How the authorities can INSTANTLY stop the spread of "COVID misinformation"

Description

USA: Everyone agrees: COVID misinformation is a serious problem. But all the methods the authorities have used to try to address the problem attempt to censor our speech. That won't work. It will never work. It is not how America wants these disputes resolved.

Instead, if the authorities really want to stop the so-called "misinformation spreaders," all they have to do is create a document or video that answers the questions we have. If we find the answers compelling, we'll happily stop spreading "misinformation" and promote the document/video to all our followers.

To make this even easier, I have provided a list of over 50 questions in this document. If they can answer even one of these questions, we'll be astounded.

On April 25, I sent an email to Stanford Professor Grace M. Lee, Chair of the U.S. Advisory Committee on Immunization Practices (ACIP) which is the CDC's outside committee on vaccines. I asked her to "name her price" to answer all these questions. I will let you know if she replies.

The US Surgeon General Vivek Murthy has said that health misinformation is a major problem. President Obama agrees, saying that "People are dying because of [COVID-19] misinformation."

In fact, we will even go one step further.

Murthy and Obama would almost certainly agree with us.

However, we differ on a key aspect: we claim it is the public health authorities who are spreading the misinformation, not us.

So we feel it is the **PROPER identification of the misinformation spreaders** that is the *real* problem that we need to solve.

Sadly, all our attempts to identify and expose these misinformation spreaders haven't worked. Our efforts have been systematically thwarted by the combined efforts of multiple US government

agencies, the mainstream media, the mainstream medical community, all the mainstream social media companies, the mainstream fact checkers, most members of Congress, and nearly every public health official, to name a few.

We are not trying to silence them, even though they are trying to silence us. We are just trying to ensure that the public knows **who** is telling the truth. In order to do that, the public must hear from both sides, ideally in the same discussion. This is why we have been seeking to have a debate/discussion on the issues for almost a year now.

On the other hand, the public health officials who point the finger at us are not trying to label us or have a discussion; instead, they are doing everything they can to limit our ability to speak out: censorship, defamation, gaslighting, ad hominem attacks, deplatforming, threats of job loss, loss of medical licenses, loss of hospital privileges, and loss of life. As Tucker Carlson pointed out in this video, "Would you allow people who disagree with you to talk? If you wouldn't, you are a tyrant." That's what we have today. Some of them are even trying to pass laws to silence doctors from speaking the truth. **None of these methods has worked. They will never work.**

Censoring free speech is a tactic that is used by people in power to deliberately mislead people. There is an excellent article by Igor Chudov explaining why this is done. Controlling the flow of information is an effective tactic when it is executed flawlessly, but it is not the way to expose the truth. Therefore, the public should be extremely suspicious anytime the government claims that free speech must be suppressed.

A government interested in spreading the truth should embrace divergent opinions and confront them head-on. This is not what is happening for COVID-19.

We would like to propose a simple way to resolve the dispute.

Just make a short video that definitively answers all the questions listed below and send it to us. We'll watch it and, if we find it convincing, we'll happily distribute it to all our followers and stop spreading misinformation. Deal?

Here is a list of topics that you'll want to cover in your video to convince us we got it all wrong. If you can even answer one of these question, we'll be really impressed:

- **Where is the data that it works**? Shouldn't a vaccine that we mandate have a measurable morbidity or mortality benefit? That's what anyone with a working brain would believe. I've been one of the few people speaking out about this since I first looked at the VAERS data nearly a year ago. I pointed out in the very first article I ever wrote on COVID vaccine safety (on May 25, 2021 on TrialSiteNews) that **everyone was ONLY paying attention to COVID lives saved while at the same time, the deaths caused by the vaccine (the all-cause mortality) were off the charts**. I argued that the vaccines shouldn't be used. In the very first video I posted to Rumble (over 350,000 views) this was clear if you look at point #8 at 8:28 into the video: "Vaccines don't offer an all-cause morbidity or mortality benefit." At the time, nobody in the mainstream medical community agreed with me because they never looked at the VAERS data. But now there is a Danish preprint in the Lancet that supports what I pointed out almost a year ago: there is no all-cause mortality benefit from the mRNA vaccines. **It is ZERO. Why are we mandating a vaccine that at best doesn't save ANY LIVES????**

This has got to be very embarrassing to the entire medical community since I have no medical credentials (I'm just an engineer with a couple of degrees from MIT in Electrical Engineering and Computer Science). What's astonishing is that this was crystal clear as soon as I started looking at the VAERS data. Today, the medical community is still clueless about the all-cause mortality issues because they steadfastly refuse to look at the VAERS data and discuss the data with any of our VAERS experts. In fact, they run and hide whenever we ask for a recorded discussion (similar to what cockroaches do when you turn on a light switch). A year ago, the medical academics I worked with told me I was an evil person and requested that I never talk to them again. I guess that is how science works. At any rate, it appears like that paper is going to get published, so I'll be exonerated. Eventually, when they take a closer look at the data (such as VAERS and autopsy studies that they should have paid attention to), they will find that the all-cause mortality benefit is actually negative (as shown in the VAERS data and embalmer statistics). But today it is absolutely shocking that doctors are still recommending these vaccines to kids (where the mortality data is clearly negative) all the way to the elderly (where there is no official data, but all the VAERS data and the nursing home anecdotal data I could find shows it it negative as well). Doctors should be demanding to see the data of all-cause mortality risk-benefit before they recommend the shot, but they are demanding absolutely nothing. As an engineer, I'm demanding to see the data. The medical community is demanding to see nothing. This is deplorable.

