

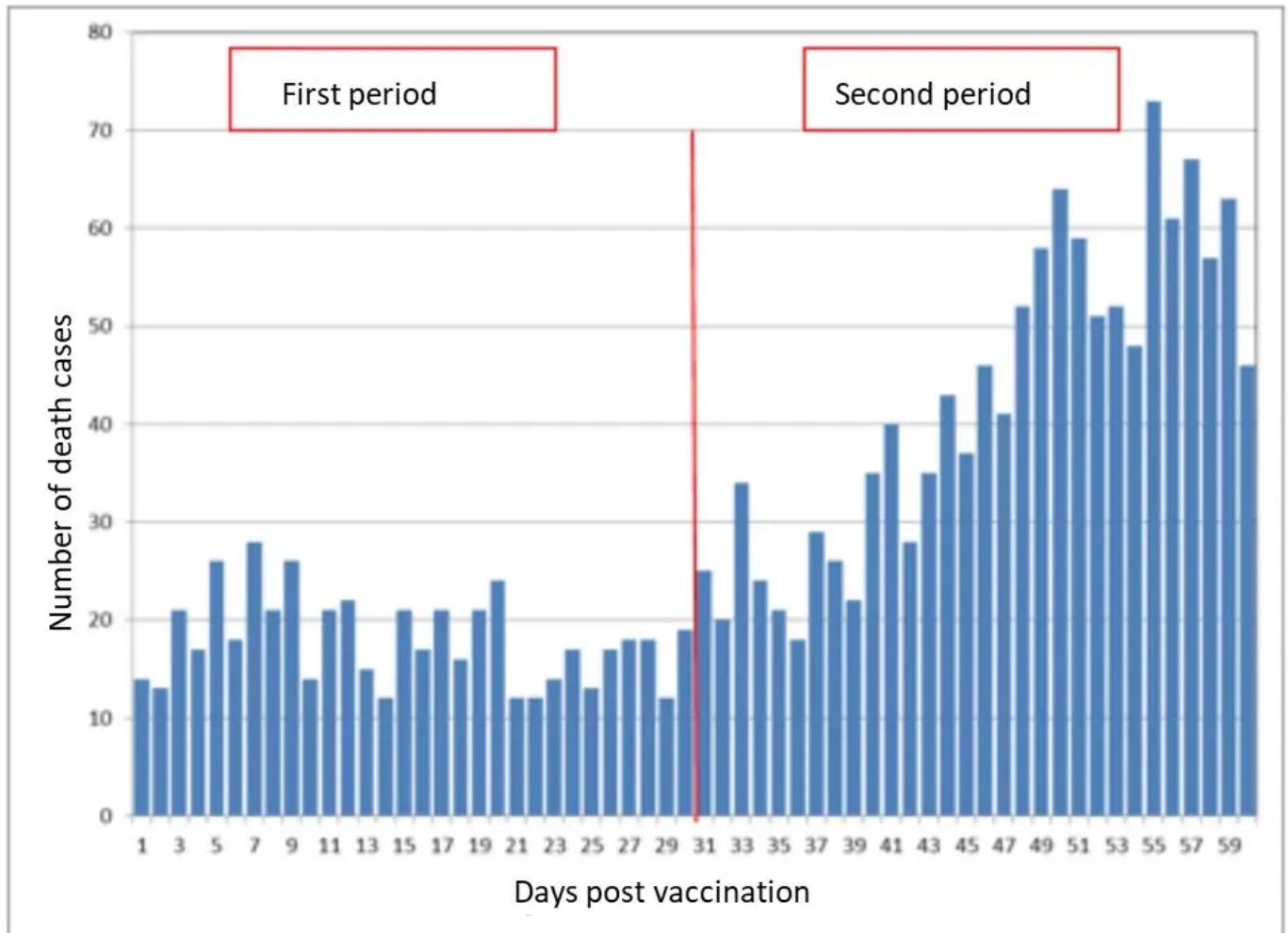


November 8, 2023 News

Israeli Ministry of Health Data Proves the COVID Shots Are Killing People

In March 2023, MIT Professor Retsef Levi disclosed a troubling figure produced by the Israeli Ministry of Health. This is unassailable proof the vaccines are killing people. Nobody noticed.

