

# Vaccines Are Unsafe and Ineffective Superstitious Quackery

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Many attribute the practice of vaccination to the quack doctor Edward Jenner.<sup>1</sup> The very word vaccine is from the Latin word for cow. Jenner pulled a trick. He renamed cowpox *variolae vaccinae*, from which we get the word vaccine. Jenner called the cowpox that he injected into humans *variolae vaccinae*. His theory was that it would make them immune from smallpox. Cowpox is a disease of cows' udders and has no relation to smallpox, except they both have the suffix "pox" in their names. Indeed, *variolae vaccinae*, which means smallpox of the cow, is a made-up disease. There is a disease called cowpox and a disease called smallpox, but there is no such disease as smallpox of the cow.<sup>2</sup> Jenner was running a medical scam.

The vaccine practice also involved using *variolae* (i.e., smallpox) as the inoculating antigen. But that practice was no more successful than using cowpox. Jenner was intimately aware of the ineffectiveness of both cowpox and smallpox vaccines. Thomas Morgan writes in his book, *Medical Delusions*, that "Jenner soon discovered that vaccination did not give immunity from smallpox, including some who had been vaccinated by himself and had died from it."<sup>3</sup> Eleanor McBean explains that "[i]t was not long ... before Jenner's cowpox vaccinations were followed by death and disease, and that practice was also branded as dangerous and deadly."<sup>4</sup> But Jenner convinced the world his cowpox vaccine worked because he lied about its efficacy and safety. Jenner's unceasing promotion of the practice and subsequent government funding of his research led to compulsory vaccination in England in 1853, unsurprisingly bringing death and disease to the population.<sup>5</sup> The smallpox vaccine was proven to be unsafe and ineffective. Morgan summarizes the fraudulent foundations of vaccines.

From its inception until the present day, the vaccination scheme has been an endless record of lies, deception, fraud, juggling statistics, and falsifying death certificates in order to preserve vaccination from reproach and to secure its continuation. . . and all this after more than a century of terrible experience, which has demonstrated that vaccination has killed more than smallpox, besides crippling and disfiguring millions more.<sup>6</sup>

But those inconvenient historical details are ignored today. While "routine vaccination against smallpox among the general public was stopped ... the U.S. government has stockpiled enough smallpox vaccine to vaccinate everyone who would need it if a smallpox outbreak were to occur."<sup>7</sup> And the smallpox vaccine is still being administered on a case-by-case basis today. The Mayo Clinic reveals some of the risks of the smallpox vaccine and states that "the risks of the vaccine outweigh the benefits for most people."<sup>8</sup>

The ACAM2000 vaccine uses a live virus that's like smallpox, but

less harmful. It can sometimes cause serious side effects, such as infections in the heart or brain. That's why the vaccine is not given to everyone. Unless there is a smallpox outbreak, **the risks of the vaccine outweigh the benefits for most people.**<sup>9</sup>

A little-known fact is that the ineffective and dangerous practice of vaccination did not actually start with Edward Jenner; it can be traced to Dhanwantari (1,500 B.C.), who was considered the Vedic Father of Medicine.<sup>10</sup> The practice of injecting vaccines is founded on a Hindu religious superstition. Vaccination is a religious practice that has been proven to be medically ineffective and harmful.<sup>11</sup> Vaccination is medical quackery.<sup>12</sup> But because vaccinations fulfill the perverted ends of Satan and his minions, the practice flourishes. Vaccines are unsafe and ineffective.

Eustace Mullins reveals in his book, *Murder by Injection*, that Dr. W. B. Clarke wrote that "Cancer was practically unknown until compulsory vaccination with cowpox vaccine began to be introduced. I have had to deal with a least two hundred cases of cancer, and I never saw a case of cancer in an unvaccinated person."<sup>13</sup> In a speech elaborating on Dr. Clarke's statement Mullins stated:

Other doctors have said the same thing, that vaccination is really a time bomb within the human system that can go off five years, ten years, 40 years after you have the vaccination you could have the time bomb go off, you could have a stroke, a heart attack because it's always there in your system, you never get rid of it. And, apparently, it's always an alien force in your physique.<sup>14</sup>

The process of death begins with poisoning through vaccination. For example, the explosion in deadly cancers is primarily caused by vaccination. All one needs to hear is that he has been diagnosed with cancer to understand that death is near. With some cancers, the death rate is 90%.<sup>15</sup> The barbarous practices of surgery, chemotherapy, and radiation offer little succor other than the hope of delaying the fast-approaching date of death. Certainly, there are persons who have "beat cancer," but there is a significant plurality who succumb to the disease. Dr. Dennis Turnbull, who had studied cancer for 30 years declared: "I have no hesitation in stating that in my judgement the most frequent disposing condition for cancerous development is infused into the blood by vaccination and re-vaccination."<sup>16</sup> Dr. Forbes Laurie, late Medical Director of the Metropolitan Cancer Hospital (London), said: "I am thoroughly convinced that the increase of cancer is due to vaccination."<sup>17</sup> Dr. Robert Bell, the famous cancer specialist of the British Cancer Hospital, stated: "The chief, if not the sole cause of the monstrous increase in cancer has been vaccination."<sup>18</sup>

Dr. Herbert Snow, Surgeon of the London Cancer Hospital, had this to say: "I am convinced that some 80 per cent of these cancer deaths are caused by the inoculations or vaccinations they have undergone. These are well-known to cause grave and permanent disease

of the heart also."<sup>19</sup> Regarding the heart, in the book, *Murder by Injection*, Eustace Mullins reveals that Dr. Snow stated: "In recent years many men and women in the prime of life have dropped dead suddenly, often after attending a feast or a banquet. I am convinced that some eighty per cent of these deaths are caused by the inoculation or vaccination they have undergone. They are well known to cause grave and permanent disease to the heart."<sup>20</sup>

If some in the medical community know vaccinations cause grave and permanent disease to the heart, why does the public not rise up against vaccination? Dr. Snow explained that the public is kept ignorant of the dangers because "[t]he coroner always hushes it up as 'natural causes.'"<sup>21</sup> The medical community has a cult of secrecy regarding the causal link between vaccination and deadly diseases.

It seems that Dr. Snow's 80% vaccine causal rate for heart disease and cancer might be an understatement. A recent study points the needle of causation closer to 100%. That study compared the health of a group of 1,482 unvaccinated persons to the national statistics on the health of vaccinated persons.<sup>22</sup> The study revealed that 48% of vaccinated adults had some form of heart disease, compared to zero percent (0%) of unvaccinated adults.<sup>23</sup> Six percent (6%) of vaccinated adults had cancer compared to zero percent (0%) of unvaccinated adults.<sup>24</sup> That study is not widely publicized, and most do not know about it. The secrecy cult in the medical establishment will ensure that it stays that way. In his book, *Cancer and Vaccination*, Esculapius says:

No candid and scientific inquirer who has read the works of such authorities as Doctors Creighton, Crookshank and Scott Tebb, can be surprised that an alarming increase in cancer is now evident. Those who adopt the brutal practice of calf-lymph vaccination are but too surely sowing the wind which they must inevitably reap as the whirlwind, a whirlwind of corruption, disease and national deterioration. Where the so-called, human lymph is employed, syphilis, leprosy and tuberculosis follow in its train; and wherever calf-lymph is used, tuberculosis and cancer spread like a conflagration.<sup>25</sup>

Sir Thomas Paget (M.D.), tells us that "the progress of vaccine infection in the blood shows us that a permanent morbid condition is established; in the tissues themselves, it is also established by this specific poison."<sup>26</sup> Dr. Benchetrit states that serums and vaccines "are principally responsible for the increase of those two really dangerous diseases, cancer and heart disease."<sup>27</sup> Dr. F. P. Millard, prominent Osteopath of Toronto and President of the National League for Prevention of Spinal Curvature says: "Abolish vaccination, and you will cut the cancer death-rate in half."<sup>28</sup>

Cancer is just one of the many diseases spread by vaccination. Eleanor McBean states that "[w]herever an honest survey is made after a vaccination campaign it is noticed that there is

always a marked increase in disease.”<sup>29</sup> Thomas Morgan, in his *Medical Delusions* reports a survey that was made of the city of Youngstown, Ohio, after a general vaccination order of school children. "It was found that nearly all the cases of scarlet fever, measles and diphtheria had been recently vaccinated. What is true of this city is true everywhere, and any close observer can satisfy himself in this direction."<sup>30</sup> In or about 1955, Eleanor McBean took up Morgan’s challenge and checked the Los Angeles Health Index for 1954. She found that the total number of cases of 48 diseases recorded in the index, including but not limited to chickenpox, scarlet fever, measles, mumps, and syphilis, more than doubled after the annual June 1954 vaccine campaign.<sup>31</sup> Dr. Peebles, (world renowned researcher and authority on vaccination) stated in his book on Compulsory Vaccination:

We shall never stamp out smallpox, cancer, consumption, or leprosy, so long as we continue to STAMP THEM IN through the idiotic and vicious practice of vaccination. The Germans endeavored to stamp out syphilis by stamping it in with syphilized vaccine. They have abandoned that practice now and in time they will abandon vaccination altogether.<sup>32</sup> (emphasis in original)

A 2018 human research study of the efficacy and safety of influenza vaccines “did not observe that influenza vaccination significantly reduced overall hazard of influenza.”<sup>33</sup> In addition, the study found that the hazard of acute respiratory illness (ARI) caused by non-influenza respiratory pathogens was higher in vaccinated individuals compared to unvaccinated individuals.<sup>34</sup>

A 2013 animal research study found that the influenza vaccine caused vaccine-associated enhanced respiratory disease (VAERD), wherein the animals ended up with enhanced influenza (pH1N1) infection.<sup>35</sup> “Vaccinating pigs with whole inactivated H1N2 (human-like) virus vaccine (WIV-H1N2) resulted in enhanced pneumonia and disease after pH1N1 infection.”<sup>36</sup>

### **Food Allergies**

Vinu Arumugham, in an article written for the Journal of Developing Drugs, reveals that “Nobel Laureate Charles Richet demonstrated over a hundred years ago that injecting a protein into animals or humans causes immune system sensitization to that protein.”<sup>37</sup> What does that mean for the person receiving the vaccine? Arumugham explains that “[s]ubsequent exposure to the protein can result in allergic reactions or anaphylaxis.”<sup>38</sup> Thus, food proteins injected into a person through a vaccine can have the effect of causing a subsequent allergic reaction by that person who subsequently eats food that contains the food proteins in the vaccine.

