#### Is it safe?

What the record-level data says

**Steve Kirsch** stevekirsch.substack.com

Nov 30, 2023

#### Vote now

You can change your vote at any time during the presentation.

Limited to pre-registered attendees



pollev.com/stevekirsch655

#### About me

MIT '78 SB/SM EECS

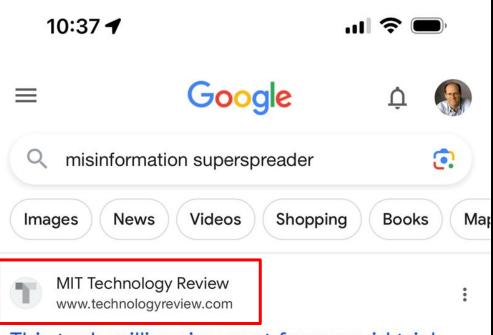
Former high-tech serial entrepreneur

Featured on <u>60 Minutes</u>

Written over 1,500 articles on vaccines

Today: Misinformation superspreader (#1 search result on Google)





#### This tech millionaire went from covid trial funder to misinformation superspreader

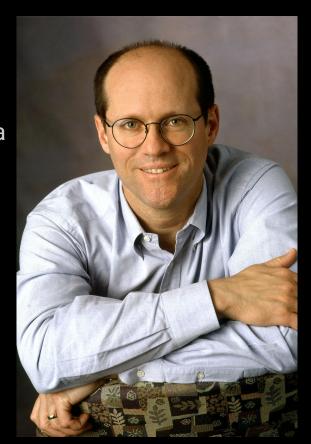
Oct 5, 2021 — One Silicon Valley entrepreneur thought he could beat the odds. Medium banned him for misinformation. "Medium revoked my account for life. My ...



## Benefits of calling for data transparency

Lifetime ban: LinkedIn, Medium, Twitter (2x), Wikipedia Stripped of National Caring Award (Wikipedia) Friends abandon you Country club won't take you Corporate Board tells you to shut up or leave Your Scientific Advisory Board guits en masse You are censored on all platforms YouTube removes your videos YouTube cancels anyone who has you on their show People call you a wack job behind your back

MIT won't let you speak in your own auditorium





**National Lampoon's Animal House (1978)** 

#### "Revenge of the Nerd"

## THE FOLLOWING PRESENTATION HAS BEEN APPROVED FOR NO AUDIENCES

BY THE CENTERS FOR DISEASE CONTROL (CDC) & THE FOOD & DRUG ADMINISTRATION (FDA)

THE TALK ADVERTISED HAS BEEN RATED



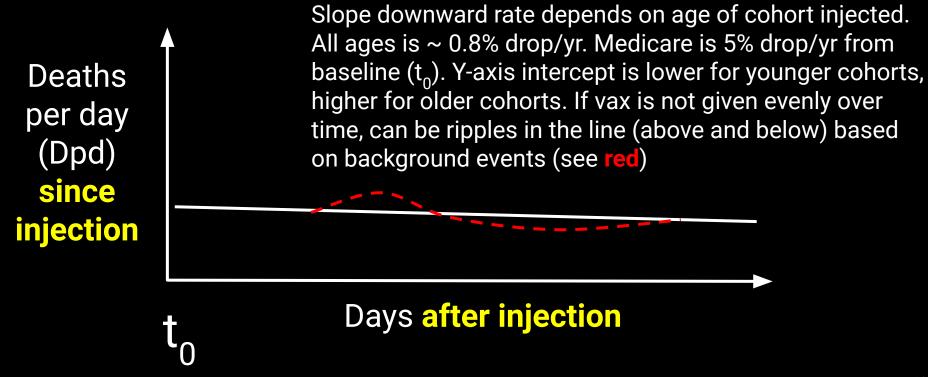
www.cdc.gov

www.fda.gov

# 6.123 Vaccine safety 101 Lecture #1 The basics (in 7 slides) 12 units

**Professor Kirsch** 

### All-cause Deaths per day after a specific dose of a safe vaccine given at a random time to a fixed size cohort

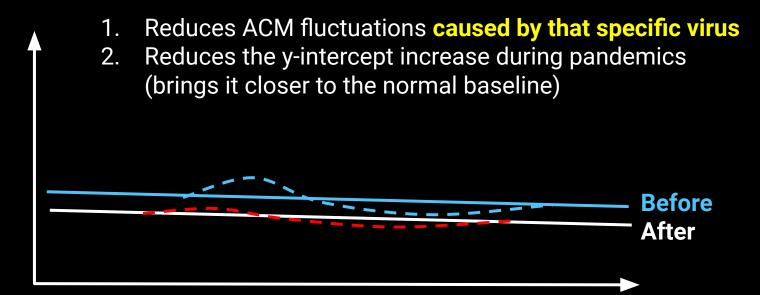


#### **Cheat sheet**

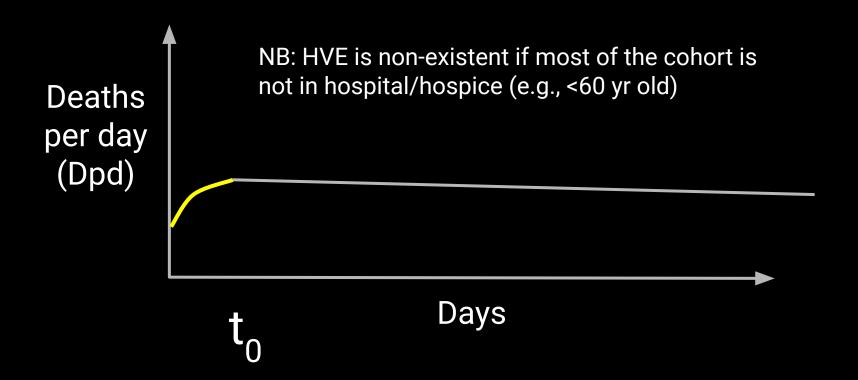
For a safe vaccine, the all-cause mortality (ACM) line always slopes downwards. Always. Death in a fixed size cohort is a Poisson distribution where the Dpd mean goes down monotonically. Days after injection

11

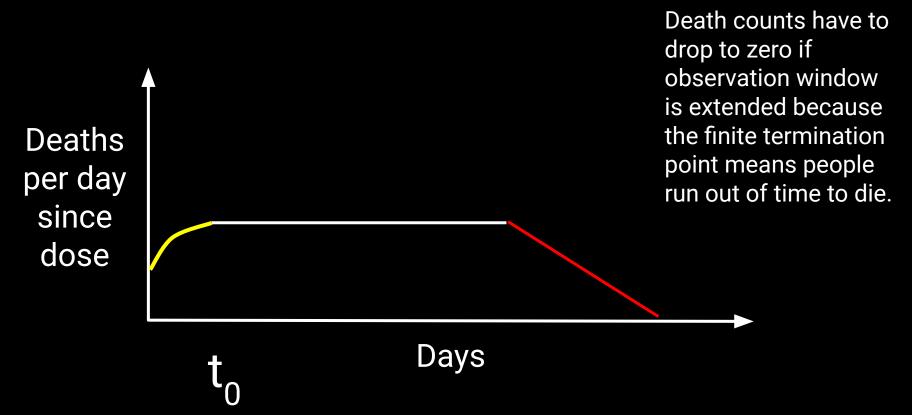
#### A "safe and effective" vaccine



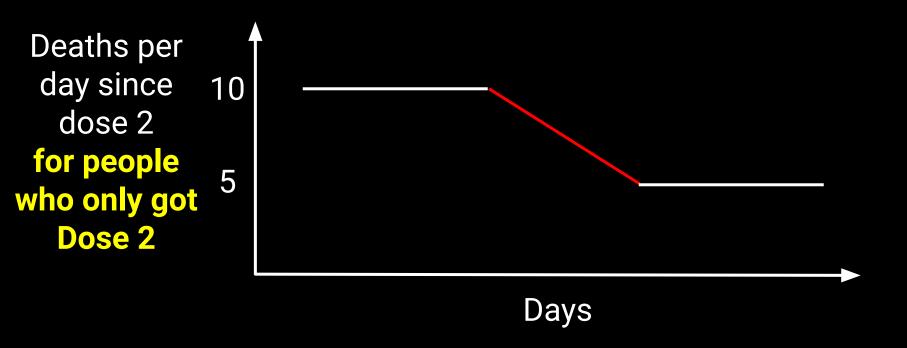
### Temporal healthy vaccine effect (HVE) (gone after ~21 days)



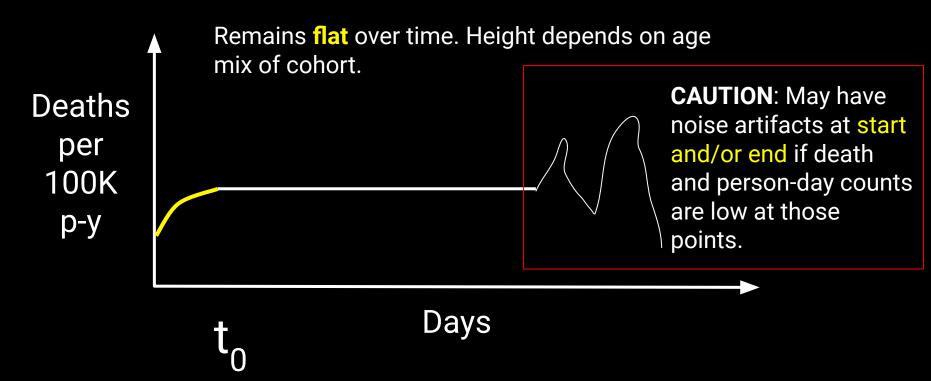
#### "Running out of time to die"



#### "50% of people leaving for Dose 3"



### Mortality rate (Deaths per 100K person-years)



#### Any questions?

## MIT Institute Professor Robert Langer did NOT want to see the data I'm going to show you tonight.



Your vaccine is killing people. Do you want to see the data?



Steve Kirsch
To Robert Langer (rlanger@mit.edu)

(i) This message was sent with High importance.

I'd love to show it to you before my talk.

I'll be showing it to the MIT community on Thursday at 6pm in the Kirsch Auditorium.

You can reach me at

-steve

#### Do you know why?

## If he sees the data, he has a duty as a Board member of Moderna to immediately stop the shots

## Otherwise, he could be held criminally liable if they don't stop the shots

(gross negligence manslaughter, corporate manslaughter, ...)

## The PREP only protects from civil liability, not criminal liability

As soon as any of these companies are shown that these are "kill shots," they have to act.

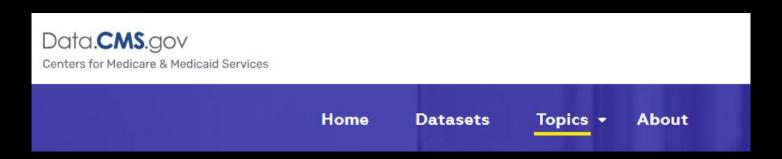
That's why both Moderna and Pfizer refused to look when a member of the medical news media offered to show it to them

## Does anyone want to take their place today and defend the COVID vaccine?



## US Medicare **Gold standard data**

Never before been made public



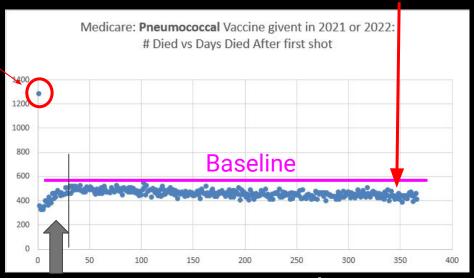
Same time period, same population, different vaccine.

This is a typical un**safe** vaccine

(unsafe due to day 0 kill rate)

Deaths per day

ACM 11% @365 from baseline

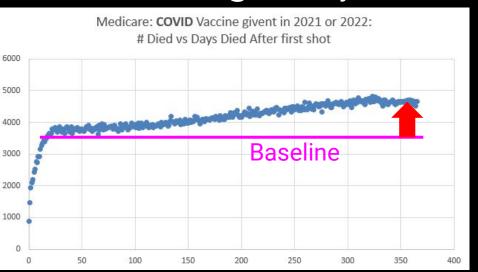


**HVE** Days since shot

Pneumococcal vaccine

This is a very unsafe vaccine. Slope goes UP monotonically for 365 days straight! Unprecedented.