By Influencers



This article originally appeared on kirsch.substack.com and was republished with permission.

Guest post by Steve Kirsch

Executive summary

- 1. The vaccines are clearly killing people.** You can see that from the Israeli MoH data. But that [data was first made public in a tweet from MIT Professor Retsef Levi on March 7, 2023](#). It made no difference.
- 2. The medical community and health authorities are simply inept or corrupt or both.** You cannot have a 9X variation in Figure 2. That's crazy. Any sane person

would have demanded an end to the vaccine program immediately. How come everyone in mainstream medicine missed this?

3. **Your risk of death monotonically increases from the time** you get the shot, peaking at around 3 to 4 months after shot #2. For other doses, it just climbs and then plateaus.
4. **The mortality risk curve is opposite in slope to what doctors expect (you are more likely to die later than sooner), so doctors fail to associate a death with the vaccine injection.** This allows the vaccine to hide under the radar undetected.
5. **Your risk of death increases exponentially with each shot number.** For example, if your risk of death increased 5% on shot #1, it might increase another 6% on shot #2, another 9% on shot #3, 18% on shot #4, 50% on shot #5, etc. It's like shooting yourself with a poison each time. **This explains why the excess deaths keep going up worldwide even though booster adoption is going down.**
6. **Lot variation is real.** Some lots kill 30X more per dose than others. How is *that* possible with a safe vaccine? This alone should kill the "safe and effective" narrative.
7. **The healthy vaccine temporal effect is complete bullshit,** a gaslighting technique used to explain the data. The Israeli data shown below makes that crystal clear. HVE, if it exists, should be an exponentially decaying effect like the charge curve of a capacitor.
8. **The lack of transparency of record-level public health data allows them to keep killing people without getting caught.** Nobody pushing the jabs is calling for data transparency of public health data. This is a huge red flag. This is a sign of a corrupt, out of control government. And no, you cannot FOIA this information. That has never been done anywhere, ever. Once this data is made public, it's all over.

If the government wants to stop all the COVID vaccine misinformation instantly, the solution is to **set the data free as I wrote about in the past**. Why are they not doing this? Answer: Joe Biden would then have to hold himself accountable for all the Americans killed under his leadership to push the jabs.

Not a single pro-vaccine advocate is calling for **data transparency of public health data**. **No vaccine manufacturer is calling for it either**. If the vaccines really worked, the drug companies would have put it in their contracts to force the states to release the public health data so they can show people how good the product is and stop all misinformation superspreaders like me from getting any traction with the public. **Instead, they seem to want all the data to be hidden for 75 years at a minimum**. How is that in the public interest? That tells you everything you need to know, doesn't it?

About the MoH data

I'm certain now that the MoH data was not gimmicked because I've compared it with other data where I know the provenance and it matches up (i.e., death rate on

shot 2 peaks at around 100 days and is around 2x the minimum death rate). Also, if they gimmicked the data, they wouldn't be trying to hide it behind a firewall; they'd make it public.

It is now not behind a firewall and [can be found here](#).

MoH data proves the vaccines are killing people

I first published this data on March 9, 2023 in my article: [New Israeli MoH study shows COVID vax increases your risk of death over time](#).

Here are the two key graphs from that article. Both are day till death if you most recent shot is shot #2:

