

A few questions you need to answer **immediately**

Steve Kirsch

Executive Director

COVID-19 Early Treatment Fund


stk@treatearly.org

Oct 26, 2021

Why are kids dropping like flies after getting vaccinated?


All these deaths are “unexplained.”

Sunday 6:14 AM



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

Sunday 7:49 AM



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

4 now

These coincidences should all go in your next slide deck




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



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

Ontario is on a roll

Wednesday 7:37 AM



Sean Hartman: 17-Year-Old Boy Dies Shortly After Receiving The COVID-19 Vaccine
thecovidworld.com

University of Ottawa: vaccination compulsory; 1st shot at latest August 1 - https://montrealgazette.com/sports/football/tragedy-for-gee-gees-defensive-lineman-francis-perron-dies-after-game-in-toronto/wcm/d651a2c4-c3d5-4454-ad60-099c36811f53?utm_term=Autofeed&utm_medium=Social&utm_source=Twitter#Echobox=1632096217
Sun 8:43pm

AT&T LTE 7:53 AM 77%
dailynorthwestern.com




Photo courtesy of Simone Scott's Instagram

Jacob Fulton and Yunkyo Kim
June 12, 2021

Medill freshman Simone Scott died Friday morning following a heart transplant, Vice President for Student Affairs, Julie Payne-Kirchmeyer announced Saturday in a message to the community.

Scott's message to Northwestern from Macomb

"inexplicably taken away" -



How can a
healthy
16-year-old boy
die in the middle
of his zoom
math class?



[livesitenews.com](https://www.livesitenews.com)

Healthy 16-year-old boy dies during online class
after second Pfizer jab: VAERS database - ...

The doctors found nothing.

What did the CDC find?

VAERS ID: 1466009 ●

ONSET: 27 days AGE: 16 SEX: M

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

[READ FULL REPORT >](#)

VACCINE TYPE(S): COVID19

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

SYMPTOM(S): AUTOPSY, DEATH

Why did this 15 year-old die in his sleep?

just 2 days after getting vaccinated

VAERS ID: 1382906

Sonoma County Sheriff's Office
Mark Essick, Sheriff-Coroner
Coroner Investigations Unit
3336 Chanate Road, Santa Rosa, CA 95404
(707) 565-5070



DEATH INVESTIGATION SYNOPSIS REPORT

CORONER CASE #
21-0000670

INCIDENT INFORMATION

LAW ENFORCEMENT AGENCY WITH JURISDICTION: Santa Rosa Police Department		REPRESENTATIVE TITLE AND NAME: Officer Jose Andrade #568	AGENCY CR # <input type="checkbox"/> N/A 21-0006115
MANNER OF DEATH: Undetermined	DATE/TIME RECEIVED: 06/07/2021 14:35		

DECEDENT INFORMATION

DECEDENT'S NAME (FIRST, MIDDLE, LAST): [REDACTED]	AGE: 15 yrs
--	-----------------------

DEATH INFORMATION

(PLACE OF DEATH) (Facility Name or Address Location): [REDACTED]	DATE OF DEATH: 06/07/2021 [Found]	TIME OF DEATH: 14:04 [Found]
---	---	--

SYNOPSIS

The decedent was found unresponsive in his bedroom after his mother was checking on his welfare long after he was supposed to wake in the morning. The decedent was pronounced dead at the scene due to obvious death. The decedent had been in good health with no medical history and had received his second Pfizer COVID-19 Vaccination approximately two days before his death.

The decedent's body was transported to the Sonoma County Morgue Facility, where he was registered for a postmortem examination by a forensic pathologist.

After extensive research, additional testing, and collaboration with numerous other entities, the cause of death was determined to be: **"STRESS CARDIOMYOPATHY WITH PERIVASCULAR CORONARY ARTERY INFLAMMATION (hours to days), due to, UNKNOWN ETIOLOGY IN SETTING OF RECENT PFIZER-BIONTECH COVID-19 VACCINATION (days)."** There were no other significant conditions contributing to the death listed.

Since the etiology of the stress cardiomyopathy with perivascular coronary artery inflammation was unknown but was in the setting of a recent Pfizer-Biontech Covid-19 vaccination, I mannered this death as **"UNDETERMINED,"** which was consistent with the circumstances and cause.

How did you miss all these safety signals?

Doesn't this explain the deaths?

Symptom	X factor
Pulmonary embolism	570
Thrombosis	360
Myocarditis	118
Ischaemic stroke	80
Deep vein thrombosis	72
Cardiac arrest	65
Aphasia	42
Blindness	32
Death	29
Haemorrhage intracranial	20

Increased VAERS reporting rate in 15-24 year olds vs. avg rate over 5 years computed from VAERS data on Oct 22, 2021 by Steve Kirsch

If the vaccines are so safe, how come Taiwan officially admits that the vaccines kill more people than the virus?



Anabel V. @Anabel_Villero · 27m

Replying to @stkirsch

The CDC is conveniently trying to hide vaccine-induced mortality data. Taiwan is not.



Anabel V. @Anabel_Villero · 49m

More die after 📄 in Taiwan than from C19 itself.

Looks like Taiwan is recording vaccine deaths properly – unlike the US where you are not considered vaccinated until 14 days post-inoculation.

A convenient way for the CDC to hide vaccine-induced mortality data.



Do you find this
recent UK
headline
troubling?



Children are up to 16 times more likely to die with Covid-19 if they've had the Covid Vaccine according to latest UK Health Security Agency report

by [Daily Exposé](#)

The latest report from the UK Health Security Agency shows that the Chief Medical Officer (CMO) for England's decision to recommend all children over the age of 12 should be vaccinated against Covid-19 was a huge mistake because the data shows children are 16 times more likely to die with Covid-19 if they have been [...]

[Read more of this post](#)

Source:

<https://theexpose.uk/2021/10/22/children-up-to-16-times-more-likely-to-die-with-covid-19-if-vaccinated/>

How are **Germany and Norway** both able to determine causality in sample sizes of 100 or less, but the **CDC can't determine causality** in over 16,000 deaths it has investigated?!?



The screenshot shows the top of a website page. On the left, there is a hamburger menu icon followed by the word "MENU" and a magnifying glass search icon. In the center, the logo for "POLITIFACT" is displayed in blue and red, with a yellow checkmark over the letter 'O'. Below the logo, it says "The Poynter Institute". On the right side, there is a red rectangular button with the word "Donate" in white. The main content area below the header contains two paragraphs of text.

☰ MENU 🔍

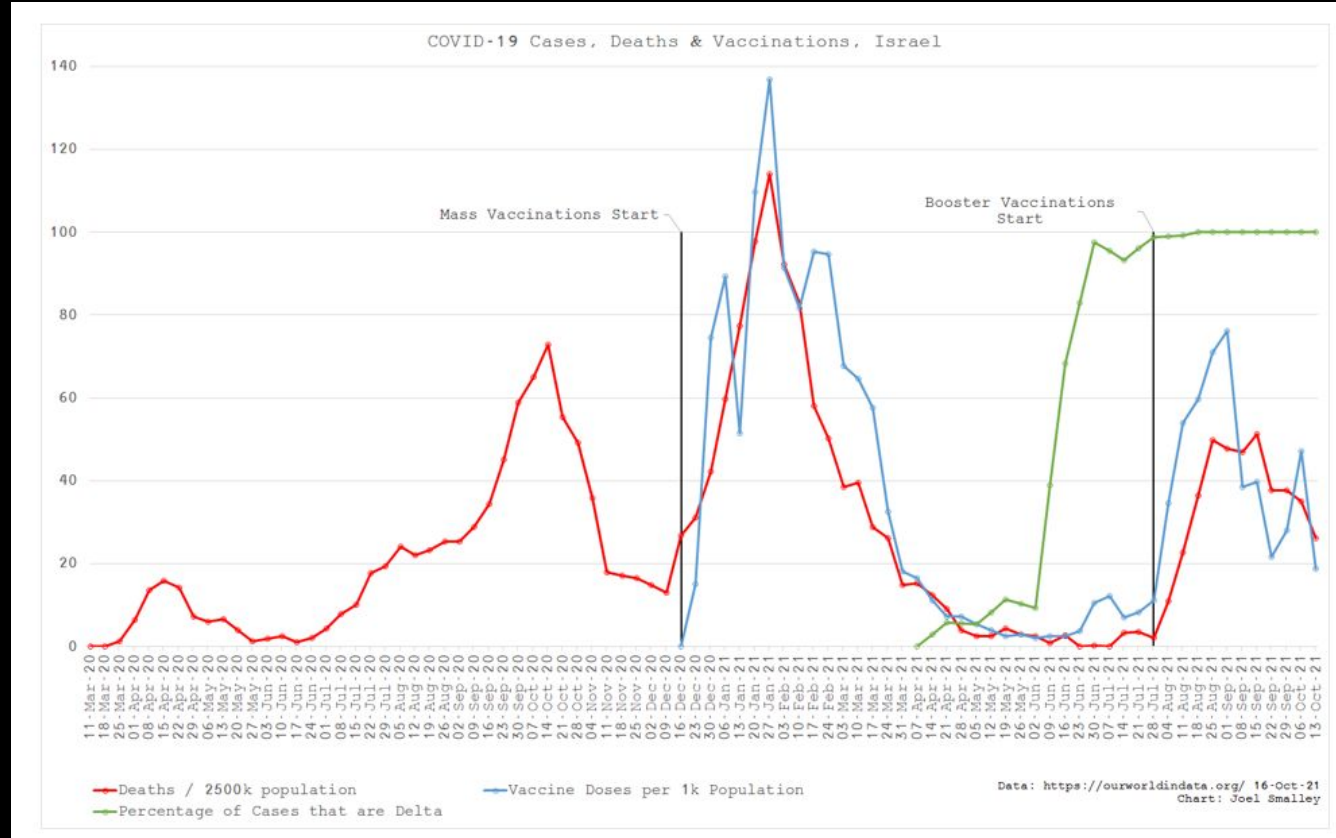
POLITIFACT
The Poynter Institute

[Donate](#)

The CDC has not reported a death rate for children who have received a COVID-19 vaccine as higher than the rate of death for children who are infected by the virus.

In fact, the agency also says there is no clear evidence that any of the three COVID-19 vaccines used in the United States have caused any deaths.

How come deaths in Israel **go up** when vaccinations go up? And **go down** when vaccinations go down?



What is the **VAERS**
underreporting factor
(**URF**)?

How can you do a **risk**
benefit analysis if you
don't know the **URF**?

URF?

Using a URF of 41
(calculated using the
CDC methodology),
we find over 300,000
excess deaths in
VAERS.

300,000

Excess deaths

**If the vaccine didn't
kill them, what did?**

Is there a **stopping**
condition?

How many Americans
have to die before you
pull the plug?



Why are there no autopsies for deaths after vaccination?

Schirmacher, one of the world's top pathologists, found that at least 30% to 40% of the deaths that happened within 2 weeks after COVID vaccination were caused by the vaccine.

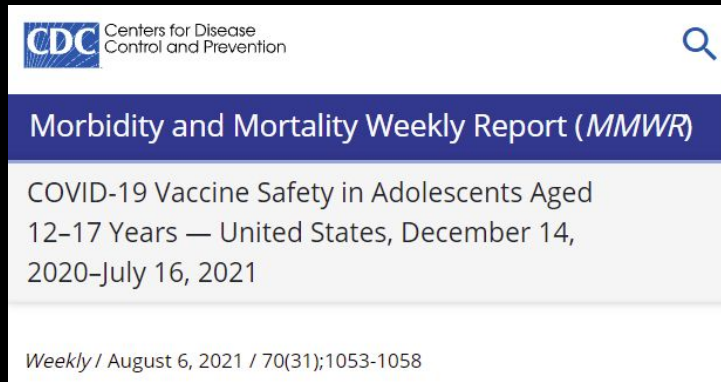
August 1, 2021, 9:53 a.m. Science - Heidelberg

Chief pathologist insists on more autopsies of vaccinated people



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

Why didn't the highly unusual causes of deaths in these kids raise any red flags?