## ACM @365 days is 126% from baseline @ 21 days



**COVID** vaccine

#### It didn't save anyone

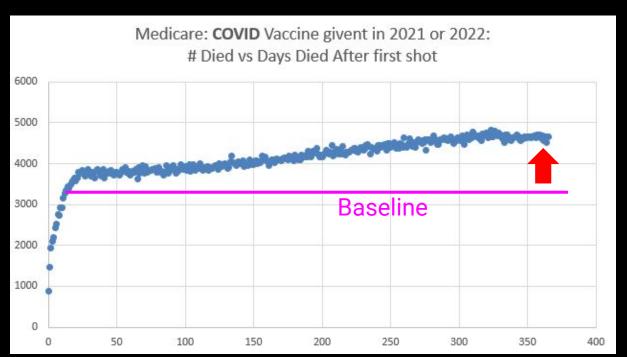
## It killed people.

#### No doubt about it.

#### None whatsoever.

#### Should be **GRAU**

"Generally regarded as unsafe"



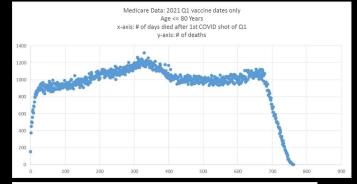
#### Dose 1

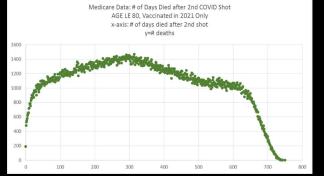
Curves for other doses of COVID vaccine also slope UP over first 300 days.

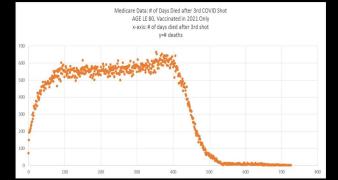
WTF?!?! It is supposed to slope down.

Dose 2







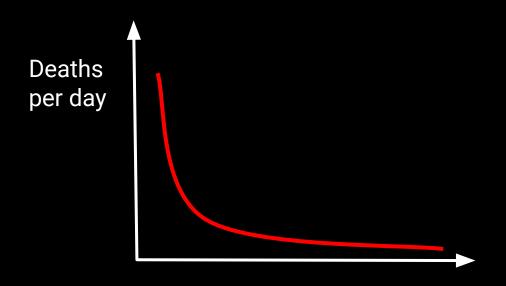


#### I showed the world this in Feb 2023. Nobody cared.



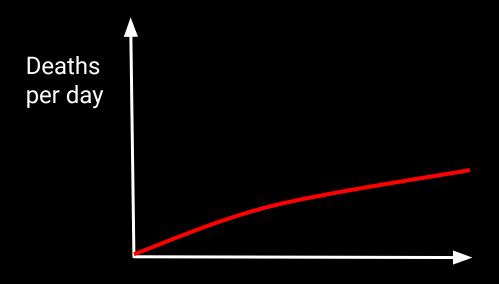
# Do you know why they never spotted any safety signals?

### They were looking for this:



Time since shot

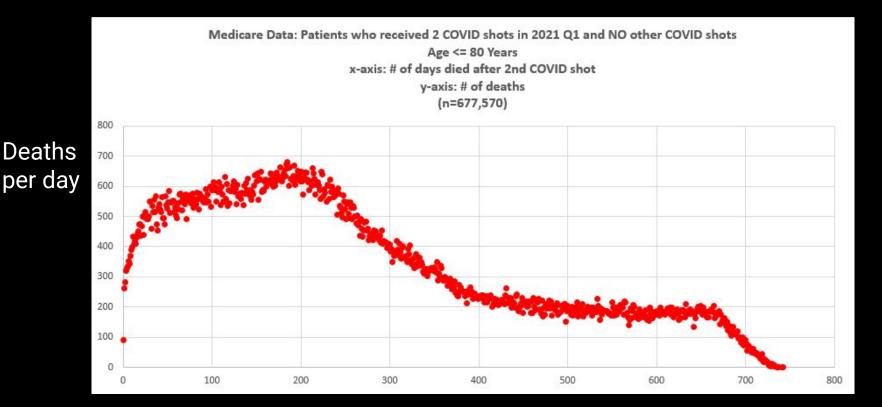
### not this:



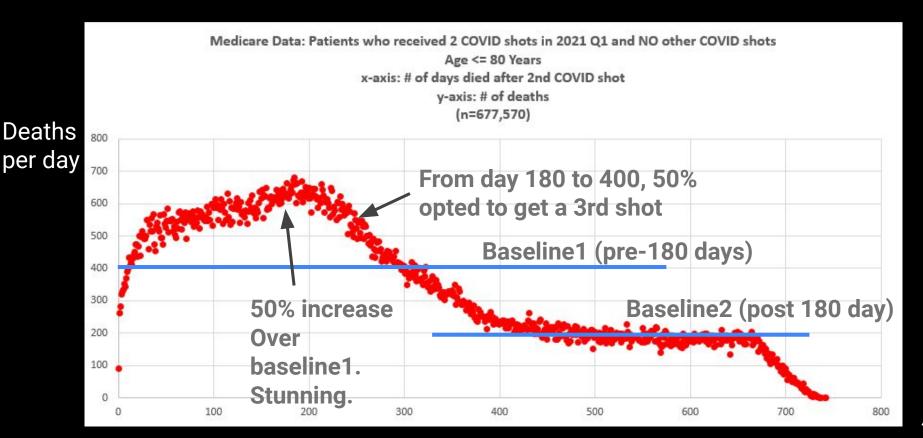
Time since shot

### **Including me!**

## The most damaging curve I saw. Know why? This is people who got exactly 2 shots



### We can estimate Baseline1 using Baseline2!



### We also have anecdotes.

In a world where information is being withheld or distorted, anecdotes are often the best source of truth.

Here's an example...

### Jay Bonnar, 57 year old high tech sales exec

15 friends died "unexpectedly" post-vax. All dead were vaxxed. Prior to the vax rollout, 1 "unexpected" death in 30+ years

4 died within 24 hours of vaccine 3 of the 4 were < 30 years old

poisson.sf(14, .1) --> 7.0e-28

→ the vaccine KILLED his friends. GUARANTEED.



### Jay Bonnar, 57 year old high tech sales exec

15 friends died from the vaccine0 friends died from COVID

Let that sink in...

```
>>> poisson.cdf(0,15)
3.0590232050182594e-07
```



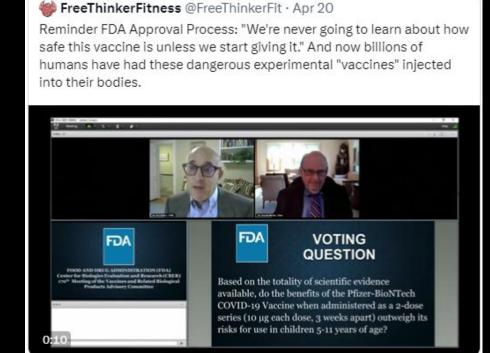
→ The cure was far worse than the disease

Poisson distributions never lie. Trust 6.041.

"But we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes."

Dr. Eric RubinEditor-in-ChiefNew England Journal of Medicine

Adjunct professor of immunology and infectious diseases
Harvard University



# Well, we now have the safety data.

### Just one small problem...

# Nobody in public health has ever has ever looked at it seriously

Nobody ever has ever publicly released the record-level data for any vaccine

# So we couldn't look at it either



# So nobody would be able to know the ground truth about any vaccine or pharmaceutical

# But that changed for me on Nov 9, 2023

# Thanks to a whistleblower @ New Zealand Ministry of Health





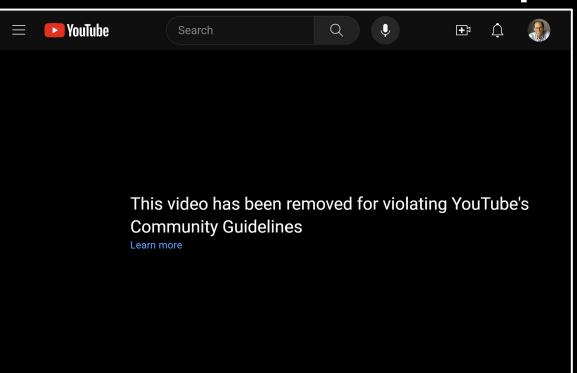
#### M.O.A.R (Mother Of All Revelations)

The irrefutable data on New Zealand's excess deaths from the C\_v\_d j\_bs.https://nzloyal.org.nzhttps://freenz.subs tack.com www.youtube.com

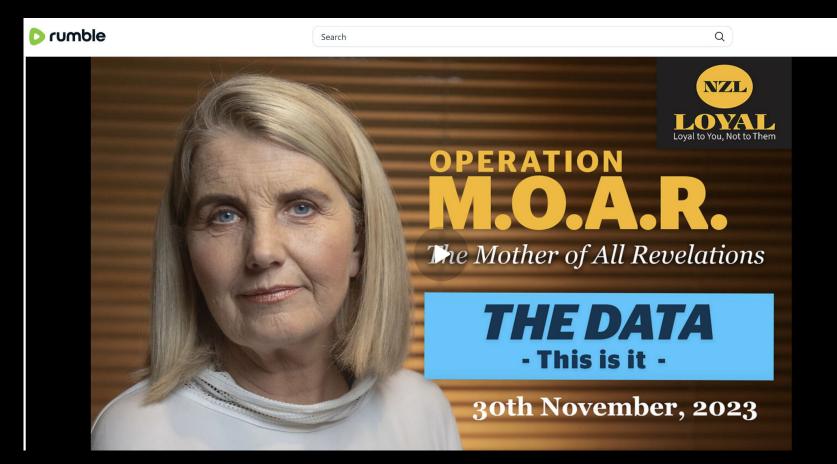
YT - <a href="https://www.youtube.com/watch?">https://www.youtube.com/watch?</a> v=IO-ywRHhrlc

### Do you want to see the video?

# Me too! But Community Guidelines are way more important than saving lives. YouTube removed it < 5 min after posting.



### **Watch on Rumble**



### We now have the data.

# That nobody was ever supposed to see

# And I just now made it available for anyone in the world to download



# Along with free data analysis tools you need

# It is record-level data. Official government data. Gold standard data. Ground zero data.

It does not get any better than this.

For professional misinformation spreaders such as myself, this data was the Rosetta Stone.

It can statistically PROVE whether a vaccine is safe or not.

The results are objective and easy to interpret.

# Have you ever wondered why it is always kept hidden?

# Today, for the first time in history, I will show you why.

I'm going to show you what the NZ record-level data says about the COVID vaccine

### It's not pretty

## Over 13 million people were killed worldwide.

### For no benefit.

#### Whatsoever.

#### With one exception...

## DOES IT PROVIDE IMMUNITY?

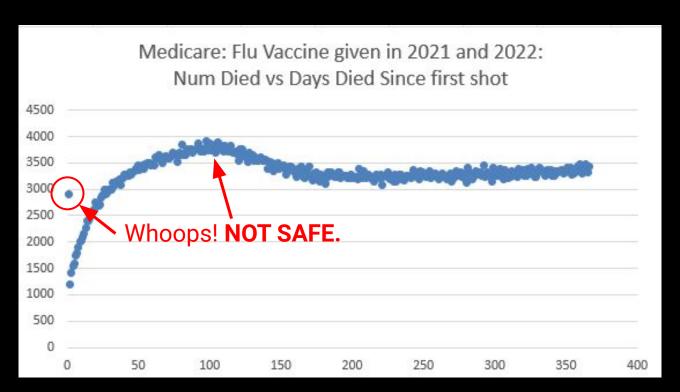
### ONLY FOR THE MANUFACTURER.