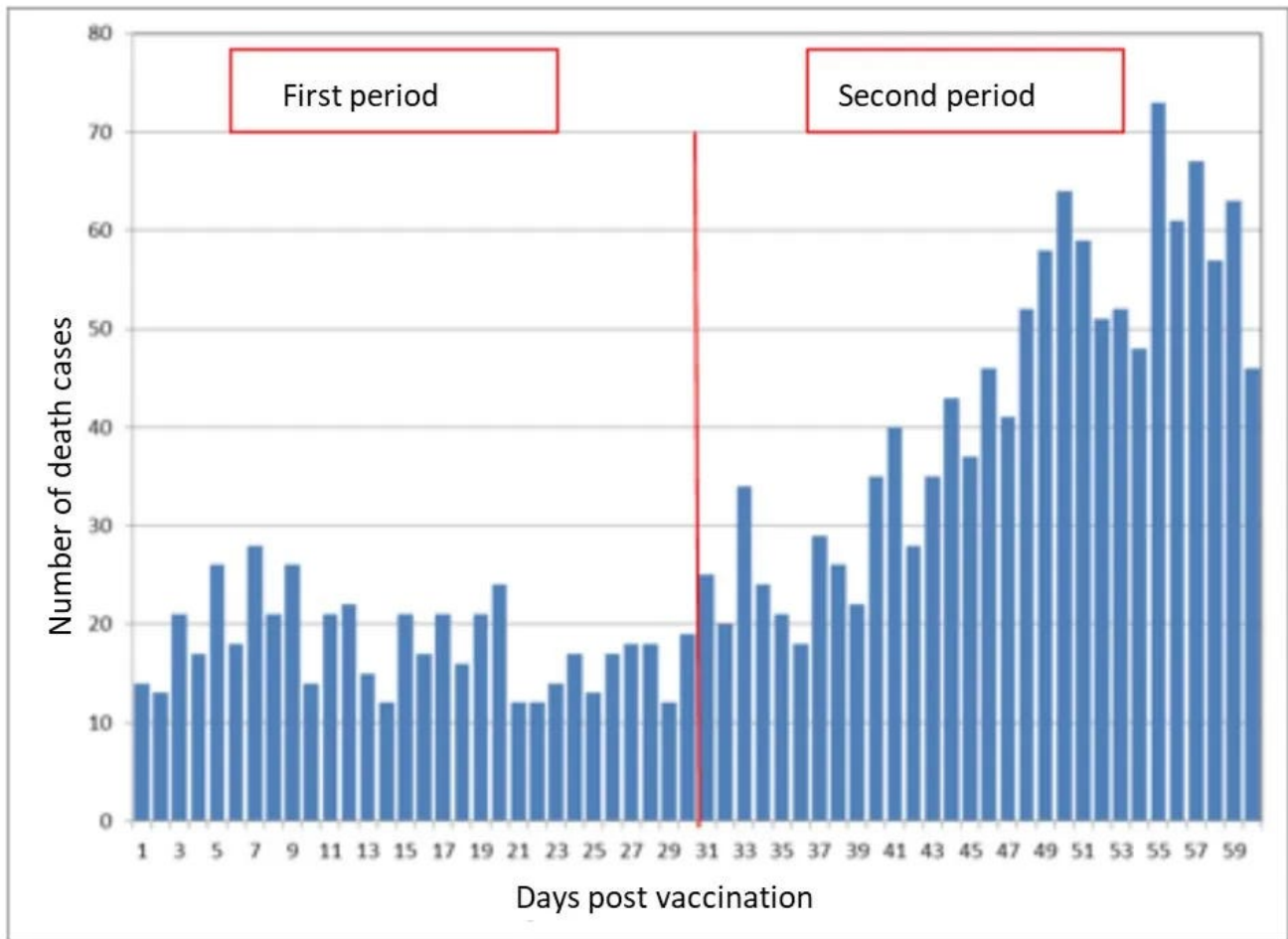


Figure 1. The death rate 60 days out is double the death rate in the first 30 days. For a safe vaccine, all these bars should be the same height. There is no temporal HVE at all; if there was, the first bar would be the lowest bar. Data first made public by MIT Professor Retsef Levi on March 7, 2023.

Chart 3: Distribution of deaths according to the number of days from the day of vaccination to 200

