

REFERENCE

Evidence of harm

A short collection of key pieces of evidence showing the COVID vaccines are not "safe and effective." Not even close. They are the most deadly vaccines we've ever produced.

**Steve Kirsch**

19 hr ago

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Executive summary

Here's a high level collection of some of the most compelling pieces of evidence I've seen to date. This is not an exhaustive list, but just the key pieces of data that are impossible to explain if the vaccines are safe and effective.

I've divided the collection into sections and I've tried to limit each section to the most compelling data points. So don't be disappointed if your favorite item isn't mentioned in this article; I wanted to keep it short enough to be read..

I'll try to keep this updated over time. It can be found in the [Reference section of my Substack](#).

The phase 3 clinical trial data

1. [The Pfizer trial 6 month report](#) showed absolutely no all-cause morbidity or mortality benefit. There were no *all-cause* benefits at all. It was all negative. Ask your doctor why you should take a new, unproven medical intervention that is not shown to have an *overall* benefit. Even if there was a benefit of fewer COVID infections (which is seriously suspect due to the gaming below), the fact that the total all-cause numbers for both mortality and morbidity were negative means the intervention should not be recommended by any doctor.
2. [The Pfizer trial 6 month report](#) showed that more people died (and were injured) who got the drug than who got the placebo. In other words, the cure was worse than the disease. The drug maker claimed that none of the people in the vaccine group were killed by the vaccine. They do not reveal the tests they did and explain how they were able to make that assessment. Why the secrecy here, especially in light of the [study by Bhakdi and Burkhardt](#) showing that trained medical examiners missed the causality link in 93% of the cases they looked at? The Pfizer vaccine had 4X as many cardiac arrests in the treatment group than the placebo (see [page 12 of the Supplemental Appendix](#)). This lines up very well with the numerous cardiac-related problems related to the vaccine as documented in [the study by Retsef Levi](#) and in the [VAERS data](#) which showed that the "cardiac arrest" reports were elevated by a factor of 93X higher than the annual baseline rate (VAERS reports from all vaccines combined in previous years). For some reason, the CDC wasn't able to detect that signal (it was only 100 times higher than normal so they ignored it for some reason; they won't let me ask them about it). In short, the claims from the manufacturer that none of the deaths were caused by the vaccine are highly suspect since all the evidence for those claims remains hidden from public view for some reason.
3. [The Pfizer trial 6 month report](#) showed that at best, the drug saved only 1 COVID life per 22,000 recipients. This means that at best, after vaccinating 220M Americans, we might save 10,000 lives from COVID. But the VAERS reports show an *excess* death toll of well over 10,000 people and that's before

applying the minimum estimated under-reporting factor of 41. So there isn't a mortality benefit: it's actually the reverse. Furthermore, VAERS reports will likely only be filed for deaths in temporal proximity to the shot and is highly unlikely to report [those deaths happening 5 months after the shot which appear to be the bulk of the deaths](#). This makes the comparison even worse. In short, we aren't anywhere close to saving any lives at all.