- **How do we know the mRNA vaccines don't kill anyone?** In the Pfizer trial, far more people died in the group that took the vaccine than in the group that took the placebo. Naturally, the Pfizer and Moderna clinical trials claimed that none of the all-cause mortality (ACM) deaths in the vaccine arms were due to the vaccine. How do they know this? More importantly, how does the public know they are telling the truth? Did anyone see the autopsy reports on these deaths and verify that the proper tests were done that prove there was no causality? If not, how can anyone rule out the vaccines as a proximate cause of these deaths?

- **How do you explain the 433,000 excess deaths in VAERS?** As of April 22, 2022, there are 12,471 US death reports in VAERS associated with the COVID-19 vaccines. There are fewer than 220 "background" deaths reported in VAERS per year. So if we subtract double that (since there are two shots), it means there are around 12,000 excess deaths reported to the VAERS. Using the CDC's own methodology we can estimate that events in VAERS are underreported by at least 41. This means there are nearly 500,000 excess deaths that are unexplained. Even if we subtract off the 12% of these cases who had a VAERS symptom code of COVID-19 pneumonia, we still end up with 433,000 excess deaths not from COVID. That's a lot of people. If it wasn't the vaccine that killed these people, what did **that has a symptom profile consistent with that observed in those reported dead**? This is very important to explain to the public clearly. This is not overreporting because the URF of 41 was calculated on the ACTUAL reporting rate in VAERS so it already takes overreporting into account. And these weren't background deaths because the symptom profile (relative size of each symptom) doesn't match "normal" background deaths. And finally, why do both the FDA and CDC duck and run for cover when I ask them to explain this? Both organizations always claim that VAERS reporting is voluntary and it can't be used to make causality assessments. The first is true (and irrelevant since the URF is calculated based on the actual numbers of reports compared to the expected number of events) and the second has always been false (as noted in this peer-reviewed paper) and they will always decline to defend that assertion.

- **Where is the evidence for vaccinating the elderly?** Experts on both sides of the debate have

claimed the case for vaccination is strongest in the elderly. If that's the case, how come there isn't a single cost-benefit analysis showing this to be the case? Is there even any anecdotal data supporting this?

- **If the vaccines are safe, why was there a 25% jump in serious cardiovascular events in Israel in those under 40 years old?** This wasn't due to COVID. If it wasn't caused by the vaccine, what could cause this? It started right after the vaccines rolled out and ended after the first wave of vaccinating people.
- **If the vaccines are safe, how do we explain the rheumatologist with 40% vaccine injured patients?** He's practiced for 35 years and has never seen anything like this. In all other years he seldom sees more than a few percent injured. Is this just bad luck this year? Also, he's never had 5% that have been injured long term from a vaccine. This rarely occurs. See the Robert Jackson interview.
- **How do you explain the fact that in Australia which is highly vaccinated, there are more deaths in the first 4 months of 2022 than in 2021 and 2020?** Wasn't the vaccine supposed to reduce the death toll? The COVID variants are less deadly, but the vaccines make people more susceptible to getting infected as we know from the UK data: triple-dosed people are 3 times more likely to be infected. Isn't it time we stop making the problem worse with vaccination? Note that it's even worse today (April 26, 2022): Triple Vaccinated now up to 5 times more likely to be infected with Covid-19 than the Unvaccinated as Vaccine Effectiveness falls to MINUS 391%
- **All cause mortality increases in 2021.** Why are we seeing huge all-cause mortality spikes in 2021, especially in Q3 and Q4? This is happening in the US, EU, and even on the island of Cyprus. It isn't COVID. **It's killing MORE PEOPLE THAN COVID** as you can clearly see from the figure. What's causing it? How come the CDC hasn't detected it yet?
- **Why was the Pfizer clinical trial fraud in the 12-15 trial never investigated?** Fraud is grounds for suing the drug companies and revoking the EUA. There was fraud in the Pfizer trial where a perfectly healthy 12-year old Maddie de Garay was paralyzed for life (she's currently a paraplegic) less than 22 hours after her Pfizer shot. But in the trial documents submitted to the FDA, Pfizer lied and reported her symptoms as mild abdominal pain. FDA Commissioner Janet Woodcock promised to investigate, but nobody ever called the family. Explain to us why this was never investigated and how you know for certain that there was no fraud in any of the trials.
- **What killed the 14 kids the CDC analyzed?** The CDC did an analysis of kids in VAERS who died after getting the vaccine. The problem was that in all cases, the causes of death were not consistent with background death causes for kids that age, nor were they consistent with COVID. So what killed these kids? The CDC never told us that and they never pointed out that these death causes were not normal. They basically said "here are the causes of death and there is nothing to see here so let's move on." So how can they be so certain none of the kids died from the vaccine? There was no mention of autopsy reports, so how does the CDC rule out the vaccine as being a possible cause? They are silent on this. Why?
- **What makes you think the vaccine is safe for kids?** My nurse friends know many kids who have died from the vaccine, but not a single one who has died from COVID. Can you point us to a nurse who has had the opposite experience?
- **All the (red-pilled) doctors we've talked to show at least a 100-fold increase in the number of events due to the vaccine. How is that possible for a safe vaccine with a "slightly" elevated risk of myocarditis?** For example, the rheumatologist we spoke with has 150 vaccine injured this year (out of 3,000 vaccinated patients), and 0 for 35 years before that. A neurologist we know has 1,000 vaccine injured patients, and has 0 for the past 11 year. These are both

5,000-fold or more increases.

