 600 readers who collectively reported very similar stats. That's hard to explain if there isn't a huge effect.
10. My neurologist stats: 11 years without needing to do a single VAERS report; this year, she needs to file 1,000 VAERS reports on 20,000 patients in the practice. How can anyone explain that if the vaccine is perfectly safe with mild, short term effects? This is similar to the 4.5% rate of neurological injury reported earlier by the Israeli Ministry of Health.
11. The polling results using third party polling firms (so not my followers) consistently show that more people died from the vaccine than from the virus. The mainstream media refuses to do similar surveys and most survey firms refuse to even ask the questions.
12. Ten different surveys I did all showed the vaccines are more harmful than helpful.
13. Doctors in Canada died at a rate that was more than 10X normal after getting the fourth dose of the vaccine. And those are just the ones we know about.
14. The fact that Paul Offit isn't going to get the latest booster even though the CDC says he should. Why should any of us take the shot if Paul Offit is refusing to take the shot? He's arguably the world's most respected authority on vaccines and sits on the FDA outside advisory committee?
15. Why are health authorities removing safety data on the latest shots? If they are so safe, why not release the data?
16. Google searches show people became interested in topics related to vaccine safety before they became popular on social media
17. When I ask data/statistics experts such as Joel Smalley and Professor Norman Fenton whether they've seen any credible data proving the vaccines are safe and effective, they are unable to cite a single reference.
18. A local news station (WXYZ-TV) asked people to report on unvaxxed loved ones that became sick and died and instead they got hammered with hundreds of thousands of people saying they lost loved ones to the jab. See my video on the WXYZ-TV story and also this video.
19. Woman collapses and dies in the pharmacy 7 minutes after Booster shot… The stunning thing is the Twitter video documents that the pharmacy workers have been instructed to not bring it up when briefing patients and, if asked, not to comment on the death. Do you think they are looking out for your best interest by withholding adverse events like death 7 minutes after the shot from the public? That should never happen. Have you ever seen a video like this before the COVID vaccines rolled out? The death was ruled as "natural causes" which means it was from internal organ failure as opposed to being hit by a truck. However, the internal organ failure was due to an external event (vaccinated).
20. From Jim R: I was just today discharged from the most prestigious academic teaching hospital in the South. I had gone in to the ER yesterday morning because I was so dizzy that I could barely stand (I'm a health 62 in good shape; BMI: 24). I am also a few weeks post-concussion, so I was worried about a cranial bleed.
    Long story short: I was held overnight so that they could do an MRI/MRA w/contrast this morning. That showed no TIA bleeding, which was great news. Apparently, the concussion has done some damage to my Vestibular functions (inner ear). I was then discharged after lunch, told to live life slowly and carefully, and instructed to follow up with a neuro-balance therapy group. Now for the interesting part…
    I asked for all of my data files and paperwork, as I always do. As I went through the exhaustive four pages of MRI interpretation, I noticed a paragraph at the bottom of page five titled: HS Troponin - I Beckman with an excellent result (4 ng/L w/ reference range of 3-19). That's curious! So, I asked the nurse "Why did you run this test?" She responded that it is often run for potential stroke patients, which, upon reflection, I could understand.
    I went a bit further and asked how frequently it is tested in the general population, and that's when I got the fascinating answer to the real (vaxx) question. She said "Just this year we have started running Troponin on almost everybody, even a guy that comes into the ER with a cut on his finger". I asked why the new protocol, and she didn't have an answer, but she did close by saying "**We sure are seeing a lot of elevated levels in so many people**". Wow, I thought. You've just given a hard-core mRNA skeptic like me a gold nugget.
Jim R.
Atlanta

Cancers

1. Turbo-cancer is being reported now. It's impossible to explain. Never been seen before.
2. A reader wrote: I work in the financial services industry in Toronto. A co-worker of mine was recently diagnosed with cancer. He has been getting treated at Sunnybrook hospital for it. The doctors there told him they've seen a significant spike in cancer cases well above what could be explained by people missing getting screened due to the pandemic. What's more though is that they catalogue the vaccine status of every cancer diagnosis and t**he spike in the number of cases is only occurring in those who are vaccinated**- apparently they are researching it to try and find out why the vaxed have seen a spike in cancers vs the unvaxed who haven't- obviously they are not ready to go public with this but they know about it and are researching it fwiw

