



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

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EVIDENCE

Witness 2: Stephen Kirsch

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[00:00:00]

Shawn Buckley

Mr. Kirsch, can you hear us? And I'll ask our AV guy if he can— Oh, you're muted on your end. So, there we go.

Stephen Kirsch

I'm now unmuted.

Shawn Buckley

Well, thank you for joining us today. I'd like to start by asking if you could state your full name for the record, spelling your first and last names.

Stephen Kirsch

Yes, Stephen T. Kirsch, K-I-R-S-C-H.

Shawn Buckley

I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

Stephen Kirsch

I do.

Shawn Buckley

Now, I understand you have a presentation for us, but I'm hoping to just ask you a couple of questions. First about, basically, your bets and then move over to Nancy Whitmore. But just to introduce you to the people that are participating with us today: My understanding is that—and it's not just my understanding—you have quite an impressive career in the tech

industry, being credited as one of the people inventing the optical mouse, and that you've started several tech companies that can be quite properly described as important.

Stephen Kirsch

That is true.

Shawn Buckley

We've had at this Inquiry expert after expert that have had the experience of being labelled by the mainstream media as misinformation spreaders. My understanding is that you also have found yourself in that role. I almost want to say to you, you're in good company and welcome to the NCI. But I wanted you to share with us: How was it that you, because you're in the tech industry, how did you become interested in COVID issues and become passionate about them?

Stephen Kirsch

After I was vaccinated, I started hearing from friends who were either injured or dead. I didn't hear from the friends who were dead obviously, but I heard about friends who had died. And I started looking into the data and the data was very consistent, showing that this was the most dangerous vaccine of all time.

So I ended up quitting my job and pursuing this full time. I actually thought it would only take a couple of weeks to show people that the data was inconsistent with what the government was saying. But apparently that didn't sway people, so it ended up being a more difficult task than I had anticipated.

Shawn Buckley

You've taken actually some unusual approaches to try and make the point that the current government narrative isn't correct. And one of the things that I saw that you've done, and it's on your Substack, is that you've put out a number of million-dollar bets. And my understanding is anyone in the world can come to you, put a million dollars on the table for any one of those bets, and literally bet that you're wrong.

Stephen Kirsch

Yes, I did that for a period of time. I now have one bet remaining. Nobody took me up on the bets, so I revoked them. But there's still one bet on the table, which is whether the vaccines have killed more people than they've saved. And there was only one person in the world that took me up on that but he was only willing to bet half a million dollars. It was an indication to me that only one person in the entire world was willing to risk significant money, believing that the vaccines have saved more people than they've killed. Only one person.

Shawn Buckley

I just want to share with the people participating what some of the other bets are, so that they understand you. Somebody could have come to you with a million dollars, and if they proved you wrong on these points, you would have given them a million dollars. And you've already indicated about the vaccines, but you also had a bet that masks don't work.

Stephen Kirsch

That's true. Yeah.

And these are bets, just to be clear. Mike Lindell, who was just awarded \$5 million— The person who proved Mike Lindell wrong was awarded \$5 million. Lindell was an open challenge. This is an actual bet. So the person has to put up a million dollars. I put up a million dollars and then we go through a process to determine who the winner is. So that's different. So the other party has to take some risk. The point is that nobody was willing to risk their million dollars to bet me that I'm wrong about masks.

Shawn Buckley

And one of your bets was that censorship cost lives.

Stephen Kirsch

Yes.

[00:05:00]

Shawn Buckley

Okay. Then one of them was that you had done a presentation on Fox News on August 10th, 2022. You basically say, "Listen, prove my major points wrong." But one of them had to do with Wayne Root's wedding. And I'm wondering if you can share for us what that bet was about. What is the story about Wayne Root's wedding?

Stephen Kirsch

Yeah, he had a couple hundred people at his wedding. About half of them were vaxxed and half of them were unvaxxed and then he tracked what happened after the wedding. And all of the serious adverse events happened in the people who were vaccinated. None of them happened in the people who were unvaccinated, or maybe there was one death. But it was quite dramatic: I think the deaths were maybe seven or eight in one group, and maybe one in the other group.

There was no randomization, of course. But it was a random selection of guests, essentially. He didn't know who was vaccinated and who was unvaccinated. And then he was just tracking what happened to the guests at his wedding, and he noticed that there were somewhere around twenty or so guests who had very serious adverse events, and they were all in the vaccine group, and there were seven deaths in that group.

Shawn Buckley

Now, I just want to switch gears to Nancy Whitmore. My understanding is that she's the CEO of the College of Physicians and Surgeons of Ontario, and that you ended up sending her a letter back on March 14th. Can you just share with us a little bit of the history of what was going on there?

Stephen Kirsch

Sure. They had met with some so-called misinformation experts and wrote a big piece on their website about how misinformation is so dangerous. And so, I offered to her that what they were doing wasn't working, because more and more people are vaccine hesitant. And the definition of insanity, of course, is doing the same thing over and over again and expecting a different result. And that if she really wanted to stop the misinformation, then the best thing that she could do was to engage the so-called misinformation spreaders and answer their questions, and that we would gladly answer her questions as well. And we could hopefully resolve the differences of opinion as to what the data says if we could both have a dialogue and point out the flaws in each other's arguments.

Shawn Buckley

We've entered that letter that you wrote. For anyone following us, we've entered it as Exhibit SA-4.

Mr. Kirsch, we've already informed you: We had sent out a summons to Miss Nancy Whitmore inviting her to attend today so that she could have a debate in this fair and controlled environment. I regret to inform you that we did not receive a response from Miss Nancy Whitmore, and that summons will be entered as Exhibit SA-4a.

Has anyone on the other side—any physician or journalist or politician, anyone basically shouting the mainstream narrative—been willing to debate you at any time?

Stephen Kirsch

No. And it's not just me that they won't debate, it's really anyone who's counter-narrative. I have yet to see anyone who has said anything in any point that's counter-narrative, including the lab leak origin and so forth, that has been debated by people on the other side. None of this, what the press calls "conspiracy theories"—None of the people on the other side promoting, we'll call it the "mainstream narrative," have been willing to engage at all with anyone who is counter-narrative. It's not just me that they won't debate. It's anybody who disagrees with them who has expertise in the field. They will not debate you. They will not discuss it. They will not publicly discuss it.

They will try to censor you and defame you on a one-sided basis, but they will never, ever engage. We've never seen that happen.

Shawn Buckley

Thank you. I think that point that you just made is extremely important.

[00:10:00]

Now, my understanding is that you have a presentation [Exhibit SA-4c]. You've put some thoughts together that you would like to share with us, and I'd like to invite you at this time to share your presentation. And you should have share-screen capability.

Stephen Kirsch

I do. In fact, let me see here. Hopefully you can see the slides.

Shawn Buckley

We can. We have a slide up that says: “Why is everyone so afraid to talk about the elephant in the room?” We have you up in the top right-hand corner, so we can see you also.

Stephen Kirsch

Awesome, great. So, apparently this is happening to elephants everywhere in the world, where the elephant is sitting on the psychiatrist couch thing, “I stand in the middle of the room and point out the unvaxxed aren’t dying and yet nobody notices me.” This is what I’m referring to about the elephant in the room; people just don’t want to hear about it.

So, my background, former high-tech serial entrepreneur. I’m 66 years old, I was featured on “60 Minutes.” And yet today, I’m the top hit in Google when you type in “misinformation superspreader.”

I’ve been doubly vaxxed. I was a believer until my friends were killed and injured by the COVID vaccines, as we said earlier. I was validated by all the reliable data that I looked at and nobody would explain to me how I got it wrong. So I became a full-time journalist. I’ve written over 1,200 articles on my Substack: SteveKirsch.substack.com.

You know, the big learning here is that once you’re willing to question your beliefs, everything else makes sense. But if you’re not willing to challenge or question your beliefs then you’ll never figure this out. Some of the beliefs that need to be challenged are: Is it possible we were lied to? Could the “cure” be far worse than the disease? And could the “good guys” actually be causing harm?

What’s interesting of course is that nobody in the world wants to answer any of our questions. Even after I offered to pay them generously for their time. So, I’m now at three times your normal consulting rate. I’ll probably bump that to 10 times your normal consulting rate, just to show people that it doesn’t matter how much we pay, no one will answer any of our questions. And in return, we’ll answer a comparable number of questions from their side for free.

And what’s interesting is we invite them to speak at our conferences, but they won’t let us speak at their conferences. They won’t even take any questions. At the last conference at Georgia State University, they even hired police to escort us off campus, even though we were registered attendees. And then, instead of engaging with us in a discussion after the conference, they snuck out the back door so they could avoid confrontation. This is how it works.

I think the single biggest issue is data transparency. We have a very large clinical trial going on in the world with 13 billion doses, and all the governments worldwide are hiding the key data. And I’ll get to that in a second. But the magic trick is that they undercount the unvaccinated to make the vaccines look effective. And Norman Fenton and his colleagues caught them doing this in the U.K., published the evidence, and the U.K. regulator agreed with Norman Fenton, and said that the data that they had in the U.K was not fit for purpose. In other words, it could not be used to determine whether the vaccines were safe or not. It’s very important.