The screenshot shows the top portion of a CDC MMWR report. At the top left is the CDC logo and the text 'Centers for Disease Control and Prevention'. At the top right is a magnifying glass icon. Below this is a dark blue header bar with the text 'Morbidity and Mortality Weekly Report (MMWR)'. Underneath is a white box containing the title 'COVID-19 Vaccine Safety in Adolescents Aged 12–17 Years — United States, December 14, 2020–July 16, 2021'. At the bottom of the white box is the text 'Weekly / August 6, 2021 / 70(31);1053-1058'.

CDC reviewed 14 reports of death after vaccination. Among the decedents, four were aged 12–15 years and 10 were aged 16–17 years. All death reports were reviewed by CDC physicians; impressions regarding cause of death were pulmonary embolism (two), suicide (two), intracranial hemorrhage (two), heart failure (one), hemophagocytic lymphohistiocytosis and disseminated *Mycobacterium chelonae* infection (one), and unknown or pending further records (six).

How many months do troponin levels stay elevated for after vaccination?

(super-high post-vax levels can be sustained for months; this is unprecedented)

Alkaline phosphatase (U/L)	07	00
Troponin I (ng/mL) on presentation	6.140 (reference 0-0.30 ng/mL)	27.0 (reference 0.012-0.120 ng/mL)
Other Labs		
Peak Troponin I	10,453 (high sensitivity assay, reference ≤ 17 ng/L)	44.30 (reference 0.012-0.120 ng/mL)

614X normal in 45 year old woman

Over 120,000
comments have
been posted
against the
vaccines in kids.

Did you find any
in favor?

The screenshot shows a public docket notice from the Food and Drug Administration (FDA) dated October 12, 2021. The notice is titled "Vaccines and Related Biological Products Advisory Committee Meeting; Request for Comments" and is posted by the FDA. It features a "Comment" button and a "Share" button. Below the notice, there are two tabs: "Document Details" and "Browse Comments" (with a "1.4K" badge). Under "Document Details", there is a "Document ID" field with the value "FDA-2021-N-1088-0001" and a "Comments Received" field with the value "120,453". The "Comments Received" field is highlighted with a red box. Below the "Comments Received" field, there is a note: "This count refers to the total comment/submissions received on this document, as of 11:59 PM yesterday. For a".

NOTICE

Vaccines and Related Biological Products Advisory Committee Meeting; Request for Comments

Posted by the Food and Drug Administration on Oct 12, 2021

[Comment](#) [Share](#)

[Document Details](#) [Browse Comments](#) 1.4K

Document ID
FDA-2021-N-1088-0001

Comments Received
120,453

This count refers to the total comment/submissions received on this document, as of 11:59 PM yesterday. For a

Content

Action
Notice; establishment of a public docket

Summary
The Food and Drug Administration (FDA) is holding a public docket for the Vaccines and Related Biological Products Advisory Committee Meeting. The meeting will be held on October 13, 2021, at 10:00 AM EDT. The meeting will be held via teleconference. The meeting will be open to the public. The meeting will be held in a virtual format. The meeting will be held in a virtual format. The meeting will be held in a virtual format.

Did you ever read the Kostoff paper?

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

(it's **even worse if you are younger**)

Source: [Why are we vaccinating children against COVID-19?](#), Kostoff



Toxicology Reports
Volume 8, 2021, Pages 1665-1684



Why are we vaccinating children against COVID-19?

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

Show more ▾

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<https://doi.org/10.1016/j.toxrep.2021.08.010> Get rights and content
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Highlights

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

Why was this paper removed over the objections of the Editor?



TEMPORARY REMOVAL: A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products

Jessica Rose PhD, MSc, BSc ¹ , Peter A. McCullough MD, MPH ²

Show more

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<https://doi.org/10.1016/j.cpcardiol.2021.101011>

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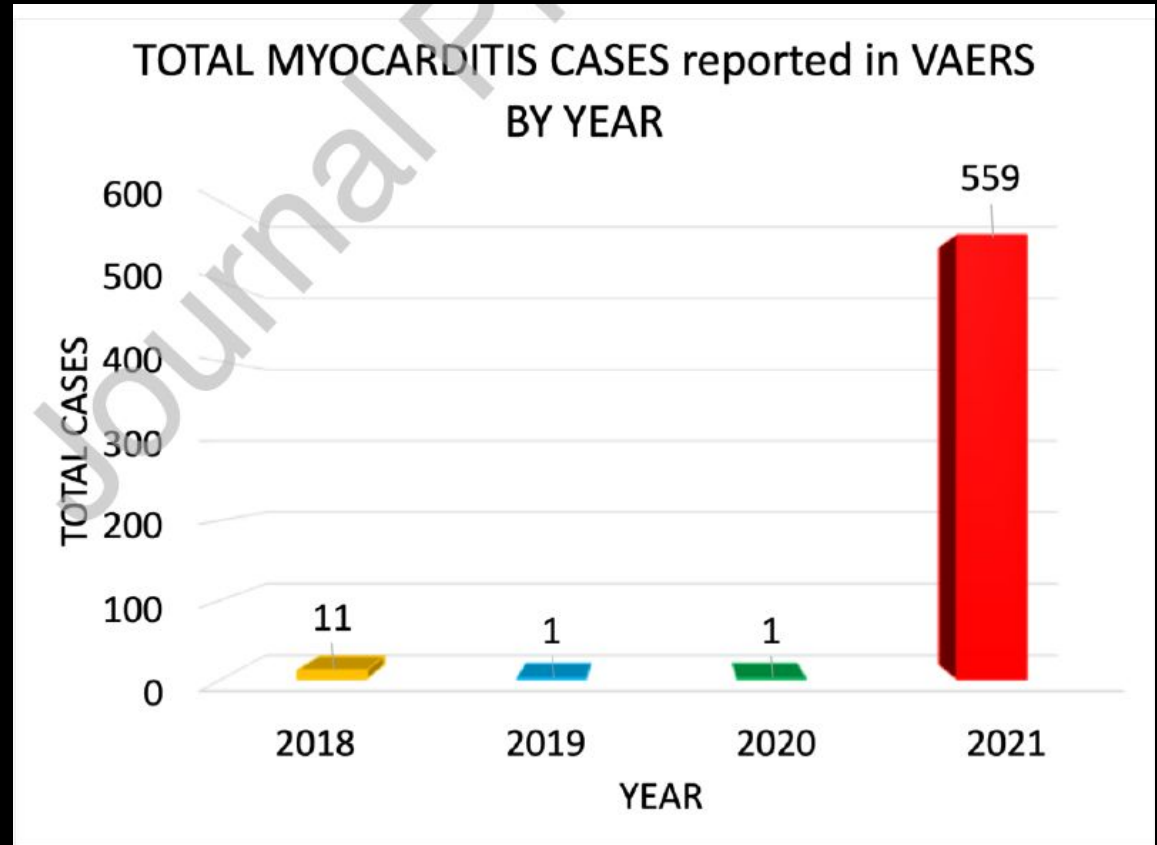
“We found **19 times the**
expected number of
myocarditis cases...”

From the Rose paper

“a **5-fold increase** in myocarditis rate was observed subsequent to **dose 2** as opposed to **dose 1** in 15-year-old males”

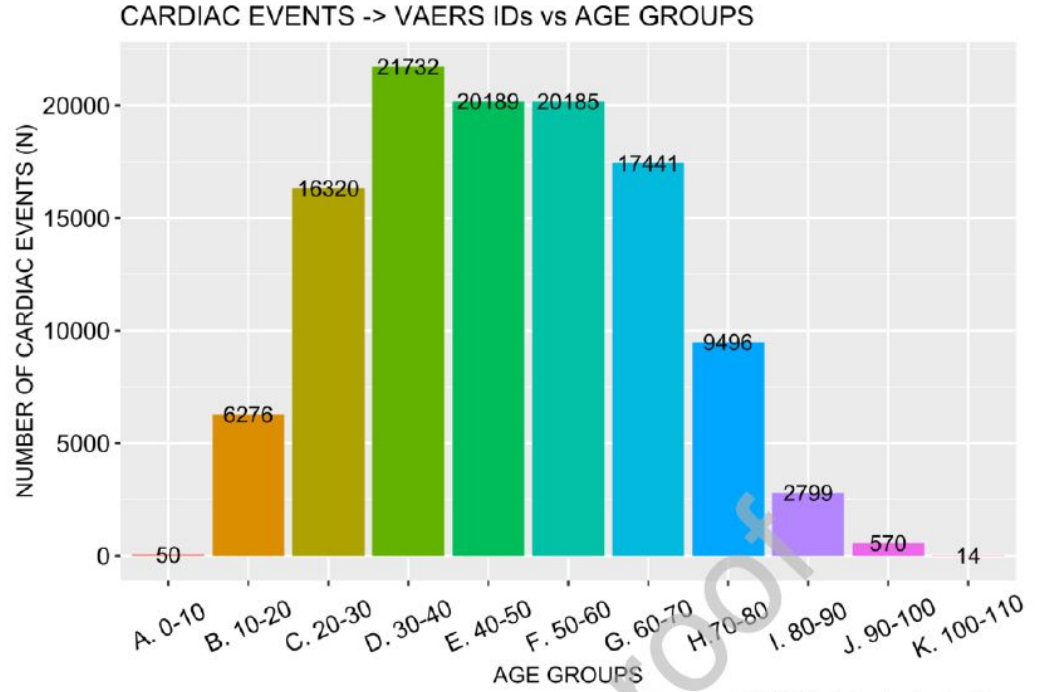
From the Rose paper

Is this what you mean by “slightly elevated” risk?



From the Rose paper

Aren't you supposed to have more cardiac events as you get older?



Data source: VAERS/Analysis: Dr. Jessica Rose

From the Rose paper

Do these bar charts look the same to you?

Comparison of cardiac adverse events between 2021 (left) and 2019 (right)

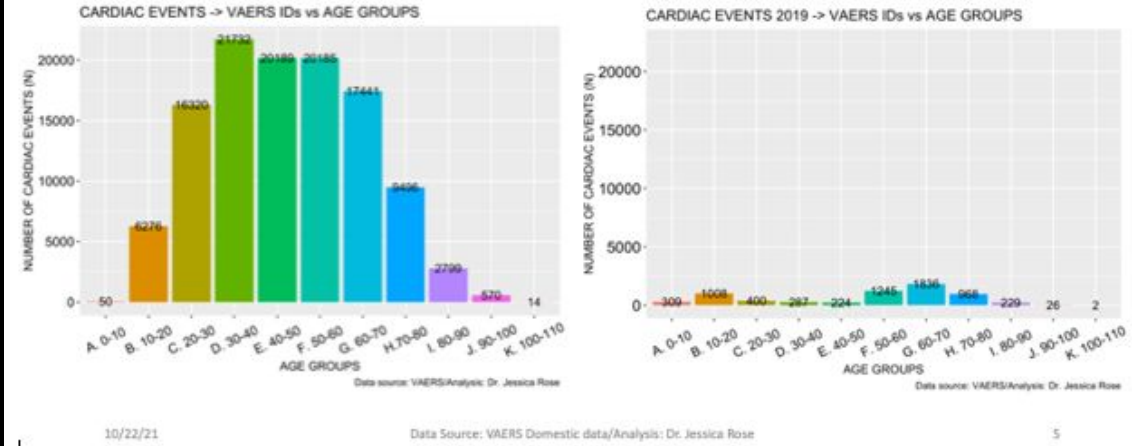


Chart prepared by Jessica Rose

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS

PUBLIC HEALTH AND MEDICAL
PROFESSIONALS FOR TRANSPARENCY,

Plaintiff,

-against-

FOOD AND DRUG ADMINISTRATION,

Defendant.