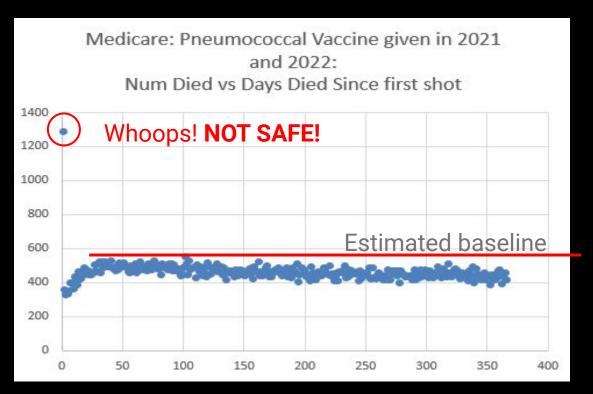
# The shots made it more likely that you'd die if you were elderly...

the very population the shots were designed to protect.

## A safe vaccine should have a flat deaths/day profile (FLU)



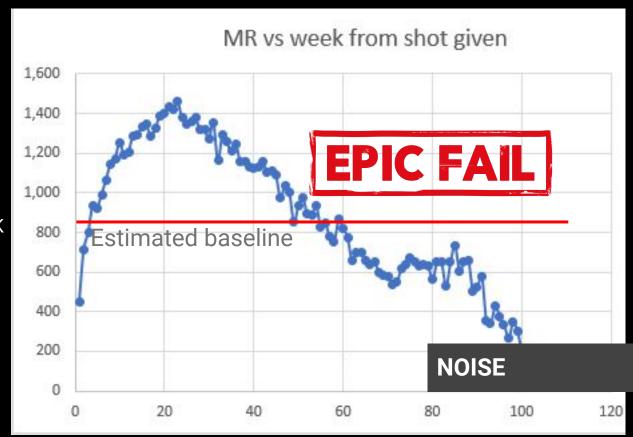
## A safe vaccine should have a flat deaths/day profile (PCV)



#### COVID vaccine

All ages, all doses

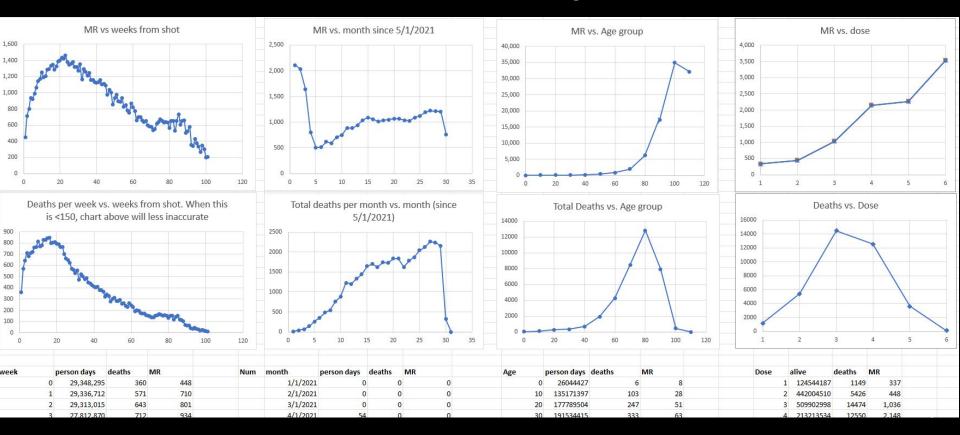
**Death rate** (deaths per 100K person years)



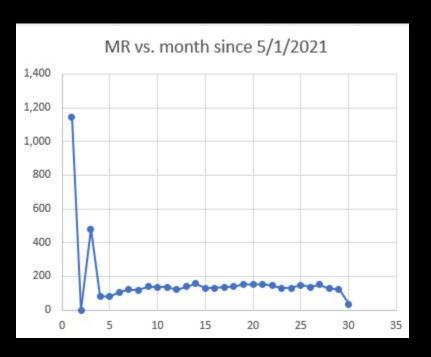
## Could anything be happening in the background to explain this?

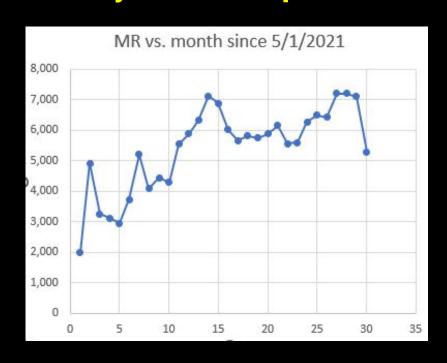
### NFW

### You can vary **all 4 independent variables** and you see the same thing



### Mortality rate doubles for the elderly, but flat for the young over the exact same 2.5 yr calendar period





Note: there are artifacts at the start and end of the plots. Those were expected and were explained at the start of the presentation.

The start is due to the fact we only have vaccinated records, so we have to build up over time. The end is running out of time to die.

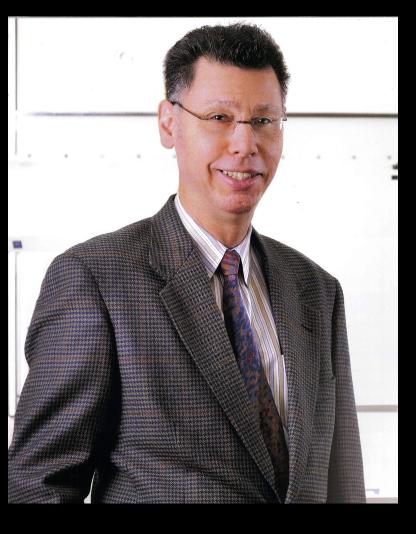


"The NZ data confirms what we saw in the most recent ONS data.

There is now no doubt the vaccine is increasing the mortality rate in older people."

#### **Norman Fenton**

Professor of Risk Information Management Queen Mary University of London



"I think that you've made a very strong case that the Covid genetic vaccines are associated with appreciably increased mortality rates for 6-12 months after each dose. This is particularly compelling in people over age 65. I am not aware of actual evidence that the increased post-vaccine mortality that you've shown has a different cause."

#### Harvey Risch, MD, PhD

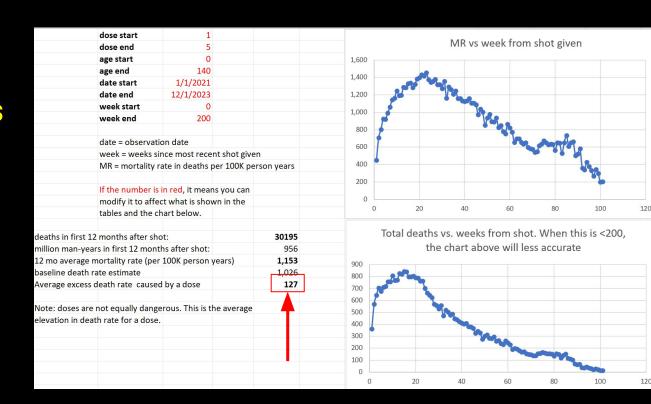
Professor Emeritus and Senior Research Scientist in Epidemiology (Chronic Diseases); Yale Institute for Global Health

h-index: 110

### By how much??

Avg over 5 doses, all ages is ~100 excess deaths per dose per 100K person-years.

→ ~1 excess death per 1,000 doses on average.



#### Killed estimate

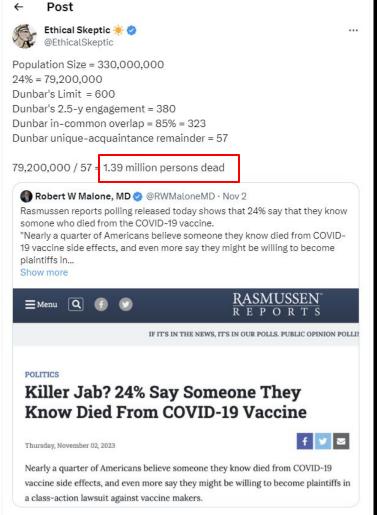
### 13M people worldwide

#### 675K Americans

Conservative estimate



Ethical Skeptic (ES) estimated 1.39M excess deaths in the US from Rasmussen survey data



## The same thing is happening in other countries

#### <u>Denis Rancourt estimated 17M killed</u> <u>worldwide by the COVID vaccines</u>

We are in the same ballpark.

#### **UK ONS data**

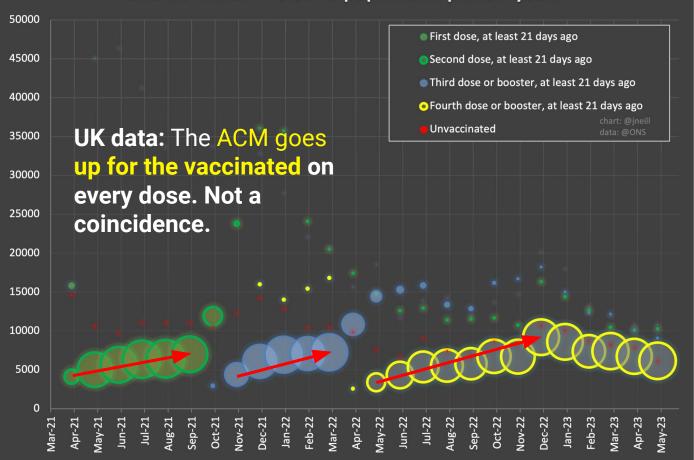
**ACM** significantly higher in the vaccinated for 20 consecutive months.

Nearly double in some months!

Source: UK ONS (Table 2)

	Month	Vaxxed Person- years	Unvaxxed			
Year			ASMR 2 doses	Person- years	ASMR Unvax	Delta
2021	April	73,434	4145.4	5,236	13568.8	9423.4
2021	May	165,856	5036.9	5,087	9770.5	4733.6
2021	June	172,013	5659.2	4,723	8818.5	3159.3
2021	July	179,637	6374.4	4,735	10128.4	3754.0
2021	August	180,407	6434.4	4,632	10057.5	3623.1
2021	September	171,143	7015.9	4,419	10076.3	3060.4
2021	October	93,479	11902.9	4,505	9633.8	-2269.1
2021	November	28,792	23821.4	4,296	11249.7	-12571.7
2021	December	11,065	36091.2	4,366	13096.9	-22994.3
2022	January	6,149	35733.6	4,295	11804.6	-23929.0
2022	February	4,786	24097.8	3,850	9418.8	-14679.0
2022	March	4,974	20502.7	4,239	9516.9	-10985.8
2022	April	4,439	17446.8	4,082	8876.8	-8570.0
2022	May	4,172	14802.2	4,205	6732.9	-8069.3
2022	June	3,804	12606.0	4,066	5882.0	-6724.0
2022	July	3,805	12040.2	-,200	8171.6	-4777.6
2022	August	3,754	11412.4	4,194	6633.7	-4778.7
2022	September	3,617	11531.6	4,061	5990.8	-5540.8
2022	October	3,729	11693.8	4,199	7807.5	-3886.3
2022	November	3,606	10761.8	4,060	7506.9	-3254.9
	December	3,715	16338.3	4,188	9686.9	-6651.4
	January	3,693	14401.2	4,174	9123.5	-5277.7
	February	3,332	12663.2	3,770	7710.4	-4952.8
	March	3,685	10484.9	4,173	7363.4	-3121.5
2023	April	3,566	10104.6	4,043	7019.0	-3085.6
2023	Andrew Color (Street)	3,686	10256.2	4,184	5377.3	-4878.9
			2nd dose at least 21 days ago 80 all-cause mortality			to 89

### Age 80-89: Monthly age-standardised mortality rates by vaccination status for all cause deaths, England Bubble width = relative population person-years



## And look what happened in the Philippines!

### **Philippines**Vax deaths were

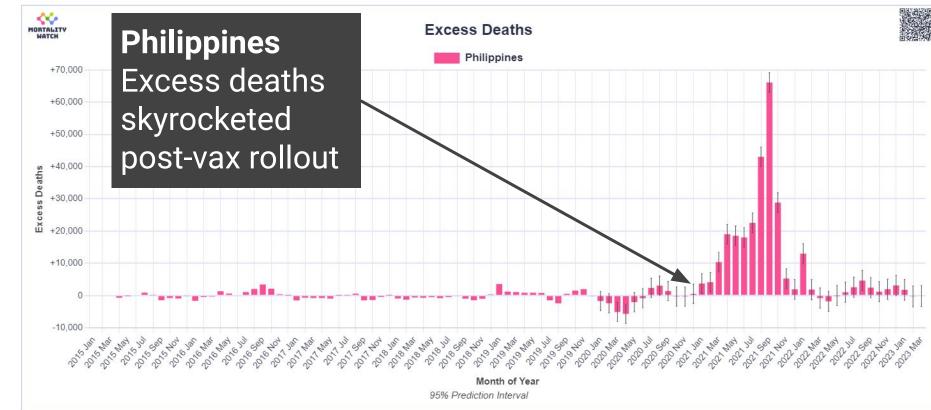
**5X** COVID deaths

4. Did Covid-19 Cause the Excess Deaths?

- In 2020 there were NO excess deaths, despite ~ 11,785 Covid-19 deaths.
- In 2021, provisional PSA data shows 265,493 excess deaths, compared to ~46,410 Covid-19 attributed deaths.
- In 2022, provisional PSA data shows 62,265 excess Deaths (vs. 2020) compared to ~7,056 deaths attributed to Covid-19.
- Covid-19 cannot explain the numbers of excess deaths.