Of course, the number one most important data is the death-vax records of the deceased. So, when you die, they need to publish when you were last vaccinated. No government in the entire world does this. No state government in the United States does this. These public records are being kept hidden from view so that nobody will know the truth. No

government in the world—and I've asked a few. I haven't asked them all obviously, but I've asked a few. And they stop talking to me. When I point out that there is no privacy violation and I'm willing to pay the expense to produce this data, they stop talking to me.

And what's interesting also is that no medical authority in the world is calling for these records to be released. These are ground zero records showing whether the vaccine would be safe and effective or not,

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and there is not a single medical authority in the entire world asking for their release.

There are also no autopsies to assess causality. There are very few. They're being done in Germany and Japan. And of course, they all make devastating assessments. Ryan Cole in the U.S. has done over 20 autopsies, investigations, and in 100 per cent, the vaccine is implicated in the death. But CDC isn't calling for this. And you'd wonder: Doesn't anyone want to know the truth? And the reason of course why is that if you want to know the truth, you must be willing to accept the result. And that's why nobody looks.

Now, I personally released the data from Medicare to the public just to prove it can be done. And what it shows of course is: The vaccines are killing people. That line that's in red, that line should be going in the other direction in this particular graph. And nobody has been able to show that this data from Medicare shows that the vaccines are safe and effective. I publicized the data; anyone can download it; and no one has been able to show that it shows the opposite of what I claim it shows.

The way science works today is that half a million people can die from COVID and we call it an emergency, if it indeed was that. But when half a million or more people die from the vaccine, we want to mandate it so that everybody gets it. Which is interesting because if one person dies from eye drops in the United States, they recall the eye drops. And when we have an early treatment protocol for COVID, which results in zero hospitalizations and deaths, the CDC [Centers for Disease Control and Prevention] ignores it.

Here are a bunch of mistakes that people have made— And I'll make the slide deck available for people to look at this in detail. But basically, vaccines did the opposite. They increased death, they increased hospitalization, and they increased the infection rate.

And that's just for starters. Masking didn't work, in fact was detrimental to health in a number of factors. And we can go on and on and on. Lockdowns actually increased the number of people who died from COVID. And all of these things that they did were counter-productive, and they wouldn't take anybody who had dissenting views and listen to them.

So the solutions: to mandate data transparency for public health data, and hold these public health officials accountable in public forums, which we've never ever been able to do. And they should, of course, start listening to the people who they've been censoring and ignore the people that they have been listening to.

Here's some of the scientific peer-reviewed literature—in other words, these are papers in the scientific peer-reviewed literature. And it says, "An abundance of studies has shown that mRNA vaccines are neither safe nor effective, but outright dangerous." And this is a really interesting observation: "Never in vaccine history have we seen 1,011 case studies showing shocking effects of a vaccine." Never in our history. That's an objective fact and nobody disputes that.

The Skidmore paper showed that up to 278,000 people, according to the survey that he did, were killed by the vaccines in 2021 in the U.S. And it's interesting that he was supposedly debunked by Susan Oliver and her dog. And what's interesting is that Susan said, "Well, you know, this was not true, and this was not true, and this was not true." But Susan never then said, "Well, here's the corrected number when you make those corrections."

So the whole point is about trying to take down any information that would be counter-narrative, rather than trying to say, "Oh, there was a slight flaw in this because the ratio, the number of people who were vaccinated versus unvaccinated was a little bit disproportionate. So, let's adjust it by a few per cent, and here's the correct answer." Instead, what they did is they— And by the way, Denis Rancourt and colleagues found the exact same 0.1 deaths per dose rate as Skidmore, and he used a completely different method. But Skidmore's paper was retracted by the editor after basically looking for reasons to retract it.

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There's something called the COPE [Committee on Publication Ethics] Guidelines, which specify the reason for retraction that the journal adheres to. And none of these COPE Guidelines were satisfied. And so there were dozens and dozens of complaints filed with the publishers, Springer Nature. Springer Nature publishes 3,000 journals. All of those complaints to the ethics email were ignored. All requests for an interview of the editor or of the ethics committee were ignored as well.

Shawn Buckley

Can I just ask, because this isn't the only case where somebody publishing against the counter-narrative is taken down: Are you aware of publications which basically support the public narrative that have been taken down?

Stephen Kirsch

Yes, there was a Surgisphere paper showing that hydroxychloroquine doesn't work. And it was taken down because it was fraudulent data. So that's the only paper that I'm aware of.

Shawn Buckley

And that's a different kettle of fish—actual fraud.

Stephen Kirsch

It is because it was a totally fraudulent study to try to disprove that hydroxychloroquine worked.

Shawn Buckley

And that would have been published in a peer-reviewed journal.

Stephen Kirsch

Yes, it was published in the Lancet, a very famous peer-reviewed paper.

Shawn Buckley

Right, and so the peer reviewers hadn't picked up that it was a fraud.

Stephen Kirsch

Yes, that they fabricated the data.

Shawn Buckley

Okay, sorry for interrupting.

Stephen Kirsch

No problem. So basically, these papers that tell you the truth are— One of the reasons that they said it was retracted is because they didn't get approval from the IRB, which is the Institutional Review Board. Skidmore in fact did get approval from the IRB and the approval was that, "We've looked at all your questions and they don't violate— They're all exempt." And so he got a ruling from the IRB saying he's clear to do the paper.

So he wrote in the paper that the IRB approved it. But the journal said, "Well, but the IRB said it was exempt, so they in fact didn't approve it." But they did, even if they approved it as being exempt. These are things that you could clearly see; they were on a fishing expedition. Skidmore has never had a paper retracted in his career, and he's written over 70 papers. And now, all of a sudden, the journal finds five things worthy of retraction in this one paper. Isn't that amazing?

It's interesting that a disproportionate number of COVID papers retracted after the vaccine rollout were counter-narrative, and you wonder if this is how science works. Thirty-two per cent of the papers gave no reason for retraction. In the retraction of the McCullough and Rose paper after it was published, Elsevier said they are not willing to publish the paper and claim that that was their prerogative and not a breach of contract. Here's the letter. It says "I'm afraid the journal is not willing to publish the paper," after they published the paper.

So, the point is that the journals can go in and retract your paper for any reason if they don't like it. This is not how science is supposed to work, they're supposed to follow the COPE Guidelines. Now, there are papers that are published in the peer-reviewed literature that show that the differences between the COVID death rates for the vaxxed versus the unvaxxed—which is supposed to be the big benefit of the vax—is not statistically significant. So, we have no paper showing a statistically significant difference in the vaxxed versus the unvaxxed death rate. The closest one would be this paper. And if you do the p-value calculation here, you find that it's not statistically significant. And so the point is that there's no proof that the vaccine works.

In fact, in Pfizer's own phase 3 trial, it shows that people were 31.2 per cent more likely to die if they took the vaccine than if they took the placebo. It's even more stunning when you realize that there were very healthy people who died at a five times lower rate than they should normally die in that study. So they picked very, very healthy people in that Pfizer trial and they died at a much lower rate. Yet, there was still a 31 per cent differential: they were killing effectively young people at a 31 per cent higher rate in the group that got the vaccine.

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What is interesting is that Pfizer basically said, “Of the 21 patients who died, we didn’t think anyone died from the vaccine.” But they provided no proof of that. There was no histopathology that was done. And the histopathology is actually required in order to prove whether there was a link between the vaccine and death. So they basically said, “We’re not going to look. Just trust us, we’re not going to look. We don’t really want to know definitively whether there is a link, but just trust us. There’s no link. The vaccine didn’t kill these people.”

And that’s essentially the problem here, that it’s all based on trust. The CDC and the FDA are trusting what Pfizer says. Pfizer isn’t doing the work to prove their statements, then this goes down to doctors believing that the FDA has said, “We approve it and we’ve looked at the data.” No, they never looked at any of those 21 deaths. And all of my requests to Pfizer to look at that data have been ignored. Why would they do that if it’s safe and effective?

The Israeli Ministry of Health did a study and they published it behind a firewall, so nobody would see it. But this is the Israeli government data showing the days till death after you got the shot. This is showing 196 days. And you can see here it peaks at around four months or so post-vax for shot number two. It should be a horizontal line. There shouldn’t be any difference at all, the days after you got the shot should be completely random. But here it shows that it’s clearly peaking and that’s very problematic. And because it peaks four months later, people don’t associate the death— They just say, “Well, he died months after the shot, but it was four months after the shot.” People don’t associate these deaths with the vaccine.

Dr. Aseem Malhotra’s father died six months after he got the shot, but Aseem was astute enough to realize there was a connection there. The Israeli Ministry of Health also published this in their paper, which shows a huge spike exactly three days after you got the shot in young people. Now that is not random, that is causality. That is not just coincidence. There is no way you can get a coincidence like that.