That means that vaccines can cause food allergies. Arumugham reveals that this scientific fact of vaccine-induced allergies “has since been demonstrated over and over again in humans and animal models.”<sup>39</sup> Vaccines contain food proteins derived from chicken eggs, casein, gelatin, soy, agar, etc. Those ingredients sound innocent enough. And if they were eaten they would not

be harmful and, indeed, would be nutritious. But when those same ingredients are injected into a human body, in a significant number of cases, a person develops an allergic reaction or even anaphylaxis to that food protein.

The allergic reaction is caused because accompanying the food protein is an adjuvant whose purpose is to stimulate the body's immune response to the antigen. The problem is that the stimulated immune response is not limited to the antigen. The body also develops an immune response to the food proteins in the vaccine. The stimulated immune response to the food protein causes an allergic reaction to the food when consumed.

For example, casein is a phosphoprotein derived from milk. Trace amounts of casein are often found in vaccines. Indeed, the DTaP children's vaccine is cultured using bovine casein as a medium. There has been an explosion of people who have developed allergies to milk. According to the American College of Allergy, Asthma, and Immunology, "cow's milk is the most common food allergy in children under the age of 5."<sup>40</sup> It is probable that milk allergies in young children are a direct result of the stimulated immune response to the bovine casein in the DTaP vaccine.

### **Aluminum Adjuvant**

Vaccines contain adjuvants that are designed to stimulate the immune response to the antigen in the vaccine. A common adjuvant is aluminum.<sup>41</sup> Indeed, the CDC lists aluminum, aluminum hydroxide, aluminum phosphate, aluminum sulfate, or aluminum hydroxyphosphate sulfate as ingredients in 27 vaccines.<sup>42</sup> Aluminum is a dangerous neurotoxin and carcinogen. Research has established that "[t]he adverse neurologic, hematopoietic, skeletal, respiratory, immunologic, and other effects associated with excessive aluminum (Al) exposures are well known."<sup>43</sup>

Research has proven that the neurological effects of aluminum include "impairment on neurobehavioral tests for psychomotor and cognitive performance and an increased incidence of subjective neurological symptoms."<sup>44</sup> Indeed, "studies clearly identify the nervous system as the most sensitive target of aluminum toxicity."<sup>45</sup> In studies involving "intramuscular administration of aluminum hydroxide or aluminum phosphate vaccine adjuvants in rabbits, increased levels of aluminum were found in the kidney, spleen, liver, heart, lymph nodes, and brain (in decreasing order of aluminum concentration)."<sup>46</sup>

### **Mercury**

On or about 1999, the U.S. Food and Drug Administration (FDA) determined that mercury in vaccines, in the form of thimerosal, exceeded FDA guidelines for mercury exposure. Mercury is a known neurotoxin. The mercury safety standards were determined by measuring methylmercury. But the mercury in thimerosal metabolizes in the body as ethylmercury. The FDA had no safety guidelines for ethylmercury. The FDA did not know what to do, so they

correctly required vaccine companies to reduce or eliminate the use of thimerosal in vaccines. The CDC identifies thimerosal as a preservative. It is still being used in vaccines. While thimerosal has been removed from childhood vaccines, according to the CDC, it remains an ingredient in influenza, tetanus, and Diphtheria vaccines.<sup>47</sup>

### **Polyethylene Glycol**

Both the Moderna and the Pfizer/BionTech COVID-19 mRNA vaccines contain lipids, which have polyethylene glycol as part of the lipid ingredients.<sup>48</sup> PEG has been proven to cause hypersensitivity reactions.<sup>49</sup> A hypersensitivity reaction is an exaggerated or inappropriate immune response that can include anaphylaxis.<sup>50</sup> “The Anaphylaxis is a medical emergency because it can lead to an acute, life-threatening respiratory failure.”<sup>51</sup> Indeed, as of March 5, 2021, “at least 1,689 recipients of the Pfizer and Moderna injections have reported anaphylactic or serious allergic reactions.”<sup>52</sup> The anaphylaxis was predictable. Prior research documented the detrimental effects of PEG on drug delivery. On September 25, 2020, Robert Kennedy, Jr., warned the FDA and NIH about the dangers of PEG in the (at that time) proposed mRNA vaccines.<sup>53</sup> No action was taken by the FDA, NIH, Moderna, or Pfizer to mitigate the risk inherent in the mRNA vaccine PEG excipients.

### **Polysorbate 80**

Polysorbate 80 is an excipient contained in the Johnson & Johnson (aka Janssen) COVID-19 vaccine.<sup>54</sup> It is also an ingredient in the following vaccines: DtaP-IPV, Hep B influenza Meningococcal, Pneumococcal, Rotavirus, Tdap, Shingles.<sup>55</sup> Polysorbate 80 has been proven to cause hypersensitivity reactions.<sup>56</sup> A hypersensitivity reaction is a type of exaggerated or inappropriate immune response that can include anaphylaxis.<sup>57</sup> “The Anaphylaxis is a medical emergency because it can lead to an acute, life-threatening respiratory failure.”<sup>58</sup> Indeed, CNBC reported that “[t]wo trial participants suffered severe allergic reactions shortly after getting Johnson & Johnson’s Covid-19 vaccine.”<sup>59</sup>

### **Aborted Fetal Tissue Used in Making Vaccines**

Vaccines often contain aborted fetal tissue, and those that do not contain aborted fetal tissue are often developed using aborted fetal tissues. For example, Dr. Brienne Barker, associate professor of biology at Drew University, explains that “in order to make the [Johnson and Johnson COVID-19] vaccine, the scientists give PerC6 [fetal] cells DNA so that they can make the parts of the virus and build that molecular machine—basically the PerC6 [fetal] cells are the factories that make the vaccine for us.”<sup>60</sup> The PERC6 fetal cells are allegedly later filtered out of the J&J COVID-19 vaccine before it is put into vials for injection.<sup>61</sup> Pfizer/BioNTech and Moderna used the HEK293 fetal cell lines in their testing stages for their COVID-19 vaccines.<sup>62</sup>

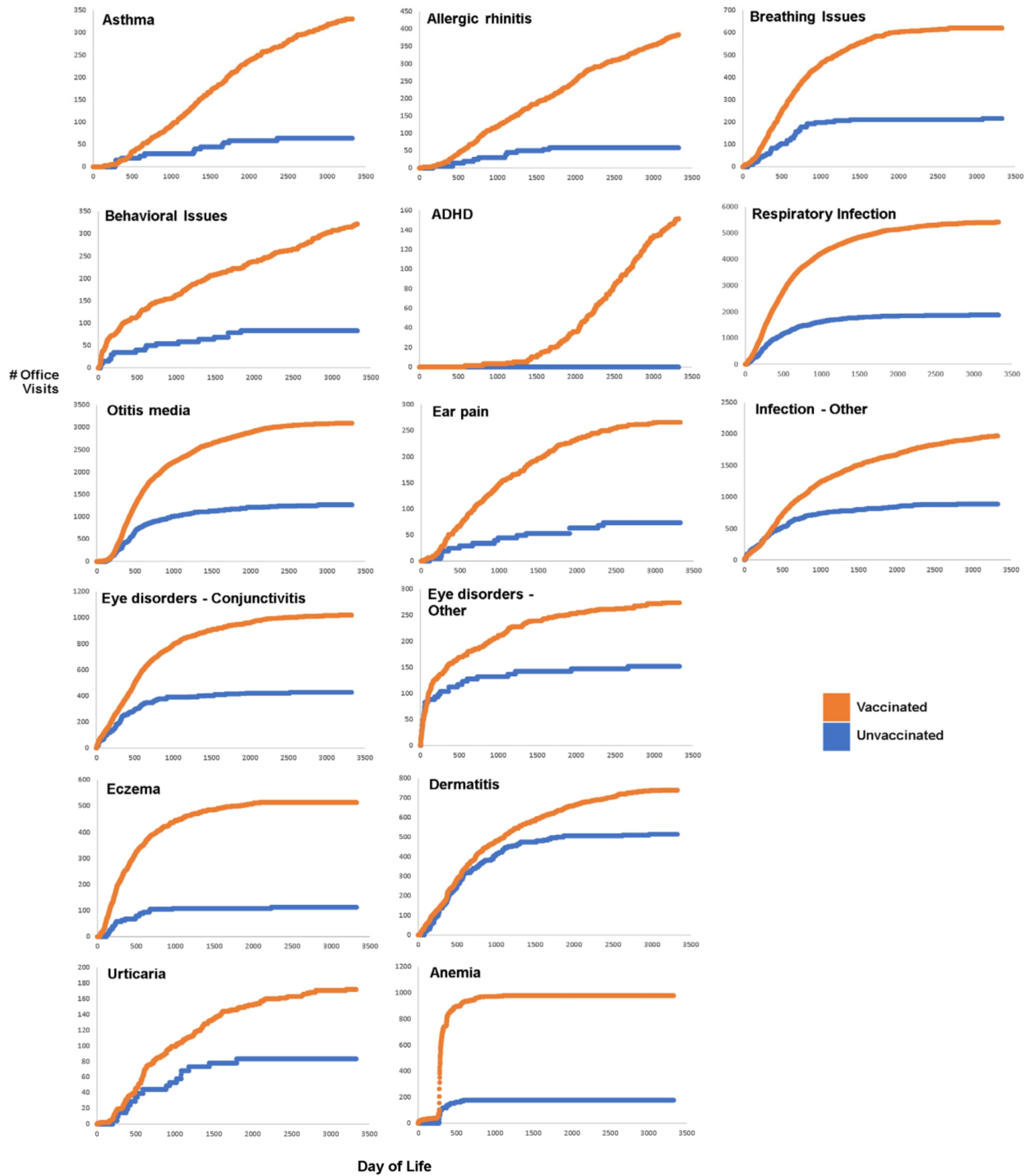
The HEK293 fetal line derived from an elective abortion in the 1970s is routinely used to produce proteins and cultivate viruses.<sup>63</sup> HEK is an acronym for human embryonic kidney cells.

The WI-38 fetal line was derived from fetal tissues harvested from an elective abortion in the 1960s to generate attenuated viruses.<sup>64</sup>

The MRC-5 fetal line was derived from fetal lung tissues harvested from an elective abortion in 1966. The abortion records indicate that it was taken from a 14-week male fetus removed for psychiatric reasons from a 27-year-old woman with a genetically normal family history. MRC-5 is used to generate attenuated viruses.<sup>65</sup>

The origin of PER.C6 fetal line is documented through direct testimony before the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee from Dr. Alex Van Der Eb, who stated: "So I isolated retina [cells] from a fetus, from a healthy fetus as far as could be seen, of 18 weeks old. There was nothing special in the family history, or the pregnancy was completely normal up to 18 weeks, and it turned out to be a socially indicated abortus, abortus provocatus, and that was simply because the woman wanted to get rid of the fetus."<sup>66</sup> The PER.C6 fetal line is currently used in the research and development of vaccines.