The case number is 4:21-cv-01058-P
and the case was filed in the Federal District Court
for the Northern District of Texas.

Civil Action No. _____

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

Plaintiff, as for its Complaint regarding a Freedom of Information Act request against the above-captioned Defendant, alleges as follows:

INTRODUCTION

1. Until only a few weeks ago, all coronavirus vaccines available in the United States were only authorized for emergency use by the U.S. Food and Drug Administration (the “FDA”).¹
2. On August 23, 2021, the FDA approved the Pfizer-BioNTech COVID-19 Vaccine, marketed as Comirnaty (the “Pfizer Vaccine”) for individuals 16 years of age and older.²
3. Although the FDA asserts that the Pfizer Vaccine “meets the high standards for safety, effectiveness, and manufacturing quality the FDA requires of an approved product[.]”³ numerous public health officials, media outlets, journalists, scientists, politicians, public figures, and others with large social or media platforms have publicly raised questions regarding the sufficiency of the data and information, the adequacy of the review, and the appropriateness of the

¹ <https://www.bmj.com/content/373/bmj.n1244> (last visited 9/5/2021).

² <https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine> (last visited 9/5/2021).

³ *Id.*

Why do scientists have to **sue the FDA** to see the Pfizer clinical trial data?

How can a kid who was in the Pfizer 12-15 year-old trial be paralyzed (likely for life) and **not** have that reported in the trial report to the FDA?

Will you investigate?
Or look the other way?



Why didn't anyone ask any questions about the gaming in the Pfizer Phase 3 trial?!? This is unlikely to happen by chance ($p < 0.00001$).

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Table 2. Efficacy Populations, Treatment Groups as Randomized

	BNT162b2 (30 µg) n ^a (%)	Placebo n ^a (%)	Total n ^a (%)
Randomized ^b	21823 (100.0)	21828 (100.0)	43651 (100.0)
Participants excluded from evaluable efficacy (14 days) population	1790 (8.2)	1585 (7.3)	3375 (7.7)
Reason for exclusion ^c			
Randomized but did not meet all eligibility criteria	36 (0.2)	26 (0.1)	62 (0.1)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19-42 days after Dose 1)	1550 (7.1)	1561 (7.2)	3111 (7.1)
Had other important protocol deviations on or prior to 7 days after Dose 2	311 (1.4)	60 (0.3)	371 (0.8)
Had other important protocol deviations on or prior to 14 days after Dose 2	311 (1.4)	61 (0.3)	372 (0.9)

^an = Number of participants with the specified characteristic.

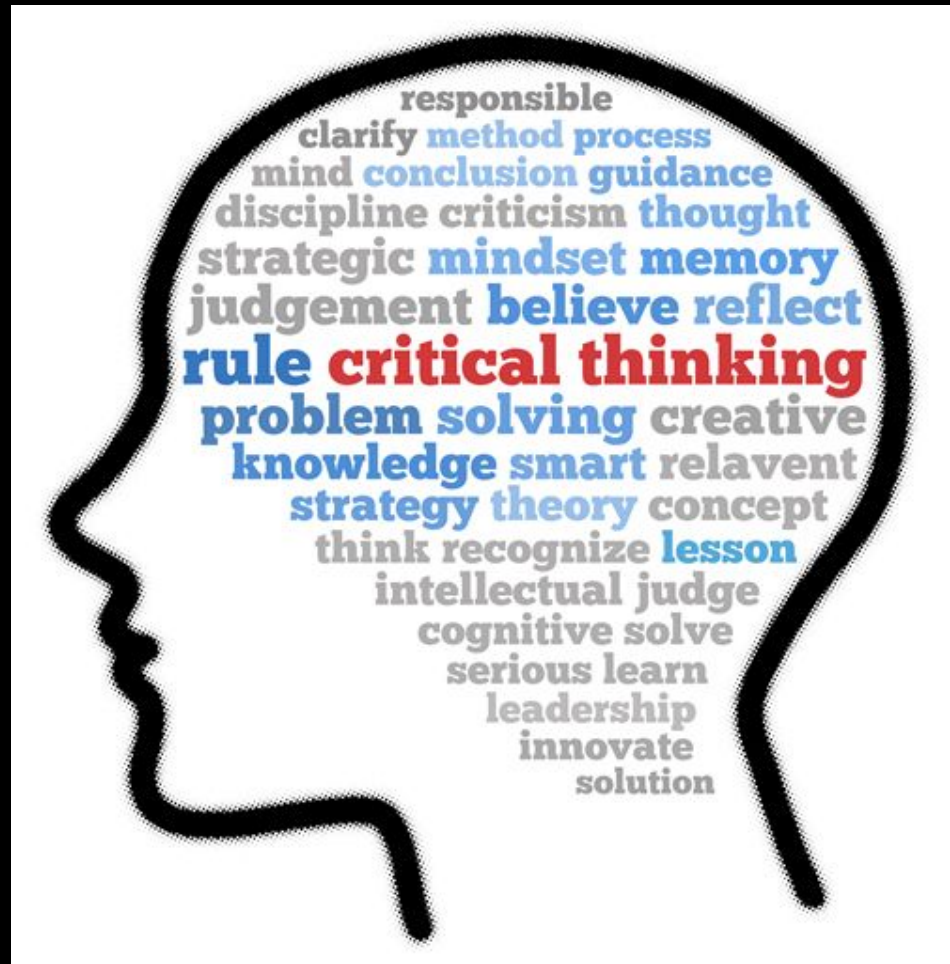
^bThese values are the denominators for the percentage calculations.

^cParticipants may have been excluded for more than 1 reason.

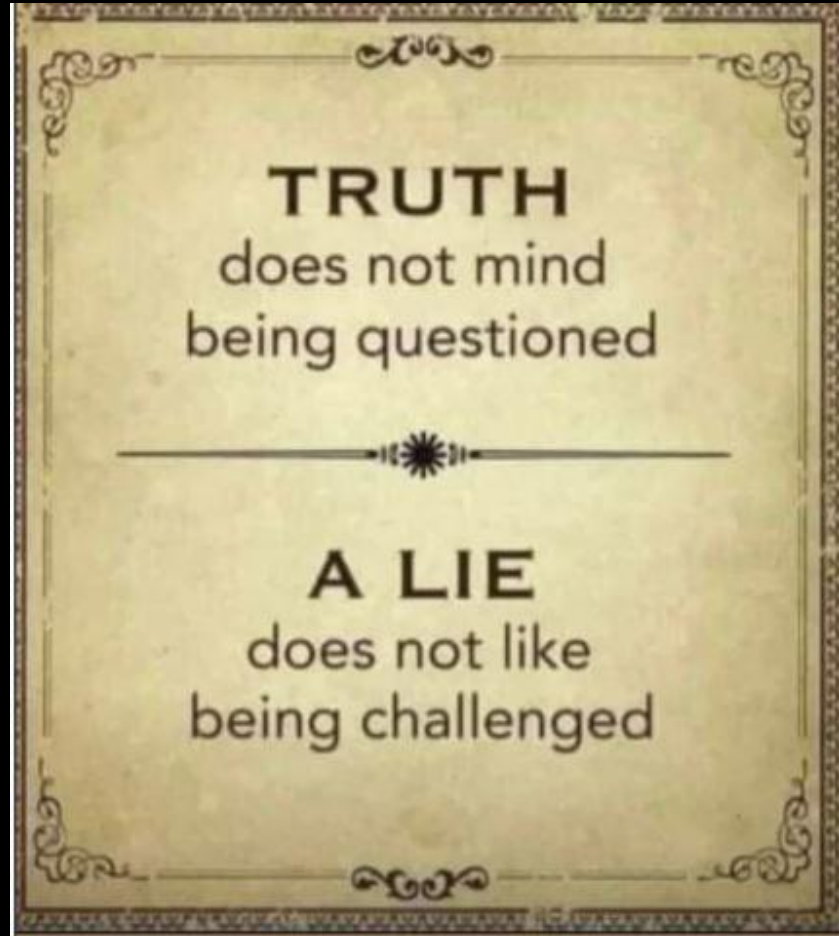
Note: 100 participants, 12 through 15 years of age with limited follow-up, are included in the randomized population (49 in the vaccine

Are there any critical thinkers on the VRBPAC committee?

If so, can you please identify yourself?



How come nobody will
publicly debate our
team of experts on
vaccine safety?



I have a lot more questions which I posted to the public docket.

Will you answer them or ignore them?



Search for Comment tracking number: kv2-48x7-ctvb

Appendix

Here are questions I added
after the VRBPAC deadline
of 10-21-21.

Toby Rogers
analysis
Can we
discuss all ten
reasons?

Sort by Recent



Commander-in-Chief MadamY @Mad_Amy · 2m

@stkirsch Here's an article that references yiu just before conclusion:
tobyrogers.substack.com/p/ten-red-flags-in-th...



Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product

The FDA briefing document is preposterous junk science and it must be withdrawn immediately

tobyrogers.substack.com

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Did Marc
get it
wrong?

George Fareed Retweeted



Jean-Pierre K. @jpkiekens · Oct 22

Marc Wathelet, PhD, in this letter to the Belgian health minister, questions the official response to COVID-19, including the "Safe Ticket" and the mandates. His analysis is largely applicable to other jurisdictions. The annexes contain extensive analysis. covexit.com/letter-by-marc...



Letter by Marc Wathelet, PhD, to the Belgian Minister of Health

Posted on October 20, 2021

This letter from Marc Wathelet, PhD, Expert in Molecular Biology and Immunology, is addressed to the Belgian Minister of Health, Frank Vandenbroucke, and analyzes not



What do they know that we don't?

Will any evidence change Biden's mission to vaccinate everyone?



Robert W Malone, MD
@RWMaloneMD



Sweden Suspends Moderna Shot Indefinitely After Vaxxed Patients Develop Crippling Heart Condition



westernjournal.com

Sweden Suspends Moderna Shot Indefinitely After Vaxxed Patients Develop Cr...
Several countries have responded to fears about the Moderna vaccine by banning its use among young adults.

Isn't it time to not rely on Israel data that shows the vaccines are safe?



Covexit @Covexit

2h · 🌐



"We believe that the significant failures underlying the Israeli database, which have been brought to our attention by numerous testimonies, impair its reliability and legality to such an extent that it should not be used for making any critical decisions regarding the COVID-19 vaccines," the letter said. wnd.com/2021/10/4954710/



'Severe concerns': Israeli scientists sound alarm to FDA concerning COVID vaccine

As the U.S. Food and Drug Administration discusses administering COVID-19 vaccines to young children, an independent group of Israeli physicians, lawyers, scientists...

🔗 WND

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Like



Comment



Repost



Quote



Share

Why did we ignore the fastest, safest, and cheapest way to end the pandemic?



George Fareed @GeorgeFareed2 · 3h

We could have saved between 80% and 85% of over 700,000 Americans with early aggressive treatment...



14

214

404



George Fareed @GeorgeFareed2 · 3h

Those who knew what to do and what saved lives never contacted by this administration...



20X increase
in cancers

Anything to
worry about?

02:37 @ 47%

Moderna's Top S...
technocracy.news

Interestingly, one of the most potentially catastrophic side effects of the mRNA vaccine is its interaction with cancer cells. According to a study at New York City-based Sloan Kettering Cancer Center, the mRNA has a tendency to **inactivate tumor-suppressing proteins**, meaning it can promote the growth of cancer cells.

Both the Moderna and Pfizer injections are experimental mRNA vaccines. The FDA has only granted these injections Emergency Use Authorization [EUA] and they will remain in trials through 2023, yet the government, media and corporations are all promoting them as though they are guaranteed safe.

This systemic deception will, in my opinion, end up being judged in the rear-view mirror of history as one of the most reckless acts of medical treachery ever committed against the human race.