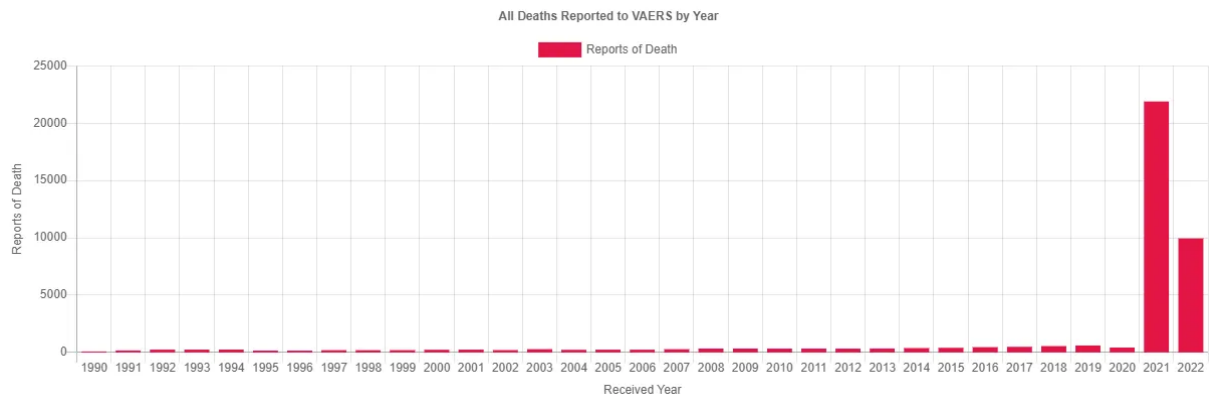
4. The [Classen paper](#) analyzed the clinical trial data for all three US vaccines and confirmed the lack of any overall benefit. There was an increase in morbidity which was highly statistically significant in all three vaccines. It concluded, "Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe." This is exactly right.
5. The paper by [Christine Stabell Benn](#) entitled, "[Randomised Clinical Trials of COVID-19 Vaccines: Do Adenovirus-Vector Vaccines Have Beneficial Non-Specific Effects?](#)" confirmed that there was no mortality benefit by taking the COVID mRNA vaccines. "Based on the RCTs with the longest possible follow-up, mRNA vaccines had no effect on overall mortality despite protecting against fatal COVID-19." See [this article by Daniel Horowitz](#) for more information. In other words, **these vaccines have no death benefit**. Period. Full stop. This is exactly what the [Canadian analysis below](#) showed.
6. [Serious adverse reactions, including paralysis, were not reported to the FDA and there were other very serious discrepancies in the trials](#). For some reason, nobody seems to be interested in exploring or explaining these very serious issues. Some are very clear cut such as the case of Maddie de Garay who was one of 1,000 kids in the clinical trial. She's paralyzed now and has to eat with a feeding tube. The FDA and Pfizer never investigated, but reported her results as mild abdominal pain in the trial results. This is fraud. Also, there were 5 times as many exclusions in the treatment arm as in the placebo arm of the trial: 311 vs. 60. Do the p-value computation on that one and you'll find that it could not possibly have happened by chance ($1e-40$). It means the trial was not blinded.

Why didn't anyone in the medical community ever point this out? Nobody will tell me.

7. [Pfizer admitted to clinical trial fraud in federal court](#). Their defense was that the FDA was in on it.

Official government data

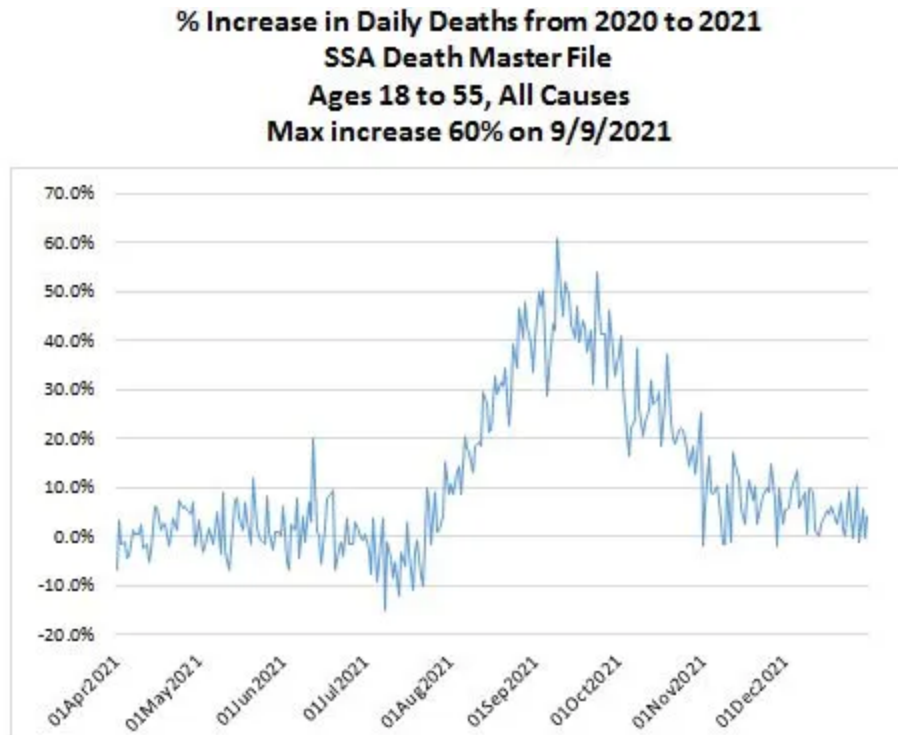
1. The VAERS data, which is the official adverse event reporting system used by the US government, shows that an estimated hundreds of thousands have died and millions have been injured. If these weren't caused by the vaccine, what caused them? Why are there more adverse events reported for these vaccines than for all other vaccines in history combined? Nobody can answer that question. See [this tutorial](#) and [this recent confirmation](#) and [this article on VAERS and causality](#). Here's [how these numbers were calculated](#). Here is [independent confirmation of the estimates by Dr. Naomi Wolf who used different datasets](#). No fact checker was interested in contacting me to challenge the facts since I always insist on recording any calls. Also, the causality of events was confirmed by the Israeli safety studies, but nobody wants to look at those.