Books

1. Turtles all the way down: Vaccine science and myth shows the vaccines are not nearly as safe as people think. This is the most damaging book ever written showing the safety of the vaccines is highly questionable. There isn't a single risk-benefit trial on all cause mortality and morbidity vs. placebo for any of the 70 approved vaccines even though they've had 60 years to do this. If the vaccines are truly beneficial, why do you think it's never been done for any vaccine? A team of Israeli scientists wrote this book over 5 years. It was recently translated into English and is available through purchase on Amazon.
2. Dissolving Illusions: the history of vaccines shows they did a lot less than people think; probably next to nothing.
3. The Real Anthony Fauci: illustrates the corruption in the medical community today. For example, they created a more accurate adverse event reporting system (ESP:VAERS) system and then scrapped it after it showed all the vaccines were unsafe.

Slide presentations

1. Vaccine Secrets: a 20 minute slide presentation from CHD
2. The CCCA presentations:
   a. Stop the shots,
   b. More Harm Than Good
   c. Dispelling the Myth
3. My mega-presentations:
   a. What I learned during the pandemic
   b. The elephant in the room
   c. Vaccine Policies
   d. Vaccine Essentials
   e. All you need to know
   f. Things you need to know
   g. 180 questions they can't answer

Fact checks

Once I established a policy of always recording calls with "fact checkers," I've not had a single call from them trying to refute anything I've written.

None of the drug companies that make these products will refute anything I've written or supply a representative to debate me or any of my colleagues in a live debate. They have immunity from liability and they are not willing to be held accountable in the court of public opinion either.

1. The COVID lies by Dr. Michael Yeadon

Mitigation measures: masks, vaccines, lockdowns, social distancing, 6 foot rule, ...

This was a very well done study, but it is of course attacked by the pro narrative people. We'd love to have an open debate about this study, but the other side doesn't want to talk about it in a neutral forum.

A LITERATURE REVIEW AND META-ANALYSIS OF THE EFFECTS OF LOCKDOWNS ON COVID-19 MORTALITY

Masks don't work at all. See this article which has plenty of references. If anything, masks are more likely to hurt you than to benefit you.

There is no study at all on the 6 foot distance rule. They just made that one up.

Origin of the virus investigation

Professor Jeffrey Sachs was tasked by *The Lancet* to lead an independent investigation into the source of the SARS-CoV-2 virus. After he determined it came from US biotechnology, all of a sudden nobody wanted to pursue the investigation any further.

Conflicts of interest

Tony Fauci gets paid every time you get a Moderna shot. He won't disclose how much he makes and you can't get via FOIA (it's blacked out). If the Republicans get control of the Senate, that will change. Watch this video from Sept 20, 2022 of Rand Paul commenting on this as well as the well founded accusation that Fauci created the virus in the first place and then desperately tried to make it look like it came from nature after top scientists said it was a lab leak (watch the video at 2:00 onwards). Rand Paul called it, quite rightly, "the biggest cover-up in the history of science."

The question you have to ask yourself is why is Fauci keeping his funding of the gain of function research and also his compensation for each vaccine dose a secret?

Tony Fauci was the primary reason that all early treatments were ignored by the government. It appears he did that because it would cut into his revenue stream.

Early treatment options

Early in the pandemic, two physicians, George Fareed and Brian Tyson, developed a treatment protocol using a variety of safe, low cost drugs and supplements with little to no side effects that had a near 100% success track record in preventing hospitalization, death, and long haul COVID if the patient started treatment shortly after realizing they were infected. They've treated over 10,000 patients. They wrote a best-selling book about it.

Today, more than two years later, the FDA and the CDC have not returned their calls.