2015 Jan

2017 Jan 2019 Jan 2021 Jan



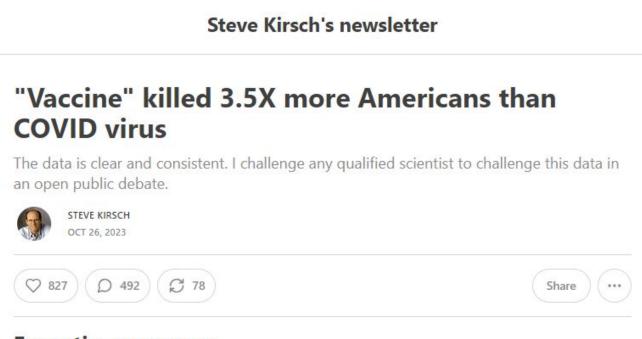




10:52 PM · Nov 24, 2023 · 2,343 Views

A direct survey of over 10,000 Americans showed the vaccine killed > 3.5x COVID.

Nobody wanted to contact the responders or replicate the results.

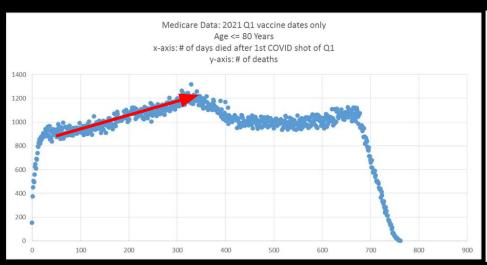


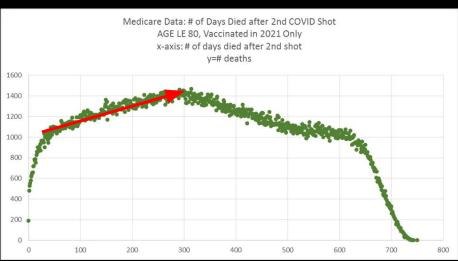
#### **Executive summary**

## Sound too hard to believe? Don't take my word for it. Collect your own data (This X survey found a 3.86X ratio)



#### **United States (Medicare)**

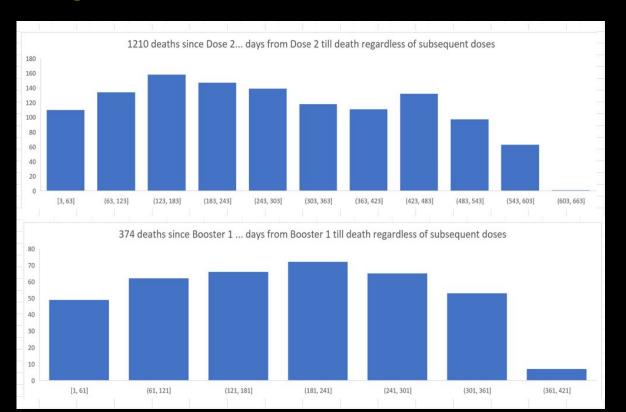




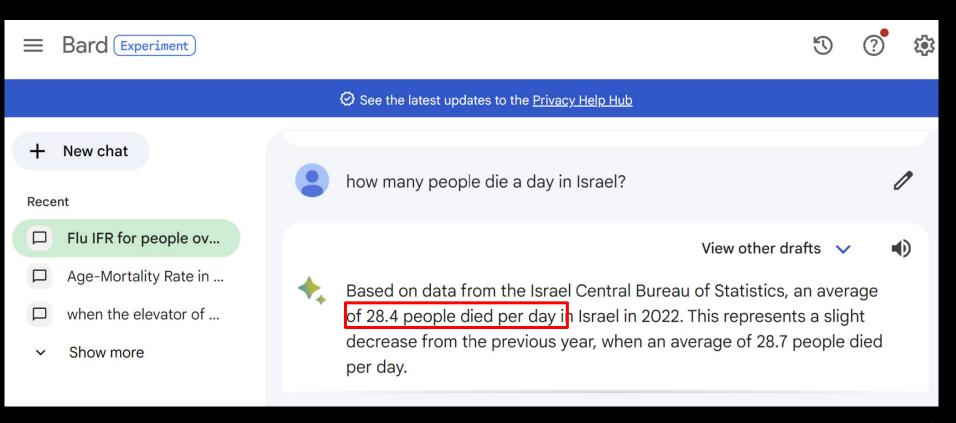
Dose 1

Dose 2

## Maldives record-level data shows 60% increase @ 180 days post shot



#### Israel baseline calculation



#### Israel baseline calculation

28.4 \* .83 = **23.5** deaths per day

Due to lower vax rate of elderly (it is the elderly who de)



As of October 4, 2023, 88.9% of the eligible population in Israel has received at least two doses of a COVID-19 vaccine. This means that over 88% of the people over the age of 12 in Israel have been fully vaccinated.

Here is a breakdown of the vaccination rates in Israel by age group:

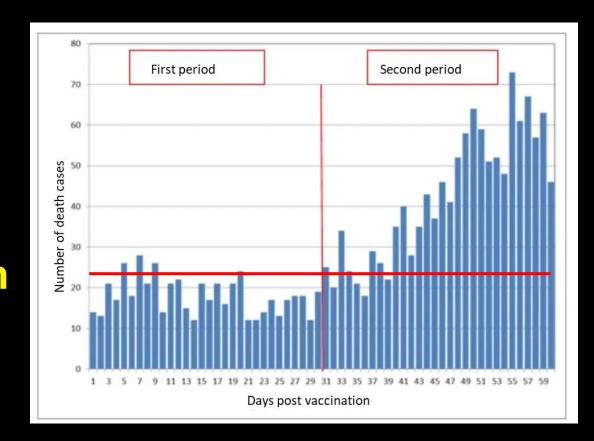
- Ages 12-15: 96.0%
- Ages 16-17: 94.3%
- Ages 18-29: 90.2%
- Ages 30-49: 88.1%
- Ages 50-64: 89.9%
- Ages 65+: 83.7%

The high vaccination rates in Israel have helped to significantly reduce the number of COVID-19 cases, hospitalizations, and deaths. However, the country is still seeing a small number of new cases, and officials are urging people to get booster shots to further protect themselves and the community.

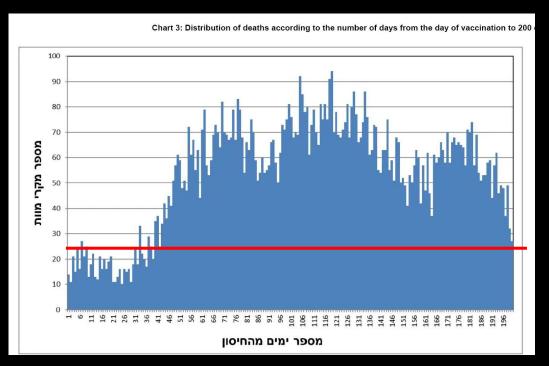
#### Israeli MoH

2.5x

increase in death counts from baseline of 23.5 to 60



## Israel: In first 7 months after dose 2, deaths peak 3.8x from baseline. NOBODY NOTICES.



That chart has been in public view since Mar 7, 2023.

Nobody cares how many people the vaccine kills or injures.

The medical community does whatever they are told.

They are incapable of independent thought.

They do not want to lose their job.

Or their board certifications.

So most remain silent while the killing happens



Dr. Peter McCullough, one of the top cardiologists in the world, just had his board certification revoked for saying that the COVID vaccines were killing people.





510 Walnut Street | Suite 1700 | Philadelphia, PA | 19106-3699 | 800.441.2246 | www.abim.org | request@abim.org

Dallas, TX 75206

Personal and Confidential Sent by Certified Mail

Re: Notice of Recommended Disciplinary Sanction

Dear Dr. McCullough:

M. Safwan Bash, MD Roger W. Bosh, MD

Vineet Arona, MD

C. Seth Landefeld, MD

Richard I. Baron, MD Chief Executive Officer

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the CCC; Richard Battaglia, M.D., I President, Medical Education Resea

Director, Academic Affairs; Ruth H. Ph.D., Research Associate; and Laur

about the purported dangers of, or la The CCC met to consider this matte McDonald, M.D., M.P.H., Senior V

Paul Lantieri III and Emilia McKee

October 18, 2022 Peter McCullough, M.D. 5231 Richard Avenue

The American Board of Internal Medicine (ABIM) provided you notice by letter dated May 26, 2022 (the "Notice") that ABIM's Credentials and Certification Committee (CCC) would consider

ABIM ID: 136084

whether to recommend a disciplinary sanction against you in light of public statements you made

American Board

510 Walnut Street Suite 1700 Philadelphia, PA 19106-3699 800.441.2246 www.abim.org request@abim.org

Nothing in your declaration submitted in response to the Notice, or in the materials submitted to ABIM on your behalf, compels a different conclusion.

For these reasons, the CCC found that you have provided false or inaccurate medical information to the public. By casting doubt on the efficacy of COVID-19 vaccines with such seemingly authoritative statements, made in various official forums and widely reported in various media, your statements pose serious concerns for patient safety. Moreover, they are inimical to the ethics and professionalism standards for board certification.

In light of all the evidence and circumstances, the CCC determined to recommend that your board certifications be revoked.

ARIM BOARD OF DIRECTORS Yol Emes, MD

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Chair Rajeev Jain, MD Chair-Elect Robert O. Rossell, MD

President Chief Executive Officer

Secretary

C. Seth Landefeld, MD

U.S. Navy Medical Officer Exposes Defense Department Data Showing Alarming Increase in Heart-Related Issues Among Pilots Following COVID-19 Vaccination: Myocarditis Up by 151%, Heart Failure by 973% (VIDEO)

**𝑉** By Jim Hoft **iii** Nov. 28, 2023 1:40 pm **□** 1269 Comments













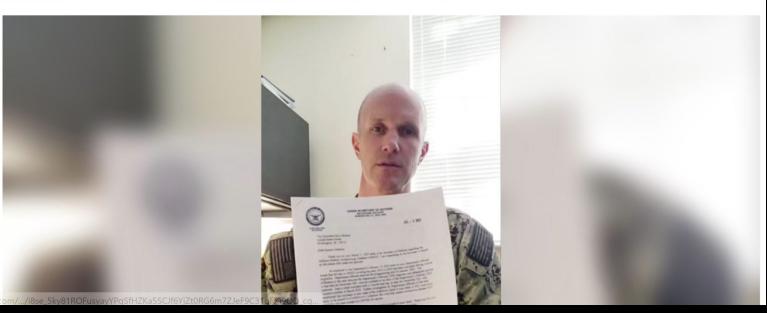








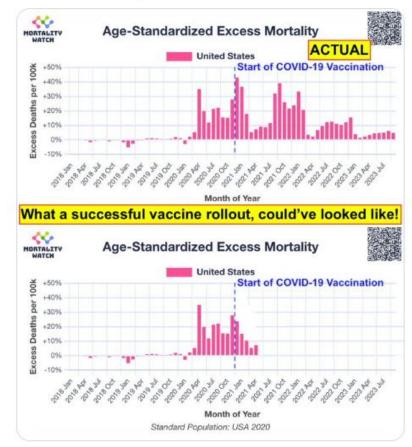




USA

Actual

**Promised** 



43

2.4K

t7 17

### The debate is over

### Vote now

You can change your vote at any time during the presentation.