One suppressed study proves that "vaccinated children appear to be significantly less healthy than the unvaccinated."<sup>67</sup> The chart below shows the "[c]umulative office visits in the vaccinated (orange) vs. unvaccinated (blue) patients born into [Dr. Paul Thomas' pediatric] practice: the clarity of the age-specific differences in the health fates of individuals who are vaccinated (2763) compared to the 561 unvaccinated in patients born into the practice over ten years is most strikingly clear in this comparison of the cumulative numbers of diagnoses in the two patient groups. The number of office visits for the unvaccinated is adjusted by a sample size multiplier factor (4.9) to the expected value as if the number of unvaccinated in the study was the same as the number of vaccinated."<sup>68</sup>



The two researchers, Dr. James Lyons-Weiler and Dr. Paul Thomas who conducted the above study are not anti-vaccination doctors. But as a direct result of this study, the state medical



board has suspended the medical license of one of the researchers, Dr. Paul Thomas, within a week of the publication of the research study. The suspension was in retaliation for having published the study showing the harmful effects of childhood vaccinations. The suspension was an unprecedented action because it was done summarily prior to any adversarial hearing. He is being punished as an object lesson for anyone who would have the temerity to publish the truth about vaccinations being harmful to the health of patients.

On 16 July 2021, the publisher of Dr. Thomas' study, MDPI, retracted the article with a cryptic notice alleging unspecified "methodological issues" and that the conclusions "were not supported by strong scientific data."<sup>69</sup> MDPI did not indicate what were the "methodological issues" or specify how the conclusions "were not supported by strong scientific data." That lack of specificity for such an extraordinary action suggests the retraction of the article by MDPI was not due to methodological issues or that it was not supported by strong scientific data but was rather due to financial and political pressure put on MDPI.

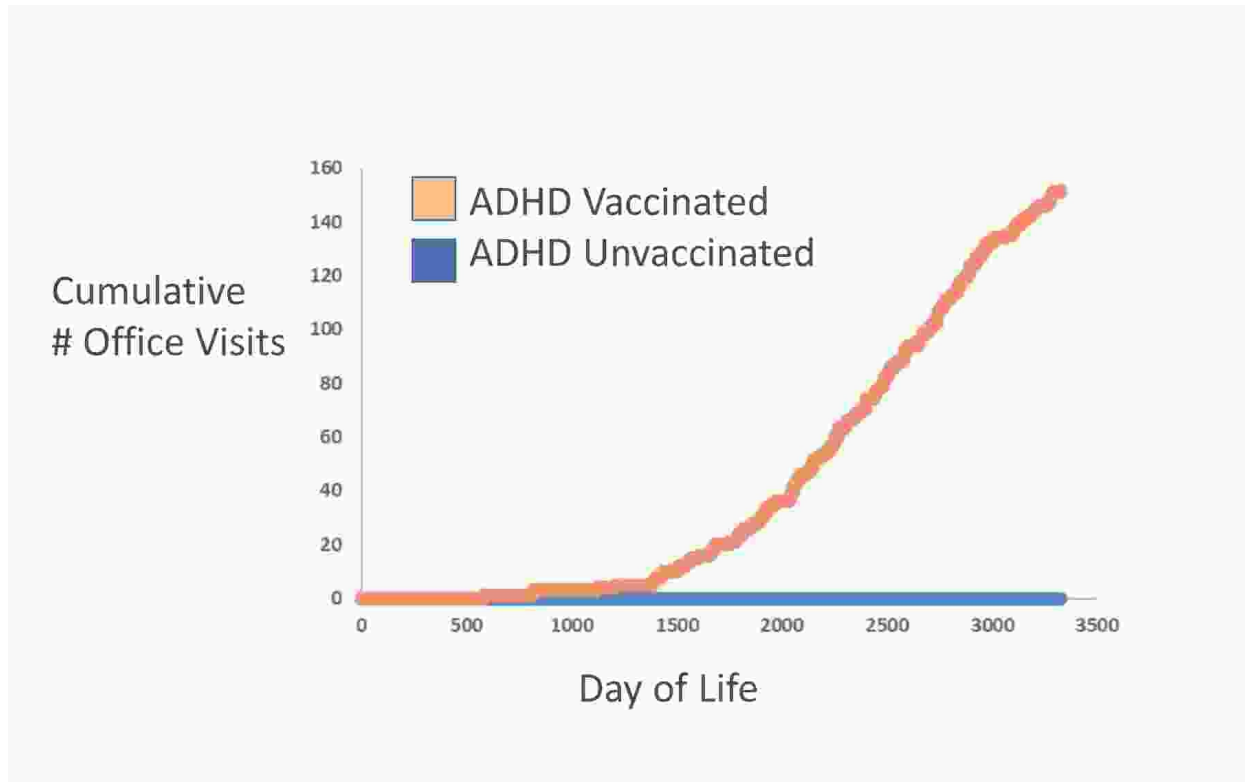
Please notice the chart relating to ADHD (Attention-Deficit/Hyperactivity Disorder). ADHD begins to manifest as soon as the vaccinated children begin going to school and their ADHD behavior becomes noticeable relative to their classmates. What the study chart does not break out from ADHD are the children who are also suffering from autism. Autism falls within a spectrum and is often referred to as Autism spectrum disorder (ASD). Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) is an organization that provides support, education and encouragement to parents, educators and professionals regarding ADHD issues on a grassroots level. CHADD explains the relationship between ADHD and ASD:

More than half of all individuals who have been diagnosed with ASD also have signs of ADHD. In fact, ADHD is the most common coexisting condition in children with ASD. On the flip side, up to a quarter of children with ADHD have low-level signs of ASD, which might include having difficulty with social skills or being very sensitive to clothing textures, for example.

Both ADHD and ASD are neurodevelopmental disorders (brain development has been affected in some way). That means both conditions/disorders affect the central nervous system, which is responsible for movement, language, memory, and social and focusing skills. A number of scientific studies have shown that the two conditions often coexist, but researchers have not yet figured out why they do.

Objective research has established a direct link between vaccination and ASD. The chart below tells a clear story that vaccines cause ADHD. CHADD says that researchers have not yet figured out why ASD and ADHD often coincide with one another. That is not true. All one need to do is look at the chart below and realize that ADHD and ASD are both neurodevelopmental

disorders to understand that they are both caused by vaccine poisoning.



Rhoda Wilson reveals in the April 11, 2022, edition of *The Expose* a groundbreaking study comparing the health of a group of 1,482 unvaccinated adults and children to the national statistics on the health of vaccinated adults.<sup>70</sup> The study conducted by an organization called *The Control Group* reveals that unvaccinated adults are significantly healthier than vaccinated adults.<sup>71</sup>

*The Control Group* filed a complaint in federal court seeking a declaratory judgment and injunctive relief against the federal government alleging its vaccine laws, regulations, and policies are unscientific and violate the constitutional rights of the people.<sup>72</sup> But their complaint was dismissed and “on October 3, 2022, the US Supreme Court denied *The Control Group*’s petition for writ of certiorari. So this health freedom case is now closed.”<sup>73</sup>

Despite the failure of the Control Group in court, the facts that they established in their study will have a long-term benefit to all who seek justice in the future. The study is robust and unimpeachable. Dr. Stephen Malthouse states:

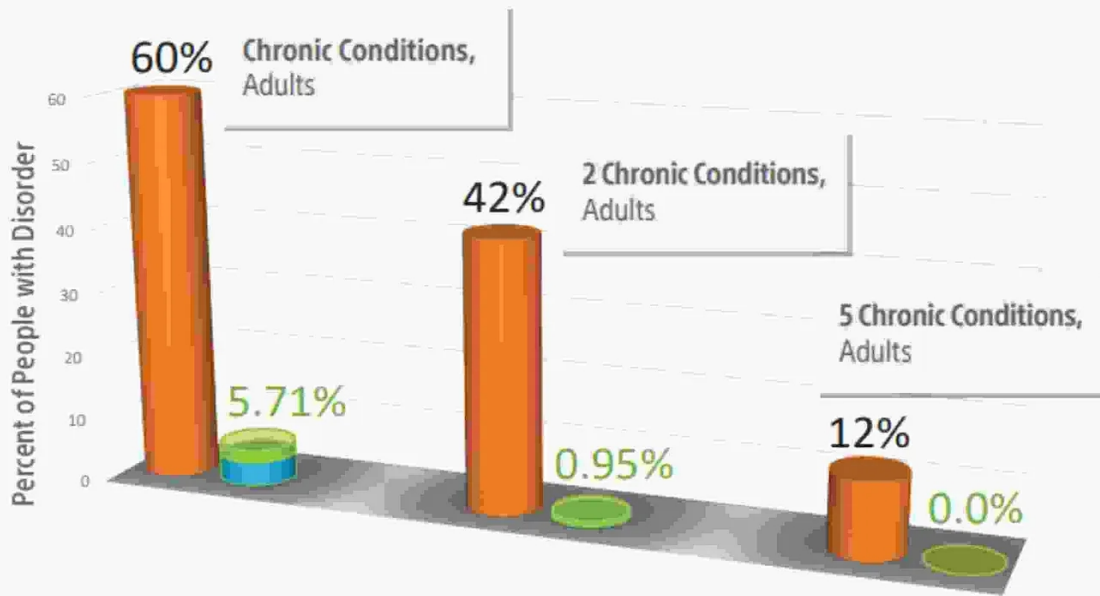
Every so often a study comes along that shakes the bedrock of

medicine. The Control Group compared unvaccinated adults to vaccinated adults in the US and what they discovered is incredible. Perhaps one of the most surprising findings is that vit K shots, containing aluminum in most cases (although not always disclosed on the list of ingredients), played a significant role in adult (and childhood) chronic disease. If you get rid of vit K shots and all vaccinations, the incidence of heart disease, asthma, autism, and other severe disorders goes practically to zero.<sup>74</sup>

Below is a sample of some of the charts that were filed as exhibits in the litigation by the Control Group.