If this so-called vaccine does cause more people to get cancer, think of the possibilities from a purely business point of view.

← Tweet

 **Jacob Cabe**
@jacobcabe

BREAKING: Dr. Ryan Cole, Idaho pathologist and owner and operator of a diagnostics lab, reports a '20 times increase' of cancer in vaccinated patients



64.1K views 0:06 / 2:12

10:19 AM · Sep 15, 2021 · Twitter for iPhone

1,940 Retweets 308 Quote Tweets 2,346 Likes

Dr. Lee's letter (page 1)

“I have never witnessed so many vaccine-related injuries until this year.”

Funny, that's what the VAERS data says too. Maybe we shouldn't keep ignoring it like the mainstream media and fact-checkers tell us???

Source: [SENT VIA EMAIL October 6, 2021 Dr. Peter Marks Director, CBER Food & Drug Administration 10903 New Hampshire Avenue, W071](#)

Dr. Peter Marks
Director, CBER
Food & Drug Administration
10903 New Hampshire Avenue
W071-3128
Silver Spring, MD 20993-0002
Email: Peter.Marks@fda.hhs.gov

Dr. Tom Shimabukuro
COVID-19 Vaccine Task Force
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Corporate Square, Bldg 12
Atlanta, GA 30329
Email: ayv6@cdc.gov

September 28, 2021

Dear Dr. Marks and Dr. Shimabukuro,

As a physician, I am compelled by conscience to write this letter. I am fully vaccinated for Covid-19, but my experience this year treating patients in a busy ICU does not comport with claims made by federal health authorities regarding the safety of Covid-19 vaccines.

I am a licensed physician practicing in the state of California. I obtained my medical degree from University of Southern California and received my post-graduate training at Georgetown University and Harvard-affiliated hospitals. I have been a doctor for more than twenty years and I have never witnessed so many vaccine-related injuries until this year. As a fully vaccinated physician, I feel pained in admitting this. But I am compelled by conscience to state the facts as I observe them on the frontlines.

The following are a few illustrative examples of Covid-19 vaccine related injuries I have observed firsthand. While causation is difficult to prove definitively, it is my clinical judgment that each of these injuries were caused by a Covid-19 vaccine, because there was no other plausible explanation for these injuries other than the fact that the patients had recently been vaccinated. I had a direct doctor-patient relationship for each of the patient accounts below and have removed all personal identifiable information. To further assure patient anonymity, certain medical but inconsequential details have been withheld or changed to ensure the absence of any PII.

1. An otherwise healthy patient under age 40 developed low back pain and had an episode of urinary incontinence after receiving a Covid-19 vaccine. The day after the second dose, the patient felt numbness and tingling down one leg. The symptoms rapidly progressed such that a few days later, patient was admitted to the hospital for bilateral leg paralysis. MRI showed transverse myelitis. Weekly follow-up imaging showed that the process continued to worsen and ascend, despite maximal medical therapy. Eventually patient became quadriplegic, blind and had a tracheostomy placed. Patient developed autonomic dysfunction (irregular heart rate and hypotension) and became cognitively impaired.
2. A generally healthy patient in the early seventies, with no smoking history or prior lung disease, received a Covid-19 vaccine and developed generalized malaise with a poor appetite and a new cough. According to the spouse, patient lost >15 lbs during this time period. The cough worsened over the course of the next month and the patient was hospitalized. CT scan of the chest showed bilateral diffuse ground-glass opacities, typical of COVID pneumonia. However, patient was

Iceland
Sweden
Finland
Denmark
Norway

All either suspend or recommend against using Moderna for young people. **Do they know something we don't know??**

🕒 OCTOBER 8, 2021

Iceland halts Moderna jabs over heart-inflammation fears



Credit: Unsplash/CC0 Public Domain

Iceland on Friday suspended the Moderna anti-COVID vaccine, citing the slight increased risks of cardiac inflammation, going further than its Nordic neighbours which simply limited use of the jabs.

There are 28M kids 5 to 11.

Shouldn't we be super careful here?

How many deaths will we prevent?

How can you be absolutely sure deaths from vaccine aren't > deaths from COVID like all the data says?



2.4K

4.5K

13.1K



**This new data seems a little troubling.
How do you explain it?**

New post on **The Expose**



Fully Vaccinated are suffering far higher rates of infection than the Unvaccinated, and it is getting worse by the day; there is no justification for Vaccine Passports

by [Daily Expose](#)

IT'S OFFICIAL: Most of the UK's vaccinated population are suffering far higher rates of infection than the unvaccinated, and it is getting worse by the day. By Martin Zandstra The UK's Health Security Agency publishes detailed Covid statistics, which, for the last 7 weeks, have been tabulated by age-group and vaccination status. This now allows [...]

[Read more of this post](#)

Why are there similar dropout rates in the -007 study?

(just like in the main trial... but this time it is 6X bigger)

Table 12. Efficacy Populations – Phase 2/3 Initial Enrollment Group – 5 to <12 Years of Age

	Vaccine Group (as Randomized)		Total n ^a (%)
	BNT162b2 10 µg n ^a (%)	Placebo n ^a (%)	
Randomized ^b	1528 (100.0)	757 (100.0)	2285 (100.0)
Dose 1 all-available efficacy population	1517 (99.3)	751 (99.2)	2268 (99.3)
Participants without evidence of infection before Dose 1	1384 (90.6)	686 (90.6)	2070 (90.6)
Participants excluded from Dose 1 all-available efficacy population	11 (0.7)	6 (0.8)	17 (0.7)
Reason for exclusion ^c			
Did not receive at least 1 vaccination	11 (0.7)	6 (0.8)	17 (0.7)
Dose 2 all-available efficacy population	1514 (99.1)	747 (98.7)	2261 (98.9)
Participants without evidence of infection prior to 7 days after Dose 2	1362 (89.1)	671 (88.6)	2033 (89.0)
Participants excluded from Dose 2 all-available efficacy population	14 (0.9)	10 (1.3)	24 (1.1)
Reason for exclusion ^c			
Did not receive 2 vaccinations	14 (0.9)	10 (1.3)	24 (1.1)
Evaluable efficacy population	1450 (94.9)	736 (97.2)	2186 (95.7)
Participants without evidence of infection prior to 7 days after Dose 2	1305 (85.4)	663 (87.6)	1968 (86.1)
Participants excluded from evaluable efficacy population	78 (5.1)	21 (2.8)	99 (4.3)
Reason for exclusion ^c			
Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19-42 days after Dose 1)	31 (2.0)	18 (2.4)	49 (2.1)
Had other important protocol deviations on or prior to 7 days after Dose 2	47 (3.1)	4 (0.5)	51 (2.2)

a. n = Number of participants with the specified characteristic.

b. These values are the denominators for the percentage calculations.

c. Participants may have been excluded for more than 1 reason.

Why are there similar dropout rates in the -007 study?

(just like in the main trial... but this time it is 6X bigger)

Table 12. Efficacy Populations – Phase 2/3 Initial Enrollment Group – 5 to <12 Years of Age

	Vaccine Group (as Randomized)		Total n ^a (%)
	BNT162b2 10 µg n ^a (%)	Placebo n ^a (%)	
Randomized ^b	1528 (100.0)	757 (100.0)	2285 (100.0)
Dose 1 all-available efficacy population	1517 (99.3)	751 (99.2)	2268 (99.3)
Participants without evidence of infection before Dose 1	1384 (90.6)	686 (90.6)	2070 (90.6)
Participants excluded from Dose 1 all-available efficacy population	11 (0.7)	6 (0.8)	17 (0.7)
Reason for exclusion ^c			
Did not receive at least 1 vaccination	11 (0.7)	6 (0.8)	17 (0.7)
Dose 2 all-available efficacy population	1514 (99.1)	747 (98.7)	2261 (98.9)
Participants without evidence of infection prior to 7 days after Dose 2	1362 (89.1)	671 (88.6)	2033 (89.0)
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Had other important protocol deviations on or prior to 7 days after Dose 2	47 (3.1)	4 (0.5)	51 (2.2)

a. n = Number of participants with the specified characteristic.

b. These values are the denominators for the percentage calculations.

c. Participants may have been excluded for more than 1 reason.

Nothing to see here?

“If vaccine injuries are the reasons for these unexplained exclusions, then absolute efficacy numbers are overwhelmed by vaccine injuries, and the experimental biologic inoculation products are dangerous.”

--[Mathew Crawford](#)

So... what were the reasons for the exclusions?

Table 14. Vaccine Efficacy – First COVID-19 Occurrence After Dose 1 – Phase 2/3 Initial Enrollment Group – 5 to <12 Years of Age – Dose 1 All-Available Efficacy Population

Efficacy Endpoint Subgroup	Vaccine Group (as Randomized)				VE (%)	(95% CI ^e)
	BNT162b2 10 µg (N ^a =1517)		Placebo (N ^a =751)			
	n1 ^b	Surveillance Time ^c (n2 ^d)	n1 ^b	Surveillance Time ^c (n2 ^d)		
First COVID-19 occurrence after Dose 1	3	0.483 (1463)	17	0.235 (719)	91.4	(70.4, 98.4)
Dose 1 to before Dose 2	0	0.086 (1463)	1	0.043 (719)	100.0	(-1832.5, 100.0)
Dose 2 to <7 days after Dose 2	0	0.028 (1461)	0	0.014 (714)	NE	NE
≥7 Days after Dose 2	3	0.369 (1461)	16	0.178 (714)	90.9	(68.3, 98.3)

Abbreviations: NE = not estimable; VE = vaccine efficacy.

- N = number of participants in the specified group.
- n1 = Number of participants meeting the endpoint definition.
- Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from Dose 1 to the end of the surveillance period for the overall row and from start to the end of range stated for each interval.
- n2 = Number of participants at risk for the endpoint.
- Two-sided 95% confidence interval (CI) for VE is derived based on the Clopper and Pearson method adjusted for surveillance time.

Where is the troponin data in the Pfizer -007 study (5-11 year old)?

(yeah, it's missing, but nobody will notice)

Fluvoxamine

It reduces death from COVID by over 90%.

Proven in Phase 3 clinical trial.

Why are we ignoring it?

How can you have an EUA for a vaccine in light of this? You can only get an EUA if there is no other alternative.



**How can be so sure
that Geert is wrong?
He's been right about
everything so far...**

“Unless virology and immunology are being rewritten, I cannot imagine how mass vaccination of our youngsters and children will not lead to an even more disastrous outcome of all the scientifically irrational and unjustifiable vaccination efforts. Not only will these dramatically increase the children’s risk to succumb to (accelerated) Covid-19 disease but it will also take away the highly efficient capacity of healthy, unvaccinated people to diminish the dangerous, ever rising viral infectious pressure in the population. By vaccinating our youngsters, children and, even more generally, all people in excellent health, we deprive an important part of the population from its ‘anti-viral’ capacity and instead turn them into a breeding ground for more infectious and increasingly NAb-resistant variants. In other words, mass vaccination of children will inevitably obstruct the process of building herd immunity in the population.

There can be no doubt that large scale immune interventions which ignore the immune pathogenesis of the disease are **recipes for massive disasters.”**

[Geert Vanden Bossche](#)

Boris Johnson has said the vaccines don't prevent infection or passing it on.

Why are vaccine passports and/or mandates needed then?

How stupid are people?



Mandates are presumably needed to protect the vaccinated. But where is the math so we can do the risk/benefit analysis?

If I don't get vaccinated, how many other people am I projected to kill?

If I do get vaccinated, how many other people am I projected to kill?

Why is there **no analysis of this anywhere?**

Note: Since the vaccine doesn't stop transmission, there appears to be little benefit to vaccine mandates. In fact, it is likely more beneficial for society for the unvaccinated to acquire recovered immunity, right? Have you seen the calculations?



Can you explain this to me?