Limited to pre-registered attendees



pollev.com/stevekirsch655

# The opposition doesn't want to talk about it

# Even \$10M is insufficient to get them to show up

#### Steve Kirsch's newsletter

Home

Notes

Chat

Reference

Favorites

Premium

News

Take action

Archive

Leaderboard

About

If I lose, I will donate \$1M to MIT.

If he loses, he will donate \$1M to VSRF.



# I just offered MIT Institute Professor Robert Langer \$10M to debate me about COVID...

I think the mRNA shots are deadly. The evidence is in plain sight. I'm so confident that the data supports this that I'm willing to donate \$10M to MIT...

NOV 10 · STEVE KIRSCH

Langer could have named a team of people to appear in his place



# He didn't even give me the courtesy of a response.

### Moderna... same offer



Steve Kirsch @ @stkirsch · Nov 12

I just offered Moderna up to \$10M to challenge me on vaccine safety. The venue, the Kirsch Auditorium at MIT, is almost literally across the street from Moderna HQ. Nov 30 at 6pm. They can bring up to 12 people.



607













## \$100K reward

and still nobody wanted to challenge me live



# None of the anti-anti-vaxxers wanted to challenge me either



I'm officially opening this up to any of the PROMINENT anti-anti-vaxxers to apply. You know who you are. The list includes Professor Jeffrey Morris (@jsm2334), Susan Oliver @DrSusanOliver1 and her dog Cindy, David Gorski aka Orac (@gorskon), Michael Simpson( @skepticalraptor), Dorit Reiss (@Doritmi), DebunkTheFunk ( @Debunk\_the\_Funk), and even "The real truther" (@thereal\_truther) and the mutton guy (@SwaledaleMutton). You have to appear in person. If you lose, no payment will be made. If you break any of the rules (like no interrupting the other person, not exceeding your allocated time, or throwing ad hominem attacks), you get disqualified. This is a respectful debate.

10:59 AM · Nov 25, 2023 · 2,588 Views





#### just retweeted



It's so expensive to find someone to debate you now nowadays, isn't it?

Pierre Kory



agreed



iMessage



### If the CDC was honest...

### COVID-19 vaccines can kill you

COVID-19 vaccines increase risk for infection, serious illness, and death

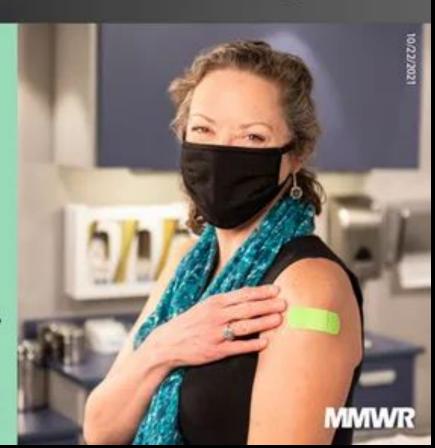
We made a mistake. We shouldn't have recommended that people get the shots. Sorry about that.

All vaccines are unsafe. Andrew Wakefield was right.



Data from December 2020 to July 2021

bit.ly/MMWR7043e2



### LET'S DIVE INTO THE DATA

(that nobody wants to see)

It's from a whistleblower deep inside the New Zealand Ministry of Health.

### 4M records

~ 33% of all vaccine records in NZ

### Vaccinated people only

**Dead and alive** 

# I've personally authenticated the data and the leaker.

And even the most vocal supporters of the vaccine concede that the New Zealand data is HIGHLY accurate.



# The Real Truther @ @thereal\_truther · Nov 7 Replying to @AntiHateNetwrk and @Answers4Sean

NZ tracked data VERY accurately.

Home / New Zealand

#### New Zealand records biggest increase in registered deaths in 100 years







NOW PLAYING - Rebuild from Gabrielle underway, Hawke's Bay gang crime & Turkey moves from rescue to recovery | Focus Morning Bulletin: 20 February, 2023





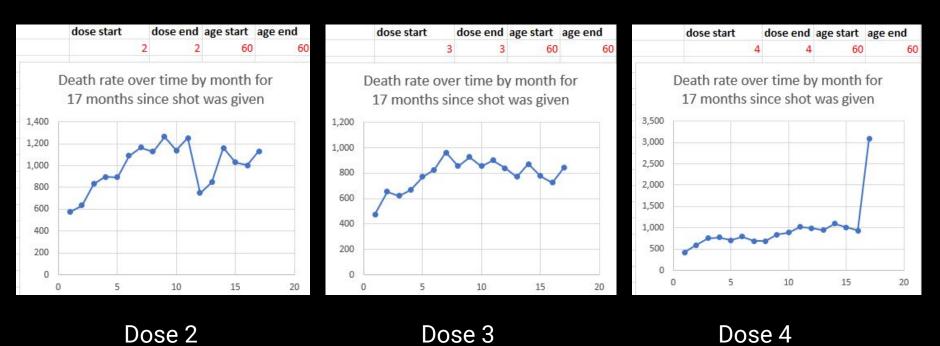
Follow Me a Conversation

Home > Adverse Effects

#### Alarming Acceleration in New Zealand Excess Deaths, Latest Official Figures Up 70% on Last Year

By Guy Hatchard | November 13, 2023 | ⊙ 2520 | ⊃ 0



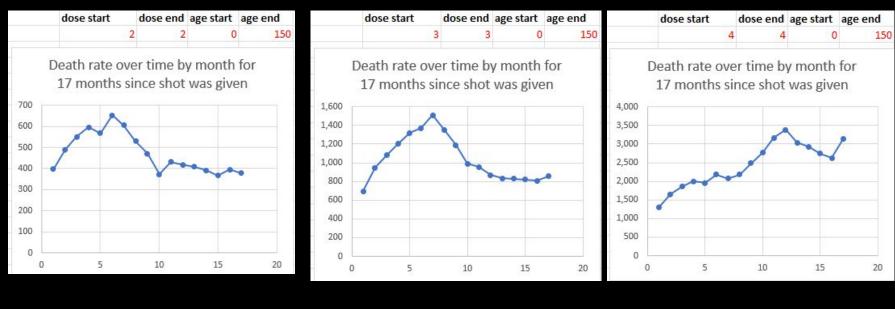








### All ages: **FAIL**



Dose 2 Dose 3 Dose 4

The curves **should be flat**.

Did those curves look flat to you?

### Sanity check...

The upper plot is the MR (Mortality Rate in deaths per 100K person years) vs. calendar time (in months for <60 yr olds. It's a flat line!!!

#### This indicates 4 things:

- No "mass extinction" event happened in the background
- 2. The vaccine isn't killing younger people as significantly as older people
- 3. Our data is good
- 4. Our analysis tools are good (no bugs)





### Was it caused by the vaccine?

No other viable alternative.

Meets all 5 Bradford Hill criteria for causality.

What else could induce such a huge change in mortality in only the vaccinated population and is correlated with the time of the shot?

### **Bradford Hill criteria for vaccines**

**Consistency.** The association of a purported adverse event with the administration of a vaccine should be consistent, i.e. the findings should be replicable in different localities, by different investigators not unduly influencing one another, and by different methods of investigation, all leading to the same conclusion(s).

**Strength of the association.** The association should be strong in the magnitude of the association (in an epidemiological sense), and in the dose-response relationship of the vaccine with the adverse effect. **Specificity.** The association should be distinctive, the adverse event should be linked uniquely or specifically with the vaccine concerned, rather than its occurring frequently, spontaneously or commonly in association with other external stimuli or conditions.

**Temporal relation.** There should be a clear temporal relationship between the vaccine and the adverse event, in that receipt of the vaccine should precede the earliest manifestation of the event or a clear exacerbation of an ongoing condition. For example, an anaphylactic reaction seconds or minutes following immunization would be strongly suggestive of causality; such a reaction several weeks after vaccination would be less plausible evidence of a causal relation.

 Biological plausibility. The association should be coherent; that is, plausible and explicable biologically according to known facts in the natural history and biology of the disease.

### Big picture

Massive increase in all-cause mortality

#### Who is Robert Malone

### Not 14M Lives Saved, But Over 17M Dead from the mRNA COVID vax

Lancet Infectious Diseases must retract this fundamentally wrong "peer reviewed" manuscript. But what happens when a Nobel Prize is granted based on bad data?





These researchers, in their own words:

"...have found no evidence in [their] extensive research on ACM [All-deaths Cause Mortality] that Covid vaccines had any beneficial effect. If vaccines prevented transmission, infection or serious illness, then there should have been decreases in mortality following vaccine rollouts, not increases which were observed in every elderly group subject to rapid booster rollouts. And, mortality would not have increased solely when vaccines were rolled out, where no excess mortality occurred prior to vaccine rollouts, as we have documented in 9 countries across 3 continents."

spectator.com.au/2023/11/excess...

9:20 AM · Nov 23, 2023 · 3,856 Views



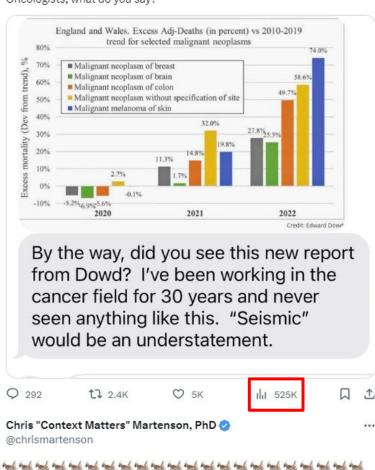












#### Normal is now totally upside down



"I was talking with embalmer Richard Hirschman from the "Died Suddenly" movie last week on the phone. Richard said that he has embalmed 63 bodies over the last 2 to 3 months, and he has seen the "white fibrous clots" in 32 of them (i.e., just over 50%). And of the 50% of bodies that do not have the white fibrous clots, Richard is seeing traditional "currant jelly" clots and the newer "coffee grounds" (i.e., micro-clotting) in the vast majority of those bodies. In fact, Richard said that of the last 63 bodies that he has embalmed, only 6 (i.e., less than 10%) of those bodies had no clotting of any kind (i.e., normal looking blood). Pre-Covid, Richard used to see the traditional "currant jelly" clots and "chicken fat" clots in only about 15% of his corpses (i.e., 85% of his corpses had normal looking blood)."

Thomas Haviland, USAF
 Major, Retired

## CDC and FDA will say there is "no evidence" of harm

They refuse to investigate or view any adverse event data submitted from outside their organizations.

# 4 facts

you need to know about the COVID vaccines

### COVID vaccines: all risk, no benefit

Risk/benefit	Impact
Risk of infection	1
Risk of hospitalization from COVID	<b>←</b>
Risk of death from COVID	
Risk of death (ACM)	

Red = Bad Green=Good Yellow = Neutral

# Who should be getting these shots?

### NOBODY

### How come we aren't being told that?

### **Systemic defect**

#### CDC

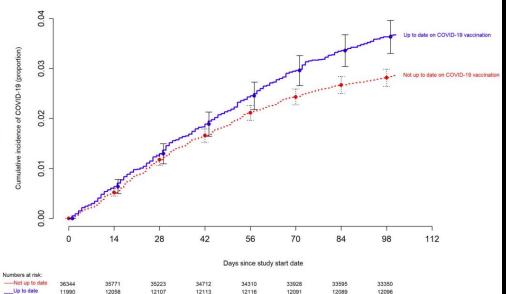
Don't have the record-level data → "the vaccine is safe."

### The States

Have the data, but trust the CDC so they NEVER look at the data they have.

Nobody has analyzed the data to find a safety signal

### Infection





#### DISCUSSION

This study found that not being "up-to-date" on COVID-19 vaccination, using the current CDC definition, was associated with a lower risk of COVID-19 than being "up-to-date", while the XBB lineages were the dominant circulating strains of SARS-CoV-2.