2020 Pilot Survey Data Comparison

# VACCINATED -VS- UNVACCINATED



***“The cure cannot be worse than the problem itself.”***

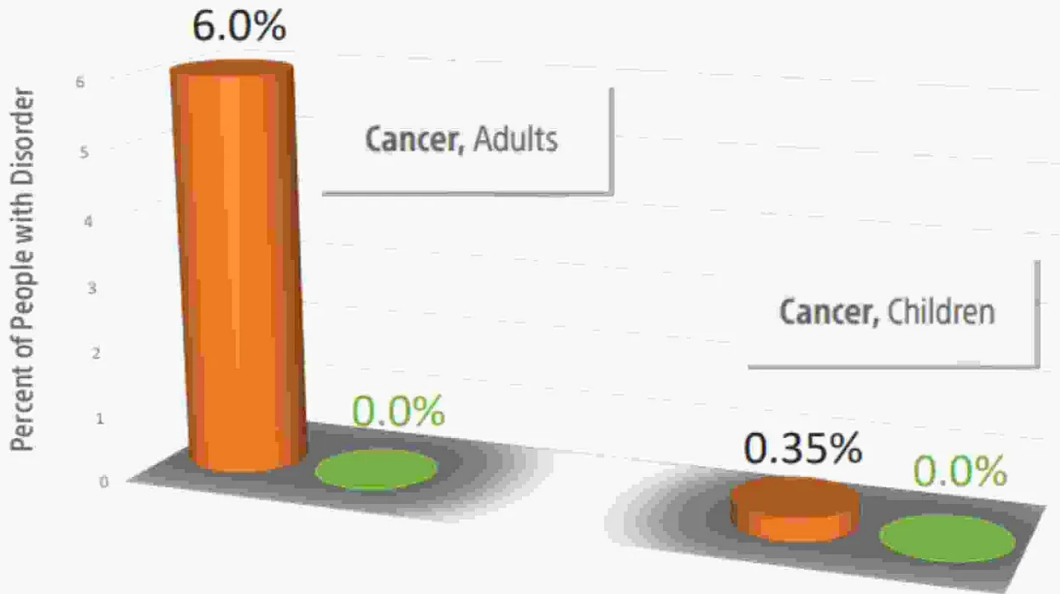
- President Donald J. Trump, October 22, 2020, Presidential Debate



- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Chronic Diseases in America. <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>)
- Pilot survey data for 100% Unvaccinated Control Group
  - ▲ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

2020 Pilot Survey Data Comparison

# VACCINATED -VS- UNVACCINATED



*“The cure cannot be worse than the problem itself.”*

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

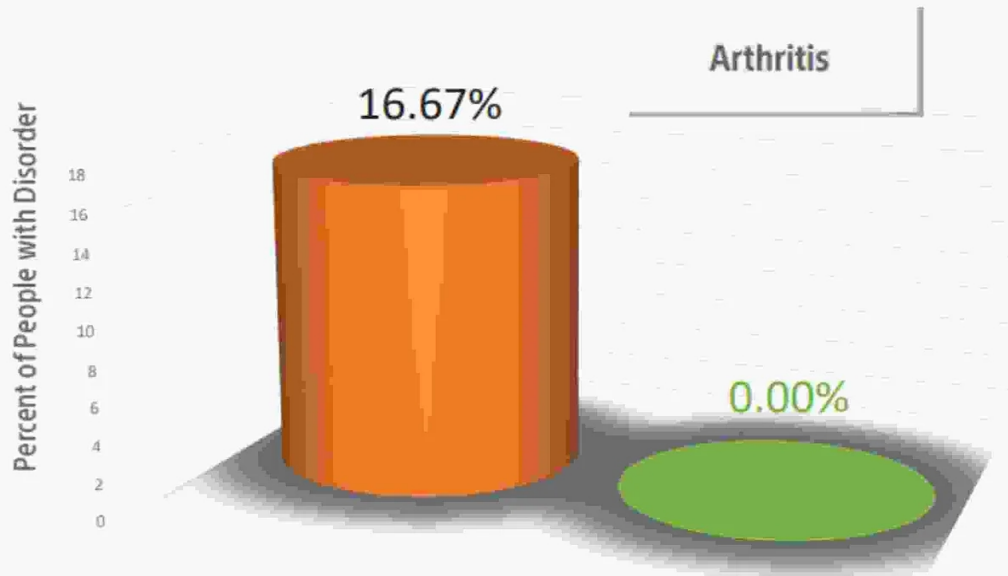


● U.S. National data for approximately 99%+ Vaccinated Population  
(CDC, Cancer Prevention and Control. [https://www.cdc.gov/cancer/dpcp/research/articles/cancer\\_2020.htm](https://www.cdc.gov/cancer/dpcp/research/articles/cancer_2020.htm); ACCO, US Childhood Cancer Statistics. <https://www.acco.org/us-childhood-cancer-statistics/>)

● Pilot survey data for 100% Unvaccinated Control Group

2020 Pilot Survey Data Comparison

# VACCINATED -VS- UNVACCINATED



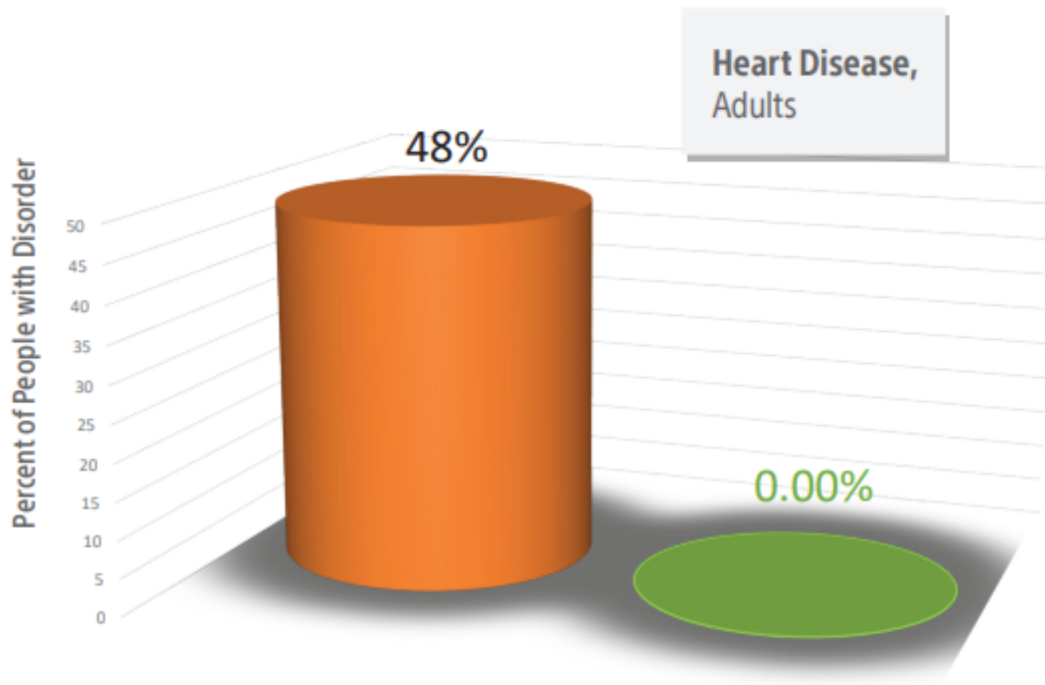
***"The cure cannot be worse than the problem itself."***  
- President Donald J. Trump, October 22, 2020, Presidential Debate



- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Arthritis. [https://www.cdc.gov/arthritis/data\\_statistics/state-data-current.htm](https://www.cdc.gov/arthritis/data_statistics/state-data-current.htm))
- Pilot survey data for 100% Unvaccinated Control Group

2020 Pilot Survey Data Comparison

# VACCINATED -VS- UNVACCINATED



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

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

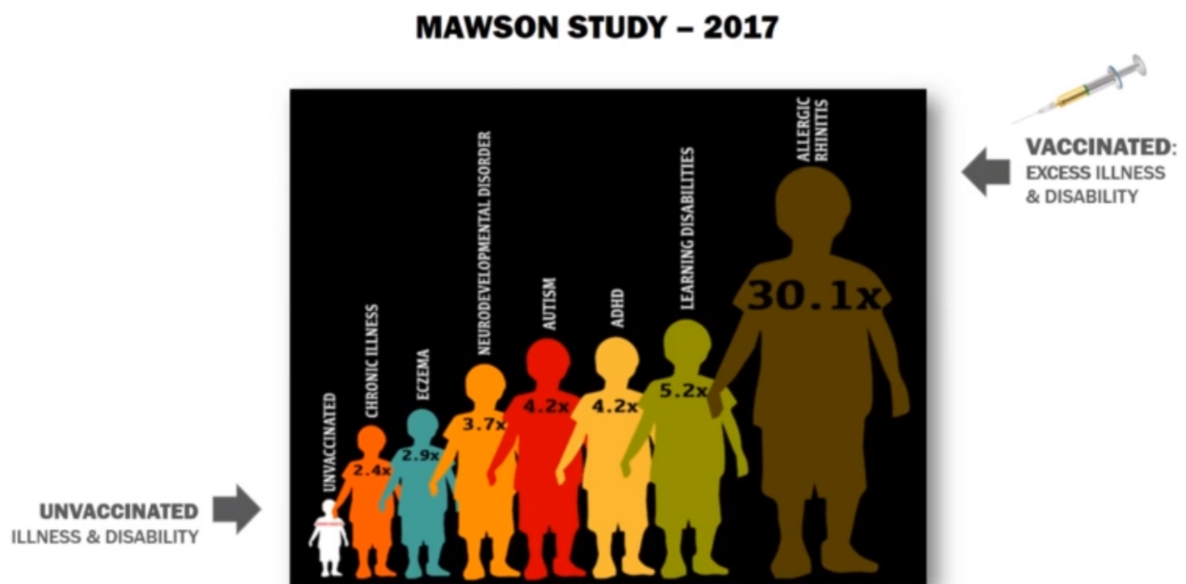


- U.S. National data for approximately 99%+ Vaccinated Population (AHA, Cardiovascular diseases affect nearly half of American adults, statistics show. <https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show>)
- Pilot survey data for 100%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

Yet another study in 2020 came up with the same results. The study found that vaccinated children were much sicker than unvaccinated children. The researchers concluded:

In this study, based on a convenience sample of children born into one of three distinct pediatric medical practices, higher ORs [odds ratios] were observed within the vaccinated versus unvaccinated group for developmental delays, asthma and ear infections.<sup>75</sup>

The 2017 Mawson study comparing the health of vaccinated children to the health of unvaccinated children arrived at the conclusion that the vaccinated children were much less healthy than the unvaccinated children.<sup>76</sup>



Mark Blaxill and Amy Becker studied mortality rates during the COVID-19 lock-downs.<sup>77</sup> They discovered a startling fact. Infant mortality actually went down during the COVID-19 lockdowns. There was a significant decrease in the number of infant deaths. Blaxill and Becker attributed that drop to the inability of parents to do well-baby doctor checkups with the obligatory vaccinations. Fewer vaccines = fewer infant deaths. Blaxill and Becker stated:

Starting in early March, expected deaths [for children under 18 years old] began a sharp decline, from an expected level of around 700 deaths per week to well under 500 by mid-April and throughout May. The Centers for Disease Control and Prevention. National Center for Health Statistics Mortality Surveillance System.