In Canada, Ontario announced that deaths from COVID were up 39 per cent and hospitalizations were up 31 per cent. And this is “from COVID” after the vaccines rolled out. Now they told us in Canada that the vaccines are safe and effective. And yet why are deaths up 39 per cent in the year after everybody got vaccinated? And why are hospitalizations from COVID? Deaths from COVID and hospitalizations from COVID. I mean, this is stunning.

Shawn Buckley

Just so that everyone understands: In 2022, deaths in Ontario from COVID were 39 per cent higher than the year before, in 2021. Is that what you’re telling us?

Stephen Kirsch

Correct.

Shawn Buckley

But even aside from the vaccine, wouldn’t more people have natural immunity in 2022 than they would have in 2021? Because people are catching COVID and, aside from the vaccine, are getting natural immunity?

Stephen Kirsch

Correct. The deaths should be down. And the variants are also less severe. Omicron was less severe than Delta and the earlier variants. So we have a less severe COVID and we have a lot of natural immunity and yet people are dying at a higher rate. And then someone pointed out, “Oh, well, there were lockdowns in 2021.” Well, the lockdowns in Ontario ended mid-year, and then they locked down again in early 2022. And lockdowns in fact have been shown to increase. Every place where there were lockdowns, they increased the number of COVID deaths. And that’s pretty clear.

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There’s a Hopkins paper that was published, a paper from Johns Hopkins; three economists at Johns Hopkins, very well-done paper. So, there’s no explanation for this. I contacted Nancy Whitmore at the, at that Ontario—

Shawn Buckley

College of Physicians and Surgeons of Ontario.

Stephen Kirsch

Yeah, “the College,” as they say. And Nancy Whitmore just ignored me. I said, “Look, if there’s an explanation, let’s hear it.” They basically don’t want to say anything. David Fisman, who is also in Ontario, would not say anything either. I emailed him, he didn’t respond to my email. Nobody wants to explain this.

So a huge increase in Canada: nobody, no authority, will explain this increase and agree to be challenged with their explanation. It’s just, like, well, it happened; you should ignore it. This is completely counter-narrative. And every single authority in Canada is ducking questions about this. Nobody wants to explain it. And what’s even more troubling is that the press in Canada is not asking about it either. They’re not asking these questions.

Shawn Buckley

Well, I think it’s worse than that. I mean, the experience that we’ve heard from other witnesses is that the press actively participates in character assassination if you step out. And you don’t even have to be a Canadian expert. We had Dr. Bhattacharya on here explaining how the CBC basically went after him after he was one of the authors of the Great Barrington Declaration.

And just so you know, because you’re in the United States, there’s still a culture of fear here. We’re having— This is a citizen-run inquiry. And one of the features is, we don’t just have experts like you on, we allow ordinary Canadians to come and tell their stories. But we’ve had a large number of witnesses back out at the end because they’re still afraid of repercussions, both economically at their work and social, like family and friends. So, we’re still in a culture of fear.

And I’m wondering if you have any thoughts on whether it’s fear that is preventing people from speaking. Or are there other factors?

Stephen Kirsch

Well, yeah. The fear is definitely preventing people from speaking out. There are some doctors who believe the authorities. They're trained to believe authority and trust authority. These doctors will look at what's going on and they'll say, "Oh well, I just got unlucky." And so there are some doctors who still believe that the vaccines are safe and effective and just ignore the evidence in plain sight.

There are other doctors who realize that if they speak out, they will have their licence revoked. They will no longer be able to practice medicine, or they will have their hospital privileges revoked, or they will be fired from their job. The first duty of these people is to provide for their family. And so, that's what they do. They keep their mouth shut and they follow orders, so they're not fired.

An example of a doctor in Canada, in Ontario, for example would be Ira Bernstein. And look at what happened to Dr. Bernstein. None of his patients died but the authorities are in the process of revoking his license to practice medicine. After complimenting him for being an exemplary doctor before the pandemic happened, now all of a sudden, he's an evil guy because he saved lives. And so they're going after him and it's all out of public view.

Shawn Buckley

In the province that I live in, Alberta, the College of Physicians and Surgeons, as I understand it, basically directed physicians that they were not to be treating Albertans who presented with early COVID. Rather, they were to wait until people presented seriously at the emergency ward.

Have you heard similar things in other jurisdictions? That's something that I have trouble getting my head around. A college basically directing doctors not to treat patients early.

Stephen Kirsch

I haven't heard about that in other places in Canada, but I haven't tracked that at all. I know there are places in the world where physicians are directed to do that.

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In fact, our own CDC is, I think, guilty in that respect in telling people that none of these early treatments work. And so physicians interpret that as, "Well, I better not do it otherwise, I'm going to get in trouble."

Shawn Buckley

Back to fear. Sorry for interrupting, I'll let you carry on.

Stephen Kirsch

Yeah, no problem. It's interesting that Ontario also published that there are zero COVID deaths in people under 30 in Ontario. So why do they recommend a vaccine? I mean, you can see here: If you're 40 and under, in fact if you're 50 and under and you're unvaccinated, basically you're not dying. You know, it's pretty darn close to zero. And it's actually zero for age 30 and under here. So, why are they even recommending the vaccine? They're not even talking about the risk. It doesn't make sense.

This is a paper which people find really, really troubling if you think the vaccine is safe and effective, which is: the more doses of the COVID vaccine that you get, the more likely you are to become infected with COVID. This is a study done at the Cleveland Clinic, which is according to Newsweek the number two hospital in the entire world.

So the number two most-respected hospital in the entire world did a retrospective study to look at the COVID rates for their staff—51,000 employees, various locations. And what they found is a pretty linear relationship with the number of vaccine doses you have and your risk of infection. The more doses of the vaccine, the more likely you are to be infected. And the error bars pretty much do not overlap, which means these results are statistically significant: the more doses, the more likely you are to be infected.

Now, there's nobody that's been able to dispute the study. In fact, one prominent debunker said, "Well, I didn't like the fact that this axis here was linear." That's preposterous. You didn't like the fact that the axis was linear? And this is one of his primary critiques of this study. He also said he didn't like the way study was done. Well, you know, I'm sorry, but the study shows what the study shows. And the most important thing is that there isn't a study anywhere showing that the opposite is true. Because doctors always like to say, "Well, for every study, there's always a study showing the opposite thing." There is not a study anywhere showing the opposite is true.

Shawn Buckley

I'm sorry. An interesting thing that's jumping out at me is basically, this chart shows negative efficacy. If a marker for efficacy was that it prevented you from getting COVID, which is what the public was led to believe, this is showing that even for one dose— I appreciate your point, for each additional dose it gets worse. But as time goes on in this chart it seems that you'd have negative efficacy if you're more likely to catch COVID than not. But it seems that it gets worse as time goes on in this chart. Am I interpreting that chart correctly?

Stephen Kirsch

The x-axis is time, so it's just showing you the cumulative incidence. So if you divide that then you get a rate. It's not showing you the rate; it's showing you the cumulative incidence over time, which you'd expect to go more and more over time that more and more people get because it's a constant rate. So the rate would be the slope of the line.

Shawn Buckley

Okay.

Stephen Kirsch

Okay? And what's interesting is that the paper itself pointed out, "Hey, we're not the only guys to see this." There were two other studies that were done completely independently that showed exactly the same thing: that people who were vaxxed more were more likely to get COVID. So they said, "Hey, don't blame us. We're not the only study showing this." This is indeed very troubling for the narrative.

And the beauty of this particular study is that everybody started at exactly the same point in time.

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So everybody was exposed to the exact same variants within their communities and you can see the extraordinary difference. Why this study is so interesting is because it looked at people with various doses over the same time period. And it was done in a hospital setting that's very controlled.

The exact same paper showed natural immunity works: that the more recently you were infected with the COVID virus the less likely you are to get COVID. This is someone who's recently infected with the Omicron variant. This is someone who's not infected at all. So, this is not looking at vaccines; this is looking at natural immunity, showing that if you got COVID, the more recently you got COVID the less likely you are to get COVID again. This is showing natural immunity does work, just like medicine has said for years. But the vaccine is doing the opposite. Natural infection is good, is what this paper said. COVID vaccination is effectively bad.

Now we have some V-safe data, which is self-reported data. Ten million Americans agreed to report their status. When they got the shots, they were given a card to register for V-safe. And 7.7 per cent ended up with severe adverse events. That is not safe—7.7 per cent that had to be hospitalized or see the doctor after getting their vaccine is not a safe vaccine. You can't spin it any other way.

And here's a study, the source is *The New York Times*, showing the more you vax the more people die from COVID. Not more people die, more people die from COVID, which is what we said before. Also, if you look at population studies—and this is CDC data—these are squared values, 0.24 here and 0.29. These are very high numbers for correlation. The more you vax the more people die from all causes.