### Hospitalization

### JAMA paper



Table. Baseline Characteristics in Seasonal Influenza and COVID-19 Group Before and After Propensity Score Weighting

	Before propensity score weighting			After propensity score weighting <sup>a</sup>		
	Seasonal influenza (n = 2403)	COVID-19 (n = 8996)	SMDb	Seasonal influenza (n = 2403)	COVID-19 (n = 8996)	SMD <sup>b</sup>
Age						
Mean (SD), y	70.52 (11.68)	73.42 (12.25)	0.24	73.81 (12.22)	73.42 (12.25)	0.03
≤65 y, No. (%)	665 (27.67)	1787 (19.86)	0.18	481 (20.03)	1787 (19.86)	0.004
>65 y, No. (%)	1738 (72.33)	7209 (80.14)	0.18	1922 (79.98)	7209 (80.14)	0.004
Race, No. (%) <sup>c</sup>						
Black	607 (25.26)	2066 (22.97)	0.05	562 (23.40)	2066 (22.97)	0.01
White	1694 (70.50)	6421 (71.38)	0.02	1713 (71.29)	6421 (71.38)	0.003
Other	102 (4.24)	509 (5.66)	0.07	128 (5.34)	509 (5.66)	0.01
Sex, No. (%)						
Male	2245 (93.42)	8580 (95.38)	0.09	2295 (95.51)	8580 (95.38)	0.007
Female	158 (6.58)	416 (4.62)	0.09	108 (4.49)	416 (4.62)	0.007
COVID-19 vaccination status, No. (%)						
Not vaccinated	454 (18.89)	1865 (20.73)	0.05	429 (17.84)	1865 (20.73)	0.07
1 dose	114 (4.74)	384 (4.27)	0.02	112 (4.68)	384 (4.27)	0.02
2 doses	517 (21.51)	1841 (20.46)	0.03	530 (22.06)	1841 (20.47)	0.04
Boosted	1318 (54.85)	4906 (54.54)	0.01	1332 (55.43)	4906 (54.54)	0.02
Influenza vaccine, No. (%)	1487 (61.88)	5743 (63.84)	0.04	1524 (63.43)	5743 (63.84)	0.008

**SAME STATS!!!** There is supposed to be a difference. **So neither vaccine provides ANY protection!** 

### If the flu and COVID vaccines protected against hospitalization, this is what you *should* see

Vaccine status	Hospitalized for Flu	Hospitalized for COVID
COVID booster	50%	5%
Flu	5%	50%

### So that paper inadvertently showed that:

- 1. Flu vaccine doesn't protect against infection or hospitalization
- 2. Ditto for COVID vaccine

In practice, protection against death is < the net protection from hospitalization.

In other words, neither vaccine works at all.

NO BENEFIT WHATSOEVER.

This is VA fully reported data. Nobody can explain this, including the author.

I asked the author of the paper why he didn't write a paper pointing out that he just proved that the COVID and flu vaccines don't work.

#### He said he didn't have time.

(You can't make this stuff up. You really can't.)



### **Death from COVID**

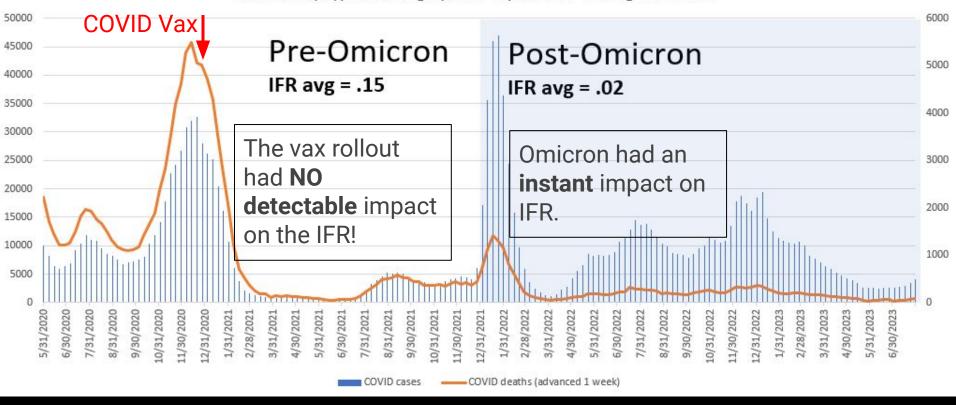
### US Nursing home data

Shots made you more likely to die from COVID



#### COVID cases vs. COVID deaths

Source: https://data.cms.gov/covid-19/covid-19-nursing-home-data



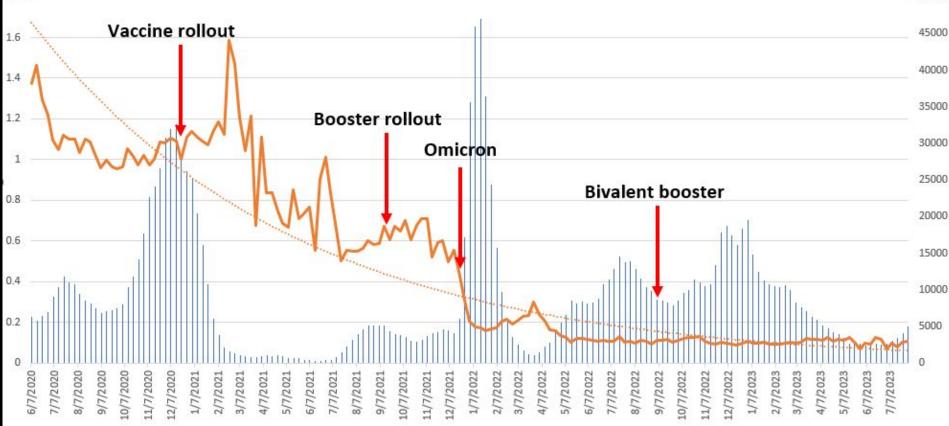
Odds ratio relative to odds on 12-27-20 (effective start of mass rollout to nursing homes)

Odds = COVID death:COVID survive

50000

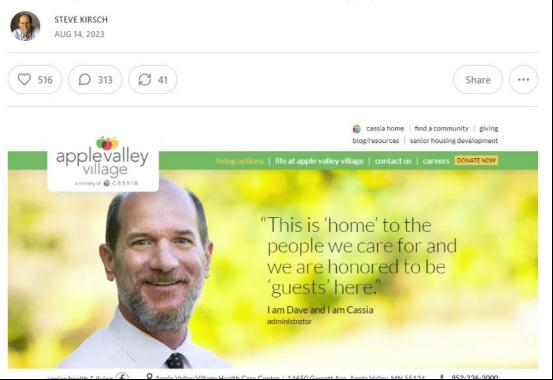
1.8

US Nursing Home data from CMS



### Apple Valley Village Health Care Center saw >7X higher COVID death rates after COVID vax rollout. Wasn't it supposed to decrease rates?

It's in the official Medicare reports! And an employee revealed that 30% of the residents died directly after the shots. Bottom line: the CDC lied and people died.



# No one currently working at Apple Valley Village returned my calls

### All-cause mortality

### **Gold standard**

Time-series cohort analysis of record level data

### Time series cohort analysis

Person	Week 1	 Week 4	 Week 28	Week 30
steve	Shot 1	Shot 2	Shot 3	die

Bucket (dose)	Man weeks	Number of deaths
0	1	
1	3	
2	24	
3	2	1

### Four independent variables

t<sub>s</sub>= observation time window

t<sub>d</sub>= time since dose

D = dose number

A = Age

### Dependent variable

MR = Mortality rate in deaths/(100K person-years)

To analyze, you look at the impact of each independent variable on the MR.

Four plots tell the story.

(This isn't rocket science)

Independent variable (IV)	Meaning	Expected result for MR as fcn of IV
t <sub>o</sub>	Observation time window	
t <sub>d</sub>	Time since dose	
D	Dose #	
A	Age	

What is **record level data?** 

Why is it important?

What does it tell us about the COVID vaccines?

#### What is record level data?

One (or more) records for each person who was alive on Jan 1, 2020:

- Year of birth
- Date of death, if dead
- Vaccination history (date, type, dose #, lot #), if any

#### This is record level data:

A	А	В	С	D	E	F	G	Н	1	J	K	L	M
1	mrn	batch_id	dose_nun	date_time_o	date_of_death	vaccine_name	year_of_birth		My notes				
2	0	1	1	7/22/2021		Pfizer BioNTec	1939		first dose	date, <mark>still</mark> a	alive, coul	d have oth	ner doses
3	1						1951		unvaccinat	ted, alive			
4	2	1	2	7/22/2021		Pfizer BioNTec	1963		second do	second dose date, still alive			
5	3	1	2	7/22/2021		Pfizer BioNTec	1952						
6	4	1	2	5/19/2021		Pfizer BioNTec	2004						
7	5						1965						
8	6	1	2	6/10/2021		Pfizer BioNTec	1970						
9	7	1	2	5/26/2021		Pfizer BioNTec	1989						
10	8	1	1	5/5/2021	10/29/2021	Pfizer BioNTec	1917		dead; this	is date of	the first do	se. May b	e other doses.
11	9	1	2	5/28/2021		Pfizer BioNTec	1988						
12	10						1979						
13	11				3/1/2022		1958		unvaccinat	ted, dead			

#### Record-level data is key

→ we will know instantly if a vaccine is safe or not.

### Other countries

# Same deal

# Could the data be confounded in every country we checked?

No. We can slide the observation window in every country and the results don't slide.

# Which means that the ONLY explanation is that the vaccines caused the excess deaths.

### Occam's razor doesn't even apply.

There is only one option left.



### But wait! There's more!

# Was there a benefit?

NOPE.

There wasn't even a benefit!

None zero zilch NADA.

The IFR post vax increased!

That is why record level data is never disclosed and why nobody calls for it.

They do not want to know the truth themselves. And they don't want you to know the truth either.

Because if the truth was ever exposed, the public would be very upset.

Only one **person in the world is** regularly pushing for data transparency of public health **record-level data**?

Can you guess who it is?



#### I offered it first to the:

**FDA** 

CDC

Pfizer

Moderna

California Dept of Public Health officials

leven advertised to see if any qualified person wanted to see the data. No takers.

(420K followers)



Steve Kirsch @ @stkirsch · 2s

I have official record-level data from a State that PROVES the COVID vaccines are killing people.

Is there a pro-vax epidemiologist or prominent infectious disease doctor who would like to see the data before I release it publicly?

I don't want to spread misinformation.



I wanted to give them an opportunity to explain how I got it wrong before I went public.

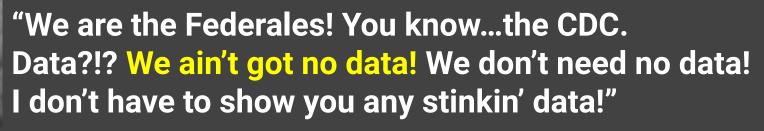
I don't want to spread misinformation.

I really don't.

But nobody will take the time to explain to me (and my colleagues) how we all got it wrong.

# They all refused my offer

They said "the vaccines are safe" and didn't want to see the record-level data that they've never seen before.





#### You don't have to trust me

### Do your own research

The record level data is now, finally, publicly available

#### Think I got it wrong?

Can we see your analysis and your data?

How do you explain the data?

I'm willing to defend my analysis in a recorded public forum. How about you?

#### Downloading the data

Use the <u>free Wasabi Explorer</u> (PC, Mac)

Access credentials:

access-key= BDBT2BD1KKIXKPWY3030

secret-key= 5GQVqz9uDsmrYjLuNW24tRPzwPuPe0TTleUdpSF3

Wasabi Explorer for Cloud Storage

You will only be able to access the **data-transparency bucket**. Put it in the LEFT pane. Put your local filesystem (where you can write) in the RIGHT pane.

# **Overcoming objections**

"You can't prove the vaccine caused this! You didn't control for confounders."

There are no confounders or combination of confounders that could explain these observations happening consistently worldwide. The effect sizes are too large and too consistent and temporally linked to the injection. The vaccine is the only explanation that is even remotely viable.

Q: "Where did they hide the bodies?"

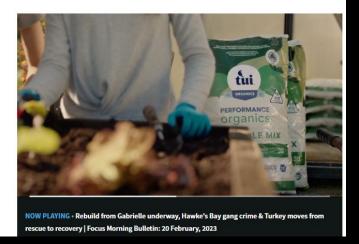
### A: "In plain sight"

Home / New Zealand

New Zealand records biggest increase in registered deaths in 100 years









#### **NEWS**

Home | Israel-Gaza war | War in Ukraine | Climate | Video | World | US & Ca

Health



# Excess deaths in 2022 among worst in 50 years

(3) 10 January









Home > Adverse Effects

# Alarming Acceleration in New Zealand Excess Deaths, Latest Official Figures Up 70% on Last Year

ADVERSE EFFECTS By Guy Hatchard | November 13, 2023 | © 2520 | © 0



# US had 600K excess deaths in 2021 alone (3.4M vs. 2.8M normal deaths).

It's a good bet that over half of these were vaccine deaths.