As untimely deaths spiked among the elderly in Manhattan nursing homes and in similar settings all over the country, something mysterious was saving the lives of children. As springtime in America came along with massive disruptions in family life amid near-universal lockdowns, roughly 30% fewer children died.

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Was this a protective effect of school closures? Were teenagers getting themselves into risky situations at a lower rate? No. There was very little effect among school age children or adolescents.<sup>78</sup>

Incidentally, since the publication of Blaxill and Becker's article, the CDC has removed the page that memorialized the fact that almost all of the reduction in childhood deaths came from infants. Blaxill and Becker explain that the CDC statistics showed:

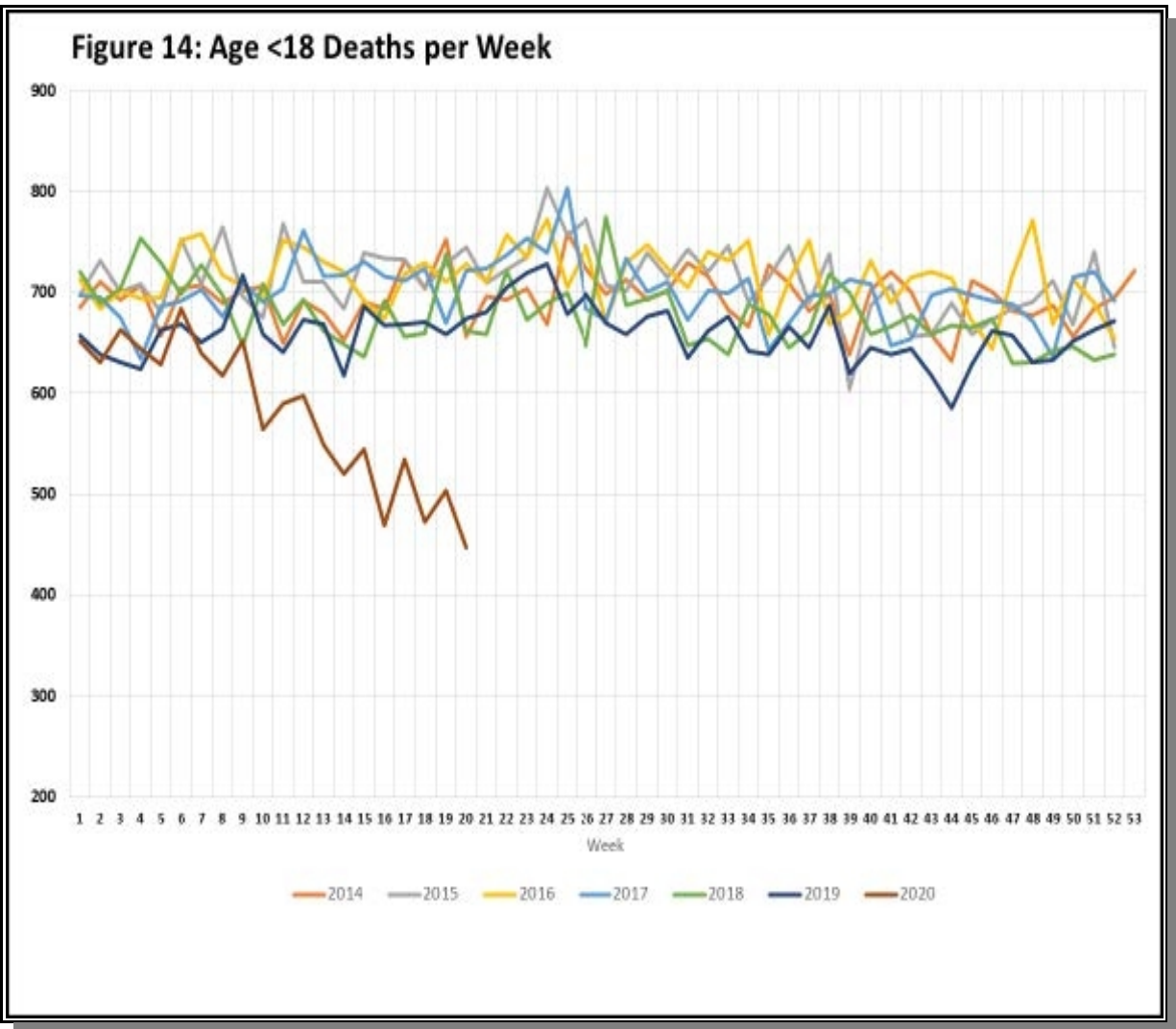
**Virtually the entire change came from infants.** Somehow, the changing pattern of American life during the lockdowns has been saving the lives of hundreds of infants, over 200 per week.

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What has changed during this period that might have such an effect?

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One very clear change that has received publicity is that public health officials are bemoaning the sharp decline in infant vaccinations as parents are not taking their infants into pediatric offices for their regular well-baby checks. In the May 15 [2020] issue of the CDC Morbidity and Mortality Weekly Report (MMWR), a group of authors from the CDC and Kaiser Permanente reported **a sharp decline in provider orders for vaccines as well as a decline in pediatric vaccine doses administered.** Santoli, Jeanne M et al. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. [cdc.gov](https://www.cdc.gov/mmwr).<sup>79</sup> [Online] May 15, 2020. These declines began in early March, around the time infant deaths began declining.<sup>80</sup>



**Figure 8: Chart showing a precipitous drop in child deaths early in 2020 that correlated directly with the COVID-19 lockdowns. Virtually the entire drop in deaths among children under 18 years old came from infants. The COVID-19 lockdowns prevented parents from taking infants for well-baby checkups and getting vaccinated. The reduction in infant deaths also correlated directly with a sharp decline in provider orders for vaccines and a decline in pediatric vaccine doses administered.**

Lest you think that the above quoted doctors and their studies are anomalies, please understand that doctors and scientists through the centuries have witnessed first-hand the injuries caused by vaccines and have been speaking out against that superstitious practice.

## 19TH CENTURY (1800s)<sup>81</sup>

“There does not exist one single fact, in all the experiments and improvements made in science, which can support the idea of vaccination. A vaccinated people will always be a sickly people, short lived and degenerate.” –Dr. Alexander Wilder, MD, “Vaccination: A Medical Fallacy”, editor of the New York Medical Tribune, 1879.

“I have seen leprosy and syphilis communicated by vaccination. Leprosy is becoming very common in Trinidad; its increase being coincident with vaccination.” –Dr. Hall Bakewell, Vaccinator General of Trinidad, 1868.

“Cancer is reported to be increasing not only in England and the Continent, but in all parts of the world where vaccination is practised.” –Dr. William S. Tebb, MA, MD, DPH, “The Increase of Cancer”, 1892.

“Leprosy arose with vaccination.” –Sir Ronald Martin, MD, 1868.

“Syphilis has undoubtedly been transmitted by vaccination.” –Sir William Osier Bt., MD, FRS, FRCP.

“To no medium of transmission is the widespread dissemination of this class of disease (syphilis) so largely indebted as to Vaccination.” –Dr. B.F. Cornell, MD, 1868.

“Every intelligent person who takes the time to investigate vaccination, will find abundant evidence in the published writings and public records of the advocates of vaccination, to prove its utter worthlessness, without reading a line of anti-vaccination literature. And if we could add to this all the suppressed facts, we would have a mass of evidence before which no vaccinator would dare to hold up his head.” –Dr. Robert A. Gunn, MD, “Vaccination: Its Fallacies and Evils”, 1882.

“I have no faith in vaccination, nay, I look upon it with greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection from smallpox.” –Dr. William Collins, MD, London, 1882.

“Vaccination has made murder legal. Vaccination does not protect against smallpox, but is followed by blindness and scrofula. Jennerism (Edward Jenner, an English physician who was a contributor to development of the smallpox vaccine) is the most colossal humbug which the human race has been burdened with by FRAUD and DECEIT.” –Mr. Mitchell, member of the British House of Commons.

“Of these dogmas, I believe the practice known as vaccination to be the most absurd and most pernicious. I do not believe that a single person has ever been protected from smallpox by

it; while I know that many serious bodily evils and even deaths, have resulted from its employment. The whole theory is founded upon assumption, contrary to common sense and entirely opposed to all known principles of physiology. Every physician of experience, has met with numerous cases of cutaneous emptions, erysipelas and syphilis, which were directly traceable to vaccination, and if these cases could be collected and presented in one report, they would form a more terrible picture than the worst that has ever been drawn of the horrors of smallpox.” –Dr. Robert A. Gunn, MD, Dean of the United States Medical College of New York.

“Vaccination is a monstrosity, a misbegotten offspring of error and ignorance; and, being such, it should have no place in either hygiene or medicine... Believe not in vaccination, it is a worldwide delusion, an unscientific practice, a fatal superstition with consequences measured today by tears and sorrow without end.” –Dr. Carlo Ruta, Professor of Materia Medica at the University of Perugia, Italy, 1896.

“Vaccination is a grotesque superstition.” –Dr. Charles Creighton, MD, MA.

“Vaccination is a gigantic delusion. It has never saved a single life. It has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot.” — Alfred R. Wallace, LL.D. DUBL., DCL OXON., FRS, etc., 1898.

## **20TH CENTURY (1900s)<sup>82</sup>**

“The great epidemics of deadly diseases, in animals and mankind, are caused by vaccination.” –Charles M. Higgins, “The Horrors of Vaccination: Exposed and Illustrated”, 1920.

“I believe vaccination has been the greatest delusion that has ensnared mankind in the last three centuries. It originated in FRAUD, ignorance and error. It is unscientific and impracticable. It has been promotive of very great evil, and I cannot accredit it any good.” –Dr. R. K. Noyse, MD, Resident Surgeon of the Boston City Hospital, “Self Curability of Disease”.

“The chief, if not the sole, cause of the monstrous increase in cancer has been vaccination.” –Dr. Robert Bell; Vice President, International Society for Cancer Research, British Cancer Hospital, 1922.

“Vaccination is the most outrageous insult that can be offered to any pure-minded man or woman. It is the boldest and most impious attempt to mar the works of God that has been attempted for ages. The stupid blunder of doctor-craft has wrought all the evil that it ought, and it is time that free American citizens arise in their might and blot out the whole blood poisoning business.” — Dr. J.M. Peebles, MD, MA, PhD, “Vaccination: A Curse and Menace to Personal Liberty”, 1900.

“Cancer was practically unknown until the cowpox vaccination began to be introduced. I have seen 200 cases of cancer, and never saw a case in an unvaccinated person.” –Dr. W.B. Clark, MD, Indiana, New York Times article, 1909.