- **How do you explain why the CDC and NIH ignored early treatment protocols that worked in the real world?** The Fareed-Tyson early treatment protocol has been used since March of 2020 on over 10,000 COVID patients of all ages in an area of the country with a high hospitalization and death rate and unfavorable demographics. The results: a few brief hospitalizations and no deaths as long as the patient arrived promptly after symptoms. How could the CDC justify telling people to do nothing was better than recommending this protocol be used? Even today, the absolute efficacy and safety profile of this treatment is superior to any alternative. How do you justify to the public that completely ignoring this protocol was the right thing to do to minimize hospitalizations and deaths? Explain why, in a pandemic that is killing massive numbers of people with no treatments available, the NIH refused to return the calls from these doctors. Why don't we just use these protocols today as the primary COVID-19 mitigation measure? If we did that, wouldn't it mitigate the need to do anything else?
- **How do you explain a 1,000-fold increase in the reporting rate of pulmonary embolism in VAERS after the vaccines rolled out?** If the high rates of pulmonary embolism were not caused by the vaccine, what was the cause? Also explain why this didn't generate a public health warning since the CDC was watching the VAERS data like a hawk. The CDC refuses to tell us so we're stumped.
- **How do you explain why individual physicians we've talked to are seeing a high rate of adverse events after the COVID vaccines, yet not for previous vaccines?** For example, one doctor I know has never needed to file a VAERS report in her 11-year career. But this year, she needs to file 1,000 reports (a 5% rate of neurological injuries). That's a 10,000-fold increase in actual events. If it wasn't the vaccine, what is causing these adverse events? A military doctor I know has a 30-year career and only heard of 1 vaccine injured. This year, she's heard of hundreds.
- **If the vaccine is so safe and effective, why did 75% of the radiology department at Marin Health/UCSF apply for religious exemptions right after they required the booster?** We were told it is because the radiologists could see for themselves what was happening to the patients who got the vaccine and also they noticed that hospital staff who got the vaccine still got COVID. If that's not the reason, what was the actual reason?
- **How was it in the public's best interest to hide the fact that vaccinated people will likely never acquire full immunity to the virus?** See Moderna Knew Vaccinated People Will Never Acquire Proper Immunity After Breakthrough Infections. After your initial two jabs, you are more than 13X less likely to develop full immunity to the virus. This is a paper with multiple authors from both Moderna and NIH. They've known about this for more than a year. Shouldn't Moderna have told us earlier that the more vaccine doses you get, the more unlikely it is you will develop full immunity when you get a breakthrough infection? I sure would have liked to have known that. And why aren't the CDC and Moderna letting us know, now that the study is published? You'd think there would be a press release or something warning people, wouldn't you? Why the silence? The mainstream media and medical community are silent as well. No public health authority is warning people about this either.
- **If the vaccine is so safe, then why are the adverse event lists so long?** Here are Sharyl Attkisson's list and Vernon Coleman's lists, for example.
- **If the vaccine is safe and effective, then why does Pfizer admit in an SEC filing that they may not be able to convince major governments that they are?** See this post for details.
- **Why are the elderly more likely to get COVID if they are vaccinated? W**e were told it is really