“COVID vaccine mandates are necessary because the protected need to be protected from the unprotected by forcing the unprotected to use the protection that didn't protect the protected.”



Was the quit factor factored into the calculation of risk/benefit of mandates?



Chuck Callesto  @ChuckCallesto · 19m



BREAKING REPORT: State Senator Lisa Kim says "There will be 911 CALLS THAT GO UNANSWERED in the state of Maine" after 12 midnight due to Vaccine mandates...

 37


 299

 443



Aren't vaccines the worst way to solve this problem?

Why not copy India with early treatment?
(152X higher infection rate per capita in US)

Steve Kirsch  @stkirsch
4d · 🌐 · Edited

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

Now Yesterday 2 Days Ago Columns ▾ Search:

All Europe North America Asia South America Africa Oceania

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

Early treatment

Why are all these treatments being ignored?

Why is nobody interested in the Fareed-Tyson protocol? It beat the Merck drug on every parameter. [99.76% real-life efficacy.](#)

Dr. George Fareed and Dr. Brian Tyson share early treatment protocol

Dec 12, 2020 Updated Apr 16, 2021  0



How can you have an
EUA when:

- 1) there is no
“emergency”
- 2) there is a proven
viable alternative
(early treatment with
fluvoxamine is
proven in Phase 3
trial to reduce death
by over 90%)



David Boulware, MD MPH
@boulware_dr

@TogetherTrial manuscript on the survival benefit of #fluvoxamine for early #covid19 outpatient therapy is eventually coming out in @LancetGH (?this week, ? next week ?sometime). The journal seem to be slow walking this manuscript -- business as usual, not really important.

3:05 PM · Oct 18, 2021 · Twitter Web App



David Boulware, MD MPH @boulware_dr · Oct 18

Most impressive result is that in those who tolerated #fluvoxamine & took $\geq 80\%$ of the possible doses (~75% overall), there was 1 death in the fluvoxamine group & 12 in the placebo group.

This is a 91% reduction in odds of death

Odds Ratio = 0.09; 95% CI 0.01–0.47

[#IDTwitter](#)



24



120



233



David Boulware, MD MPH @boulware_dr · Oct 18

One "problem" is #fluvoxamine only costs \$10, thus no big corporate marketing machine promotes.

Why is the CDC staying silent about Vitamin D?

One of my top recommendations for safeguarding your health at this time is to optimize your vitamin D level. In my lecture, I show a graph that clearly illustrates the correlation between higher vitamin D levels and your risk of dying from COVID-19. At a level of 17 ng/mL, the death rate is nearly 100%. At a level of 35 ng/mL, which is still below the ideal minimum of 40 ng/mL, the death rate is near zero.

Source: Dr. Mercola's 2021 Biohacking Lecture

Shouldn't we be worried that vaccinated people who later get the natural virus end up with **lower immunity to the virus** compared to an unvaxed person?



URGENT: Covid vaccines will keep you from acquiring full immunity EVEN IF YOU ARE INFECTED AND RECOVER

Alex Berenson Oct 21

Don't take it from me, I don't even get to tweet anymore.

Take it from a little place I call the British government. Which admitted today, in its newest vaccine surveillance report, that:

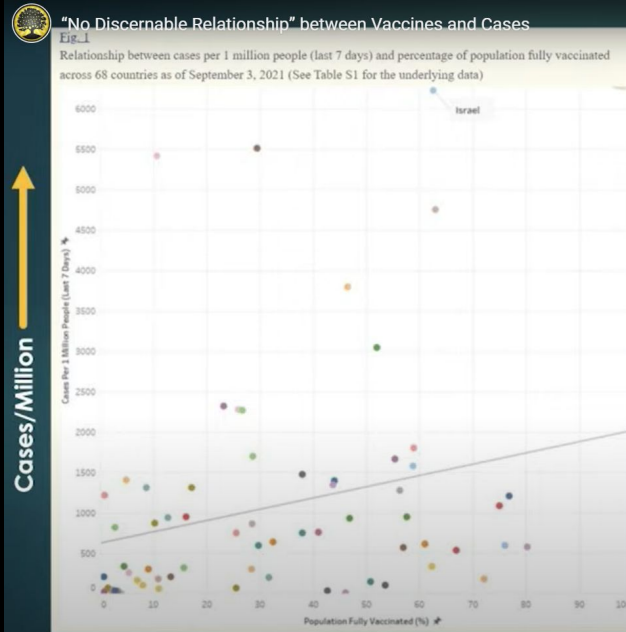
"N antibody levels appear to be lower in people who acquire infection following two doses of vaccination." (Page 23)

assets.publishing.service.gov.uk

natural infection than age matched individuals in the general population (ii) waning of the N antibody response over time and (iii) recent observations from UK Health Security Agency (UKHSA) surveillance data that N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination.

Source: [COVID-19 vaccine surveillance report - week 42](#) (UK government)

Uh... Isn't the line supposed to slope the other way?



Line Goes The Wrong Way

Vaccinated %
6:56 / 21:59 • "No Discernible Relationship"

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/>

Source: ["No Discernible Relationship" between Vaccines and Cases](#)

Do we have OCD on COVID deaths?

If we want to save kids, why not focus efforts on vehicle safety?



→ Marc Benton ←
@marc_benton

Replying to @CovidMemo

A risk assessment for our kids that was done by a friend of mine. The data is very clear. A child is 111X more likely to die from being in a car accident than from Covid. [#NoToVaccineMandates](#)

1) - US Children COVID-19 Deaths (0-17 yrs old)...

2) - The (1 in X) Risks...

3) - US Children's Risk of Death from Top 7 Causes (2018)

4) - US Children's Risk of Death from Daily Activities

5) - US Children's Risk of Death from COVID-19 (2021)

6) - US Children's Risk of Death from COVID-19 (2021)

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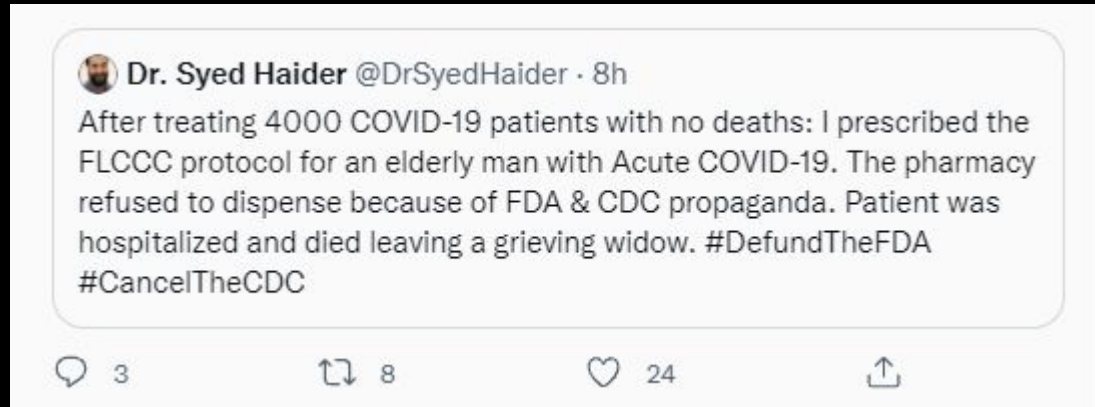
97) - US Children's Risk of Death from COVID-19 (2021)

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99) - US Children's Risk of Death from COVID-19 (2021)

100) - US Children's Risk of Death from COVID-19 (2021)

Why aren't we allowing doctors to prescribe a medicine for a condition that is proven in multiple systematic reviews and meta-analyses... **THE HIGHEST LEVEL of evidence-based medicine?** Where is the evidence that IVM kills more people than it saves?



If people aren't dying from the jab, then why did Safeway pharmacist Nichole Belland resign vocally saying "I will not give this poison to people"?

Alexander Higgins @kr3at · Oct 20

🚩 "I will not give this poison to people. I have seen my customers died"
- Pharmacist and 10 Year Cortez Colorado Safeway Pharmacy Manager Resigns With Viral Speech



0:09 55.5K views


14 145 322

The image shows a screenshot of a tweet. At the top, the user's name and handle are displayed. Below that is a red star icon followed by a quote. The quote is followed by a line of text identifying the person in the video. The video itself is a vertical shot of a pharmacy interior. A pharmacist is visible in the background, and the back of a customer's head is in the foreground. The video has a duration of 0:09 and 55.5K views. At the bottom of the tweet, there are icons for replies (14), retweets (145), likes (322), and a share icon.

If the vaccines prevent infection...

then how come vaccination status makes no difference in Israel for any age group?

They have given their third dose there.

 Robert W Malone, MD @RWMaloneMD · Sep 2

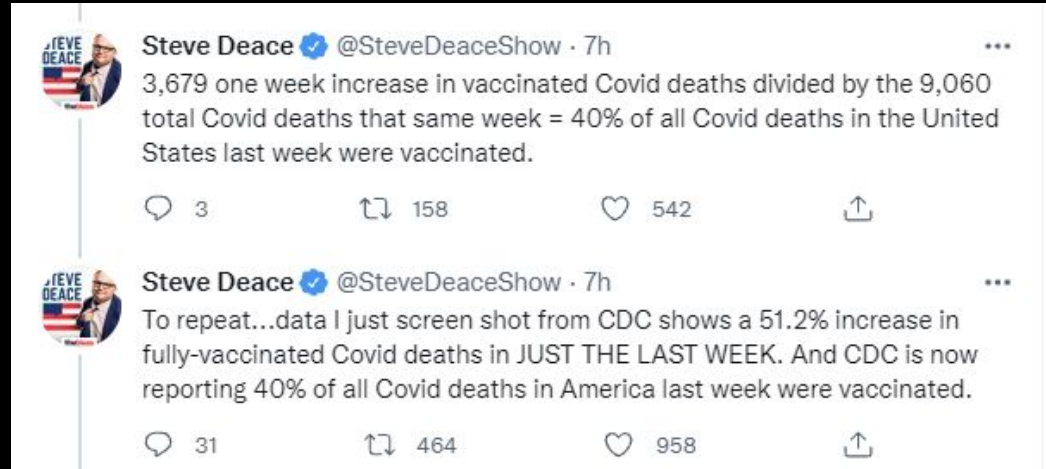
More on Israel cases. Not really consistent with the story line pushed by legacy media in USA. Not a pandemic of the unvaccinated in Israel.

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

738 12.8K 21.4K

If the vaccine works so well, then why are 40% of all COVID deaths in America last week vaccinated?

Answer: we are starting to “catch up” with Israel.



Date: October 22, 2021

If the vaccine is so safe, how come more than 60% have elevated D-dimer levels, some for months?

CANADIAN DOCTOR: 62% OF PATIENTS VACCINATED FOR COVID HAVE PERMANENT HEART DAMAGE

WATCH



Play

00:06

163197 742 10

The image shows a YouTube video player interface. At the top, the video title is "CANADIAN DOCTOR: 62% OF PATIENTS VACCINATED FOR COVID HAVE PERMANENT HEART DAMAGE". Below the title is a "WATCH" button. The video player itself shows a man in a light blue shirt speaking, with a large red play button overlaid on his face. The video progress bar is at 00:06. Below the video player, the view count is 163197, the like count is 742, and the dislike count is 10.

Why are the vaccinated more and more likely to contract COVID as time goes on? It can't be just waning vaccine efficacy because it goes negative.

SCAMDEMIC - CORONA VIRUS

Colin Powell: Vaxx-Caused Immunodeficiency

OCTOBER 18, 2021 ALGORA BLOG 6 COMMENTS

Spread the Word



via [The Expose](#)

Latest UK PHE Vaccine Surveillance Report figures on Covid cases show that doubly vaccinated 40-70 year olds have lost 40% of their immune system capability compared to unvaccinated people. Their immune systems are deteriorating at around 5% per week (between 2.7% and 8.7%). If this continues then 30-50 year olds will have 100% immune system degradation, zero viral defence by Christmas and all doubly vaccinated people over 30 will have lost their immune systems by March next year.