“At present, intelligent people do not have their children vaccinated, nor does the law now compel them to. The result is not, as the Jennerians prophesied, the extermination of the human race by smallpox; on the contrary more people are now killed by vaccination than by smallpox.” –George Bernard Shaw, 1944.

“The English Ministry of Health omits to state that in 1872, when 85% of the infants born were vaccinated, there were 19,000 deaths from smallpox in England and Wales. While in 1925, when less than half the children born were vaccinated, there were only 6 deaths from that disease.” –Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957.

“Vaccination causes miscarriage. A careful check showed that 47% of women who had been vaccinated in the second or third month of pregnancy, failed to give birth to a normal child.” — “Vaccination at Work”, The Consulting Pediatrician of Lanarkshire County Council, The Lancet (London), p.47, December 6, 1952.

“My honest opinion is that vaccine is the cause of more disease and suffering than anything I could name.” –Dr. Harry R. Bybee.

“Vaccination, instead of being the promised blessing to the world, has proved to be a curse of such sweeping devastation that it has caused more death and disease than war, pestilence, and plague combined. There is no scourge (with the possible exception of atomic radiation) that is more destructive to our nation’s health than this monument of human deception–this slayer of the innocent–this crippler of body and brain–the poisoned needle.” –Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957.

“The greatest LIE ever told is that vaccines are safe and effective.” –Dr. Leonard Horowitz, MPH (Master of Public Health), DMD, MA, Harvard University graduate.

### **21ST CENTURY (2000s)<sup>83</sup>**

“The entire vaccine program is based on massive FRAUD.” –Dr. Russell L. Blaylock, M.D., neurosurgeon, editorial staff of Journal of American Physicians and Surgeons.

“Vaccinations do not work. They don’t work at all.” –Dr. Lorraine Day, MD.

“Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry. There is no scientific evidence that vaccinations are of any benefit.” –Dr. Gerhard Buchwald, MD, “Vaccination: A business based on FEAR”.

“Don’t get your flu shot.” –Dr. Raymond Francis, D.Sc., M.Sc., RNC, chemist, MIT graduate.

“My own personal view is that vaccines are unsafe and WORTHLESS. I will not allow myself to be vaccinated again. Vaccines may be profitable but in my view, they are neither safe nor effective.” -Dr. Vernon Coleman, MB, ChB, DSc (Hon).

“Everyone who is vaccinated is vaccine injured—whether it shows up right away or later in life.” –Dr. Shiv Chopra, B.V.S., A.H., M.Sc., PhD, Fellow of the World Health Organization, former senior scientist at Health Canada.

“The pediatrician indoctrinates your child from birth into a lifelong dependency on medical intervention. The first stage of indoctrination is the ‘well-baby’ visit. The well-baby visit is a cherished ritual of the pediatrician that enhances their income and does nothing constructive for your child. It’s a worthless visit.” — Dr. Robert Mendelsohn, MD, board certified pediatrician.

“Vaccines are the backbone of the entire Pharmaceutical Industry. If they can make these children sick from a very early age, they become customers for life. The money isn’t really to be made in the vaccine industry. The money is made by Big Pharma with all of the drugs that are given to treat and address all of the illnesses that are subsequent to the side effects of vaccines.” –Dr. Sherri Tenpenny, D.O. (osteopathic medical doctor).

“Studies are increasingly pointing to the conclusion that vaccines represent a dangerous assault to the immune system leading to autoimmune diseases like Multiple Sclerosis, Lupus, Juvenile Onset Diabetes, Fibromyalgia, and Cystic Fibrosis, as well as previously rare disorders like brain cancer, SIDS (Sudden Infant Death Syndrome), childhood leukemia, autism, and asthma.” –Dr. Zoltan Rona, MD, “Natural Alternatives to Vaccination”.

“The vaccine industry is itself a FRAUD. I spent my whole career studying vaccines.” –Dr. Shiv Chopra, B.V.S., A.H., M.Sc., Ph.D., Fellow of the World Health Organization, “Corrupt to the Core”.

“The greatest danger to your health is the doctor who practices modern medicine.” –Dr. Robert Mendelsohn, MD, board certified pediatrician.

“I have been a regular practitioner of medicine in Boston for 33 years. I have studied the question of vaccination conscientiously for 45 years. As for vaccination as a preventative of disease, there is not a scrap of evidence in its favor. Injection of virus into the pure bloodstream of the people does not prevent Smallpox. Rather, it tends to increase its epidemics and makes the disease more deadly. Of this we have indisputable proof. In our country (U.S.) cancer mortality has increased from 9 per 100,000 to 80 per 100,000 or fully 900 per cent increase, within the past 50 years, and no conceivable thing could have caused this but the universal blood poisoning now

existing.” – Dr. Charles E. Page, Boston.

“After collecting the particulars of 400,000 cases of small pox I am compelled to admit that my belief in vaccination is absolutely destroyed.” – Professor Adolf Vogt, who held the chair of vital Statistics and Hygiene in Berne University for 17 years.

“I have very little faith in Vaccination even as modifying the disease, and none at all as a protective in virulent epidemics. Personally, I contracted smallpox less than six months after a most severe re-vaccination.” – Dr. L Hall Bakewell, Vaccinator General of Trinidad.

“Vaccination is the infusion of contaminating element into the system, and after such contamination you can never be sure of regaining the former purity of the body. Consumption follows in the wake of vaccination as certainly as effect follows cause.” – Dr. Alexander Wilder, Editor of the New York Medical Times, Professor of Pathology at the United States Medical College of New York and author of “Wilder’s History of Medicine”.

“Vaccination does not stay the spread of smallpox nor even modify it in those who get it after vaccination. It does introduce into the system, and therefore contributes to the spread of, tuberculosis, cancer and even leprosy. It tends to make more virulent epidemics of smallpox and to make them more extensive. It does just what inoculation did – cause the spread of disease.” – Dr. Walter M. James, Philadelphia.

“I can add my testimony to the others... that vaccination contributes to the great increase in cancer.” – Dr. Forbes Laurie.

“We have no proof of the boasted effectiveness of any form of anti-toxin, vaccine or serum. The true figures on vaccination for smallpox have never gotten before the public, though they can be seen in the files of the various departments of the Army as well as the government, if one cares to look for them. If the record of vaccination in the Philippines alone were ever to become a matter of general knowledge it would finish vaccination in the whole country, at least among those who are able to read and think for themselves. After three years of the most rigid vaccination, when every Philippino had been vaccinated from one to six times, there occurred the severest epidemic of smallpox that the Islands had ever seen, with a death-rate running in places to over 70 per cent, and in all, well over 60,000 deaths. Is it any wonder the public is getting a little suspicious of us and our vaunted ‘medical discoveries?’ The wonder to me is that there are still millions of them willing to submit to vaccination and serum treatment.” – Dr. William Howard Hay, Buffalo, New York.

### **Pediatricians Paid Bounty For Each Vaccinated Child**

This author talked to a couple with a newborn baby who had to leave their pediatrician’s office because the pediatricians would not allow them to forgo getting their child vaccinated. The pediatricians continually pushed to allow the nurse to vaccinate their newborn baby. When the

parents requested that the nurses and doctors please stop continually pestering them to have their child vaccinated, she was told that their office would allow a delay in the vaccination schedule but they would eventually have to get their child fully vaccinated. The pediatric office has posted on its website a notice that it follows “the national standards of care set forth by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP).”<sup>84</sup> According to the CDC vaccination schedule, their child would need to receive more than 47 total doses of vaccines (including boosters) that covered 17 different diseases before the child reached 15 months old. That pediatric practice of 15 doctors stated that if the parents persisted in not allowing them to vaccinate their child they would need to abide by their written policy, which required them to “find another pediatrician who agrees with your beliefs.”<sup>85</sup>

The parents called pediatricians to find another doctor for their newborn child. The first four offices that the parents called refused to treat their child unless they agreed to have him vaccinated. A fifth office finally agreed to see their child without him being vaccinated, but only if they submitted a religious exemption.

It seems that there is a medical phalanx set up to push parents into vaccinating their children. The Immunization Action Coalition (IAC) provides doctors with a “Sample Vaccine Policy Statement: Ready for you to adapt for your practice.”<sup>86</sup> That policy statement template states, in pertinent part that “if you should absolutely refuse to vaccinate your child despite all our efforts, we will ask you to find another healthcare provider who shares your views. We do not keep a list of such providers, nor would we recommend any such physician.”<sup>87</sup>

The Immunization Action Coalition is funded “in partnership with the Centers for Disease Control and Prevention (CDC)” which “provided financial support to IAC.”<sup>88</sup> The Children’s Health Defense revealed that the CDC has acted as a captured government agency that is under the control of the vaccine industry.

The latest data and science show that specific vaccines are unequivocally not safe. Yet government officials – with well-documented conflicts of interest with the \$50 billion vaccine industry – systematically obscure the risks while exaggerating the benefits of vaccines.

The government has quietly admitted culpability by paying out over \$4 billion for thousands of injuries and deaths caused by vaccines underscoring that vaccine injuries can and do happen, including autism. And, an HHS-funded study concluded that fewer than 1% of vaccine injuries are even reported.

Big Pharma is exerting influence over WHO, FDA and CDC to fast track and short cut safety studies in order to gain more profits faster. Big Pharma has zero financial risk when children get



vaccine injured because the government prevents victims from suing big pharma – resulting in big pharma not being concerned about child vaccine safety.