important to protect the elderly from getting COVID so it is very important to vaccinate them and boost them because the vaccines reduce risk of infection by 90%. But the data from Walgreens shows this is not true. It's the opposite. The vaccines make things worse. How do you explain the lack of efficacy? And where is the apology from public health officials for making the elderly more vulnerable to infection?
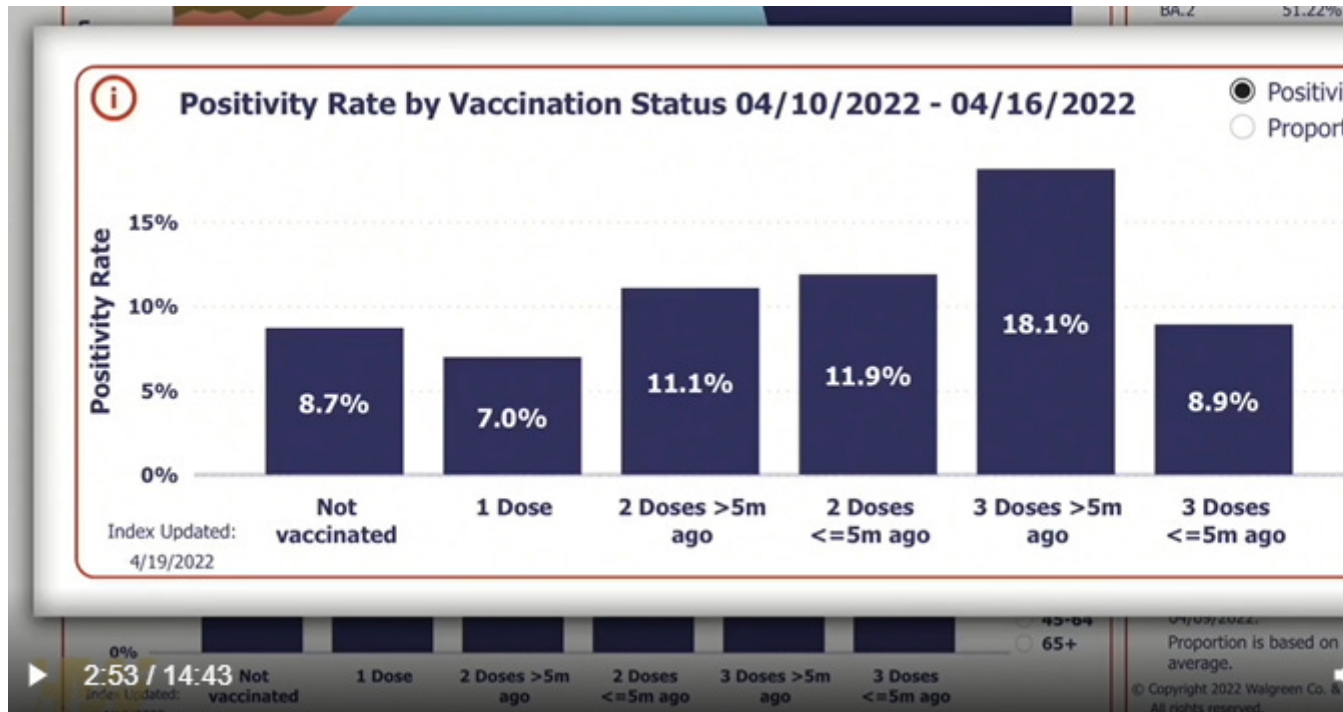
- **How do you explain why thousands of records were removed from the VAERS database?** HHS has removed 8,600 total VAERS reports for COVID-19 including 491 deaths. There was no reason code or public explanation given for removing any of these records. Why should we not be concerned about this? This is an important government database where lives depend on this information being complete and accurate. Also, there are at least 20,000 missing VAERS IDs that have never been explained. Why should we not be concerned about that? In the old days, we could trust the government. Those days are gone. Why is there no transparency here?
- Myocarditis rates. This paper from the Lancet says the myocarditis rates from the COVID vaccine aren't any different from other vaccines. How come the VAERS data shows this isn't true at all? According to the Lancet paper, the blue bars which are from all years should be 30 times higher than the red bars. But we see the exact opposite. You can't explain it from "over reporting" because VAERS is under reported by at least 41 this year. Whoops.
- **Where is the evidence supporting the FDA's hand-waving argument that VAERS is just overreported or unreliable?** The FDA says the overreporting in VAERS (where more events have been reported this year than for all vaccines combined in the 30 history of VAERS) is because doctors are reporting significantly more this year than in the past. Seriously?!? Where is the evidence of that and why won't you show us? Also, the reporting requirement for vaccine-related deaths hasn't changed this year at all. So why do we see fewer than 220 deaths a year consistently for the past 30 years, yet in 2021 there were 10,100 reported deaths. That's a 46-fold jump in reporting rate. What caused that if it wasn't an increase in the number of actual events? As far as the "VAERS is unreliable" argument, where is the study that shows that the conclusions from VAERS don't match reality? We've heard people claim it's unreliable, but where

is the actual evidence of that? VAERS has been around for over 30 years, so you'd think there would be some evidence of unreliability by now, wouldn't you?

- **Why was there no investigation into the [corruption of the DMED database used by the Department of Defense](#)?** There was a huge spike in adverse events after the vaccines rolled out. And then, after this was disclosed at a hearing hosted by Senator Ron Johnson, the spike just "disappeared." How could that happen? Senator Johnson wrote to Defense Secretary Austin, but there was no response and no investigation. Why not? And what was the cause of the "data corruption?" It seems to us that everyone is hiding hoping that nobody will ask any more questions about this. Surely, there is nothing to hide since the vaccines are safe and effective, right?

- **If the vaccines are really safe and effective, why do the manufacturers need liability protection?** Why don't they "walk the talk" and tell America, "this vaccine is so thoroughly tested and safe that we are waiving the liability protection"?

- **How do you explain the dramatic increase in reporting rates for strokes and neurological diseases?** See this article [68,000% Increase in Strokes as FDA and NIH Secretly Study Reports of Neurological Injuries After COVID-19 Vaccines](#). Anyone can replicate these queries. So if isn't the vaccine causing these conditions, what is? Also, we find it interesting that in vaccinated people we collectively know, we see these elevations so you'd want to explain that as well. Note that 68,000% means a 680X increase in the rate of reports which is unprecedented.

- **How can there be 15% to 30% vaccine injured in the Army if the vaccines are safe and effective?** An army flight surgeon estimates there are 15% to 30% vaccine injured from the COVID vaccines in the armed forces. Since there are 9,000 VAERS reports at a 41X underreporting factor, that would be 369K/1.4M = 26%. So the estimate matches the VAERS data. If this isn't right, then what are the real numbers and what is the source for that data? Also, one army doctor told me he's seen hundreds of vaccine injured this year, but one in the last 30 years (due to the smallpox vaccine). That would be an increased incident rate of three orders of magnitude. How is that consistent with a safe vaccine?

- **Why did only 6 soldiers out of 3,000 opt to get the vaccine [after COVID vaccine safety briefings by Army Lt. Col. Pete Chambers?](#)** Chambers didn't say anything false and misleading. So why was he relieved of his duties after that?

- **Why is the cause of the F-35 crash being covered up?** A vaccinated pilot crashed a $100M F-35 jet into the side of an aircraft carrier. [I wrote about it on Feb 8, 2022](#). It's now almost 3 months later. Why isn't there a report? Or at least a report on why there isn't a report?