By a concerned reader

The 5 PHE tables below from their excellent Vaccine Surveillance Report, separated by 4 weeks, clearly show the progressive damage that the vaccines are doing to the immune system's response.

People aged 40-69 have already lost 40% of their immune system capability and are losing it progressively at 3.3% to 6.4% per week.

For kids < 19 years old, the average survival rate of COVID is 99.9973% per John Ioannidis.

Doesn't this mean we should be mandating vaccination for pretty much every disease that can kill people, right?

Clearly, we will do whatever it takes to prevent any death from any disease, no matter how many people we have to kill to do it. It's no longer about spread and risking others (since vaccines don't prevent that). It's all about just saving lives lost from COVID now, no matter how many people we have to kill to do that.



Why are these moms
fighting back?

The CDC says the
vaccines are perfectly
safe.

Today 4:16 AM

Three high school athletes died of sudden cardiac arrest. Their moms are fighting back.



West
High School



Mark Mayfield
New Prairie High School



Zac Ma
John Glen Hig

Three high school athletes died of sudden cardiac arrest. Their moms are fighting back.

newsbreakapp.com

If the CDC can't even figure out that **masks don't work**, why should we trust them on vaccines?



Why is everyone scared to be interviewed by me?

I can't even get anyone prominent (50K Twitter followers or more) to consent to be interviewed about "vaccine safety" **where all I do is ask questions!**



OK, so what really did kill this teen then?

And why don't they tell us the actual cause of death for these 60 cases???



Galaxy @notabotautobot · Sep 30



Replying to @stkirsch

Going on inNewZealand. 17 yr old does and this is how they report it. Plus 59 other deaths after the vax. Our database is called CARM like the VAERS one.



[rnz.co.nz](https://www.rnz.co.nz)

Medsafe believes Pfizer vaccine not factor in death of teen

Medsafe has recorded the death of a 17-year-old following their first Covid-19 vaccine but it believes the dose was not a factor.



How come there weren't
~110 deaths in each
arm?

Could they have
“picked” a super-healthy
cohort by “accident”?

The screenshot shows the top portion of the New England Journal of Medicine website. At the top left is the journal's logo and name. To the right is a yellow 'SUBSCRIBE OR RENEW' button with a right-pointing arrow and a small image of a tablet. Further right are icons for a user profile and a menu. Below the header is a row of three article teasers. The first is an 'ORIGINAL ARTICLE' titled 'Obesity-Associated GNAS Mutations and the Melanocortin Pathway' with a small bar chart icon. The second is an 'EDITORIAL' titled 'Racial Disparities in Clinical Medicine' with a blue icon. The third is an 'EDITORIAL' titled 'Audio Interview: Are Covid-19 Vaccine Boosters Necessary?' with a right-pointing arrow. The main article featured is an 'ORIGINAL ARTICLE' titled 'Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months'. The authors listed are Stephen J. Thomas, M.D., Edson D. Moreira, Jr., M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Gonzalo Pérez Marc, M.D., Fernando P. Polack, M.D., Cristiano Zerbini, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., et al., for the C4591001 Clinical Trial Group[†]. The date is September 15, 2021, and the DOI is 10.1056/NEJMoa2110345.

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

How come there weren't
~110 deaths in each
arm?

Could they have
“picked” a super-healthy
cohort by “accident”?



The screenshot shows the top portion of a web page from The New England Journal of Medicine. At the top left is the journal's logo and name. To the right is a yellow 'SUBSCRIBE OR RENEW' button with a right-pointing arrow and a small image of a document. Further right are icons for a user profile and a menu. Below the header is a row of three article teasers. The first is an 'ORIGINAL ARTICLE' titled 'Obesity-Associated GNAS Mutations and the Melanocortin Pathway' with a small bar chart icon. The second is an 'EDITORIAL' titled 'Racial Disparities in Clinical Medicine' with a blue icon. The third is an 'EDITORIAL' titled 'Audio Interview: Are Covid-19 Vaccine Boosters Necessary?' with a right-pointing arrow icon. The main article section below is titled 'ORIGINAL ARTICLE' and features the title 'Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months'. The authors listed are Stephen J. Thomas, M.D., Edson D. Moreira, Jr., M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Gonzalo Pérez Marc, M.D., Fernando P. Polack, M.D., Cristiano Zerbini, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., et al., for the C4591001 Clinical Trial Group. The date is September 15, 2021, and the DOI is 10.1056/NEJMoa2110345.

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

Why the CDC Ignores Natural Immunity

A few of the (entirely unconvincing) reasons the CDC is ignoring the science on this question, and what is being done to change this



Aaron Kheriaty, MD

1 hr ago · 16 likes · 1 comment · Share



The science on the efficacy and durability of natural immunity is now overwhelming. Yet the CDC continues to recommend lifting restrictions on the vaccinated but not those who have recovered from Covid and have superior natural immunity. Vaccine

Additional source: [91 Scientific Studies prove Naturally Acquired Immunity provides better protection than the Covid-19 Vaccines](#)

How can the CDC deny that **recovered immunity** is superior in every way to vaccine immunity?

Why force recovered people to get vaccinated?

This Oct 22 CDC study claims the vaccines can cut your death rate from ALL CAUSES by up to 72%.

That's impossible. [33% of deaths of 25-44 are from accidents](#). How can the CDC publish this junk?

How come nobody at the FDA, CDC, NIH, and in medical academia is saying a word that this paper is garbage? Seriously?!

If you want proof the CDC is lying about vaccine safety, this paper delivers it.

TABLE 2. Number of deaths and standardized mortality rate (deaths per 100 person-years) not associated with COVID-19 among COVID-19 vaccine recipients and unvaccinated comparison groups, by age, sex, and race/ethnicity — seven integrated health care organizations, United States, December 14, 2020–July 31, 2021

Characteristic	No. of deaths* (standardized mortality rate per 100 person-years)						
	mRNA vaccine				Unvaccinated comparison group [§]	Janssen vaccine	
	Pfizer-BioNTech vaccine recipients [†]		Moderna vaccine recipients [†]			Vaccine recipients [¶]	Unvaccinated comparison group [§]
	After dose 1	After dose 2	After dose 1	After dose 2			
Overall**	1,157 (0.42)	5,143 (0.35)	1,202 (0.37)	4,434 (0.34)	6,660 (1.11)	671 (0.84)	2,219 (1.47)
Age group, ^{††} yrs							
12–17	2 (0.01)	3 (0.01)	NA	NA	7 (0.01)	NA	NA
18–44	20 (0.02)	73 (0.02)	24 (0.03)	57 (0.02)	161 (0.07)	19 (0.04)	63 (0.08)
45–64	117 (0.16)	409 (0.13)	123 (0.16)	421 (0.17)	910 (0.51)	130 (0.25)	497 (0.66)
65–74	235 (0.79)	994 (0.62)	249 (0.63)	920 (0.58)	1,407 (2.13)	144 (1.49)	466 (2.77)
75–84	338 (2.32)	1,591 (1.89)	376 (2.00)	1,425 (1.77)	1,861 (6.34)	176 (5.59)	549 (9.13)
≥85	445 (7.90)	2,073 (6.85)	430 (7.16)	1,611 (6.57)	2,314 (18.76)	202 (15.35)	644 (23.76)
Sex ^{§§}							
Male	587 (0.49)	2,584 (0.41)	640 (0.45)	2,352 (0.42)	3,265 (1.30)	326 (0.96)	1,102 (1.68)
Female	570 (0.35)	2,559 (0.29)	562 (0.30)	2,082 (0.28)	3,395 (0.96)	345 (0.75)	1,117 (1.31)
Race/Ethnicity**							
Hispanic	144 (0.36)	584 (0.29)	197 (0.35)	701 (0.33)	1,230 (1.07)	92 (0.91)	365 (1.24)
White, non-Hispanic	781 (0.47)	3,560 (0.39)	732 (0.39)	2,804 (0.37)	3,993 (1.17)	416 (0.85)	1,364 (1.58)
Asian, non-Hispanic	72 (0.23)	408 (0.23)	67 (0.18)	317 (0.21)	460 (0.78)	56 (0.83)	157 (1.09)
Black, non-Hispanic	84 (0.54)	300 (0.37)	130 (0.65)	340 (0.44)	623 (1.53)	65 (0.99)	187 (1.97)
Multiple races/Other/Unknown	76 (0.38)	291 (0.28)	76 (0.32)	272 (0.29)	354 (0.82)	42 (0.68)	146 (1.22)

Abbreviations: Janssen = Johnson & Johnson; NA = not applicable.

* Number of deaths as of July 31, 2021; deaths that occurred ≤30 days after an incident COVID-19 diagnosis or receipt of a positive SARS-CoV-2 test result were excluded.

† Vaccinated with mRNA COVID-19 vaccines during December 14, 2020–May 31, 2021.

§ Unvaccinated comparison group included unvaccinated persons and COVID-19 vaccine recipients before COVID-19 vaccination. The assignment of index dates allowed COVID-19 vaccinees to contribute unvaccinated person-time before vaccination, thus avoiding immortal time bias.

¶ Vaccinated with Janssen COVID-19 vaccine during February 27, 2021–May 31, 2021.

** Overall mortality rates and race- and ethnicity-specific mortality rates were age- and sex-standardized.

†† Age-specific mortality rates were sex-standardized.

§§ Sex-specific mortality rates were age-standardized.

Source: [Mortality study reinforces safety of COVID-19 vaccinations and mm7043e2 COVID-19 Vaccination and Non-COVID-19 Mortality Risk — Seven Integrated Health Care Organizations, United States, D](#)

How come they forgot to mention that the vaccine killed more people than it saved?

20 deaths after vaccine vs. 14 deaths on placebo

WHOOOPS! The Pfizer study completely disputes the Oct 22 CDC study.

The screenshot shows the top portion of the New England Journal of Medicine website. At the top left is the journal's logo and name. To the right are navigation links for 'SUBSCRIBE OR RENEW', a user profile icon, and a menu icon. Below the header is a row of three featured articles: 'ORIGINAL ARTICLE: Obesity-Associated GNAS Mutations and the Melanocortin Pathway', 'Racial Disparities in Clinical Medicine', and 'EDITORIAL: Audio Interview: Are Covid-19 Vaccine Boosters Necessary?'. The main article featured is 'ORIGINAL ARTICLE: Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months' by Stephen J. Thomas, M.D., Edson D. Moreira, Jr., M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Gonzalo Pérez Marc, M.D., Fernando P. Polack, M.D., Cristiano Zerbini, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., et al., for the C4591001 Clinical Trial Group. The article is dated September 15, 2021, with a DOI of 10.1056/NEJMoa2110345.

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Reporting rates of myopericarditis (per million doses administered), by manufacturer, sex, and dose number, 7-day risk period* (as of Aug 18, 2021)

1 in 317 boys (16-17)
will get myocarditis from
the vaccine

(in order to save ~1 in a million kids from dying from COVID)

Isn't that a wee bit on the high side? Is that what they mean by "slightly elevated risk"?