Questions for lawmakers

1. Why can't we have open forums where our public health officials can be challenged by experts who disagree? Is there proof that having open debate results in worse outcomes?
2. Why doesn't anyone want to see the Israeli safety data?
3. Why isn't anyone asking for Fauci's unredacted emails?
4. Is there a scientific reason that the CDC is ignoring me and all the experts I work with?
5. Questions I'd love to ask Congresswoman Anna Eshoo... that she'll never answer

Questions I'd like to ask the CDC

1. Why hasn't anyone calculated the minimum VAERS under-reporting factor (URF)?
2. Did the propensity to report change in 2021 vs. previous years. What is the new number in 2021 and 2022 compared to previous years? How did you calculate it?
3. Why do John Su and Tom Shimabukuro never talk about the URF in the ACIP meetings?
4. There were over 14,000 excess deaths reported in VAERS. That's before the URF is applied. If these weren't caused by the vaccine, what caused them?
5. If these vaccines are so safe, why are there more adverse events reported for these vaccines than for all other vaccines in history combined?
6. I found thousands of adverse events that are elevated by these vaccines compared to all other vaccines combined in previous years. How many adverse events did the CDC find?
7. There was a dramatic rise in adverse events reported in the VAERS system for the COVID vaccines. How could this not be a serious safety concern? The propensity to report did not increase. If you believe the propensity to report did increase, what data do you have to support that?
8. My neurologist has been in practice for 11 years. She has 20,000 patients in her multi-physician practice. In that time, she's never had to report a single event to VAERS. With the COVID vaccines, she now needs to make 1,000 reports. If the vaccines are safe and effective and most all the symptoms are mild and short term, how do you explain this? Her event rate similar to the 4.5% injury rate that the Israeli MoH found. So her reporting rate is more than 10,000 times higher than for any other vaccine. Couldn't that be the explanation for the higher rate of VAERS reports? Doesn't this suggest that the propensity to report is much lower this year because there are so many more events and doctors simply don't have the time to report them all?
9. The NEJM pregnancy paper by Tom Shimabukuro noted that the results on safety for pregnant women was preliminary since many of the women were still pregnant. What was the final result and why wasn't it published?
10. There was an analysis of the VAERS data by Hannah Rosenblum published in the Lancet. It never goes into explaining why there were elevated reporting rates and also the nature of the reported events are not normal background events. Couldn't the elevated reporting rates be caused by a dangerous vaccine? Does she

want to look at the Israeli safety data? If not, why not? The Israeli data directly contradicts the conclusion of the paper. Shouldn't we figure out which conclusion is correct?

11. Why does Carol Crawford not answer my questions about an open discussion with the top vaccine misinformation spreaders to resolve our differences and reduce vaccine hesitancy?
12. Why does Martha Sharan ignore my emails and phone messages when I attempted to ask for permission to talk to the authors of the Rosenblum paper? Can't she reply with the reason questions are not allowed?

The unanswered questions

Questions I'd love to get the answer to. These were asked, but never answered.

1. Why did the CDC never publish the follow up on the NEJM pregnancy paper by Tom Shimabukuro?
2. The CEO of Moderna was asked how the 19 nucleotide sequence from a Moderna patent got into the SARS-CoV-2 genome. That sequence is never found in a virus. How did it get in this one? The CEO said he'd look into it, but never reported the explanation. I'd love to know what it was.
3. Why hasn't any Democratic committee chairman asked the NIH for Tony Fauci's unredacted emails? Don't we want to know the truth about whether there was a deliberate cover-up? If there was, shouldn't Fauci be fired?
4. Fauci wasn't supposed to be funding gain of function research but he was. How is he being held accountable?
5. How much is Fauci making every time someone gets a Moderna shot? He's a public official… Why is this a secret?

Debates

People who disagree with the mainstream narrative are rewarded with censorship, permanent bans on posting on social media, demonetization of your YouTube account, revocation of your medical license, revocation of your medical certifications, loss of hospital privileges, loss of job, loss of funding, loss of friends, and a Wikipedia entry labeling you a "misinformation spreader" and/or "conspiracy theorist."

This is a problem. I am not aware of any paper published in the medical literature that shows that such tactics result in better health decisions.