- **Where is the evidence that the papers showing the spike protein is cytotoxic are all wrong?** The spike protein in the vaccines is cytotoxic according to multiple peer-reviewed papers published in the scientific literature. Yet the CDC and Wikipedia both say that the spike protein is harmless. Why haven't any of these papers (see the references in these links) been retracted?

- **Explain how you know that masks work and the peer-reviewed randomized trials were all wrong**. Perhaps there was a randomized trial for masks and SARS-CoV-2 that we missed? Also, let us know what the effect size is for cloth masks, surgical, and N95 masks and explain why the [Denmark, Spain, and Bangladesh mask studies all failed to find any effect whatsoever](#) and why the Finland study showed masks actually increased the rate of infection. Also, explain the graphs in this article [The More Masks Fail, The More We Need Them](#).

- **If masks worked, how come they didn't stop the spread? And why is there an association between mask wearing and higher mortality?** See this [Joel Smalley post](#) for details.

- **Why is the vaccine injury data from the BEST system being hidden from the public?** In

fact, I recently had a discussion with vaccine expert Martin Kulldorff who used to serve on CDC and FDA committee and he said that the best data was in the BEST system, but even people on the government's outside committee don't have access to the data, other than what they are shown by the FDA and CDC which is very little. If the vaccines are so safe, why are they hiding the safety data from the committees and the public?

- **How do you explain the elevated D-dimer and troponin levels post-vaccine?** Tell us what % of people have elevated levels for D-dimer and troponin and how long they last. Assure us that the vaccines don't elevate D-dimer and troponin levels after vaccination in anyone and how you know that.

- **Please assure us that nobody has died from the mRNA COVID vaccines and explain how you are confident that this is true**. In particular, if you can address the errors Dr. Peter Schirmacher and Dr. Sucharit Bhakdi made in their studies, that would be very important. Please tell us how many post-vaccine autopsy reports you have seen where they did the proper tests to rule out that the vaccine could have caused the deaths? Is there a reason these reports must be kept confidential?

- **If the vaccines are safe, then how come the NIH hasn't been able to cure a single vaccine-injured person and restore them to health?** How many vaccine- injured people has the NIH tried to cure? How many have been cured? It's zero as far as we know. Read this article; they've known about vaccine injured patients since January 2021, but later had to abandon all 34 vaccine injured patients because they were unable to help any of them and they didn't want to acknowledge that there were any vaccine injuries. Also, if they had found a link between the injuries and the vaccine, they'd have to admit that, so by terminating the research before it concluded they have plausible deniability: they can say that they weren't able to find a link (and omit the fact that they prematurely terminated the program so that they could avoid finding the link).

- **If the vaccines are perfectly safe, then why did the NIH cover up the fact that they were treating vaccine injured patients?** The 34 vaccine injured patients that the NIH was seeing starting in January 2021 were told not to say anything because the NIH didn't want to create a panic that the vaccines caused injuries. As of June 2021, the NIH is no longer treating the vaccine injured. Nath claims publicly that he doesn't know whether any of the 34 cases were caused by the COVID vaccines. That's a lie. All these patients with similar symptoms never seen before, all starting shortly after the vaccine, and he doesn't have any clue as to whether the vaccine might have caused them even though VAERS lights up with all the associations of the COVID vaccines and the symptoms of these patients? If it wasn't the vaccines causing these symptoms, what was the most likely explanation? If the vaccine was the most likely explanation, they why not admit that? What evidence was there that the reported injuries could not have been caused by the vaccines? But we don't even need to argue this logically because we have first-hand statements from the vaccine injured who treated him that he knew.

- **What ever happened to evidence-based medicine (EBM)?** What was it replaced with and when did this happen? A lot of us missed the memo. The reason I ask is that both ivermectin and fluvoxamine have published peer-reviewed meta-analyses and systematic reviews which are the highest level of evidence-based medicine. So it is inexplicable that the NIH says there is "insufficient evidence" to recommend these drugs. It's the HIGHEST level of evidence in EBM!?! Fluvoxamine alone has the potential to reduce death from COVID by a factor of 12: "There was one death in the fluvoxamine group and 12 in the placebo group for the per-protocol population (OR 0·09; 95% CI 0·01–0·47)." That's another reason the NIH should be recommending it. Giving

it a neutral recommendation won't save lives: it's a message to physicians to avoid using the drug; the NIH knows this. See also: New Analysis Shows Fluvoxamine Has The Potential To Reduce Covid-19 Hospitalizations By More Than 90%.