And the latest U.K. data shows that the vaccine increases the risk of death for all age groups. So we're not just talking about dying from COVID. This is dying from COVID. This is dying from all causes, showing higher mortality if you are vaccinated. The regions with higher vaccination rates have higher all-cause mortality. And the latest U.K. data shows that the vaccine increases risk of death for all age groups. So this is all-cause mortality. And it also shows negative vaccine efficacy for all age groups, which means you're more likely to catch COVID and die.

The Israeli Ministry of Health found the same pattern. The vaccine is more likely to kill you as time goes on. This is days post-vaccination and this is the number of death cases. Look how it climbs. It's supposed to be a flat line across here. The vaccine isn't supposed to make any difference at all in the number of deaths but instead it climbs just 30 days after you get the vaccine. That's what it's supposed to protect you from: dying from COVID. And look at the death rate: it's three times, 60 versus 20 here. I mean, truly stunning. This is from Israeli Ministry of Health data.

And of course, in our own VAERS [Vaccine Adverse Event Reporting] System the blue lines here are all non-COVID vaccine deaths. So every vaccine combined each year, and then red is total reports of death from all vaccines. Okay, so they match up. Every single year they match up until the COVID vaccines roll out, where the COVID vaccines are completely off the charts versus the non-COVID vaccine. So it's not an over-reporting; it's not that suddenly in 2021 people realize there's a VAERS system and started reporting things. Because the bars only go up for the COVID vaccines and no other vaccine.

There is one of three things going on here. There's either massive fraud and gaming by anti-vaxxers reporting deaths that don't exist— But all of those deaths are reviewed by health and human services. And so maybe sometimes one or two gets through, but there's no way that you can have massive gaming. So, number one isn't even a possibility.

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The second is massive over-reporting. But there's no evidence of that anywhere. We've done surveys of healthcare workers all over the place and nobody says we're reporting for the COVID vaccines more than any other vaccines. It's interesting that happens: all of a sudden, for just the COVID vaccines worldwide, in every adverse event tracking system in the entire world. So could it be there's massive over-reporting? I don't think so. It's not supported by the evidence.

So that just leaves one possibility, which is the deadliest vaccine in human history. And that's the only thing that there's evidence for. And I've confirmed that using surveys that were done by third-party pollsters. And it says that the vaccine is as dangerous as COVID and sometimes more so.

And the mainstream media is not doing any of these surveys to find out, just to validate whether the government's telling the truth. There isn't any mainstream media survey that's been done to look at this data. In fact, there was a Rasmussen study, Rasmussen polls. They said, "This is the most important poll we've ever done." And it showed that the vax deaths were equal to the COVID deaths. And that was amongst Democrats and Republicans and independents. So, you can't say that this is just a right versus left, a liberal versus conservative. It's not. Everybody polled is finding that the vax deaths in people that they know are equal to the COVID deaths, relatively close. So the cure is worse than the disease or at least comparable to the disease.

And what's stunning is that of course the U.K. government claimed that only nine people died from COVID vaccines in 2021 in the U.K. Interesting to see how they undercount that. And of course, even the mice are not fooled. You know, the mice where they do the testing, they're not fooled. Here's the discussion between two rodents: "Are you getting your kids COVID vaxxed?" The other rodent says, "No, I'll wait for the human trials to finish first."

So, someone is clearly lying to you. It's all a matter of what you trust, who you trust. Do you trust the data or you trust the government experts?

And of course, the way you figure this out is that the side that wants to resolve the differences in the civil discussion is almost always— I've not seen a counterexample of this so I can't say definitively never. There's always a counterexample. But in general, the side that wants to resolve the differences in a civil discussion, the people who want debates, they're the people who are telling you the truth. And the people who are running from these debates? They're the people who don't like being challenged.

For some questions, it doesn't matter who you ask. Are the COVID vaccines safe and effective? If they are then the vaccine mandates are pointless and if they're not vaccine mandates are pointless. So who cares? Did my booster protect me from getting COVID? If it did, great, no need for additional boosters. And if not then there's no need for additional boosters anyway. But the question people should be asking is: Why isn't the vax-death data available? This is ground zero data. Why isn't it publicly available from any government anywhere in the world? If they really wanted to reduce vaccine hesitancy, they would show

this data. The governments would be tripping over themselves to make this data public, the vax-death records public. For each person who dies, show us the vaccine dates.

It's interesting that there's a VSD [Vaccine Safety Datalink] database, which is very definitive. But the CDC stopped Professor Brian Hooker and others from looking at the VSD data. Why would they do that? Why would they hide the truth? And if it works so well, how come the drug companies aren't urging— Have you ever heard of Pfizer, Moderna, any other drug company urging the government to make this vax-death data public?

If the vaccine manufacturers really want to reduce vaccine hesitancy because they're going to sell more product, it is in their interest to make this data public. And there has not been a single call from any manufacturer to make the public health data public. To me, that's stunning.

I offered to bet anyone a million bucks that the vaccines have killed more than they've saved. There's only one guy who took me up on it but he was only willing to risk \$500,000. He wouldn't go for the whole million dollars.

And it's interesting that they're so confident that this vaccine works that they are willing to risk your life on it,

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but they're not willing to risk their money. Like, Pfizer could easily bet me a million bucks. They won't because they'll lose. The point is that they're risking your life, but they're not going to risk their money or their reputation.

Shaw Buckley

Can I just jump in there? Because I would think that if Pfizer took you up and proved you wrong publicly, that would just be a public relations coup in reducing vaccine hesitancy?

Stephen Kirsch

Absolutely.

Shaw Buckley

So it seems that the point you were making, that Pfizer could easily take you up on that bet, is quite a significant point. So, please carry on.

Stephen Kirsch

Yeah. What's interesting also is that nobody can name a single real-world vaccine success story where COVID rates went down at a nursing home or a funeral home after the vax roll-out. I still can't find that success example. And I've talked to other doctors in these Twitter spaces, chat rooms, and I say, "Where's your success story?" And they're unable. All of these people are unable to name a single real world success story. "Hey, at UCSF [University of California San Francisco] the numbers are this." Or, "Hey, at Stanford the number—" Nobody can name a single vaccine success story. That is stunning.

They say it's "10 times reductions in deaths," but they can't point to a single place that that's happening. It's interesting because it's supposed to be happening all over. I shouldn't

be able to find any counterexamples. But all I can find is counterexamples and I can't find anything that supports the narrative. That's really stunning. I mean, that question alone is something that you should be asking your doctor. It's an easy question: If this thing really works, where's the nursing home? Where's the geriatric practice? Where's the funeral home where they can say, "my death rates plummeted after the vaccines rolled out." Show me the funeral home where business went down after the COVID vaccines rolled out. I mean, we cannot find it.

Shawn Buckley

And you're talking about basically, a sample size that is staggering in the measures of billions of doses worldwide.

Stephen Kirsch

Right. They should be able to find these success examples everywhere. And nobody can name one in the entire world. It's really stunning. I mean, it should be impossible for me to find a counterexample because the vaccines are so effective in preventing death. It should be impossible. And yet I can find hundreds of these and not a single counterexample.

You know, it's weird that we can have this public health emergency when no one's dying from Omicron. I've been to the hospital wards in my local community. They're empty. But how can perinatal deaths climb 20 times after the vaccines rolled out? How can Deborah Conrad's caseload before she was fired go up 20 times right after the vaccines rolled out? And here's the kicker: If it's really so safe, why do they need liability protection? Now that they know it's so safe, why not just drop the liability protection? But they don't.

Bleeding in early pregnancy: seven-sigma increase. Gee, if it wasn't the vaccine, what caused this?

The vaccine groups in the phase three trials for all the vaccines, for all three vaccines, all had higher morbidity than the placebo groups. This was highly statistically significant for all vaccines. And yet they're not pointing that out to anyone, that there's higher morbidity. So clearly from the data we have, there's higher mortality, higher morbidity. Why are you taking this intervention? It makes no sense.

Here Vinay Prasad is talking about a Swiss study, 777 Swiss healthcare workers were looked at after they got the shot. And 2.8 per cent had significantly higher troponin levels, which are an indicator of serious heart damage, just three days after the booster shot. Now how can that possibly be safe?

I found out that the Chief Medical Officer at UCSF was issuing a gag order,

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telling all staff not to talk about the vaccines in the context of any injury. So if somebody was injured, "Do not ask about when they got their COVID vaccine." We haven't had a case where a single prominent individual has switched sides from being anti-vax to pro-vax. It's all going the wrong way.

It's all from people like Aseem Malhotra, who is very famous in the U.K., a medical doctor. And he was promoting, he was pushing the vaccines, signing people up on TV, convincing people to take the vaccines. His dad died six months after he got the shot. And Aseem

started looking at the science and he said, “Whoa, I was fooled.” And so now he’s a prominent anti-vaxxer because he was forced to look at the data after his dad died. And he said, “I can’t think of any drug, anything we have ever used in medicine that has efficacy that is this poor.”