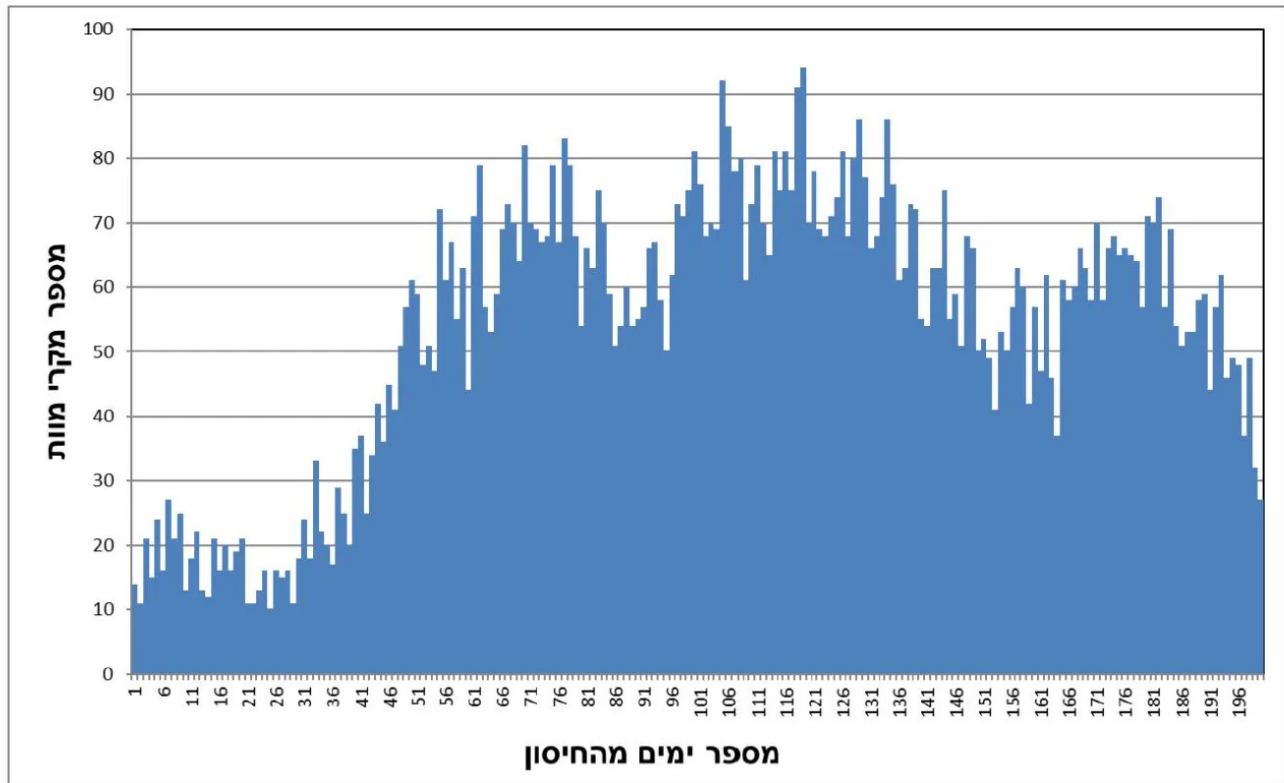


Figure 2. This is an expanded version of Fig. 1. Your risk of death after shot #2 peaks at around 100 days (3 months) after the shot. If this were a safe vaccine, all the bars on this chart would be exactly the SAME height. This is a total train wreck. There is a 9X variation here. The medical community is inept. This is a stopping signal.

Figure 2 is a train wreck

You cannot have a 9X variation in bar height with a safe vaccine. Sorry. No possible way.

The medical community is ignoring this. This is unconscionable.

Figure 2 is screaming: “I am killing people. Stop me.”

Everyone looks the other way, except me. I’m the only guy in the world, AFAIK, calling this out. This is crystal clear.

Attempts to gaslight people

People attempted to explain Fig. 2 using thing like:

1. The mythical healthy vaccinee effect aka HVE (the temporal type)
2. Seasonality (older people die at a much higher rate in the winter)

These explanations don’t fit the data:

1. HVE is zero. If there was any HVE, the first bar would be lower than all other bars. But the bars touch the lowest point many times in the first 30 days as can be seen from the MoH data.
2. Seasonality doesn’t cause death to double in 30 days as we can see above. And seasonality is never more than a 2x difference.