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And CDC, frankly, is a vaccine company; it owns 56 vaccine patents and buys and distributes \$4.6 billion in vaccines annually through the Vaccines for Children program, which is over 40% of its total budget. Further, Pharma directly funds, populates and controls dozens of CDC programs through the CDC foundation. A British Medical Journal editorial excoriates CDC's sweetheart relationship with pharma quotes UCLA Professor of Medicine Jerome R. Hoffman "most of us were shocked to learn the CDC takes funding from industry... It is outrageous that industry is apparently allowed to punish the CDC if the agency conducts research that has potential to cut into profits."<sup>89</sup>

The parents of the above mentioned child have come up against a massive syndicate funded by vaccine manufacturers. The couple's ordeal in finding a pediatrician who will treat their unvaccinated child is not unusual. Alex Pietroski, a reporter for Waking Times, alleged that "it is now very difficult to find a pediatrician who will accept a family who doesn't vaccinate. Even parents who partially vaccinate or follow a different schedule have a hard time finding a doctor. Here's why: doctors have to vaccinate a certain percentage of their patients or they don't get their bonus. BCBS [Blue Cros Blue Shield] says doctors need to vaccinate 63% of their patients to get the payout [of \$400 per vaccinated child]."<sup>90</sup>

This author researched Pietroski's allegation. Indeed, many pediatricians refuse to see child patients whose parents have decided not to have their children receive vaccines.<sup>91</sup> Doctors are increasingly encouraged to refuse service to the unvaccinated child patients based on a policy published in 2016 by the American Academy of Pediatrics (AAP) that allows pediatricians to dismiss the child patients of parents who refuse vaccines.<sup>92</sup> The Greenville News reported that "[a] two-month-old baby was recently denied care at a Carolina Forest pediatrician's office due to his parents' stance on vaccines."<sup>93</sup> The report reveals:

That decision stems from a policy adopted by recommendation of the American Academy of Pediatrics, according to Brian Argo, chief financial officer of Conway Medical Center, which operates CPG Pediatrics.<sup>94</sup>

You will notice that the spokesman for the pediatric office was the "chief financial officer." Why would the chief financial officer be the one who is giving the reasons for the policy of refusing service to unvaccinated children? Brian Argo has an MBA<sup>95</sup>, not an MD; he is a

financial expert; he is not a medical expert. You would think that there would be a medical reason for the policy. You would think that the pediatrics office would appoint a medical doctor to give a medical reason for the policy. Instead, the pediatric office appoints a financial officer to present the rationale for refusing service to unvaccinated children. But he does not give a financial reason, nor does he give a medical reason; he gives as the reason a recommendation by the AAP. Unsurprisingly, he did not say that the pediatric office makes a lot of money by vaccinating children, and every unvaccinated child in its medical practice threatens that money stream.

Pietroski, however, alleges that there is a financial motive at the core of pediatricians not allowing unvaccinated children in their practice. Pietroski made a fantastic allegation that many pediatricians will not treat unvaccinated children because they need a certain threshold of patients in their medical practice to be vaccinated to be paid a bounty from insurance companies for each vaccinated child. I researched Pietroski's allegation. What I found was surprising. The evidence establishes that his allegation is true. One example of this is under the Blue Cross Blue Shield *Childhood Immunizations- Combo 10* program. Under that program, if a pediatrician can convince 63% of the parents of children in their practice to receive the full schedule of the ten listed vaccines before the child's second birthday, the pediatrician will receive a \$400 bounty per vaccinated child from Blue Cross Blue Shield.<sup>96</sup> That program presents a perverse monetary incentive for pediatricians to push for childhood vaccines. By the way, this is only one of the incentive programs being run by one insurance company in Michigan. There are, no doubt, many others. Below is a screenshot from page 15 of the 2016 Blue Cross Blue Shield "Performance Recognition Program, Provider Incentive Program," outlining the details of its *Childhood Immunizations- Combo 10* program.



## HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

CHILDHOOD IMMUNIZATIONS – COMBO 10	
Product lines	BCN Commercial
Source	HEDIS
Description	<p>The percentage of children 2 years of age who meet the combination 10 criteria on or before their second birthday:</p> <ul style="list-style-type: none"> <li>• (4) DTaP* vaccinations</li> <li>• (3) IPV* vaccinations</li> <li>• (1) MMR vaccination</li> <li>• (1) VZV vaccination</li> <li>• (3) HiB* vaccinations</li> <li>• (3) Hepatitis B vaccinations</li> <li>• (4) PCV* vaccinations</li> <li>• (1) HepA vaccination</li> <li>• (2 or 3) RV* vaccinations</li> <li>• (2) Influenza** vaccinations</li> </ul> <p>*Vaccinations administered prior to 42 days after birth are not counted as a numerator hit.            **Vaccinations administered prior to 180 days after birth are not counted as a numerator hit.</p>
Continuous enrollment	Must be continuously enrolled 12 months prior to child's second birthday
Age criteria	Children who turn 2 years of age during 2016
Exclusionary criteria	Children who are documented with an anaphylactic reaction to the vaccine or its components
Numerator	The number of children who completed vaccinations as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: COMM	63% ←
Payout: COMM	\$400 per Combo 10 completed for each eligible member ←

The Blue Cross Blue Shield *Childhood Immunizations- Combo 10* program pays a bounty of \$400 per child. But the pediatrician must have at least 63% of his patients vaccinated to receive any money. If the vaccinated population of children in his practice drops below 63%, the pediatrician receives nothing. To meet the plan goal, the eligible children receiving the required ten vaccines (numerator) is divided by the total eligible children in the practice (denominator). If that figure is 63% or more, then the doctor receives his bounty based on the number of children in the numerator. The Blue Cross Provider Incentive Program states: “The payment for services will be calculated once the plan goal is met [63%], based upon the Numerator.”<sup>97</sup> If the fraction is less than 63% the doctor receives nothing.

It would not be unusual for a pediatrician to make approximately \$53,000 yearly from

Blue Cross Blue Shield's childhood vaccine incentive program. In 1999, a research study published in the Journal of the American Medical Association examined eighty-nine pediatric practices in 31 states involving 373 individual pediatric practitioners.<sup>98</sup> The study found that “each practitioner cared for an average of 1546 patients” over a two-year period. That is an average of 773 patients each year. The study was not a measure of office visits; it was a measure of individual patients treated regardless of the number of office visits. Thus, one patient visiting the office three times over the two-year period would be counted as a single patient. The study found that 27.4% of all pediatric patients were 2 years old or younger. On average, each pediatrician treated 211.8 ( $773 \times .274 = 211.8$ ) patients that were two years old or younger per year. That means that the average pediatrician can count on a bounty payout of approximately \$84,720 per year from the Blue Cross Blue Shield Childhood Immunizations- Combo 10 program.

The \$84,720 figure assumes that the doctor is able to convince 100% of his parents to vaccinate their children. If he is only able to convince 63% of parents, which is the bare minimum to qualify for the bounty, he would stand to make \$53,374. Thus, the average pediatrician can make between \$53,374 and \$84,720 per year in vaccine bounty payments. The critical driver for him to push vaccinations on every parent is that if his rate of child vaccinations drops below 63% he will make nothing under that program.

This financial incentive to have a certain threshold (63%) of fully vaccinated children in their practice explains perfectly why some pediatricians will not allow unvaccinated children in their practice. Every child in their practice who is not fully vaccinated will bring them closer to their minimum threshold and threaten their \$400 bounty for each vaccinated child. The Pediatrician, who you think should be looking out for your child's best interest, has a monetary incentive to ignore the mountain of evidence that vaccines are both ineffective and dangerous to children. Now you know why there has been no push-back from pediatricians about the acceleration of vaccines being injected into infants. They are financially incentivized to be willfully ignorant doctors.

“For the love of money is the root of all evil: which while some coveted after, they have erred from the faith, and pierced themselves through with many sorrows.” (1 Timothy 6:10)

### **World Council For Health Demands Recall of COVID-19 Vaccines**

Dr. Peter McCullough, M.D., gave an informative presentation at the 2022 United Healthcare Summit.<sup>99</sup> Dr. McCullough is an American cardiologist. He was vice chief of internal medicine at Baylor University Medical Center and a professor at Texas A&M University. He is editor-in-chief of the journals Reviews in Cardiovascular Medicine and Cardiorenal Medicine. He is one of the most highly respected and published cardiologists in the U.S.

He was once one of the most published and cited authors in the medical community. Since he has come out explaining the dangers of the COVID-19 vaccines, Baylor and Texas

A&M have cut ties with him. [He has had his research revealing the dangers of the COVID-19 vaccines suddenly unpublished and deleted.](#)

During his presentation, Dr. McCullough mentioned the sweeping research by the World Council For Health (WCH). I decided to check his claims about the WCH research findings. I discovered that he was correct. My research took me beyond the WCH findings. It includes some surprising facts and evidence, which will be shocking to some, about the COVID-19 vaccines.

The World Council For Health (WCH) extensively studied the world databases on the COVID-19 vaccine injuries. The WCH for health studied the WHO VigiAccess, CDC VAERS, EudraVigilance, and UK Yellow Card Scheme to determine whether the COVID-19 vaccines are safe.<sup>100</sup> On June 11, 2022, the WCH announced its results. The WCH found that the databases revealed more than 40,000 deaths linked to the COVID-19 vaccines and called for an immediate recall of those vaccines.<sup>101</sup>

### **Under-Reporting of Adverse Events**

Those reported deaths are just the tip of the proverbial iceberg. Dr. Katrina Lindley explains the deficiency in the reports:

[S]uch systems of passive surveillance result in significantly fewer ADR [adverse drug reaction] reports than active surveillance reporting. As a result, the actual number of adverse events that occurred in temporal relation to Covid-19 injections is likely to be much higher than revealed by the available official data.<sup>102</sup>

The under-reporting in the databases is quite significant. Indeed, it is exponential. For example, because the VAERS database relies on passive reporting, it suffers from a systemic flaw known to HHS. That flaw is that the VAERS database under-reports the vaccine adverse events by a factor of 100. A Harvard study of the VAERS database that HHS commissioned revealed that “fewer than 1% of vaccine adverse events are reported.”<sup>103</sup> That statistical finding in the Harvard study has been confirmed to be accurate in a subsequent scientific study.<sup>104</sup>

The adverse events listed in VAERS have not been clinically proven to have been caused by the listed vaccine. But we can reasonably infer that those who died within 48 hours of the onset of illness after the vaccination died from the vaccine. Megan Redshaw determined that 41% of those reported in VAERS as having died from a COVID-19 vaccine did so after becoming ill within 48 hours of the injection.<sup>105</sup> We will consider that temporal proximity as establishing a reasonable belief that the COVID-19 vaccines were the cause of the deaths.

VAERS reported that of July 15, 2022, there were 29,635 deaths attributed to COVID-19. 41% of 29,635 is 12,150. Thus, one can reasonably conclude there is probable cause to believe that 12,150 persons died from the COVID-19 vaccine. Understanding that the VAERS system

only reports 1% of the actual deaths, we find that the deaths from the COVID-19 vaccines are 1,215,000 people as of July 15, 2022.

Similar numbers were arrived at by other researchers. VAERS is a database that reports adverse events associated with vaccines. The appearance of an adverse event in the database does not prove that the vaccine caused the adverse event. Because the VAERS database reports correlation and does not prove causation, we are left to extrapolate causation from the numbers reported in the VAERS database. Researchers led by Dr. Scott McLachlan, Ph.D., determined that the vaccine caused 86% of deaths reported in VAERS.<sup>106</sup> Dr. Jessica Rose, Ph.D., and her team of researchers studied the U.S. VAERS database and determined that VAERS underreported adverse events, including deaths, from the COVID-19 vaccines by a factor of 41. That means the actual adverse events, including deaths, associated with the COVID-19 vaccines are 41 times greater than reported in the VAERS system.<sup>107</sup>

Dr. Rose is a Canadian researcher with a Bachelor Degree in Applied Mathematics and a Master's degree in Immunology from Memorial University of Newfoundland. She also holds a Ph.D. in Computational Biology from Bar Ilan University and two Post Doctoral degrees: one in Molecular Biology from the Hebrew University of Jerusalem and one in Biochemistry from the Technion Institute of Technology.