Ages† (yrs)	Pfizer		Moderna		Janssen	Pfizer		Moderna		Janssen	Pfizer		Moderna		Janssen
	(All)		(All)		(All)	(Males)		(Males)		(Males)	(Females)		(Females)		(Females)
	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1
12-15	2.6	20.9	0.0	not calc.	0.0	4.8	42.6	0.0	not calc.	0.0	0.5	4.3	0.0	0.0	0.0
16-17	2.5	34.0	0.0	14.6	0.0	5.2	71.5	0.0	31.2	0.0	0.0	8.1	0.0	0.0	0.0
18-24	1.1	18.5	2.7	20.2	2.7	2.4	37.1	5.1	37.7	3.0	0.0	2.6	0.7	5.3	1.6
25-29	1.0	7.2	1.7	10.3	1.9	1.8	11.1	3.2	14.9	2.0	0.3	1.3	0.4	6.3	0.0
30-39	0.8	3.4	1.0	4.2	0.4	1.1	6.8	1.6	8.0	0.0	0.6	1.0	0.4	0.7	1.0
40-49	0.4	2.8	0.5	3.2	1.2	0.7	4.4	0.6	4.6	2.2	0.1	1.8	0.4	2.1	0.0
50-64	0.2	0.5	0.6	0.8	0.2	0.2	0.5	0.4	1.0	0.0	0.3	0.8	0.8	0.7	0.5
65+	0.2	0.3	0.2	0.3	1.0	0.2	0.4	0.4	0.4	1.0	0.2	0.4	0.1	0.2	0.9



* Reports with time to symptom onset within 7 days of vaccination

† Reports among persons 12-29 years of age were verified by provider interview of medical record review

Note:

Two dose calc: $1000000 / ((5.2 + 71.5) * 41) = 317$ (note 41 is the URF [even though the FDA and CDC refuse to calculate the value](#))

Reference: John Su, [Safety update for COVID-19 vaccines: VAERS](#)

Vaccines and Related Biological Products Advisory Committee Meeting
October 15, 2021

FDA Briefing Document

EUA amendment request for a booster dose for the Janssen COVID-19 Vaccine

Table 9. Post-Hoc Analysis of Vaccine Efficacy Against Centrally Confirmed Moderate to Severe/Critical COVID-19 With Onset at Least 14 Days After Vaccination by Virus Variant, Final Efficacy Analysis, Study 3001, Per-Protocol Set (Analyses not Verified by FDA)

	Ad26.COV2.S N ^a =19400 Cases	Placebo N ^a =19398 Cases	VE% (95% CI)
Reference strain	32	108	71.5% (57.3, 81.4)
B.1.1.7 (Alpha)	9	29	70.1% (35.1, 87.6)
B.1.351 (Beta)	36	56	38.1% (4.2, 60.4)
B.1.617.2/AY.1/AY.2 (Delta)	11	10	-6.0% (-178.3, 59.2)
B.1.427/429 (Epsilon)	8	17	54.7% (-10.8, 83.1)
P.1 (Gamma)	74	112	36.4% (13.9, 53.2)
C.37 (Lambda)	43	46	10.0% (-39.5, 42.0)
P.2 (Zeta)	34	93	64.8% (47.3, 77.0)
B.1.621 (Mu)	38	57	35.8% (1.5, 58.6)

Source: Figure 6, fa-tlr-vac31518cov3001.pdf

^aN=Total number of participants at risk

<https://www.fda.gov/media/153037/download>

Isn't VE supposed to be positive for Delta?

An Israeli health official "We all took into account that this is an experiment"



galileoisback · Published October 21, 2021
· 25 Views

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Why don't we just wait for the "clinical trials" to finish? Israel is doing the real "clinical testing" for us.



+ - 2 rumbles

EMBED

Rumble — "Safe and effective"; "Go get vaccinated"; "Pregnant, recovers, children"; "FDA approved"; "No processes have been cut but bureaucracy".

24/7 the propaganda worked to convince Israelis that it was not an experiment and ridicule anyone who dared to differ as "anti-science" and "fake news".

Was this paper wrong?

“Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically significant increase in “all cause severe morbidity” in the vaccinated group compared to the placebo group.

Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general.

Scientific principles dictate that the **mass immunization with COVID-19 vaccines must be halted immediately ...**”

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

Research Article

Trends in Internal Medicine

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

J. Bart Classen, MD*

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Received: 24 July 2021; Accepted: 25 August 2021

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

ABSTRACT

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

Keywords

Clinical trial, Vaccines, COVID-19.

Introduction

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

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

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

Trends Int Med, 2021

Volume 1 | Issue 1 | 1 of 6

Was this paper wrong?

Thus, the ratio of E_{SAE} to O_{SAE} is 31 to 1, suggesting a URF of 31 ($N_{SAE_Pfizer_trial} / N_{SAE_Pfizer_VAERS} = \sim 1.4M / 43,948$).

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

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

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

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

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

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

CDC on Vaccine Safety

Abstract

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

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

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

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

Was this paper wrong?

The [scientific literature](#) says otherwise.

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

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

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

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

*Science, Public Health Policy,
and the Law*

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

An Institute for Pure
and Applied Knowledge (IPAK)

Public Health Policy
Initiative (PHPI)



Editorial

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

James Lyons-Weiler, PhD
Editor-in-Chief

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

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

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

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

Under the Popperian model of science,

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

How come the CDC didn't retract their pregnancy guidance after the correction was issued?



Editor's Note: This article was published on April 21, 2021, at NEJM.org.

A correction has been published 1

ORIGINAL ARTICLE

Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons

Tom T. Shimabukuro, M.D., Shin Y. Kim, M.P.H., Tanya R. Myers, Ph.D., Pedro L. Moro, M.D., et al., for the CDC v-safe COVID-19 Pregnancy Registry Team*

June 17, 2021

N Engl J Med 2021; 384:2273-2282

DOI: 10.1056/NEJMoa2104983

Chinese Translation 中文翻译

If myocarditis is as rare as the CDC claims, then how can just one hospital be seeing 30-40 cases a day?

<https://t.me/covidvaccineinjuries/3224>

Telegram
Covid Vaccine Injuries



5:23 PM

The Aussie guy with the girlfriend and cousin with pericarditis and myocarditis 5:24 PM

Anja
Looking forward to this 5:30 PM

Akimbo
@skirsch -- Be sure to watch the Aussie videos...he talks about the cardiologists and nurses saying they see 30-40 cases like his a DAY!
5:33 PM

Is Norman right that ACM is the right measure? If not, what is?

Probability and Risk

Improving public understanding of probability and risk with special emphasis on its application to the law. Why Bayes theorem and Bayesian networks are needed



Norman Fenton

Norman Fenton is Professor in Risk Information Management at

Thursday, 23 September 2021

A comparison of age adjusted all-cause mortality rates in England between vaccinated and unvaccinated

Norman Fenton and Martin Neil

The UK Government's own data does not support the claims made for vaccine effectiveness/safety.

In a [previous post](#) we argued that the most reliable long-term measure of Covid-19 vaccine effectiveness/safety is the age adjusted all-cause mortality rate. If, over a reasonably prolonged period, fewer vaccinated people die, from whatever cause, including Covid-19, than unvaccinated people then we could conclude that the benefits of the vaccine outweigh the risks. We also pointed out that, to avoid the confounding effect of age, it is

Book "Risk Assessment and Decision Analysis with Bayesian Networks"

- [Book blog page](#)
- [Buy \(Amazon\)](#)
- [Buy \(CRC Press\)](#)

Key readings

- [Bayes and causal modelling in decision making, uncertainty and risk](#)
- [Irrational restrictions on](#)

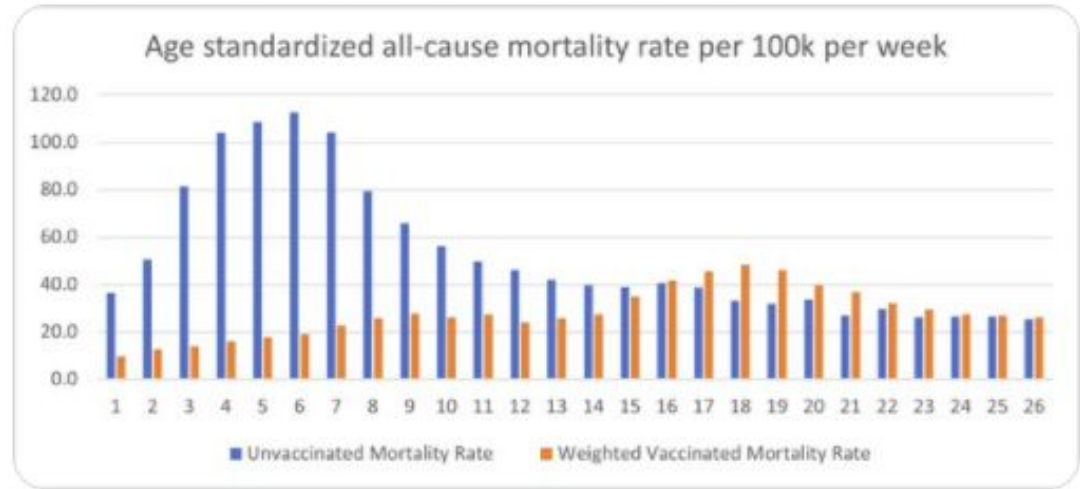
How come the
ACM is higher in
the vaccinated?
Isn't it supposed to
be the other way
around?



Prof Norman Fenton @profnfenton · Sep 23



We've looked at the UK Govt's own age adjusted all-cause mortality rates, comparing vaccinated and unvaccinated. There's key information missing, but the data does NOT support the claims made for #covid vaccine effectiveness/safety. Full explanation:
probabilityandlaw.blogspot.com/2021/09/all-ca...



119

1.2K

2.1K



Show this thread

How do you explain that the **case rates are higher in the vaccinated?** Isn't it supposed to be the other way around?



Prof Norman Fenton @profnfenton · Oct 21

Interesting. In fact, in EACH age category from 30 up the case rate is higher in the double vaccinated than the unvaccinated. Moreover, as we highlight here probabilityandlaw.blogspot.com/2021/10/compar... ONS may be underestimating number of unvaccinated so unvacc rates are likely even lower than stated



Dr Clare Craig @ClareCraigPath · Oct 21

Case rates per 100,000 are now double in the double vaccinated population than the unvaccinated for people aged 40 to 79.

assets.publishing.service.gov.uk/government/upl...

35

304

603



Why did this German association pull support for the boosters?

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

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



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

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

in Mönchengladbach

Kassenärztliche
Vereinigung
NORDRHEIN

Körperschaft des öffentlichen Rechts

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E-Mail kreis.moenchengladbach@kvno.de
Datum 07.09.2021

Ihr Zeichen

Ihre Nachricht vom

Unser Zeichen

COVID-19 (Stand 07.09.2021)

Sehr geehrte, liebe Kolleginnen und Kollegen,

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

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

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

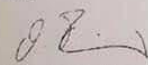

Wir müssen Sie zeitnah über die Vorkommnisse informieren, zumal weder eine arzneimittelrechtliche Zulassung durch die EMA noch eine STIKO Empfehlung für diese Auffrischungsimpfungen derzeit existieren!

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

Wir halten Sie natürlich auf dem Laufenden.

Mit herzlichen Grüßen

Ihre


Dr. med. A. Theilmeier
Vorsitzender der KSMG
der Kassenärztlichen Vereinigung
Dr. med. H. Hüren
Vorsitzender der KS MG
der Ärztekammer

Isn't this too high a price to pay?

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

Death:Life = 4:1

Assumptions:

1. [3% IFR for elderly](#) and 30% get COVID in a year
2. Booster lasts for 6 months



[Sunnycrest nursing home](#)
Whitby, Ontario, Canada
136 beds

How can this happen if the vaccines don't kill anyone?

Hale Nai = 288 and Avalon = 108 residents

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

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

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

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

ABRIEN AGUIRRE HAWAII COVID WHISTLEBLOWER

WATCH



Abrien Aguirre

UK funeral director John O’Looney: Deaths skyrocketed 250% after vaccination started. What caused it?

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

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

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

Death rates only went up after vaccinations started.