For comparison, here’s Dose 2 from another fully reported source where you can see how the death rate varies by month:

Died after dose 2; fewer people got dose 2 so deaths per day should always be lower than peak of dose 1. death peak at 95 days (3 months)

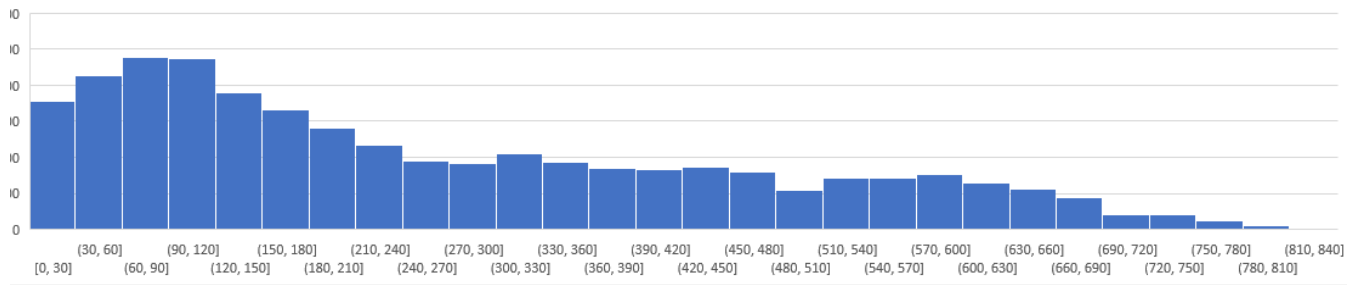
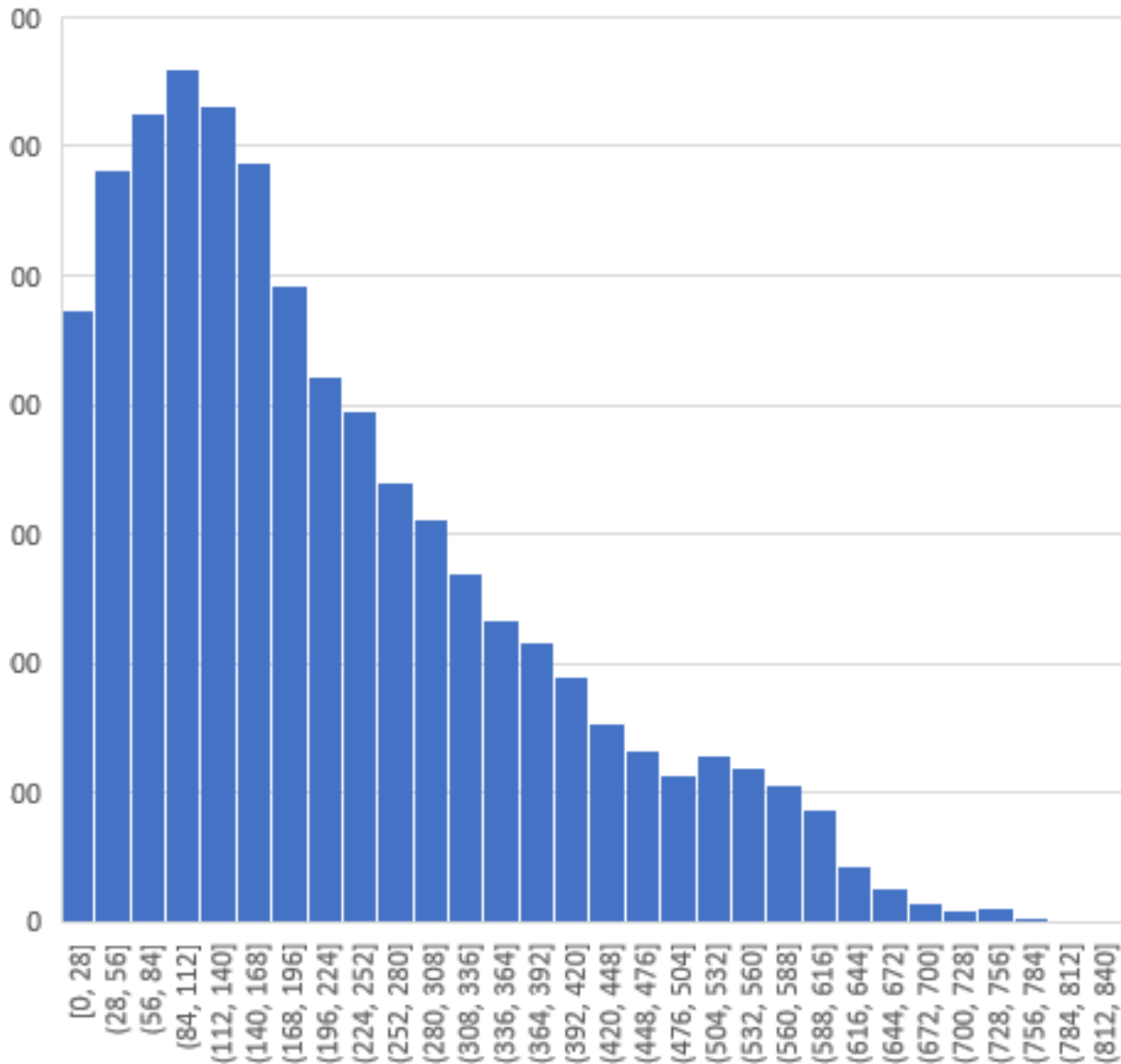