Can you spot the unsafe vaccine? People at the CDC don't see any problem with this mortality chart: all the vaccines look perfectly safe.

2. The [US Social Security Death Master File showed a 60% increase in the all-cause death rate in September 2021 vs. September 2020 for ages 18 to 55](#). According to the insurance companies, it wasn't COVID. COVID kills only a small fraction of people in this age range so even if the COVID death rate doubled, it would be a minor blip on the all-cause death rate. [A five month delay in death vs. vaccination was discovered in multiple countries, not just the US. Different](#)

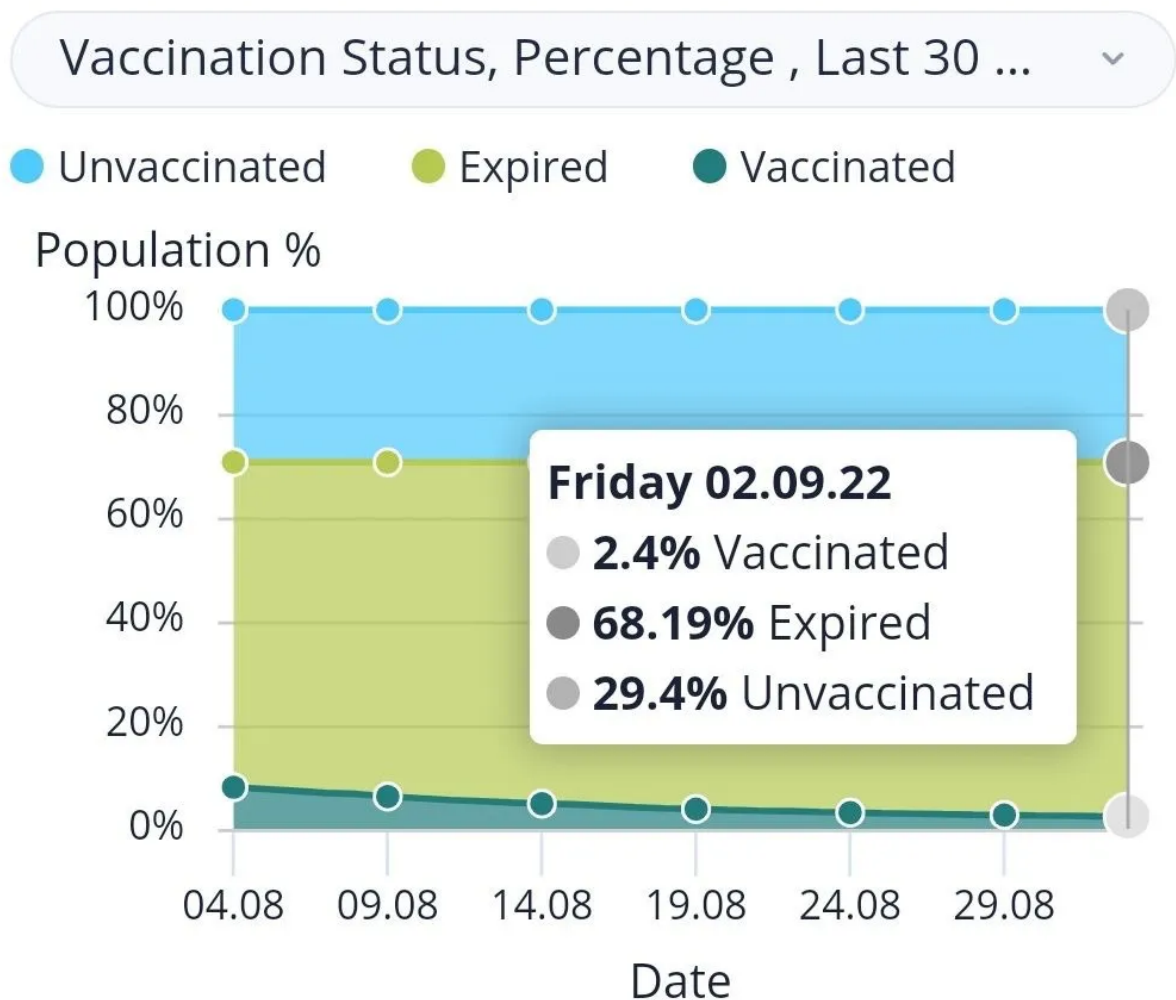
[studies found nearly identical delays](#). Also, I find it very troubling that the insurance companies aren't asking the family of the policyholders who died whether they were vaccinated with the COVID vaccine and when. They don't want to collect this information for some odd reason. So let's be clear that a 60% increase in all-cause death rate makes this intervention extremely dangerous. I'm not aware of anything that comes close to killing people in such massive numbers. The CDC is silent on this. They don't even want to show the public this chart:



3. US disability rose dramatically soon after the vaccines rolled out (Y axis is Z-score). A 3 sigma increase is hard to explain.



4. As of Sep 2, 2022, the vaccination rate in Israel is now just 2.4%. They used to be one of the world's most vaccinated countries. Today, very few people in Israel are considered to be vaccinated. If the vaccines are so beneficial, why has nearly the entire country shifted from extremely pro-vax to extremely anti-vax in such a short period of time?



Statements from government officials

1. The Israeli Ministry of Health revealed in a confidential meeting with scientists that [the reason that they never notified the people of Israel about the safety issues from the vaccines was because of budget/staffing issues](#). Apparently, while they had millions of dollars to promote the vaccines as safe and effective, they forgot to budget for the possibility they were wrong.

Independent expert reports solicited by government officials

1. The [Israeli vaccine safety data](#) showed very clearly the side-effects are serious, long-lasting, and caused by the vaccines. Secondly, it showed that the Israeli authorities and the worldwide mainstream media are covering it all up. It also showed that US officials were not interested in seeing credible COVID vaccine

safety that didn't go along with the narrative. I tried to find out why, but nobody would talk to me. Harvard Professor Martin Kulldorff, a widely respected authority on vaccines, when asked why these people wouldn't want to see the data, replied, "I don't know." This is the single most damaging report in the history of the COVID vaccines. Nobody wants to talk about it. They are hoping it will die. It won't.

2. The [Canadian report](#) prepared for the Liberal Party of Canada (Trudeau's party) showed no benefit for infection, hospitalization, and death for those under 60. "The empirical evidence investigated in this report from PHO and PHAC **does not support** continuing mass vaccination programs, mandates, passports and travel bans **for all age groups**." You can't have a vaccine that doesn't work in Canada work in other countries. The authors of the report had to hide their identities for fear of retribution. The statistics analyzed were those from Ontario which is now a small province (15M people). Naturally, the mainstream press ignored the report. Nobody has shown where the experts who wrote this made a mistake.

Pre-prints from highly credible sources

1. The [Harvard-Hopkins-UCSF](#) study showed it is unethical to mandate vaccination for college students and anyone younger. The study clearly said, "University booster mandates are unethical."
2. The [Thailand study](#) did blood tests before vs. after the jab and determined that nearly 30% of young adults experienced cardiovascular injuries after the jab. How is that safe? And why didn't anyone in the US ever do such a study? Do we not want to know? This was a simple blood test before and after the vaccine. Why did they not notify parents as soon as the study was published?
3. [The study by Bhakdi and Burkhardt](#) showing 93% of deaths after vaccination were caused by the vaccine
4. The data showing [the vaccines cause prion diseases](#) shortly after vaccination. This is impossible if the vaccines are truly safe. See [the paper on ScienceOpen.com](#) (after ResearchGate removed it).

5. [Determinants of COVID-19 Vaccine-Induced Myocarditis Requiring Hospitalization](#) by Jessica Rose and Peter McCullough showing the myocarditis caused by the vaccine have distinct biomarkers.