Should we use the same rules at the UN when nations disagree? Do you think that will result in better outcomes?

The way people resolve differences is by confronting the issues and talking through them. But we are not doing this:

1. Why can't we find anyone who will defend the CDC, FDA, and NIH on camera?
2. Dr. Byram Bridle and 2 colleagues challenged Canada's health authorities to a debate
3. Vinay Prasad's most important op-ed

Articles about the corruption of science

1. The head of the CDC's outside committee on vaccine safety does not want to see the safety data collected by the Israeli Ministry of Health.

This is objective proof of a broken system. It is indefensible. Caught on video camera. There is no reason that anyone in a position of authority on the COVID vaccines would refuse an opportunity to see the most thorough post-vaccine safety study ever done: one that shows causality of serious adverse events.

From Israeli Investigators Find COVID-19 Vaccines Cause Side Effects: Leaked Video:

> Rechallenge changes a causal link "from possible to definitive," Dr. Mati Berkovitch, head of the research team and a pediatric specialist, said at the meeting.

and

> Many of the reported adverse events were found to be long-lasting, which researchers said in the meeting **was surprising since the brochure handed to vaccine recipients says otherwise**. They also said **Pfizer officials told them that Pfizer did not know of any long-lasting symptoms**.

and

> In the official report later issued to the public, the MoH did not detail how researchers were caught off guard by the duration of the events and side effects. The **health agency also stated that there were no new events identified**.

It concludes:

> The choice to omit some of the crucial findings discussed in the meeting from the public report is "a recipe to destroy" the entire vaccine program, according to Levi, an Israeli native and an expert in risk management.
>
> "The more pro-vaccine, the more disturbed you need to be from something like this," Levi told The Epoch Times. "And the reason is that the two most important enablers for vaccine programs … to be successful is trust and transparency, that you actually communicate to people the real risk-benefits and allow them to make choices about what they want to do. The second thing is that you take care of the people that were harmed by the vaccine because no vaccine has 100 percent safety."
>
> "I think we have in this example … where we violate these two very important principles," he added. "**This is a recipe to basically destroy all vaccine programs, so the more pro-vaccine you are, you should be more disturbed by this**."

How can you have the chair of a safety committee not interested in seeing important safety data? Professor Grace Lee should be removed from her position by the CDC. Why isn't she? Does anyone care?

Why does Dr. Paul Offit ignore requests to see the same data?

According to the Epoch Times article, **everyone declined to comment on the story**: the scientists, the MOH officials, and the CDC's Immunization Safety Office declined to comment on the Israeli findings.

Meta-collections

If the above isn't enough, there are hundreds more "hard to explain" data points.

1. List of over 1,200 papers published in peer-reviewed scientific journals
2. The safe and effective narrative is falling apart
3. Think we got it wrong?
4. How the authorities can INSTANTLY stop the spread of "COVID misinformation"
5. Examining COVID Vaccine Efficacy

Using all the available evidence

There is an excellent article written in August 2020 by Norman Doidge entitled "Medicine's Fundamentalists" which talks about the "*all-available-evidence approach*." It should be read by every doctor in America. This is how medical science should work.

The precautionary principle of medicine

The precautionary principle medicine seems to have been thrown under the bus during the pandemic. It says in the face of uncertainty, one should take reasonable measures to avoid threats that are serious and plausible.

For example, the Pfizer clinical trial showed the vaccine saved only one COVID death per 22,000 injected. That means we might only save around 10,000 lives if we inject 200M Americans. So if VAERS, which is at least 41 times under reported, is showing over 12,000 deaths associated with the vaccine, any reasonable person should say that killing more than 41 people to save 1 life is nonsensical… shouldn't we put a PAUSE on this intervention until we resolve the uncertainty?

In the current system, questioning the CDC or other authorities results in serious retribution as mentioned earlier.

Is that really the right way to handle scientific dissent?

Summary

Are the vaccines "safe and effective" as claimed?

To answer this, science requires that we look at all the available data and see whether the data is more consistent with the hypothesis of "safe and effective" or "not safe and effective."

All the data that I and my colleagues have seen end up being placed in the "not" bucket.