John Beaudoin analyzed the Massachusetts death records and found 4,000 deaths caused by the vaccine

He should have found fewer than 15 if the vaccine was safe. He found 266X higher than "safe" expectations!

See: Public Health Crimes 2020 - 2022

#### 20 Most Vaccinated countries

"The results are daunting! No country has improved, all have deteriorated! Significantly!"

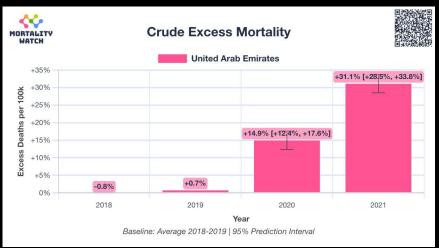
				D	ASELINE (Average)			Excess		la constant	
#		location	people vaccinated per hundre		To	T	2020	2021	2022	Immediated and according 2	No excess w/ vaccine?
**					1,100	Type			2022		
1 .	ARE	United Arab Emirates	106	2018	2019	cmr	14.9%	31.1%		FALSE	FALSE
2	QAT	Qatar	106	2017	2019	cmr	14.3%	23.9%	20.0%	FALSE	FALSE
3	PRT	Portugal	95.3	2017	2019	asmr	7.2%	4.4%	2.3%	TRUE	FALSE
4	HKG	Hong Kong	92.4	2017	2019	cmr	5.8%	7.2%	29.3%	FALSE	FALSE
5	CHL	Chile	92.3	2017	2019	asmr	10.2%	17.5%	13.8%	FALSE	FALSE
6	SGP	Singapore	91.6	2017	2019	cmr	2.3%	11.9%	22.9%	FALSE	FALSE
7	ARG	Argentina	91.2	2017	2019	cmr	9.4%	25.7%		FALSE	FALSE
8	CAN	Canada	90.4	2017	2019	asmr	3.2%	2.3%	7.3%	FALSE	FALSE
9	CRI	Costa Rica	89.6	2017	2019	cmr	8.5%	27.7%	17.9%	FALSE	FALSE
10	URY	Uruguay	88	2017	2019	cmr	-4.2%	20.8%	15.3%	FALSE	FALSE
11	ESP	Spain	87	2017	2019	asmr	14.5%	3.6%	6.1%	TRUE	FALSE
12	MUS	Mauritius	86.5	2017	2019	cmr	3.2%	23.7%	20.5%	FALSE	FALSE
13	KOR	South Korea	86.4	2017	2019	asmr	-4.4%	-4.8%	6.7%	FALSE	FALSE
14	ITA	Italy	86.3	2017	2019	asmr	11.6%	5.2%	4.8%	TRUE	FALSE
15	AUS	Australia	84.9	2017	2019	asmr	-5.6%	-3.6%	3.7%	FALSE	FALSE
16	JPN	Japan	84.5	2017	2019	cmr	2.3%	7.8%	17.9%	FALSE	FALSE
17	BHR	Bahrain	84.3	2017	2019	asmr	11.3%	23.1%		FALSE	FALSE
18	NZL	New Zealand	83	2017	2019	asmr	-7.90%	-4.60%	2.3%	FALSE	FALSE
19	MYS	Malaysia	82.9	2017	2019	cmr	-5.2%	26.3%	11.2%	FALSE	FALSE
20	IRL	Ireland	81.8	2017	2019	cmr	-0.6%	5.8%	8.1%	FALSE	FALSE

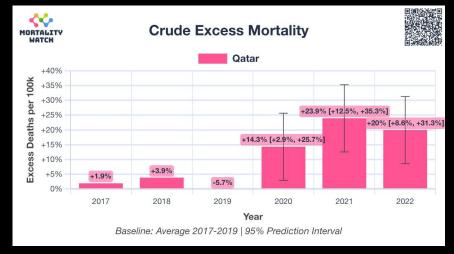
How many countries saw an improvement of relative excess mortality with mass vaccination?

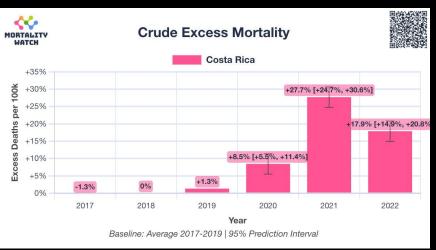
Improvement 3
Deterioration 17

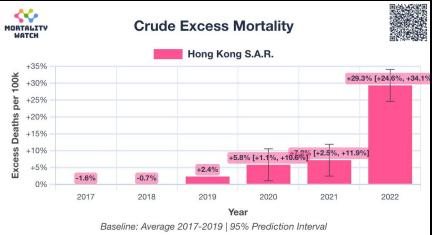
How many countries achieved normal mortality levels with vaccination?

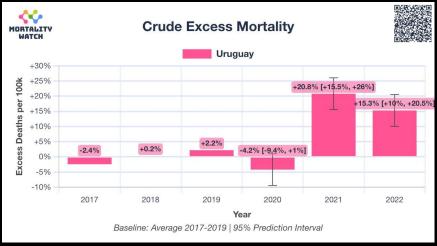
Improvement 0
Deterioration 20

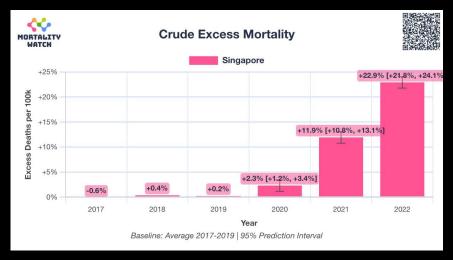


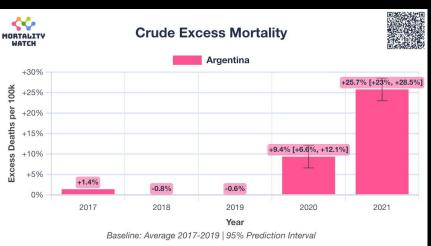


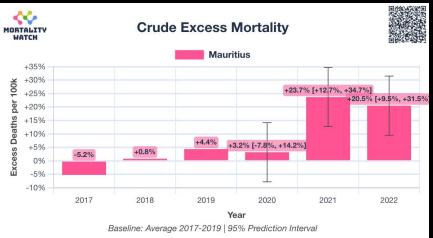


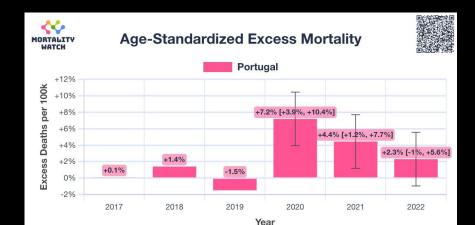






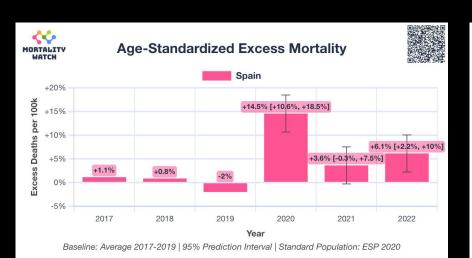








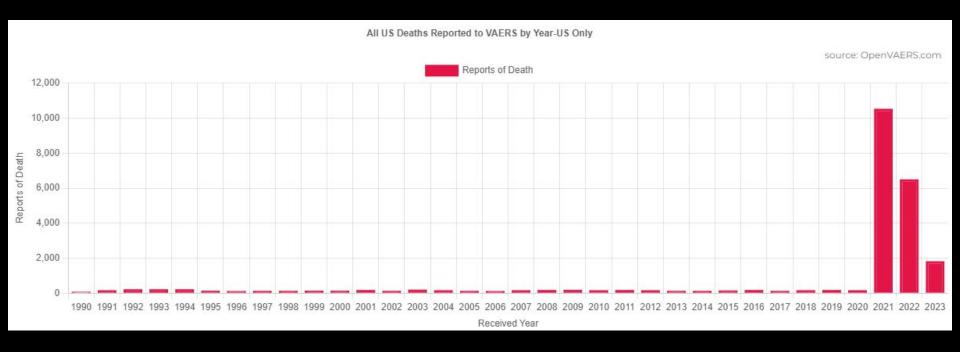






Baseline: Average 2017-2019 | 95% Prediction Interval | Standard Population: CAN 2020

### See a problem?



Source: OpenVAERS

#### See a problem? Western Australia

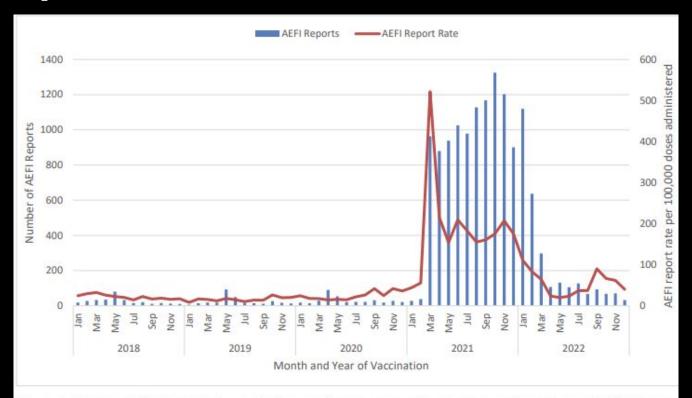


Figure 1: Number of AEFI reports by vaccination month and year overlayed with reporting rate per 100,000 doses administered by vaccination month and year (2018-2022).



# Medical examiners: willful blindness



and then independently adjudicated each death from extracted data. Our conclusion was 73.9% of deaths after vaccination are either direct due or significantly contributed to by known mechanisms (myocarditis, blood clots, etc.) resulting from COVID-19

project n" with

aduated

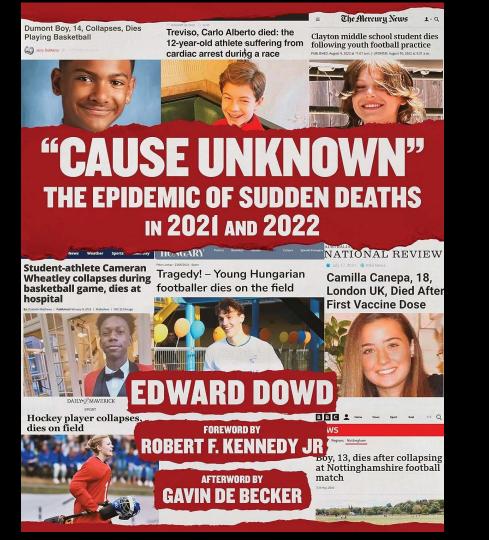
Nicolas

myself as the senior mentor.

~10,000 "died suddenly" events in full public view. Virtually all are in the vaccinated. Unprecedented.



### Only 1 in 500 unvaccinated



## Or births never happened



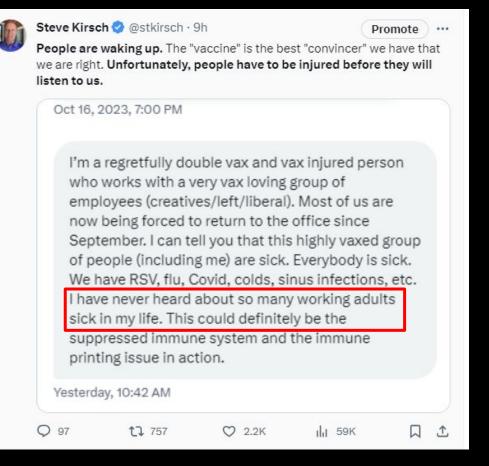
This tweet **really** resonated with people.

#### "Clearly baffling"

- Ed Dowd



## People are seeing the evidence for themselves



Q: "If this is really true, why aren't any of my MIT professors speaking out?"