Papers published in peer-reviewed medical journals

1. The [Fraiman-Doshi paper](#) looked at serious adverse event rates and found that the vaccines may not be as safe as has been claimed, but they cannot do a proper analysis because they are not allowed to see the data. “Full transparency of the COVID-19 vaccine clinical trial data is needed to properly evaluate these questions. Unfortunately, as we approach 2 years after release of COVID-19 vaccines, participant level data remain inaccessible.” You have to wonder: if the vaccine is so safe, why are the drug companies hiding the data?
2. The [Levi cardiac arrest rate elevation paper](#) showed a troubling correlation between vaccine doses and increased cardiac events from January–May 2021. When they tried to get data after May 2021, they were refused access. This begs the question: if the vaccines are perfectly safe, what are they trying to hide?
3. There are [over 1,250 papers published in the scientific peer-reviewed literature showing the vaccines cause significant adverse events](#).
4. The [Walach paper](#) found that the vaccines harm more people than they save.
5. This [news article published in the BMJ](#) showed that at least 10% of the deaths after vaccination were caused by the vaccine. Funny, in America we think the number is 0. They can’t both be right. Someone should investigate why we have different results. This is very important. In fact, with a deeper investigation, over [90% of the deaths thought by medical examiners not to be caused by the vaccine were shown to be caused by the vaccine](#). This suggests that the US isn’t looking at the deaths.
6. My colleagues and I are not misinformation spreaders according to [this paper published in a peer-reviewed medical journal](#).

Articles debunking bogus studies in the peer-reviewed scientific literature

1. [The Watson et al. “modeling study”: did “COVID vaccinations” really prevent 14 million deaths?](#) The original paper was clearly bogus since the vaccines kill more people than they save. This article examines the paper claiming the vaccines have been ridiculously effective.

Autopsy reports

There are specialized tests required to diagnose a death from the COVID vaccine.

The CDC has never told any medical examiner in the US about these tests.

So the medical examiners aren't implicating the vaccine in any of the deaths.

The question is we know what the tests are, we know there is solid evidence from multiple countries that the vaccine causes death, yet we refuse to even consider the possibility that the vaccine caused the deaths. Why?

Retracted papers published in peer-reviewed journals

This paper, [A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System \(VAERS\) in Association with COVID-19 Injectable Biological Products](#), was retracted because the publisher didn't like the result. So he unilaterally decided to retract the paper. This is unethical.

[Here's the “withdrawn” notice.](#)

[Here is the backstory](#) as well as this [censorship update](#).

The publisher hasn't fixed the problem in over a year despite assurances it would be quickly resolved.

Here is another retracted paper that was correct:

[Why are we vaccinating children against COVID-19?](#) by Ron Kostoff

“Compared with the 28,000 deaths the CDC stated were due to COVID-19 and not associated morbidities for the 65+ age range, the inoculation-based deaths are an order-of-magnitude greater than the COVID-19 deaths!”

That is basically what I found: the vaccines kill >10X more people than the number of COVID deaths that they save. The paper passed peer review and was published. The editor of the journal quit after he was overridden by the publisher on the retraction.

The reason cited for the retraction:

1. The use of key terminology, specifically the key terms “inoculation” and “vaccination” diverges from common use and are incorrect, indicating clear evidence of bias.
2. Publicly available data from the United States Center for Disease Control (U.S. CDC) were concluded by the external reviewers to be misinterpreted to make the erroneous conclusion that the vast majority of reported deaths due to COVID-19 are actually due to other comorbidities. Such an egregious misinterpretation and misrepresentation are unacceptable.

This is completely bogus for two reasons:

1. The editor could have easily normalized the terminology to eliminate any perceived “bias.” They simply ask the author to do a quick search and replace.
2. The vast majority of COVID-19 deaths were in fact due to other comorbidities. For example, the New Mexico death records where COVID-19 was listed as the cause of death and 5 out of 6 were not consistent with a COVID death. If anyone wants to challenge me on that, I have access to the death data. In Massachusetts, only 10% to 20% of the deaths listed as COVID were actually caused by COVID. Most people don't have access to the death data, but I do. So I wonder if the journal is interested in fixing their error?

Hard-to-explain anecdotes

Can anyone explain how these anecdotes are possible?

1. The [Died Suddenly group on Facebook](#) was adding users at 20,000 per day making it the fastest growing group in Facebook history. They had to throttle the growth rate due to attempts by the British military to infiltrate the group to cause it to be shut down.