Zoo animals are now dying of unusual causes after the vax rolled out. If this thing is so effective— Nobody is getting it. Even Paul Offit’s not getting the booster and he went on record as not getting the booster. And he’s strongly pro-vax. So why should you get it? If it’s so safe, why did the FDA try to keep the safety data secret for 75 years? John McCain, before he died, said that “excessive secrecy from a government agency feeds conspiracy theories and reduces the public confidence in the government.” This is exactly what is going on here. There are 770 safety signals that have triggered in the VAERS system and the CDC knows it. And they didn’t tell the public about any of those safety signals when they triggered.

We talked about debates. None of the government authorities anywhere in the world, including in Canada, will debate. Three top scientists in Canada—here in this slide—challenged the Canadian authorities to a debate on the science and nobody showed up on the other side. They said, “It’s the three of us against everyone you want to bring to the table.” And they couldn’t bring a single person to the table in Canada. Now that is stunning to me. I can’t name a debate that’s happened ever in Canada, or anywhere else in the world.

Here’s a 123 per cent increase in all-cause mortality in the Philippines on September 30th 2021. Now it wasn’t COVID because there were only 127 COVID deaths that day. So what causes this huge peak?

In Germany, right after they rolled the shots out, these causes of deaths from certain ICD-10 codes—sudden cardiac death, cardiac arrest, sudden death—they skyrocketed. There’s no way that happens by chance. Now, if it wasn’t the vaccine, what caused the rise? You know, you can’t explain this one. This happens all of a sudden. They say that a lot of these things are happening because, “Oh, people aren’t getting their medical care during lockdown. That’s why the death rates are higher.”

Well, Martin Neil, and Norman Fenton actually looked at all of the excuses for what could have caused the death rate. Excess deaths worldwide: What could be causing this? So they looked at all these factors and they found that none of them had a positive correlation with what was going on. The only thing that was positively correlated was the vaccine. Now, nobody’s been able to dispute this study, which is interesting. They all say, “Well, it’s something else, it’s something else.” But they can’t dispute this Devil’s Advocate study where they looked at all these reasons. They showed that they don’t correlate at all.

It’s interesting that for the first time in history, it’s necessary to censor doctors with opposing views. And Peter Marks, who’s the FDA [Food and Drug Administration] director, he’s in charge of CBER [Center for Biologics Evaluation and Research] at the FDA, which is basically vaccines. And he says, “I’m past trying to argue with people who think the vaccines are not safe.” But he’s not argued with any of the misinformation spreaders, not a single one. He’s past that already even though he’s never done it.

And of course, the White House now has a censorship list for the first time in history. And of course, I’m a little upset I’m not on it. But why do they need to have high-tech companies censor doctors for them for the first time in U.S. history?

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And I offered a million bucks to anybody, any member of the CDC or FDA outside committee members, to answer some questions. So they just show up. This was not a bet. This was, "Hey, here's a million bucks, just to show up and answer some questions." Nobody would do it.

The CDC ignored all the early treatments. I'm going to skip over this. The rhetoric doesn't match the reality. We're seeing so many black swans, athletes dying and so forth in the VAERS system, over 650,000 excess deaths and nobody wants to talk about it. The CDC ignored over 770 safety signals in VAERS. They didn't talk about it. We only found out about it after we issued a FOIA.

I have a friend in Silicon Valley; she's a neurologist, she works at a big practice. They had no VAERS reports in the last 11 years. This year they need to file a thousand. So this is not an over-reporting. This is an actual, "We've never seen anything like this in our practice in the last 11 years because we've only been in practice for 11 years."

Nobody wants to debunk Ed Dowd's book. I know of a large geriatric practice that went from 11 deaths a year to 21 deaths a year in 2022 and they have an 85 per cent COVID vaccine rate. Come on. Why didn't the deaths go down? This is very similar to what has happened in Ontario. And it's a geriatric practice so the numbers are higher.

Doug Brignole offered his life as the test case. He got the vax, died a week after he got the vax, and nobody's talking about it. Huge rise in dementia deaths in Australia between June and July of 2021. Cannot be explained any other way. It coincided with the vax rollout of the elderly.

Pfizer did a clinical trial of pregnant women. It ended July 15th of 2022. It's almost a year ago. Nobody wants to know. What happened? Nobody wants to know. The press doesn't want to know. Nobody's asking them what happened in the trial. How did it go? Isn't that amazing? They do the trial and they keep it secret. And why was enrollment limited to 24 to 34 weeks gestation? The CDC says it's safe for anyone to get the vaccine. We already know it's safe. The CDC has said it's safe. Why did they make the restriction that it was only 24 to 34 weeks to enroll in the trial? Very strange. And yet, they're not telling us what happened in the trial. There is data in the trial. They're not saying a word.

How does this inspire public confidence? Why isn't the CDC asking them what happened? Why isn't the press? I mean, it's unbelievable that nobody wants to know. We still don't know what evidence was used by the CDC to recommend the vaccine was safe for pregnant women. They clearly don't want to know what was in the Pfizer study.

And of course, there's a four times greater risk of cardiac deaths—or four times as many cardiac deaths—in the Pfizer phase three trial. And of course, they never showed us the data on that. It's interesting: there were five times as many exclusions in the treatment group as in the placebo group on a double-blind randomized trial. That's impossible. That is statistically impossible. That is never going to happen. That means there's fraud in the trial, and nobody investigates.

Nobody investigates what happened to the allegations of fraud by Brook Jackson and Maddie de Garay. Maddie was 12 years old when she got the Pfizer shot. She's now paraplegic and she has to eat from a feeding tube probably for the rest of her life. Nobody ever called her. Her experience is not unique. I talked to Janet Woodcock. She promised me that the FDA would investigate. The FDA never called, the CDC never called, and Pfizer never called. Nobody wants to know the truth about these vaccines. And there's nothing

more clear than what happened to Maddie, who's a 12-year-old whose life was destroyed by this vaccine—no question about it. Six times as many Southwest Airline pilots are dying per year now than they used to be dying.

It's interesting that no doctor or nurse in Scotland has ever died from COVID in the past three years. Zero COVID deaths. All the deaths in healthcare? Those are from other causes, not from COVID.

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The number of COVID deaths of doctors or nurses, non-retired, ages 20 to 64, is zero in Scotland. And this is an emergency?

I was wondering why the FAA [Federal Aviation Administration] hasn't been investigating any of these pilot injuries and deaths from the COVID vaccine. And so, I talked to Bradley Mims and I asked him directly on the phone, "How come you guys aren't investigating these pilot deaths and injuries?" And he said, "No comment." He said I had to talk to the press office. So I contacted the press office, and the press office said, "Well, we don't see any evidence." Yes, because you're not looking. I mean, that's how it goes.

The ACIP [Advisory Committee on Immunization Practices] chair— ACIP is the outside committee for the CDC that approves the vaccine. So she's like the final straw in getting approval. And I have asked her, "Hey, do you want to see the Israeli vaccine data, which shows that the vaccines are super dangerous?" And she refused to answer the question. So yes, no questions. It's a really easy question. Like, "Do you want to see the Israeli Ministry of Health vaccine data?" I have access to the video. I can give her a private showing. She called the cops on me. She didn't want to answer the question. And the cops couldn't arrest me because I didn't violate the law. I just went to her door and knocked on the door and asked, "Hey, do you want to see the data?" She called the cops on me. That's how bad it is. These people run from wanting to see any data.

A real scientist? A real scientist would not call the cops. A real scientist would say, "Yeah, I want to see the data." But these people aren't scientists. I don't know what they are, I don't even know if they qualify as human beings—if you don't want to see the safety data on this stuff.

So many people dying suddenly. These fibrous clots: they're only happening in vaccinated people. And Chris Martenson did a brilliant video. He says in this slide, "The failure to study these clots with all due rigor is inexcusable and inexplicable, assuming public health is the goal." And that really says it all, doesn't it? Because everybody's seen these fibrous clots and nobody wants to look at it. Isn't that interesting?

There's only one pathologist in America doing autopsies. And he's doing the proper test to assess whether the COVID vaccine caused the death and he's getting 100 per cent hit rate. Nobody else in America is doing these tests to figure out whether the vaccine caused the death. This is the definitive test. You have to use these specialized tests in order to find out whether the vaccine caused the death or not. If you're not doing these tests, you don't know. Basically, the only way you find out is, after the person dies you autopsy them. You can't do it while the person is alive. You autopsy them and then you find out the truth. Nobody wants to find out the truth.

The CDC is not even telling any pathologist to check for a vaccine-caused death. Fifteen-year-olds are now dying from heart attacks on a regular basis. I talked to a funeral director

in Texas who told me that she's never in 50 years seen a 15-year-old die from a heart attack. In December 2022, she had one death a week for three weeks straight of 15-year-olds from heart attacks. Explain that.

Here's Google searches. Google searches for myocarditis started immediately after the vaccine rollouts for adolescents. And yet the doctors say the rates for myocarditis from COVID are much greater from the virus versus the vaccine. And yet all of the interest spikes right after the vaccines rolled out.