Figure 3. Looking at a comparable Dose 2 death curve from another source, we see the same peak at the 3 to 4 month period after the shot. The scale in the y-axis was deliberately obscured for now.

And here's what happens when you add all the days to death since most recent shot into one chart:

Days to death after the most recent shot for all shots combined... not flat in first 6 mo! Peaks at month 4! **RED FLAG!!!** DOSE 1 people fled to dose 2 after 21 days so bar 1 should be higher than baseline by 30%, bar 2 should be higher by ~25%, , etc



Days to death from most recent shot. For a safe vaccine, the first bar should be the highest by 25% or more and the other bars for the first 6 months should be about even. This is not a safe vaccine.

The problem here is for Dose #1, people only spend 3 weeks there before getting Dose #2, so the first bar above should have the most deaths, about 25% more than the other 5 bars after it. This is a huge problem.

Impact on SCCS studies such as the one done by Joe Ladapo in Florida

Self-controlled case series methods (SCCS) used to detect excess mortality will not work for the COVID vaccine unless the logic is reversed.

For most interventions, the side effects happen right after the intervention and then go away. For the COVID vaccines, it's the other way around.

So conventional SCCS logic will make the COVID vaccine appear as if it is saving lives when it is actually killing people!

Why doctors aren't noticing the deaths from the COVID vaccine and how it has been able to stay under the radar

Simple. Doctors are expecting most deaths from a vaccine to happen shortly after injection. If you die 6 months later, it couldn't have been the vaccine.

Now we know it's the reverse... that it's more likely you'll die 3-6 months after the shot than immediately after the shot.

This is why the COVID vaccine looks so "safe." It's because it kills slowly with a crescendo. Doctors have no idea about the response curve (because it is kept hidden from them).

Lot variation: How bad is my batch?

Previously, I never bothered with the "how bad is my batch" analysis because the denominator is kept secret making any conclusions subject to attack.

The reason the denominator is kept secret is to protect the public from learning the truth about how deadly the product is.

If you have a safe vaccine, the number of deaths per lot should be relatively steady.

Drug makers know some batches are 30X or more deadly than other batches, but by not disclosing the number of vials injected into arms, they can keep the public in the dark as to whether there is a safety signal or not. So that's what they do.

After being prompted by some data I was given recently showing a more than 30X disparity between batches, I spent time on the [How Bad is My Batch](#) website and confirmed that yes, this is not an artifact, this is the real deal.

It took all of 2 minutes. That site alone is proof of enormous excess mortality. You really don't need anything else.

Why is nobody in the mainstream medical community demanding that the lot #, injection, mortality data is made public? Why is the *NY Times* not writing an op-ed about this?

How does anyone explain this? You cannot have a lot variation like this with a saline shot. All the profiles should be nearly identical. These are not identical. The vaccine is unsafe.