- **How come nobody has been paid any compensation for their COVID vaccine injuries?** We have millions of vaccine injured, but our government hasn't paid even a dime to any of them. So how is the government protecting the public by refusing to compensate them for an injury that the public sustained because the government screwed up and approved an unsafe vaccine?
- **Stopping condition.** What is the stopping condition for the vaccine? The smallpox vaccine killed 1 person per million vaccinated. That was previously the world's most deadly vaccine; too unsafe to use today. Yet the COVID vaccines kill nearly 1,000 times more people per million than the smallpox vaccine. What do we do? We mandate it! How do you explain that? Shouldn't that trigger the stopping condition. If not, what is the stopping condition?
- **Re-kindled latent cancers.** Please assure us that the rates of "re-emerging" cancers did NOT increase at all after vaccination and tell us how you know that. We are referring to cancers that were under control before vaccination and that shortly after vaccination either became out of control or killed the patient. Many doctors have observed a 10X increase in such events. Clearly, that must be false if the vaccines are as safe and effective as claimed. Can you show us the data showing it is false?
- **Why are there no autopsies?** Why isn't the CDC requesting that medical examiners in a dozen randomly selected locations do proper autopsies and provide them with the money, tools, and training to detect whether the deaths were caused by the vaccines? Instead, they do nothing. How is that protecting public health? The CDC appears to be behaving like an organization that does not want to know how many people are being killed by the vaccines. Show us evidence that we are wrong.
- **Blood supply safety.** We've heard horror stories from embalmers of people who got blood transfusions and died with telltale blood clots found only in vaccinated patients (and those with transfusions). Explain how this is possible if the blood supply is perfectly safe.
- **Stillbirths since the vaccine.** A maternity ward nurse at Memorial Medical Center in Modesto, CA reported that she has "never seen so many stillborn and miscarriages since the jabs started being administered." Why not have all the hospitals report their numbers so we can have transparency here? And make it a federal crime to report false information. That would inspire confidence that the vaccines are perfectly safe and there is nothing to worry about, right?
- **Where is the scientific study behind the 6 foot rule for COVID?** All of us misinformation spreaders are baffled here. Scott Gottlieb is too. The virus is spread as an aerosol that hangs around for hours to days. As soon as you advance in line to the place that the person was just standing in, you are breathing in what he just breathed out. And the next time he moves forward in line, the process repeats.
- **Why no debates?** There has never been a debate between any of the top misinformation spreaders and any of the health authorities. Why are the health authorities so afraid? In Canada, just three doctors challenged every health authority in Canada and none of the authorities showed up. This makes the Canadian health authorities look really weak if collectively they are afraid of just 3 Canadian doctors. Is "running and hiding when challenged" considered exemplary behavior in science today?
- **Harm to our immune system**. The latest scientific research published in peer-reviewed medical journals (paper by Stephanie Seneff and Peter McCullough entitled, "Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs"

shows that the vaccines impair our immune system. Tell us how you know for sure that this is just a temporary effect. How long does it last for and how can you be sure of that?

- **Prion diseases.** I tweeted a Substack article that the COVID vaccines cause prion diseases and Twitter banned me for life! But that doesn't change the science or the data. It just tells me that our government doesn't want anyone to know this. CHD just ran a story of a mom who died shortly after vaccination from a prion disease. Explain to us why the strong elevation in VAERS reports for prion diseases is nothing to be alarmed about.
- **Vaccine mandates for kids.** We can't figure out why anyone would mandate the vaccine for kids. Note that we know why the drug companies want it: because it exempts the fully-approved vaccines from liability. Kids are orders of magnitude less likely to die from COVID, they aren't spreading it to adults in any significant numbers, and we have absolutely no clue as to the long-term effects of the vaccines on them. So even if things look safe today (which they don't), there is still no compelling reason to mandate vaccination of our kids. Explain to us what we are missing here and please show us the risk-benefit analysis that is being used here because the only one I've seen shows we kill 117 kids to save 1 COVID life, which, to be honest, doesn't make much sense to a lot of us normal people (though if you are a public health official, it seems to make perfect sense for some reason). Also, in the Los Angeles school district, they test all the kids on a regular basis. Surely, there must be a good reason they don't tell us what the case rates are in the vaccinated vs. unvaccinated. Could that be because the rates aren't any different? Or because the cases are higher in the vaccinated? Boy, that would be embarrassing, wouldn't it?
- **Origin of the virus.** The gain-of-function research work in Wuhan was funded by the NIH. This isn't subject to debate anymore. Why didn't the NIH admit this at the start? Also, why did Fauci cover it up? And when Biden went to investigate the origin of the virus, why didn't he ask the NIH for Fauci's unredacted emails which would have told us everything? From our perspective, failing to do that showed that Biden knew full well Fauci funded the virus and covered it up. Otherwise, why wouldn't he have sought his emails so we can see the information that was redacted in the FOIA request?
- **The lockdown policies of the US government.** We aren't aware of any science showing lockdowns have worked in past pandemics to save lives (any virus lives saved by the lockdowns were more than offset through loss of lives due to the lockdowns). The Johns Hopkins study of lockdowns for COVID showed that they ended up costing more lives than they saved. Where is the evidence showing the opposite? How is it that Sweden did so well without any lockdowns and other Nordic countries with even fewer restrictions did even better? There are now over 400 studies on how the lockdowns were destructive. Are they all wrong? Where did they all go wrong?
- **Vaccine-induced hepatitis**. In light of this paper published in a peer-reviewed medical journal (" SARS-CoV-2 vaccination can elicit a CD8 T-cell dominant hepatitis"), explain to us how this paper is wrong and the COVID vaccines cannot induce hepatitis. The conclusion reads, "COVID19 vaccination can elicit a distinct T cell-dominant immune-mediated hepatitis with a unique pathomechanism associated with vaccination induced antigen-specific tissue-resident immunity requiring systemic immunosuppression." You told us that the vaccines were safe and had been thoroughly tested. So someone is lying. Who is lying and how do you know? Also, there are cases of acute hepatitis in kids 16 and underreported all of a sudden in 11 countries. Do we know for certain that none of these kids were vaccinated? 10% of the kids are having to undergo liver transplants due to the illness.
- **Vaccine safety vs. efficacy for the elderly.** Most people claim that the vaccines are justified for the elderly, but for some reason, they never present data from nursing homes showing that their

claims are true. We've never seen this anywhere. We do see occasional leaks from nursing home whistleblowers like Abrien Aguirre and these people tell us flat out that it is just the opposite: that far more old people died due to the COVID vaccine than actually died from COVID (and not with COVID). These people, who expose the fact that people are re-coded as COVID deaths to collect the extra reimbursements, are then fired and their nursing homes refuse to talk about the numbers disclosed by the whistleblowers. So we are confused by this. If the vaccines are saving lives, why are the nursing homes hiding the numbers and firing the whistleblowers?