It's being recommended for kids. But kids have one in a million chance of dying—a healthy kid less than one in a million chance of dying from COVID. So the vaccine has to kill fewer than one kid per 10 million. And to prove that would require a trial of 30 million kids. That trial has never been done. Why are they recommending this? In fact, in Canada, over 96 dead children and counting post-vax, when you'd normally see nine a year from flu. Why are the health authorities not talking about this and why did they stop reporting these deaths?

This is from Dr. William Makis. This list has been silenced. It's really tragic.

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We have names of the people who died unexpectedly. No investigation.

It's very hard to find the name of one healthy child under 12 who died from COVID in the U.S. We've looked at the death records in many states, and we can't find a kid under 12 who died from COVID. Zero.

And nobody's questioning of course the science behind the six-foot rule. If masks work then why is it that every single randomized trial has failed to show any effect? And the Cochrane report says, "little to no difference." I offered people \$10,000 to remove their mask for the duration of the flight. No takers—but they remove their mask happily when they're served food or a drink. What's interesting is that they can all get infected through their eyes and nobody covers their eyes. You can just as well get infected with COVID through your eyes as through your mask. Why are you wearing your mask and not covering your eyes? It makes no sense. And of course, face masks at best are designed to protect the wearer, not as source control.

So these mandates are nonsense because the mandates are about protecting the public. You have to wear this face mask with no portal because you want to protect the public. But: "There are currently no established methods for measuring outward leakage from a barrier face covering, medical mask, or respirator. Nothing in this standard addresses or implies a quantitative assessment of outward leakage." These things are not designed for outward leakage—hello? And yet we are being mandated to wear masks because of outward leakage, even though there are no established ways of measuring outward leakage. Isn't that interesting? I guess that's how science works.

Why didn't the CDC warn parents that of course masks create dangerous levels of CO2 for kids? We have a number of studies that show that, including one that was done just recently—a systematic review and meta-analysis. And my favourite of course is the one with the two Marines testing masks with bear spray. And nobody has been able to refute this video. It's on YouTube. It's a classic video.

And if the bivalent booster is so beneficial, why isn't Paul Offit getting it? He explained that we should not be trying to prevent all symptomatic infections. That's not what we should be focused on.

And we have Professor Marty Makary testifying in Congress that the greatest spreader of COVID misinformation is the U.S. government. Isn't that stunning? And the reason of course, people don't trust the CDC. I did a survey, 90 per cent don't trust them at all. And the CDC has one overriding goal. The official answer is it's to protect the health of America, but Americans don't believe that. They think it's to protect the drug companies and vaccinate everybody.

Critical thinking still seems to have disappeared. And it's interesting that Vinay Prasad and Jeffrey Flier, who is the former dean of Harvard Medical School, says the scientists who express different views on COVID-19 should be heard and not demonized. Which I agree with. But it appears that nobody in mainstream science agrees with this; they all think that people who have different views on COVID-19 should be censored. It's quite astonishing. So they disagree with the former dean of the Harvard Medical School. And I don't know how we're ever going to resolve this because the pro-vax authorities all refuse to engage in a civil dialogue.

Here's an example: a Paris group of experts, leading scientists, invited most of the leading scientific proponents of the COVID market origin hypothesis to participate in a respectful public debate. All have refused. So you can't even get a debate on the origin. You're never going to get a debate on any of this other stuff. People are going to start to point fingers. The German Minister of Health, Karl Lauterbach, said, "It wasn't my fault. I didn't approve the vaccine." So he's already starting the finger pointing.

And nobody wants to answer any of my questions here. Pfizer and the CDC haven't responded to any of my questions. I don't know what they're afraid of; why don't they just publish the answers? Basically, they lied about everything. All their advice made no difference and made things worse. Virtually all made things worse. Vaccines were a disaster, masks were a disaster, social distancing a disaster,

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lockdowns made things worse, mandates killed people. We're looking at just tragic numbers of people dying from these interventions.

And the one thing that did work really, really well was the thing that they ignored completely, which is early treatments. And early treatments have basically— If you got on the right treatment protocol you had virtually zero chance of hospitalization and death. And all those treatments were ignored.

Solutions: Stop the shots. Stop hiding the data. Hold public health officials accountable—I don't know how you can do that because no public health official wants to be held accountable. Listen to those who've been censored. And each and every public health official has the power to change everything, because they can release the record level vax-death data in their region. And why would they not want to do this? Why would they not want to show the public the truth?

I asked the U.K. to release it and they said it would violate the privacy of dead people. In other words, in the U.K. they think— Death records are public, or they used to be public. In a lot of states death records used to be public. You used to go into Ohio and be able to get

the death records. So all we're saying is, "Let's just add the date when these people are vaccinated." So in the U.K. I asked them, "Why don't you just release this data for the dead people?" And they said, "Well, it'd be violating the privacy of dead people to let us know when they were vaccinated." I don't know of a single dead person who, especially if they died from the vax, would object to having this information disclosed.

But we should do a study where we ask dead people, "Hey, do you mind having your vaccine information disclosed?" But second best would be to ask people who are still alive, "After you're dead, is okay for us to disclose your date of vaccination?" Which, of course, nobody has done. So anyway, these people stopped responding to me.

The FDA head Robert Califf, has said that "misinformation is the leading cause of death." Interesting.

Shawn Buckley

Mr. Kirsch, I'm just wondering how much longer you have.

Stephen Kirsch

Yes, we're done.

Shawn Buckley

Okay, perfect.

Stephen Kirsch

There's an easy way to fix this problem of course, which is that all he has to do is stop talking. And that's what I'm going to do at this point. And I'll leave you with this final slide, which is, "Anyone not publicly calling for data transparency is not your friend."

Shawn Buckley

Well, actually I'm hoping you stick around and allow the commissioners to ask you some questions. You've just given us some tremendous information. I believe the commissioners have questions for you.

Commissioner Massie

Well, thank you so much, Mr. Kirsch, for this incredible tour de force in terms of doing an overview. You've covered so many grounds there. I will try to focus my question to a couple of issues that you probably are aware of, but you didn't detail. The first one has to do with the narrative when the vaccine was initially rolled out. It was basically to reach this elusive herd immunity. And when you look at the data from government from all over the world, it seems that it was working so well. And then when the Delta wave hit, what we've heard is that, "Well, what the vaccine can no longer do is to protect against transmission."

My question to you is: Do we have credible data that it ever worked? Because this whole notion that the vaccine was designed to a strain that was different now, Delta, maybe didn't work because it was Delta and not the original strain. Do we know of any data showing that it ever protected against transmission? And why is it that we are seeing that the statistics were showing spectacular results against transmission?

Stephen Kirsch

Yeah. I've seen some data that might lead you to believe that the vaccines were working and that infections were going down. And there are certain studies. But based on what we've seen today and the careful studies that were done like the Cleveland Clinic studies, I think it's pretty doubtful that they ever worked. See, what the Cleveland Clinic studies showed is that natural immunity has always worked. Because you could see it in those curves. That natural immunity—

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That the more recently you got the infection, the more protected you are. And it's clearly the case, and it's not clear whether it's the time element or it's the variant. Because it's a little hard to tell, right? Because the more recent variants of course are going to be closer in time and they're going to protect you more.

Is it a time difference or is it variants? It's probably both. But the vaccines were showing just the opposite. So one can infer from that—now that we have this clear data from the Cleveland Clinic study—that it was just a mirage that we were seeing. And we were probably undercounting the unvaccinated and that these studies were not done carefully.

Because the size in the Pfizer trial—there are 22,000 people per arm in the Pfizer trial—and there was only one person who they claimed was saved from a COVID death in that trial. And I know I'm kind of switching here between deaths and infections, but this story starts to get into opinion. I haven't researched this extensively, but I would say that it probably was never the case that these things worked. Because if they did work, we'd be seeing it now too. Because these new vaccines are specifically designed for the Omicron variant, these booster shots. And we're not seeing the reduction, right? We're seeing that the more shots you get, the worse it is. So I'd say that if there is a protective effect, that it is overwhelmed by the non-protective effect of more vaccines making more vulnerable because they pressure the immune system.

Commissioner Massie

My other question has to do with the COVID management in Sweden. We could probably agree that, by and large, what they've done seems to have worked much better than in many other Western countries. However, they were pretty—I would say—proactive in vaccinating a large fragment of the population. So I'm wondering whether you have any insight from talking to people that are more knowledgeable about the situation in Sweden: What was the mindset or culture in the health authority that would make them believe that vaccines would be the way out, given all of the other measure that they had implemented so successfully?

Stephen Kirsch

Well, it's like most health authorities throughout the world: that they take their direction from the WHO, from the CDC, from the FDA, from the EMA [European Medicines Agency]. So the authorities are looking to other authorities to figure out where they should stand so they all look unified. Because it would be really embarrassing if the WHO said, "these vaccines are dangerous" and the CDC is saying, "everybody should get vaccinated."