2. The average age of the people reported dead in the [Died Suddenly group](#) has been trending younger and younger over time. How can you explain that? The only worldwide massive intervention that goes to younger people is the COVID vaccine.
3. The embalmer data (such as [The Epoch Times article](#) and [this interview](#)).
4. Insurance company data from insurance companies worldwide:
 1. [Adults Aged 35–44 Died at Twice the Expected Rate Last Summer, Life Insurance Data Suggests](#)
 2. [Millennials Experienced '84 Percent Rise of Excess Mortality' Into Fall 2021: Former BlackRock Portfolio Manager](#)
5. [Wayne Root's wedding](#): 200 guests, half vaxxed, half unvaxxed. Only the vaxxed got injured (26%) or died (7%). I surveyed my readers and the [readers collectively reported very similar stats](#). That's hard to explain if there isn't a huge effect.
6. My neurologist stats: 11 years without needing to do a single VAERS report; this year, she needs to file 1,000 VAERS reports on 20,000 patients in the practice. How can anyone explain that if the vaccine is perfectly safe with mild, short term effects? This is similar to the [4.5% rate of neurological injury reported earlier by the Israeli Ministry of Health](#).
7. The [polling results using third party polling firms](#) (so not my followers) consistently show that more people died from the vaccine than from the virus. The mainstream media refuses to do similar surveys and most survey firms refuse to even ask the questions.
8. [Ten different surveys](#) I did
9. The fact that [Paul Offit isn't going to get the latest booster](#) even though the CDC says he should
10. [Google searches](#) show people became interested in topics related to vaccine safety before they became popular on social media
11. When I ask data/statistics experts such as Joel Smalley and Professor Norman Fenton whether they've seen any credible data proving the vaccines are safe and effective, they are unable to cite a single reference.

Books

1. [Turtles all the way down: Vaccine science and myth](#): shows the vaccines are not nearly as safe as people think. There isn't a single risk-benefit trial on all cause mortality and morbidity for any of the 70 approved vaccines. Surprise!
2. [Dissolving Illusions](#): the history of vaccines shows they did a lot less than people think
3. [The Real Anthony Fauci](#): illustrates the corruption. For example, they created a more accurate VAERS system and then scrapped it after it showed all the vaccines were unsafe.

Slide presentations

1. [Vaccine Secrets: a 20 minute slide presentation from CHD](#)
2. The CCCA presentations:
 1. [Stop the shots](#),
 2. [More Harm Than Good](#)
 3. [Dispelling the Myth](#)
3. My mega-presentations:
 1. [What I learned during the pandemic](#)
 2. [The elephant in the room](#)
 3. [Vaccine Policies](#)
 4. [Vaccine Essentials](#)
 5. [All you need to know](#)
 6. [Things you need to know](#)
 7. [180 questions they can't answer](#)

Fact checks

Once I established a policy of always recording calls with “fact checkers,” I’ve not had a single call from them trying to refute anything I’ve written.

None of the drug companies that make these products will refute anything I've written or supply a representative to debate me or any of my colleagues in a live debate. They have immunity from liability and they are not willing to be held accountable in the court of public opinion either.

1. [The COVID lies](#) by Dr. Michael Yeadon

Mitigation measures: masks, vaccines, lockdowns, social distancing, 6 foot rule, ...

This was a very well done study, but it is of course attacked by the pro narrative people. We'd love to have an open debate about this study, but the other side doesn't want to talk about it in a neutral forum.

[A LITERATURE REVIEW AND META-ANALYSIS OF THE EFFECTS OF LOCKDOWNS ON COVID-19 MORTALITY](#)