- **Myocarditis caused by the vaccines.** Please show us the evidence in the clinics that the rates of myocarditis actually observed by cardiologists DECREASED after the vaccines rolled out. Since the authorities claim that the rates of myocarditis from the vaccine are small compared to COVID, we should see the rates of myocarditis decrease after the vaccines rolled out, but all the cardiologists we talk to tell us that the rates increased dramatically. Also, why aren't any schools voluntarily sharing their myocarditis rates to show how low it is? Instead, they are staying completely radio silent. For example, at MVCS, the rate confirmed by the head of school is at least 4 in 400 boys, but she won't publicly talk about it. Isn't that a trainwreck? Why are all the school nurses we contacted unwilling to reveal the numbers? The schools are behaving as if they don't want parents to know that the vaccines they mandate are harming the kids.
- **Cardiac issues in kids after the vaccines rolled out**. What accounts for the increased rates of cardiac issues in kids under 16 that started happening after the vaccines rolled out? This includes things like tachycardia and myocarditis? How could the rates go up so high as soon as the vaccines rolled out for kids? Is this caused by a change in the virus? If so, where is the paper describing this? And why are the hospital lab technicians in fear of being fired if they talk about this publicly? Isn't this something the public should know? Or is it better for society if these incidents are covered up?
- **Cause of death shift in 2020 vs. 2021.** We know from the Massachusetts death data that after the vaccines rolled out, that the cause of death shifted from respiratory causes (due to COVID) to circulatory issues (which we claim were caused by the vaccines). If the vaccines didn't cause this, then the only possibility is that the virus decided to fundamentally change how it kills people. Yet we've never seen a paper on this. Is that the explanation? If not, what caused this dramatic shift in the causes of death? John Beaudoin would be happy to share the analysis with you before you do your video.
- **Massachusetts death data.** If the vaccines are safe and effective, explain how this analysis got it wrong and why there is nothing to see here.
- **Telltale blood clots in vaccinated people (and people with blood transfusions).** Up to 93% of cases of embalmers seeing long blood clots (never before seen prior to the vaccine) seem troubling. Why are these nothing to worry about, what is causing the clot, and how do you know that? Can your tissue analysis rule out the vaccines as causing the clots?
- **How can there be hundreds of thousands of seriously injured vaccine victims for a vaccine with such mild side effects?** Why did hundreds of thousands of people join vaccine injury groups on Facebook? Why did Facebook shut these down? Were all of these people lying? How did Facebook make that assessment? Was there any coordination with the US government?
- **The UK government data clearly shows that triple-vaccinated people are 3 times more likely to get COVID**. So for those of us with a working brain, it's silly to get vaccinated if we want to avoid a COVID infection. It's been argued by the UK authorities that this isn't really true, but they used a laundry list of hand-waving arguments rather than any actual data to support their claims in the hopes you'll believe one of the arguments and won't ask for data. Over time, the

numbers got so bad that they now no longer publish the numbers. Show us credible data that shows why these numbers are wrong and the triple- vaccinated are far less likely to be infected than the unvaccinated. Make our day. I'm sure Alex Berenson would love to see this too. Also, can you explain this image from Alex's Substack? To us it looks like vaccination makes things worse; are we interpreting the graph wrong?

COVID-19 c
vaccinatior

| Graph | Table | Pa: |

| All ages | 0 to 4 |
| 12 to 17 | 18 to 39 |
| 60 plus | |

✓ Not fully vaccinated case

Footer Tagline

- **Why is the CDC suppressing the fact that treating the virus early with repurposed drugs results in extremely low rates of long COVID?** For example, none of the patients in the treatment arm of the Seftel fluvoxamine study had long COVID compared with nearly 40% of the patients who got no treatment. And none of the 10,000 patients who got the Fareed-Tyson protocol have suffered from long COVID. Zero! These are all statistically unlikely (i.e., impossible) if early treatment doesn't work. Why are these safe, proven protocols being ignored by the CDC and medical community? Isn't that a violation of the precautionary principle of medicine? I'm baffled why the medical community wants to keep this a secret. Why doesn't the CDC verify this and let people know that early treatments with drugs and supplements with a LONG safety track record are available as a treatment option?
- **How can the medical community justify its blind faith in authority?** The studies show masks don't work, but when the CDC says they do, the medical community lines up and follows direction. When the COVID vaccines are deemed safe and effective, everyone supports them despite the complete lack of any evidence of an all-cause mortality benefit. What happened to critical thinking? Nobody asking for autopsies? Nobody asking for proof none of the excess deaths in the Phase 3 trials were caused by the vaccine? The pandemic has surfaced some very serious problems with how drugs are approved today that need to be fixed as soon as possible.
- **Why does the FDA not want to answer any of these questions?** Early on, FDA spokesperson Lorrie McNeill would email me I'm wrong. That's not a compelling way to convince someone. Subsequently, she just ignores all my messages. Lorrie, you will not stop misinformation through censorship and ducking questions. We are all reasonable people here. If you have reasonable explanations and will engage us in a dialog, we are willing to hear them. But the more we learn, the worse it looks. Ducking the issues is never going to resolve them. When can we talk on the record for the public to view?
- **Is there still a pandemic?** This analysis makes it crystal clear that there was a single pandemic wave (3/22 to 5/31 in 2020) and it ended long ago. Is there an error in the analysis? How come we only see the initial wave?