All these health authorities tend to be aligned with each other. And so, I think that in Sweden, they were basically looking at that and saying "Well, these guys must know what they're doing, so let's go vaccinate everybody." Sweden has had better outcomes. And I

think it's probably more from natural immunity, that people were exposed because they didn't lockdown and people had natural immunity. So it wasn't the vaccine that actually caused the lower death rate in Sweden; I think it was more that they kept it open. People got naturally exposed to the virus early on and that was the cause of their success rather than anything else.

Commissioner Massie

Okay. One last question—a very general question. You, from your personal journey, only realized there was something fishy with the vaccine because you experienced it yourself. And I see a lot of other people that have been through a similar experience, that initially trusted the government and trusted the institution and said, “Okay, that’s what it takes to get out of this COVID crisis, I’ll go and do it.” And now you realize after digging in the data that there’s been a lot of, say, misinformation.

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I don't want to qualify who's doing it. When you look back at how we came to this sort of roll down very quickly across the world—with the lockdown and vaccine and so on—it cannot really happen unless the culture is already there to accept it.

So my question is: Now that we can gather data on the COVID crisis on many fronts—lockdowns, vaccines, and all of the early treatments, you name it—that is showing more and more with hard evidence that the government has been somewhat misleading the population, the greater question is: On how many other very important issues is the government misleading the population?

Isn't that going to open that kind of investigation from critical thinkers?

Stephen Kirsch

Yes, it should. It absolutely should, right? Because once the public has realized that they've been totally misled on these COVID vaccines, and it's done the opposite in all the directions, in infections, hospitalizations, and death. And that instead of saving hundreds of thousands of people, it's actually been killing hundreds of thousands of people.

Once that trust has been broken, then we start to ask the questions, “Well, what else have they been misleading me on? And then it opens up: well, how safe are these other vaccines? For example, Andrew Wakefield has said that there's a connection between vaccines and autism. And I'll tell you, I've talked to a lot of parents of autistic kids. And it only happened after, right after—in some cases in the parking lot after they got their shot. And so, this stuff is being ignored. It's being swept under— These people who are bringing these accusations are being discredited, which then of course dissuades other scientists from bringing the same accusations because they look at what happened to Andrew Wakefield. That's why it was so important for them to make him the scapegoat and to show people, “Hey, if you go against the authorities, here's what we're going to do to you.”

And yet there was this Simpsonwood meeting, which I've written about in my Substack, where they tried to cover up the safety signals or the signals of harm. And they kept saying, “We can't make the signal go away. We can't make the signal go away.” It's just stunning the amount of corruption that is at the CDC, for example, to this day.

And this corruption exists not only on the association between vaccines and autism.

It also extends to fluoridation of drinking water. The CDC has hailed that as a fantastic accomplishment. But the fluoridation of drinking water in America has been a disaster. It lowers IQ points and it really doesn't do anything for cavities. And in fact, I was at this event for Bobby Kennedy. I ran into someone who said, "We got rid of fluoridation of drinking water in our community. And the cavities went down and the IQ went up and it did exactly what the science says it would."

So I think this is going to open minds. And people are going to now be able to question, and be willing to question, other things where we've been very seriously misled. Things that we were all told to believe in, we're going to find that we were misled.

Commissioner Massie

Thank you very much.

Shawn Buckley

And there are more questions.

Commissioner Drysdale

Good afternoon. Thank you for your testimony. I just want to get a few points right in my own head about what you were talking about. I believe you said that in the United States, the public health officials did not want to disclose the vaccine status of deceased people because it violated their privacy. I want to ask you to comment on the fact that when I would go to a restaurant, or a tire-changing place,

[01:30:00]

they would ask me my vaccine status and I would have to report that. Was that the same experience in the United States?

Stephen Kirsch

Yes, it was the same experience in other countries as well where in order to enter an establishment, you're asked to essentially disclose your vaccination status by showing us your vaccination card because you wanted the services. You were not required to do so; it's voluntary. If you wanted to eat at our establishment, you'd have to show the vaccine card to get in. And there were certain states that required it. I remember when I went to Hawaii: they required me to show my vaccine card in order to enter Hawaii and they also required it to enter into a restaurant.

Now, the email that I showed you—that was actually the U.K. Health Authority, who said basically, "This would be a privacy violation because it would be disclosing private health information. And we're not allowed to do that." And I said, "No, no." On the death record, the 60-year-old died. The laws are going to be different in different places. But basically, in the U.K. they could have anonymized these records to say somebody between the ages of 60 and 65 who was vaccinated on these dates. And they could go and they could anonymize the dates. They could go and do a plus-one/minus-one on the dates, so that nobody's record would actually match up. And nobody could say, "you're making my data public," because the data wouldn't match up. But they were uninterested in doing that.

And I also talked to Norman Fenton in the U.K., who's talked to the regulator, and he got a similar response. They basically don't want to make the data public. They want to take the data and they want to massage it and present it in a way that's favourable to their narrative, so that they control the presentation. It's like you have this massive database of information and they don't want to show it to you. What they want to do is, they want to have this little telescope where you can look at one little piece, and they carefully control what you look at rather than showing you the whole database.

And there was no interest in saying, "Yes. We can't do it right now because of this particular rule but we want to go to bat for this because we think public health data should be made public." There was no interest at all. You know, if you're truly interested in public health, you want to make the public health data as publicly accessible as you possibly can, so that everybody can look at it and make their own conclusions from the objective data. That's how it should work. Instead, they're saying, "We're going to interpret it, and we're going to let you look at it through the lens that we control. And even if we make a mistake on it, you just have to trust us." And that's exactly what happened in the U.K. with this data, where they messed up and they undercounted the unvaccinated. And they misled people into thinking the vaccines are effective. That should just not be done.

To answer your question about the privacy concerns, that was a U.K. statement saying, "We can't do it because of privacy issues."

But again, I think if you asked people, "After you die, do you mind if we publish the vaccine data?" Why not just have people in the U.K. sign a statement that, if they want to keep their vaccine information private after they die, then all they have to do is register with the U.K. government saying, "I don't want my vaccination records released after I die." It would be very simple to do. And nobody would be able to have their privacy violated after they die to know when they were vaccinated. There's no interest in doing that.

Commissioner Drysdale

Yes. I wonder how voluntary it was. We had—maybe you want to comment on this—we've had numerous witnesses come forward to us who were fired from their jobs if they didn't disclose, who were kicked out of school, who couldn't go to church.

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And I question how voluntary their surrendering of that private medical information was. In Canada, in any case.

Stephen Kirsch

Yeah, exactly.

Commissioner Drysdale

We have heard testimony through the last number of days concerning the financing of various public health agencies—the Canadian one, the American one—and we've also heard testimony of how senior officials from all of those health agencies shortly thereafter became employees of the drug companies that they were regulating. Can you make a comment as to what effect you believe that may have had on those agencies being able to carry out their job in protecting the public?

Stephen Kirsch

Yeah, I mean, it's clearly a conflict of interest that is only disclosed of course after they join the drug companies—and who knows what happened before that. Scott Gottlieb is a pretty good example here. He's appointed the head of the FDA and then he leaves there and goes to Pfizer.

And it's a little bit hard to say, "What are you going to do in the future?" And to say, "Well, that's a conflict." Maybe it should be that if you serve the public, that you can't go and work for a drug company for some period of time. Or be paid or be compensated by a drug— But any kind of thing that you do they'll figure out a way around it. Five years or 10 years you can't work for a drug company, then the drug company will say, "Hey, in 10 years, we're going to guarantee you a payment." And they sign a secret agreement. So I think it's difficult to control.

I think you need to just be really careful about hiring people and really understand where their hearts are. One way to find out of course is to look at their behavior prior to when you hire them. You know: What did they do during this pandemic? Were they people who were speaking out and saying, "This is wrong?" Were they saying, "We need to make this public health data public?" Were they champions for the public, or were they just going along with the narrative? I think the most important thing when you're appointing these people is to look for these potential conflicts but also really to look at their past behavior and what side of the narrative that they were on. Are they looking for truth? Are they proponents of truth? Are they proponents of transparency? And before they get the job, what are they going to promise to do in that job? Are they going to promise to make the health data more transparent or less transparent? Are they going to make the processes more transparent or less transparent? It's like medical journals. When they retract a paper and I ask them, "Hey, can we see the correspondence for how you retracted this paper?" They say, "we're not obligated to give that to you and it's a secret."

So people who are put into a job should say, "Hey look: when I go into this job, I'm going to create more transparency here and more accountability." It's all about what your promise is going into it. It's like being elected to a public office. What am I going to do? What have I promised to do, right? Accepting a job in a public health agency should be the same way: "I promise to clean up this agency, I promise to make it more transparent," and so forth.

Commissioner Drysdale

Thank you.

Shawn Buckley

There's another question.