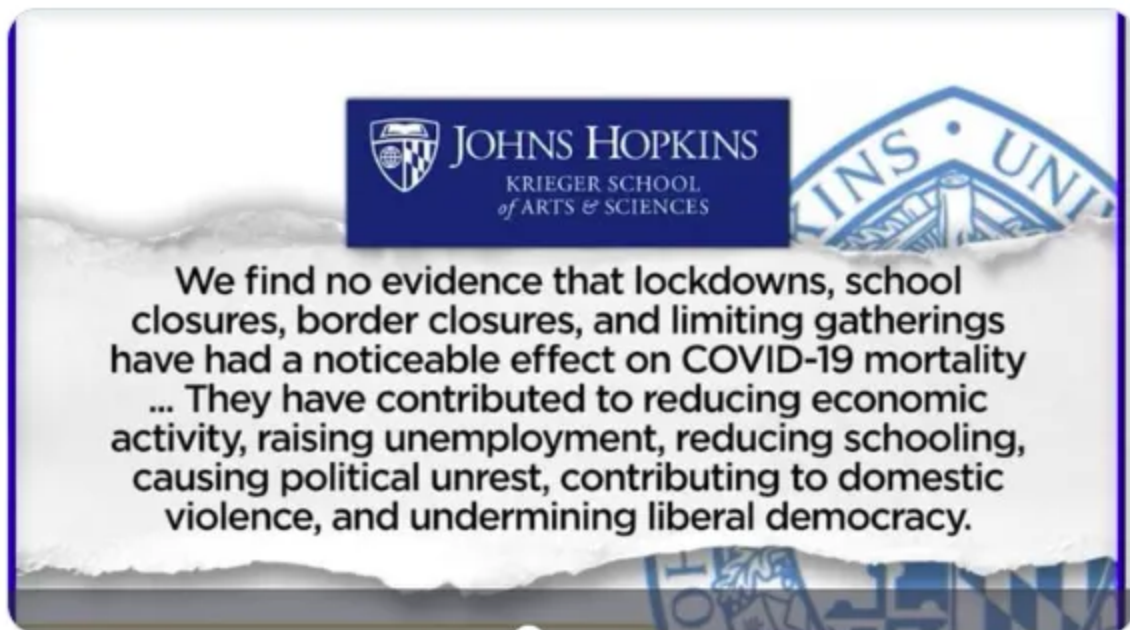


Bobby Carpenter ✓
@Bcarp3

...

If you believe Johns Hopkins is a reputable medical and academic institute...

This seems pretty significant since our economy and lives were significantly altered



4:21 PM · Feb 3, 2022 · Twitter for iPhone

582 Retweets 69 Quote Tweets 3,094 Likes

Masks don't work at all. See this [article which has plenty of references](#). If anything, masks are more likely to hurt you than to benefit you.

There is no study at all on the 6 foot distance rule. They just made that one up.

Origin of the virus investigation

Professor Jeffrey Sachs was tasked by *The Lancet* to lead an independent investigation into the source of the SARS-CoV-2 virus. After [he determined it came from US](#)

[biotechnology](#), all of a sudden nobody wanted to pursue the investigation any further.

Questions for lawmakers

1. Why can't we have open forums where our public health officials can be challenged by experts who disagree? Is there proof that having open debate results in worse outcomes?
2. Why doesn't anyone want to see the Israeli safety data?
3. Why isn't anyone asking for Fauci's unredacted emails?
4. Is there a scientific reason that the CDC is ignoring me and all the experts I work with?
5. [Questions I'd love to ask Congresswoman Anna Eshoo... that she'll never answer](#)

Questions I'd like to ask the CDC

1. Why hasn't anyone calculated the minimum VAERS under-reporting factor (URF)?
2. Did the propensity to report change in 2021 vs. previous years. What is the new number in 2021 and 2022 compared to previous years? How did you calculate it?
3. Why do John Su and Tom Shimabukuro never talk about the URF in the ACIP meetings?
4. There were over 14,000 excess deaths reported in VAERS. That's before the URF is applied. If these weren't caused by the vaccine, what caused them?
5. If these vaccines are so safe, why are there more adverse events reported for these vaccines than for all other vaccines in history combined?
6. I found thousands of adverse events that are elevated by these vaccines compared to all other vaccines combined in previous years. How many adverse events did the CDC find?
7. There was a dramatic rise in adverse events reported in the VAERS system for the COVID vaccines. How could this not be a serious safety concern? The propensity to report did not increase. If you believe the propensity to report did increase, what data do you have to support that?

8. My neurologist has been in practice for 11 years. She has 20,000 patients in her multi-physician practice. In that time, she's never had to report a single event to VAERS. With the COVID vaccines, she now needs to make 1,000 reports. If the vaccines are safe and effective and most all the symptoms are mild and short term, how do you explain this? Her event rate similar to the 4.5% injury rate that the Israeli MoH found. So her reporting rate is more than 10,000 times higher than for any other vaccine. Couldn't that be the explanation for the higher rate of VAERS reports? Doesn't this suggest that the propensity to report is much lower this year because there are so many more events and doctors simply don't have the time to report them all?
9. The [NEJM pregnancy paper by Tom Shimabukuro](#) noted that the results on safety for pregnant women was preliminary since many of the women were still pregnant. What was the final result and why wasn't it published?
10. There was an analysis of the [VAERS data by Hannah Rosenblum](#) published in the Lancet. It never goes into explaining why there were elevated reporting rates and also the nature of the reported events are not normal background events. Couldn't the elevated reporting rates be caused by a dangerous vaccine? Does she want to look at the Israeli safety data? If not, why not? The Israeli data directly contradicts the conclusion of the paper. Shouldn't we figure out which conclusion is correct?
11. Why does Carol Crawford not answer my questions about an open discussion with the top vaccine misinformation spreaders to resolve our differences and reduce vaccine hesitancy?
12. Why does Martha Sharan ignore my emails and phone messages when I attempted to ask for permission to talk to the authors of the Rosenblum paper? Can't she reply with the reason questions are not allowed?