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

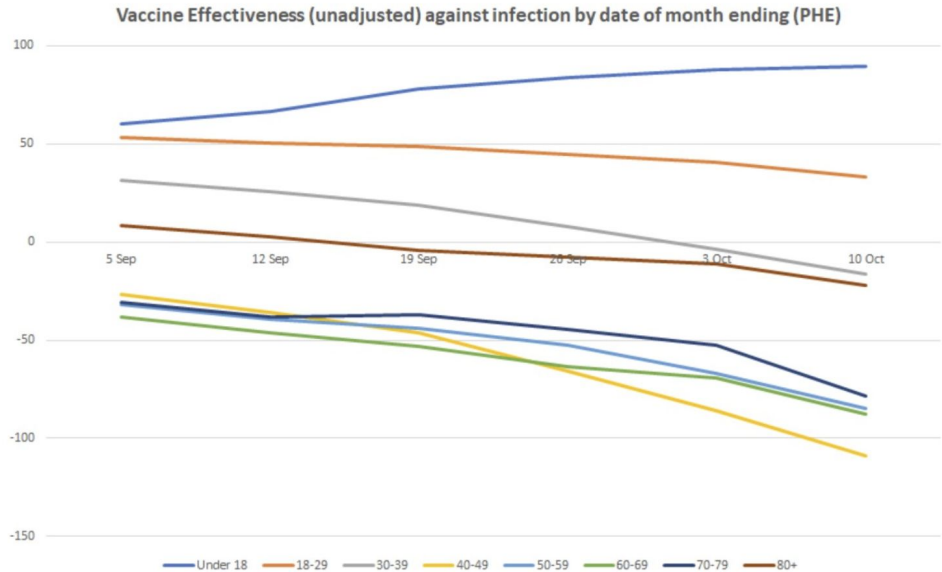


John O’Looney

How come VE is -109% for 40 year olds in the UK?

In other words, if you are 40 and you get vaccinated, you are >2X more likely to be infected than an unvaccinated person.

Infection Rate in Vaccinated People in Their 40s Now More Than DOUBLE the Rate in Unvaccinated, PHE Data Shows, as Vaccine Effectiveness Hits Minus-109%



In the latest [Vaccine Surveillance report](#) from [Public Health England](#) (PHE) the infection rate in double-vaccinated people in their 40s went above 100% higher than in the unvaccinated for the first time, reaching 109%. This translates to an unadjusted vaccine effectiveness of minus-109%.

CDC says spike protein is “harmless” but...

A Closer Look at How COVID-19 mRNA Vaccines Work

COVID-19 mRNA vaccines give instructions for our cells to make a harmless piece of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19.

1. **First**, COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the muscle cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
2. **Next**, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn't belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19.



... the scientific literature says they are lying; they say they spike protein is cytotoxic

1. [Be aware of SARS-CoV-2 spike protein: There is more than meets the eye](#)
2. [Toxicological insights of Spike fragments SARS-CoV-2 by exposure environment: A threat to aquatic health?](#)
3. [SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2](#)
4. [Pay no attention to the spike proteins behind the curtain](#)
5. [Clearing up misinformation about the spike protein and COVID vaccines](#)

**They can't both be
telling the truth.**

**Who is lying and
how do you know?**



If Congress wants to find out where the virus *really* came from, then how come Congresswoman Anna Eshoo refuses to ask the NIH for Fauci's unredacted emails?



Isn't it odd that countries with the highest **vax rates** have the highest transmissions?

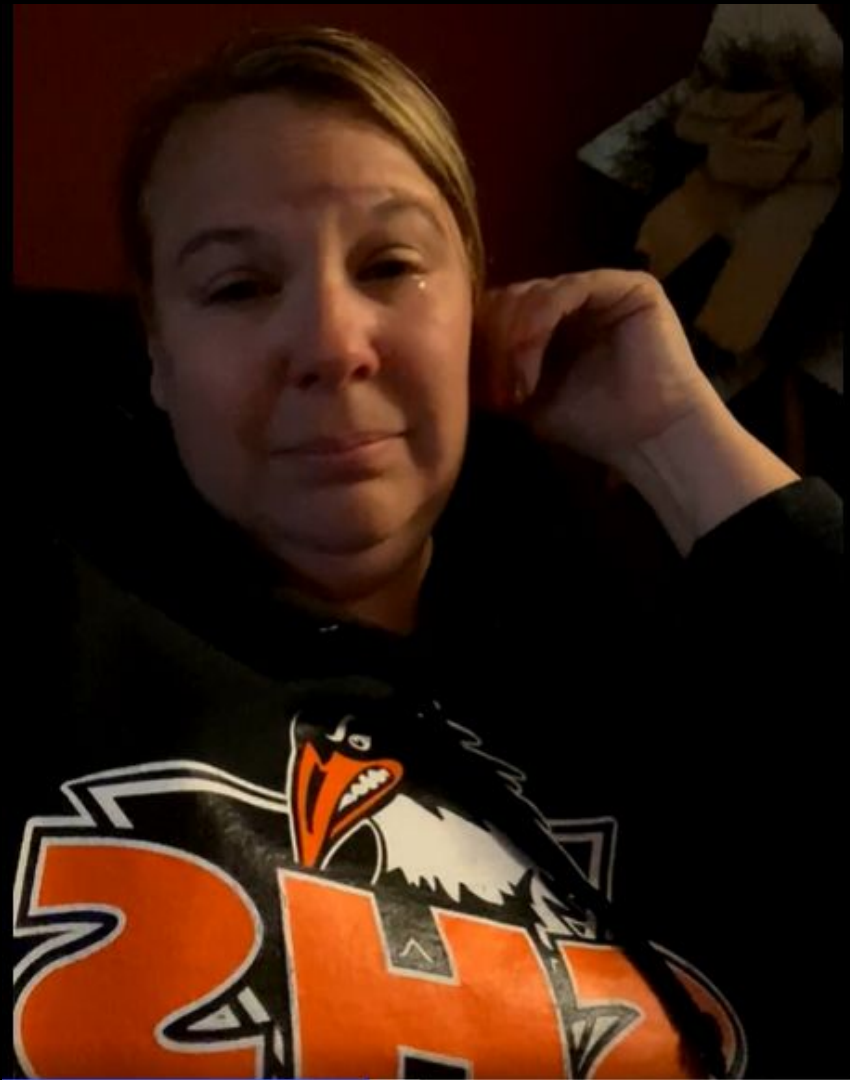


Karen Iacovelli Forster TRUTH @KikiForster · 1 like · 9m

[@stkirsch](#) this doesn't compute with the hard data that 68 highly vaxxed countries have covid spikes; that CDC's own research found that the 4 of the highest vaxxed counties in the US had high virus transmission. 57 counties with the lowest vax rates (26.3 max less than 20% in others) had the lowest transmission. Paper released from Stanford showed vax has no discernible effect upon mitigating virus. The opposite happening. Belgium news just reported high vax rate causing spikes.

Unlike Reply Repost ...

Would you like to tell this mom she's wrong? That vaccines must be mandated and people must comply or not be able to work. That the Nuremberg Code wasn't violated here?



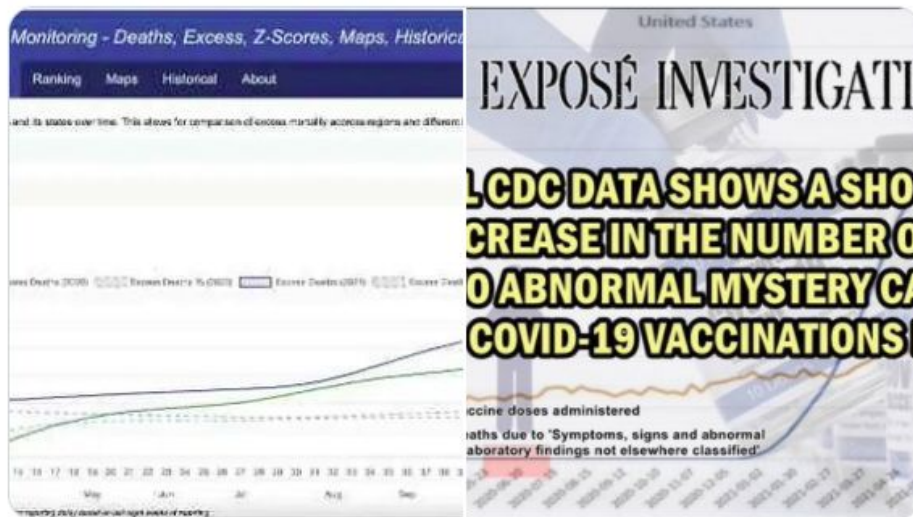
The rate of unclassified deaths is increasing faster than can be explained normally. Why?



Katherine Lutz
@KatherineLutz18

Replying to @AngryRhino1111

Data available from the Centre for Disease Control in the USA shows that since the Covid-19 vaccination programme got underway in the US, deaths due to 'abnormal clinical findings not elsewhere classified' have increased exponentially compared to pre-Covid-19 vaccination levels



8:08 PM · Oct 22, 2021 · Twitter Web App

Isn't this a violation of the Nuremberg Code?

Coercion and lack of informed consent

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.^[13]

Isn't this a violation
of the Nuremberg
Code?

Coercion and lack of
informed consent

Teen dies of Heart Attack after having Covid-19 Vaccine because it was mandated by his Hockey Team

BY THE EXPOSÉ ON OCTOBER 24, 2021 • (11 COMMENTS)



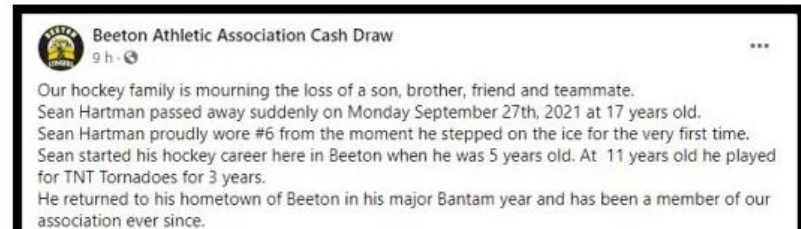
Listen Now

A 17-year-old boy in Canada died of a heart attack at home on September 27th reportedly two weeks after he received a Covid-19 injection.

Sean Hartman is said to have suffered from "multiple" health problems "immediately" after the jab, including myocarditis, or heart inflammation. He received the COVID jab in order to be able to play hockey in an arena where the shot is required for entry.

"Sean was born on January 31st 2004, and since then there was nothing that Sean was more passionate about than sports, especially hockey as he played his entire life, reads his GoFundMe page. "He started his hockey career playing for the Beeton Stingers and went on to play for TNT in Alliston. Whether watch or play, Sean just loved the game."

Sean was passionate about sports, especially hockey. He started his hockey career playing for the Beeton Stingers and went on to play for TNT in Alliston. Beeton Athletic paid tribute to 17-year-old with this post:



Shouldn't we be worried about vaccine-enhanced replication and infectivity?

INVESTIGATION – Official Government reports suggest the Fully Vaccinated will develop Acquired Immunodeficiency Syndrome by the end of the year

BY THE EXPOSÉ ON OCTOBER 23, 2021 • (36 COMMENTS)



Listen Now

The last 7 Public Health England / UK Health Security Agency 'Vaccine Surveillance' report figures on Covid-19 cases show that double vaccinated 40-79 year-olds have now lost 50% of their immune system capability and are consistently losing a further 5% every week (between 3.9% and 8.8%).

Projections therefore suggest that 40-79 year-olds will have zero Covid / Viral defence at best, or a form of vaccine mediated *acquired immunodeficiency syndrome* at worst, by Christmas and all double vaccinated people over 30 will have completely lost that part of their immune system which deals with Covid-19 within the next 13 weeks.

By a concerned reader

The 7 Public Health England (PHE) / UK Health Security Agency (UKHSA) tables below from their excellent Vaccine Surveillance reports of all fully genome sequenced Delta variant cases, separated by 6 weeks, clearly show the progressive damage that the vaccines are doing to the immune response of the double vaccinated. PHE / UKHSA have done so much great work and are continuing to paint an extremely clear picture.

How come
mainstream media
isn't asking any of
these questions?

Are they paying
attention or are they
asleep at the
wheel?