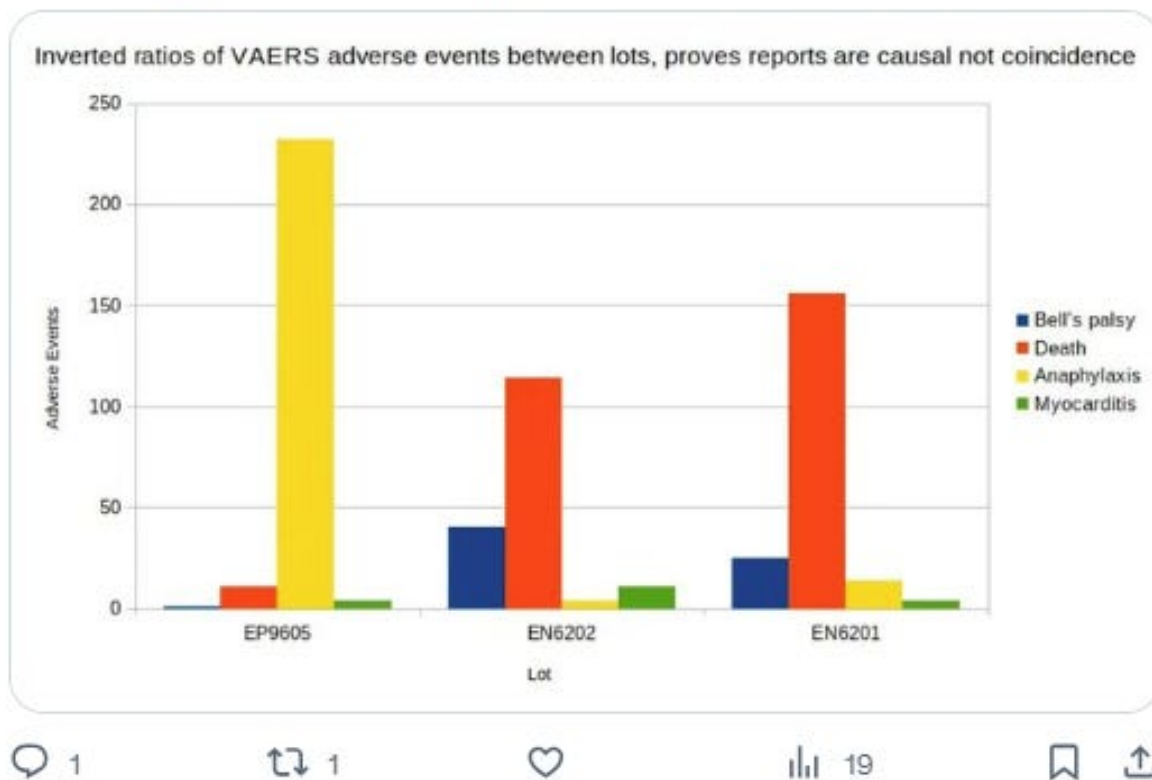


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Steve, on lot variation, you can look at adverse event ratios between lots to work around the denominator problem.

vinuarumugham.substack.com/p/fraudulent-d...



The only reason for not disclosing this is if you are trying to kill people without being detected.

Implications

Here is a quick summary of the things that are very important for people to know right now:

1. **This is not a safe vaccine and should be immediately pulled from the market.** The vaccine is killing people. There is no doubt about it. The only reason it is still on the market is we can't get anyone who has any authority to look at the data. They all refuse to listen.