We are open to being shown we got it wrong on the hundreds of pieces of evidence we have examined, but nobody is willing to discuss the data with us to resolve the issue, not even for $1M dollars.

I even went to extraordinary lengths to offer the Israeli safety data to ACIP Chair Grace Lee. Her response: she called the police on me. That pretty much tells you everything you need to know: they simply refuse to look at any data that goes against their currently held beliefs. That's the way science works.

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Write a comment...

Steve Kirsch Sep 21 · *edited Sep 21* Pinned

Should have fixed typos before pushing email. All fixed in the online version. Sorry about that.

also, a lot of complaints about the term vaccine. The medical literature doesn't refer to them as bio-weapons or clot shots. If we are to reach the blue pilled audience, especially doctors, it's important to use language they will not immediately reject and stop reading.

157 Reply Collapse •••

95 replies

Lisa Sullivan 18 hr ago

Steve, you should go back on Twitter and tweet this to as many people as you can, specifically, in both the regulatory agencies, and the medical field‼️

Reply Collapse •••

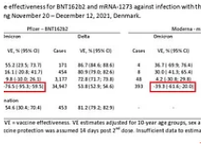
628 more comments...

Top New Community

Bhakdi/Burkhardt pathology results show 93% of people who died after being vaccinated were killed by the vaccine

The vaccine was implicated in 93% of the deaths in the patients they examined. What's troubling is the coroner didn't implicate the vaccine in any of...

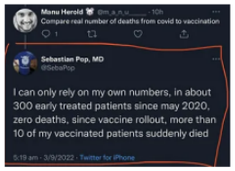
STEVE KIRSCH DEC 28, 2021 1,844 1,288



New studies show that the COVID vaccines damage your immune system, likely permanently

The vaccines are making it more likely you'll be infected with Omicron 90 days after you are fully vaccinated. To keep vaccine effectiveness high...

STEVE KIRSCH DEC 24, 2021 1,378 817



The "safe and effective" narrative is falling apart

Here is my list of over 50 leading indicators that the momentum is moving in our favor. I'd be surprised if the narrative doesn't fall apart soon. It's...

STEVE KIRSCH JUL 7 1,986 1,703

Unprecedented: Deaths in Indiana for ages 18-64 are up 40%

This is huge. Something is killing healthy people at an unprecedented rate. It isn't COVID. Could it be the "safe and effective" COVID vaccine? I think...

STEVE KIRSCH JAN 3 1,424 1,216

New big data study of 145 countries show COVID vaccines makes things worse (cases and deaths)

I missed this study. So did the mainstream media for some reason. But this study is yet another independent analysis that is difficult to refute: we...

STEVE KIRSCH JAN 8 1,031 628

Exclusive: Proof that Israel found serious safety problems with the COVID vaccines then deliberately covered it up

Israel didn't start to gather safety data until a year into the vaccine program. They gathered 6 months worth of data and found that the vaccines...

STEVE KIRSCH SEP 2 1,373 1,529

Will physicians EVER speak out?

Or will they continue to shrug their shoulders and refuse to look at the data showing that these vaccines are the biggest scandal in medical history?

STEVE KIRSCH JUL 22 1,367 2,230

Why doctors aren't speaking out

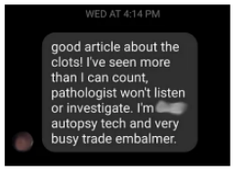
Written by a doctor. Everyone should read this. We are headed for a perfect storm with escalating health needs and a shortage of doctors because of how...

STEVE KIRSCH SEP 9 2,591 2,143

New UK government data shows the COVID vaccines kill more people than they save

I've been asking everyone: Show me the all-cause mortality data proving the vaccines are safe. I finally got some data. It's from the UK government and...

STEVE KIRSCH MAY 5 1,067 809



Fourteen young Canadian docs die after getting the shot. This is not normal.

This is a list of just the docs my doctor friend in Canada heard about passively. In the past 30 years, he's never heard of a single death like this...

STEVE KIRSCH AUG 6 933 1,091

See all ›

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