Commissioner Kaikkonen

We've all heard the analogy of—they first came for us and then they came for them and then there was no one left but me. I'd like to turn that around on the question of silence. First, in Canada, we saw the citizens silenced. And now the regulatory bodies are being silent or silenced. And I'm not going to suggest that the Ontario College of Surgeons and Physicians is being silenced, either by dictate or voluntarily, but I'm just wondering: If we wait long enough, will we eventually understand who is pulling the strings because of who is no longer left to be silenced?

Stephen Kirsch

“If we wait long enough.” Well, nobody knows the answer to that.

[01:40:00]

You know, there are speculations that there are people pulling the strings and manipulating this. I haven't seen any hard evidence of that. I haven't seen any memos. I haven't seen any smoking guns that indicate this. I think what we have is kind of a perfect storm. We had some research that was done and that research then kind of went awry and kind of escaped or was let out of a lab. Whether it's deliberately or not, there are different points of view on that.

Then of course, I think that most people involved in this, who are just believers of the narrative, believers in vaccines, believers in Tony Fauci when he said vaccines are the way out, even though they weren't. And we have a lot of people who basically were trying to do the right thing and are believing that they are doing the right thing. And they believe that people like me are evil and destructive and are causing people to die. So these are not evil people, they just have different points of view.

And is there a guy at the top who's pulling the strings and making things worse? Well, certainly, Bill Gates has been funding lots of activities that have made things worse for people like me. But is he doing that because he's an evil person and he wants to see people die? Or is he doing it because he believes that vaccines are safe and effective and people like me are bad? I actually—I may be an exception here—but I believe that Bill Gates honestly believes that these vaccines are safe and effective and that he's completely fooled. And he's not looking at the data like he should be.

Therefore, I don't think that the people at the top are these evil people that want to kill people. Because if they were, then this is not the way to do it. This COVID vaccine is not the way to kill people in large numbers. It's a way to kill one out of a thousand people who take the vaccine, but it's not a way to kill people in large numbers. It's a way to create a lot of chronic disease and so forth, but it's not the best way.

And if you were really an evil person pulling the strings on all of this, this is probably not your main plan of attack here, to construct this. It'd be pretty diabolical if you did it. It'd be pretty clever if you did it. But I don't think people are that smart that they could figure all this stuff out. I think this was kind of an accident and one thing led to another. I haven't seen any evidence yet that this thing is— There's some pretty suspicious stuff here. But it's more people wanting to make a buck than people wanting to actually have evil intentions and wanting to kill massive numbers of people.

Commissioner Kaikkonen

And my second question is: We heard testimony from an embalmer that middle-aged women are dying at an increased level, which appears to be consistent with the retracted findings from Skidmore, who says that 51 per cent of the participants are women with a main age of 47. This is a demographic that has not been identified at any point that I can remember throughout COVID, throughout the last three years.

I'm just wondering if you have any insights into why we haven't heard about this in the public's mainstream media or from the health authorities?

Stephen Kirsch

Specifically, the women, I don't know. But it's all lumped into— They don't want to hear about any deaths at all, right? The COVID vaccine has to be safe and effective because the press has promoted it to the public as being safe and effective. And it would be a huge embarrassment to the press to have to admit they were wrong. I think that that has everything to do with it.

The other part of course is that a lot of these media organizations are funded by drug companies and they would lose—or they're worried about losing—ad revenue. So the management is saying, "Let's not run that story."

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And I know a number of people in media who have left because of that.

But basically, I think that this is not about specifically covering up any particular age group, or male or female. I think it's all about making sure nobody figures out that these vaccines were not as safe and effective as we said. In fact, they're downright dangerous.

The press will do anything it can to make sure that they don't erode the public's trust in the media by telling the truth.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

And there is one more question.

Commissioner DiGregorio

First of all, I'd like to thank you again for appearing and giving us your testimony today. You've spoken quite extensively today about data transparency issues and it's clear based on your presentation that you have spent a considerable amount of time gathering data from all over the world.

I'm just wondering if you can comment a little bit about the access to Canadian health and vaccination data, and perhaps how easy it is and how it may compare to other jurisdictions, and whether there are others who are doing it better?

Stephen Kirsch

Yeah, so the access to health information varies in different places all over the world. I think the U.K. has one of the best systems because of that; people have focused on that. And then they did an analysis showing that the health data from the U.K. was unreliable. And if the health data from the U.K. is unreliable— The U.K. health data is sort of like the gold standard because they're actually giving us vaccination status information. Unlike in the United States of America where we don't have anywhere close to the level of data that we have in the U.K.

I've talked to the CDC. The CDC says, "We don't get the vaccination records from the states."

And I said, “Really, why not?” They said, “Well, there’s no law that compels them to give us the vaccination records.” So I asked the people at the CDC, “Why haven’t you asked them? You could ask them nicely. You could ask Governor Newsom in California to pass a law or to just hand over the records so that you can do your analysis.” And they basically had never asked. They don’t want to know.

Now in Canada, you can go to the Ontario— and I’ve spent the most time looking at the Ontario data. And they’ve done a really, really good job of tracking all these statistics. But as to whether or not you believe them is another story. They certainly don’t publish the death vax records. The most important thing are those records and they don’t publish them. So the health authorities should be asked that question as to why they don’t. But when I ask, I’ve never gotten a response from any of these people challenging their narrative that’s ended up working out. The health authorities in the U.K. or in New Zealand will actually respond to emails, which is good; it’s a first step. And in certain states, they’ll respond to emails. But then when you press them for the details, they stop talking to you.

I haven’t done the pursuit of this to any great extent in Canada. But I’d be surprised if I found an advocate in Canada. In the U.S., there’s only one guy—one health official in the United States of America—that is willing to sort of bend over backwards and try to get the data. And he’s working on that; he hasn’t produced it yet. But it’s very, very rare. I think there are somewhere around 3,000 county health authorities in the U.S. and only one guy.

In Canada, it would be probably by province. And so your chance of finding someone who actually wants to help you and wants to make this data transparent is pretty minimal. I do appreciate all the work, especially in Ontario. They’ve got a great dashboard.

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They have great visualizations. They’re showing you the data. It’s just that it’s a little bit hard to believe that data is accurate in terms of their counts. I think that, just like the U.K., they’re undercounting the unvaccinated. Which then makes their data suspect.

Because how could it be? I looked at their infection data, and it shows that the unvaccinated are being infected at a higher rate. Well, that differs from the Cleveland Clinic Study. And so when they’re not counting the infections correctly, it’s probably the case that they’re not counting the hospitalizations and death correctly and attributing them to the vaxxed versus the unvaxxed.

That’s why the national polls that people do are extremely interesting. Because if what they’re saying is true, it should show up in the polls as well. And the fact that the polls don’t validate what’s been going on is troubling.

But the other thing that I love about Ontario, for example, is they were honest. They did say that these deaths in 2022— The all-cause deaths, which is the most important thing— Because you can miscategorise people as vaccinated or unvaccinated, but you shouldn’t be able to monkey with the all-cause deaths. So, I was actually pleasantly surprised when I saw what appears to be a very honest number from Ontario Public Health showing the 39 per cent increase in COVID deaths.

Now that was stunning because usually, they try to figure out a way to hide it to depress the deaths. And in this case, you have some honest data—that looks very honest, that is at odds with the other data. So, what you look for is disparities in the data set that you’ve created. So: “Gosh, guys, if you’re right about the total number of deaths in 2022 versus

2021, then how can you explain all this other data that you show us that claim that the elderly in Ontario are almost 100 per cent vaccinated.” Right?

All the elderly groups—60 and up—almost 100 per cent have at least one shot or two shots. A lot of them are also triple-vaxxed. And those are the people who are dying. And when you have a 39 per cent increase in 2022, those numbers just don’t add up. And that shows that there’s this discrepancy. This doesn’t make sense. And the fact that they’re not willing to talk about it, that none of the public health officials are willing to talk about it, that’s what really makes it interesting.

So I absolutely commend Ontario Public Health for pointing out those numbers. Because usually, when something is bad they’ll cover it up. But they actually put it in their report: very clear, that 39 per cent increase in COVID deaths. So those are the things that you can look at and say, “Okay, now that’s inconsistent and let’s go from there. Let’s have an open discussion.”

But the fact that they won’t have an open discussion is very troubling.

Commissioner DiGregorio

Thank you.

Shawn Buckley

Thank you. I think that’s it for questions. Mr. Kirsch, on behalf of the National Citizens Inquiry, we sincerely thank you for testifying today.

Stephen Kirsch

My pleasure. Thank you very much. Thanks for the opportunity to let people know about this information. I always encourage people to— Please don’t trust me, go and get the evidence yourself. All I’m trying to do here is just highlight the data that’s out there and how that data is inconsistent with what you’re being told. And I’m encouraging people to suspend your beliefs and what you believed in before and just match up the data and see which hypothesis it matches better. Does the data match the safe and effective hypothesis? Or do the data and arguments match the hypothesis that this is not as safe and effective as they said?

Shawn Buckley

Thank you again.

[01:55:00]

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