Massachusetts All-Cause Daily
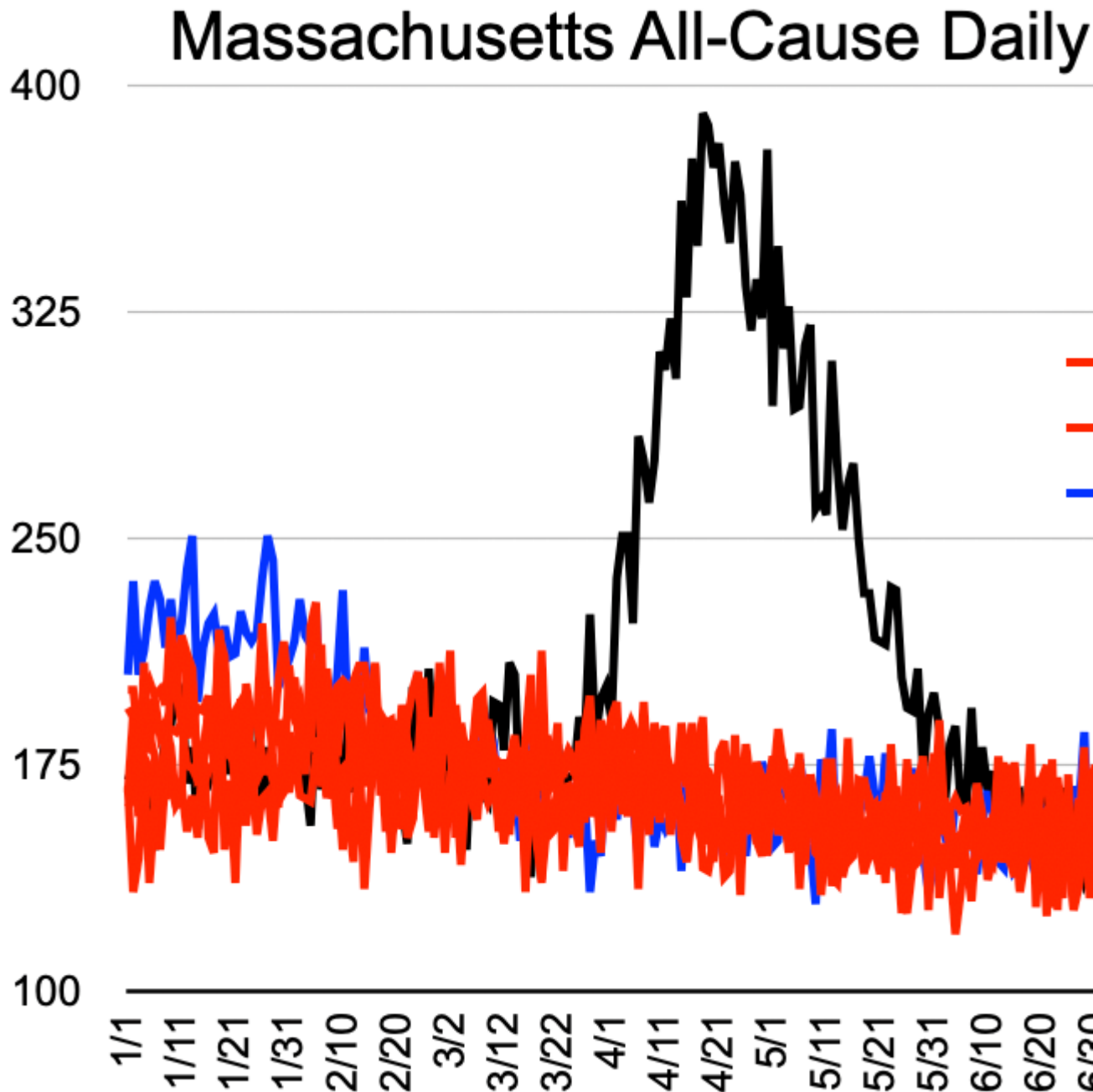
Here's a copy of the offer I made to Dr. Lee on April 25, 2022 for the record. It offers unlimited compensation to answer the questions in this document so we can resolve the misinformation issue. What could be more fair than that?

Neither responded (as expected).

Hopefully, if we spread this widely enough, we'll find someone willing to assure the public that the vaccines are perfectly safe and effective, that masks work, that the public health authorities got it right on all the key issues, and that me and my colleagues are just a bunch of conspiracy theorists who got

it wrong on all the important issues.

All you have to do is cover all the topics above in your video. What could be easier than that?

Or maybe President Obama can "walk the talk" and end all the misinformation himself by answering all our questions rather than just complaining about the problem?

There are over 50 issues for them to choose from and I seriously doubt that they can explain even one of them. Maybe they will all decide that they can't touch this.

Basically, they LOVE to talk about the problem, they LOVE to try to censor us, yet they will NOT spend even 5 minutes to answer *a single one* of our questions.

The "misinformation problem" will continue until they do that. I guarantee it.

by Steve Kirch

Category

1. Freedom-Free speech-Resitance & H-rights
2. Health-Wellness-Healing-Nutrition & Fitness
3. Main
4. Politics-Geopolitics-Gov.-Events

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