The unanswered questions

Questions I'd love to get the answer to. These were asked, but never answered.

1. Why did the CDC never publish the follow up on the [NEJM pregnancy paper by Tom Shimabukuro](#)?

2. The CEO of Moderna was asked how the 19 nucleotide sequence from a Moderna patent got into the SARS-CoV-2 genome. That sequence is never found in a virus. How did it get in this one? The CEO said he'd look into it, but never reported the explanation. I'd love to know what it was.
3. Why hasn't any Democratic committee chairman asked the NIH for Tony Fauci's unredacted emails? Don't we want to know the truth about whether there was a deliberate cover-up? If there was, shouldn't Fauci be fired?
4. Fauci wasn't supposed to be funding gain of function research but he was. How is he being held accountable?
5. How much is Fauci making every time someone gets a Moderna shot? He's a public official... Why is this a secret?

Debates

People who disagree with the mainstream narrative are rewarded with censorship, permanent bans on posting on social media, demonetization of your YouTube account, revocation of your medical license, revocation of your medical certifications, loss of hospital privileges, loss of job, loss of funding, loss of friends, and a Wikipedia entry labeling you a "misinformation spreader" and/or "conspiracy theorist."

This is a problem. I am not aware of any paper published in the medical literature that shows that such tactics result in better health decisions.

Should we use the same rules at the UN when nations disagree? Do you think that will result in better outcomes?

The way people resolve differences is by confronting the issues and talking through them. But we are not doing this:

1. [Why can't we find anyone who will defend the CDC, FDA, and NIH on camera?](#)
2. [Dr. Byram Bridle and 2 colleagues challenged Canada's health authorities to a debate](#)
3. [Vinay Prasad's most important op-ed](#)

Articles about the corruption of science

1. [The head of the CDC's outside committee on vaccine safety does not want to see the safety data collected by the Israeli Ministry of Health.](#)

This is objective proof of a broken system. It is indefensible. Caught on video camera. There is no reason that anyone in a position of authority on the COVID vaccines would refuse an opportunity to see the most thorough post-vaccine safety study ever done: one that shows causality of serious adverse events.

Professor Grace Lee should be removed from her position by the CDC. Why isn't she? Does anyone care?

Meta-collections

If the above isn't enough, there are hundreds more "hard to explain" data points.

1. [List of over 1,200 papers published in peer-reviewed scientific journals](#)
2. [The safe and effective narrative is falling apart](#)
3. [Think we got it wrong?](#)
4. [How the authorities can INSTANTLY stop the spread of "COVID misinformation"](#)
5. [Examining COVID Vaccine Efficacy](#)

Using all the available evidence

There is an excellent article written in August 2020 by [Norman Doidge](#) entitled ["Medicine's Fundamentalists"](#) which talks about the "*all-available-evidence approach*." It should be read by every doctor in America. This is how medical science should work.

The precautionary principle of medicine

The [precautionary principle medicine](#) seems to have been thrown under the bus during the pandemic. It says in the face of uncertainty, one should take reasonable measures to avoid threats that are serious and plausible.

For example, the Pfizer clinical trial showed the vaccine saved only one COVID death per 22,000 injected. That means we might only save around 10,000 lives if we inject

200M Americans. So if VAERS, which is at least 41 times under reported, is showing over 12,000 deaths associated with the vaccine, any reasonable person should say that killing more than 41 people to save 1 life is nonsensical... shouldn't we put a PAUSE on this intervention until we resolve the uncertainty?

In the current system, questioning the CDC or other authorities results in serious retribution as mentioned earlier.

Is that really the right way to handle scientific dissent?

Summary

Are the vaccines “safe and effective” as claimed?

To answer this, science requires that we look at all the available data and see whether the data is more consistent with the hypothesis of “safe and effective” or “not safe and effective.”

All the data that I and my colleagues have seen end up being placed in the “not” bucket.

We are open to being shown we got it wrong on the hundreds of pieces of evidence we have examined, but nobody is willing to discuss the data with us to resolve the issue, [not even for \\$1M dollars](#).

I even went to [extraordinary lengths to offer the Israeli safety data to ACIP Chair Grace Lee](#). Her response: she called the police on me. That pretty much tells you everything you need to know: they simply refuse to look at any data that goes against their currently held beliefs. That's the way science works.

Please share this widely.

301 Comments



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