Pinned

Retsef Levi @ @RetsefL · Jan 29

The evidence is mounting and indisputable that MRNA vaccines cause serious harm including death, especially among young people. We have to stop giving them immediately!



From Dr Aseem Malhotra

Q 775

**1** €.7K

♥ 11K

III 2.4M

1 1

Some are.

MIT Professor Retsef Levi is "red-pilled."

Steve Kirsch 📀 @stkirsch · Nov 11

I have a \$10M offer out to debate MIT Institute Professor Robert Langer about the safety of the COVID vaccines. He's the billionaire co-founder of Moderna. No word from Langer. Are you surprised?

Others choose to remain silent.











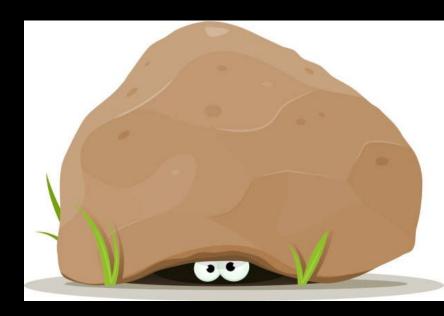




Is that how science is supposed to work?

Is that the new role model?

"Duck and run for cover" when challenged with credible data?



Do you want to see a real debate on the data?

Or shall we censor one side for you?



They want the debate to happen in the scientific literature →

> 20 years to resolve simple yes/no questions like "Do vaccines cause autism?"

It's been >20 years; no one will debate **their** side!



We want it to happen now, in a real time dialog.

Q: "If this is really true, why don't I know anyone who died from the vaccine?"

A: "You probably do and just didn't realize it."

#### "Highly likely"



**™** SUE

#### Paul Lagacé, professor of aeronautics and astronautics, dies at 63

Lagacé, an expert on composite materials and structures, was passionate about MIT and the Boston Red Sox.

Sara Cody | Department of Aeronautics and Astronautics July 20, 2021



#### **MIT News**

**5**4

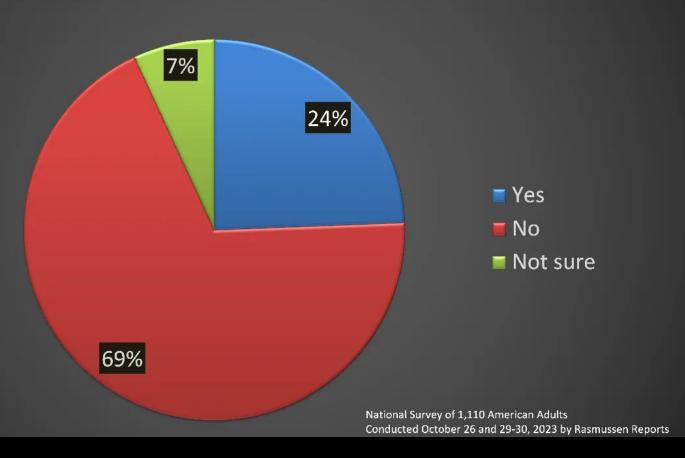
#### Peter Baddoo, Department of Mathematics instructor, dies at 29

Baddoo was a respected and admired scholar, teacher, mentor, and colleague.

MIT Human Resources March 15, 2023



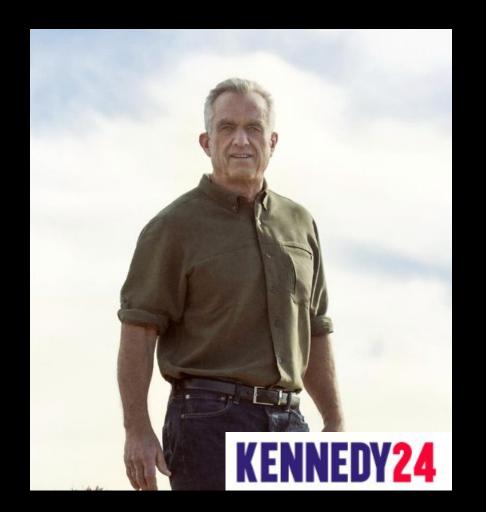
### Do you know someone personally who died from side effects of the COVID-19 vaccine?



#### Data transparency is the key to reform

All we need is **ONE** place... a state or a country.

Or we elect a courageous new leader who believes in data transparency and will fix the corruption in the FDA and CDC



#### We instantly will dramatically reduce:

SIDS Autism Autoimmune diseases Heart disease Food allergies **Doctor visits** 

242

#### Did you know...

#### Cases of "overnight autism"

0 vs 44

(2 weeks before scheduled vax vs. 2 weeks after scheduled vax)

Source: Pediatrician Doug Hulstedt

#### SIDS ...

50% within 48 hours of vax

Omaha PD ghosted me after I filed a FOIA request.





### In 2009, Congress decided it was better if the NIH did NOT do a study comparing the two cohorts.

Members of Congress tried to get a bill to force the NIH to do just \*\*ONE\*\* study. The bill was immediately killed in committee.

The bill, H.R.3069 — 111th Congress (2009-2010), was introduced on June 26, 2009 with 9 co-sponsors including Ron Paul. It never made it out of committee.

Here's the summary:

Requires the Secretary of Health and Human Services (HHS), acting through the Director of the National Institutes of Health (NIH), to conduct a comprehensive study to: (1) compare total health outcomes, including the risk of autism, between vaccinated and unvaccinated U.S. populations; and (2) determine whether vaccines or vaccine components play a role in the development of autism spectrum or other neurological conditions.

The bill would have forced the NIH to do just ONE study.

HR 3069 (2009) was killed in committee!

They don't want to know.

They don't want you to know either.

They are corrupt. QED.

Every fully vax vs unvaxxed comparison ever published in the peer-reviewed literature shows the unvaxxed are healthier. NO exceptions.



#### Robert F. Kennedy Jr.

**NEW YORK TIMES BESTSELLING AUTHOR** 

AND

**Brian Hooker, PhD** 



#### Large pediatric practices in US

>25 years: 0 autism, ADHD, ... Kids never get sick Secret: Avoid all vaccines, Tylenol, ...



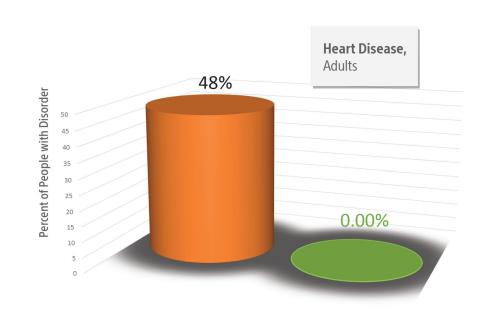
They have to be hidden or they will lose their license to practice medicine for going against the consensus

### Heart disease doesn't affect the FULLY unvaccinated

Your cardiologist simply forgot to tell you.

2020 Pilot Survey Data Comparison

#### **VACCINATED** - VS- **UNVACCINATED**



#### "The cure cannot be worse than the problem itself."

- President Donald J. Trump, October 22, 2020, Presidential Debate



- U.S. National data for approximately 99%+ Vaccinated Population (AHA, Cardiovascular diseases affect nearly half of American adults, statistics show. https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show)
- Pilot survey data for 100% Unvaccinated Control Group

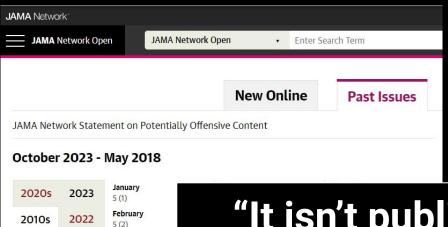
#### **BOTTOM LINE**

Refuse all vaccines until there is data transparency

## How will they respond to this?

# "We don't respond to external analyses"

# OR



March

5 (3)

2021

2020

"It isn't published in a peer-reviewed journal. We don't have to respond to it. You can't make us look."

"... and if it gets published, we'll get the paper retracted.

Guaranteed. That's how "science" works."

# OR

"The vaccines are safe. We've given billions of doses and nobody has died. You can trust us... even though we never did proper autopsies on all the unexpected deaths and we never did the time-series cohort analysis ourselves on the record level data so we don't actually really know if it is safe or not, to be honest."

# FINAL THOUGHTS

# Hiding public health data worse health outcomes

## So why are we doing it?

### STOP HIDING THE DATA

## SET THE DATA FREE

## NOW

#### Vote now

You can change your vote at any time during the presentation.

Limited to pre-registered attendees



pollev.com/stevekirsch655

SLIDE DECK is posted on my Substack right now.

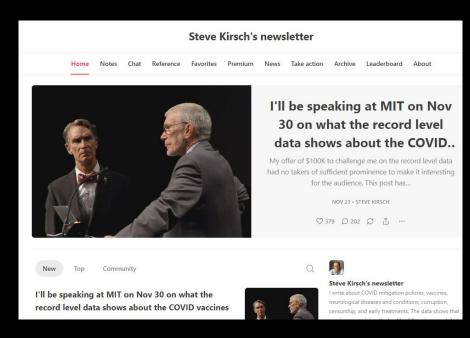
Please share.



Thank you to my paid subscribers on Substack; you enable me to be able do this research.

#### Contact me





X @stkirsch

kirschsubstack.com

#### **APPENDIX**

#### How will this end

Market pressure on vaccine makers by financial markets

Public will stop buying their products

More courageous doctors will speak out

Honest epidemiologists will very gradually have to admit they were wrong

Congress will make the record level data public

•••

#### Questions

Who will be the first to point the finger?

How quickly will this collapse?

When will the mainstream media cover the story?

How many more people will have to die before the authorities put a stop to the insanity?

How much Moderna and Pfizer stock can I afford to sell short?

#### Summary

The most trustable data is, in general, **the data that is not voluntarily being disclosed to the public**. Anecdotes are now often much more reliable than what is published in the peer-reviewed literature.

No government anywhere in the world has ever voluntarily disclosed the record-level data on the safety of any vaccine needed to assess safety.

No FOIA request ever made has ever returned a document showing that the necessary safety assessments for a vaccine was ever done (UK ONS comes the closest). They don't want to know.

All FOIA requests to obtain record level data always fail. They claim the databases aren't linked. So you can never compel their production.

#### COVID vaccines: all risk, no benefit.

This data is the most extensive dataset ever released on COVID.

COVID vaccines are killing over **1 person per 1,000 doses** on average (all-cause mortality).

They make the elderly more like to die from COVID.

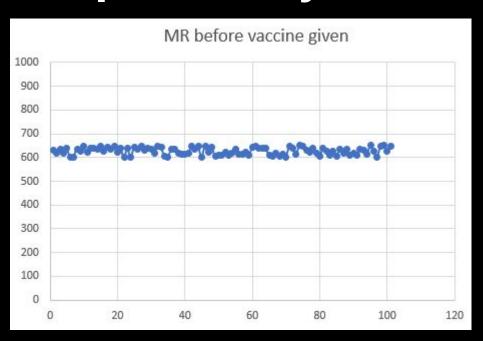
#### What do you think?

#### Warm up exercise

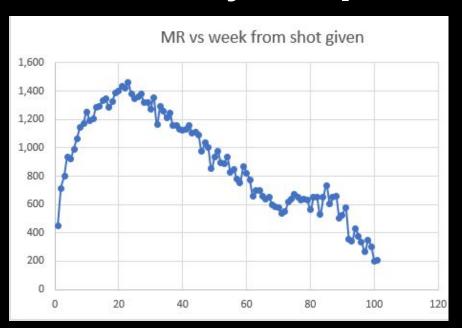
#### What do we mean by "safe"?

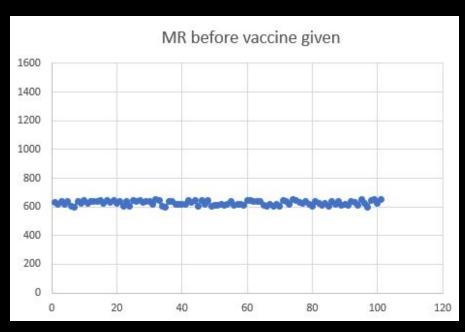


# Mortality rate (deaths per 100K person years) of test group 100 weeks prior to injection



# One of these vaccines isn't safe Can you spot the unsafe vaccine?





A

B