2. **The mortality risk is opposite to what doctors expect (you are more likely to die later than sooner), so doctors fail to associate a death with the vaccine.** This allows the vaccine to hide under the radar undetected.
3. **Your risk of death monotonically increases from the time** you get each shot, peaking at around 3 to 4 months after shot #2. For other doses, it just climbs and then plateaus. For Dose #1, we don't have sufficient records to make a call on this other than to note that it increases monotonically for the first 3 weeks and then we cannot tell without more complete record level data being released.
4. **Your risk of death increases exponentially with each shot number.** For example, if your risk of death increased 5% on shot #1, it might increase another 6% on shot #2, another 9% on shot #3, 18% on shot #4, 50% on shot #5, etc. **This explains why the excess deaths keep going up worldwide even though booster adoption is going down, something we could never explain before now!**
5. **Lot variation is real.** I was hesitant to make a call on this earlier because we didn't know how many shots of each lot number are actually administered, but I've seen too much data from too many sources now (including Kevin McKernan's work on the DNA plasmid adulteration) that lead to the invariable conclusion that all lots are not alike and that **there is likely a factor of 30X or more variation in the deaths per dose for hot lots vs. cold lots.** That is stunning. There is literally no quality control on these shots in terms of clinical outcome (they just look at things that do not determine clinical outcomes). They are even hiding the data on lot numbers and deaths from the public. There is absolutely no possible justification for not publishing, for each lot number, the # of injections and the # of deaths. If they did this one thing, it's all over.
6. **There is no temporal healthy vaccinee effect (HVE).** If they claim that, they are gaslighting you. You can see for yourself from the Israeli data that if there is an effect, it is not measurable. It's basically 0. Undetectable.

7. **With a full dump of record level data, we wouldn't have to speculate about any of this.** But we have insights as to why nobody wants to release the data. They don't even want to know themselves. At my request, Peter Baldrige just sent a FOIA to California Department of Public Health for their analysis of the data as we've done above, and I'm almost certain they have done absolutely nothing.

8. **We already know for sure that the vaccines are causing huge numbers of excess deaths.** The only question we don't have answered is how bad is it really? Nobody wants to release the record level data so we can find out. I guess that's the way they like it.

The lack of data transparency of public health is literally killing people

If the public ever sees **the record level data**, the vaccines are toast. This is why every public health authority everywhere in the world keeps these under wraps. Otherwise, the game is over, not just for the COVID vaccines, but many other vaccines, if not all of them.

To fix this problem, we need legislation.

To date, I haven't been able to get a single lawmaker interested in forcing public health agencies to make the

public health data public. Nobody is returning any of my calls. They all ignore me.

But with your support, I will not stop trying.

The one piece of good news is that this is about to change. Finally. I won't say where in the world this is happening, but you'll find out soon enough. It appears the drug companies do not control everything.

Reader comment noting the consistency with Pfizer trial

Truly EXCELLENT post, one of your very best. And it's extremely important to note that the delayed mortality effect that you point out is almost exactly consistent with the Pfizer and Moderna gold-standard randomized clinical trial data. **The Pfizer and Moderna clinical trials**

BOTH showed that almost all excess vaccine-associated deaths are delayed by least a few months.

Within the first month things looked "fine", almost no excess vaccine deaths were seen in the trials. But by 6 months, the Pfizer and Moderna trials showed 45% excess cardiovascular deaths and 16% excess non-COVID deaths overall with vaccination compared to placebo (and a net effect of "4 killed for every 3 saved").

Good news: I found two chinks in their armor

There are always cracks and I finally found two small ones they didn't cover.

Or rather, they both found me to be more accurate.

Stay tuned. This can be big. Really big.

Summary

The Israeli MoH **data was first made public in a tweet from MIT Professor Retsef Levi on March 7, 2023**. It made no difference because the MoH gaslit people into believing it was normal. Nobody picked up on it.

But now I have collected sufficient data from many sources to know they were lying about their interpretation. There is no HVE effect. That graph posted by Professor Levi is the real deal and is impossible to explain if the vaccines aren't killing people.

The vaccines are deadly and I can now convince any data scientist in the world of that.

Unfortunately, no health authority in the world will look at the data; even from “gold standard” sources. They don’t want to know. It doesn’t matter how strong the signal is or how credible the data is or how much evidence we have. It doesn’t matter. They do not want to look.

So none of this matters at this point. We can’t force them to look at things they don’t want to see.

I will continue to try and I’m confident that in less than a year things will be completely different.

In the meantime, please support my work.

Thank you.

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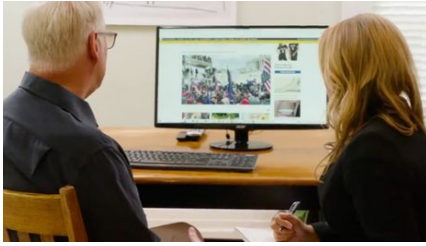
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