Assuming the VAERS system underreports adverse events by 41-fold, and the COVID-19 vaccine caused 86% of the deaths reported in VAERS, we can determine the actual number of deaths caused by the COVID-19 vaccines.<sup>108</sup> As of September 23, 2022, the VAERS database reported that 31,214 persons died after being vaccinated with a COVID-19 vaccine. Although the U.S. Government keeps the VAERS database, it also includes deaths from COVID-19 vaccinations in other countries. Approximately 50% of the deaths reported in VAERS are from other countries. That means approximately 15,000 persons died in the U.S. alone from COVID-19 vaccines.

We will start with the 15,000 U.S. figure. Multiplying that figure by 41 we arrive at 615,000. But only 86% of that number can be said to have died from the vaccine. Multiplying 615,000 by .86, we arrive at a final figure of 528,900 as the number of persons who died from the COVID-19 vaccines in the U.S. as of September 23, 2022. If we apply that formula to the total of U.S. and overseas reported deaths in VAERS, we arrive at a figure of 1.1 million deaths caused by the COVID-19 vaccines as of September 23, 2022.

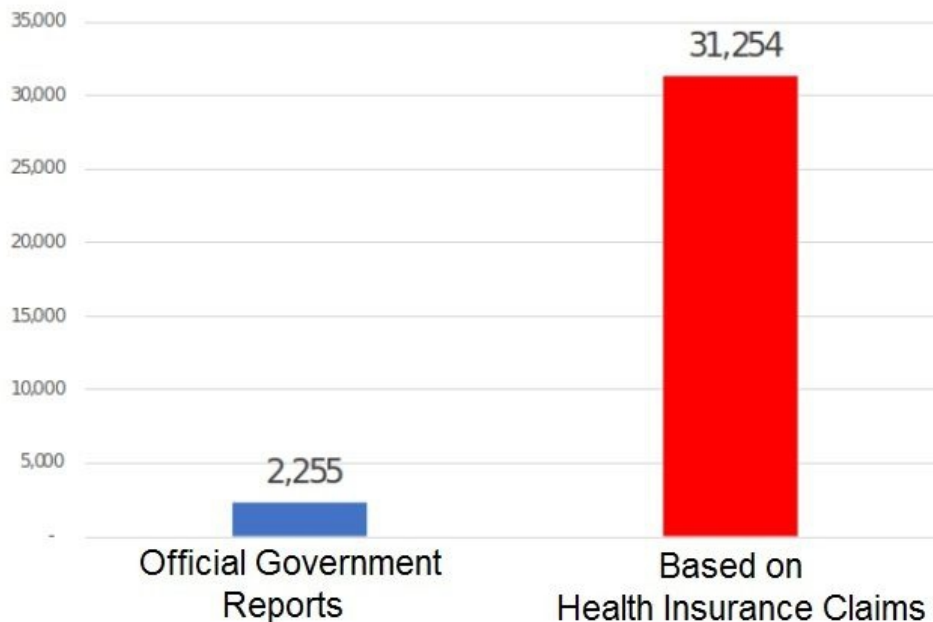
### **Proof The German Government Under-Reports Vaccine Deaths**

The evidence of the systemic under-reporting of vaccine injuries and deaths is clear. It is not something we are left to guess about. For example, the German Health insurance company BKK Provitahas has gone public with evidence that massive numbers of deaths from COVID-19 vaccines are unreported in the available government statistics. The company reveals that from its own data collected directly from doctors, the fatalities in Germany caused by the COVID-19

vaccines are almost 14 times greater than reported by the German government.<sup>109</sup> The health insurance numbers are coming directly from doctors seeking payment for medical care. They are using specific codes that reflect deaths from COVID-19 vaccines. The data sample involves 10.9 million insured persons, which means that the extrapolation to the 83 million people who live in Germany is entirely accurate. Below is a graph showing the actual number of COVID-19 deaths on or before February 2022 in Germany (31,254) extrapolated from the insurance data compared to the government-reported deaths (2,255) in the German vaccine adverse event reporting system. That means the German VAERS database reflects only 7% of the deaths caused by the COVID-19 vaccines. When one considers the barriers put in place to coverup vaccines as the cause of injury or death, it is logical to surmise that the under-reporting is even more significant.

The insurance data is inherently more reliable than the German VAERS data because the onerous burden of reporting to VAERS creates the reality of under-reporting of COVID-19 adverse events. But when it comes to billing, doctors are more likely to accurately report the proper diagnosis and codes. After vaccination, people with health problems will see a doctor and explain their complaints. The doctor will examine the patient and come to a diagnosis and bill the patient for the appointment. The ICD10 billing code will reflect the diagnosis. There are specific ICD10 billing codes for side effects from COVID-19 vaccinations. If the doctor determines that the COVID-19 vaccine caused the sickness, he will enter the appropriate ICD10 code for that diagnosis. The ICD10 data collected by the insurance company is unimpeachable. The aggregate of those billing codes collected by the insurance company reflects that the COVID-19 vaccines are deadly, and the German government is underreporting the fatal effect of those vaccines.

## German Fatalities Following COVID-19 Vaccines

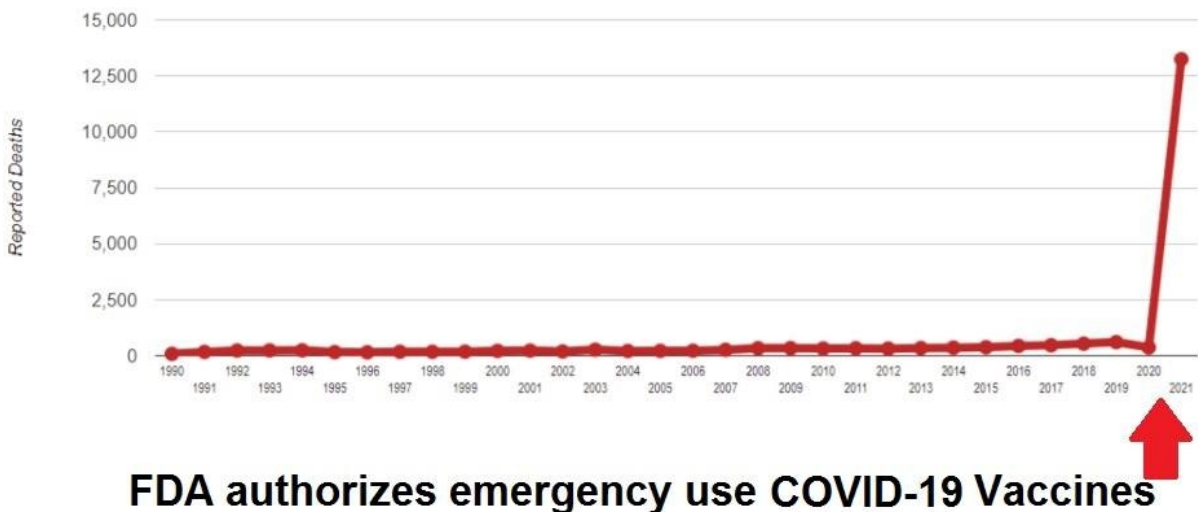


## COVID-19 Vaccines Are Exponentially More Dangerous

The World Council For Health (WCH) noted that the Polio Vaccine was recalled in less than one year after ten reported deaths, yet the Covid-19 vaccine, with 29,635 associated deaths, has not been recalled after two years.<sup>110</sup> The WCH concluded that “[t]here is sufficient evidence of adverse events relating to Covid-19 vaccines to indicate that a product recall is immediately necessary.”<sup>111</sup> The WCH came to that conclusion based on the associated deaths reported as of July 15, 2022, in VAERS being approximately 29,635. But the argument for an immediate recall becomes more compelling when one considers that there is probable cause to believe that the number of deaths in the U.S. caused by the COVID-19 vaccines is actually closer to 1.2 million.

Based on the deaths associated with the COVID-19 vaccines reported to VAERS, the vaccines should have been pulled off the market almost immediately. The response to the deaths and injuries caused by the COVID-19 vaccines has been rather sleepy compared to the more vigilant response traditionally manifested when medical treatments cause deaths and injuries. For example, the WCH referenced the different response to the swine flu vaccine. The swine flu vaccine was administered to 40 million people over a 10-week period in 1976. That vaccine program was stopped within 10 weeks because 25 people died and 500 people developed Guillain-Barré Syndrome.<sup>112</sup> Twenty-five deaths are a fraction of the 1,215,000 deaths caused by the COVID-19 vaccines. A typical new drug receives a black box warning after about five unexplained deaths. If the deaths rise to 50 the drug is pulled off the market. Again, 50 deaths is a fraction of the 1,215,000 deaths caused by the COVID-19 vaccines.

All Deaths Reported to VAERS by Year





As of July 28, 2022, there have been more adverse event reports in VAERS for the COVID-19 vaccines than all other 70+ other vaccines combined during the entire 32 year history of the VAERS database. Of the total 2.2 million adverse event reports in VAERS over the last 32 years, 1.3 million of those reports were for adverse events from the COVID-19 vaccines in the past 19 months.<sup>113</sup> *The Expose* reported that “[t]he UK Medicine Regulator has confirmed that over a period of nineteen months the Covid-19 Vaccines have caused at least 5.5x as many deaths as all other available vaccines combined in the past 21 years.”<sup>114</sup> But when measuring the lethality of the COVID-19 vaccines side-by-side against all other vaccines over the same 19-month period, it was found that the COVID-19 vaccine caused 7,402% (75x) more deaths than all other vaccines combined during that 19-month period.<sup>115</sup> As we saw with the German government statistics, the deaths from vaccines is vastly under-reported. But such under-reporting should be across the board for all vaccines. And so, the statistics about the relative number of deaths should be somewhat accurate. Based on those relative statistics, the COVID-19 vaccines are 75 times more deadly than all other vaccines combined.

**Reported Deaths due to Covid-19 Vaccination  
from Jan 21 to July 22 (19 Months)**

VS

**Average Number of Deaths due to all other  
Vaccines Combined over a 19 Month Period**

Source: UK Medicine and Health Care product Regulatory Agency (MHRA) Yellow Card Report



On July 19, 2021, America's Frontline Doctors (AFLDS) filed a motion seeking immediate injunctive relief in the Alabama Federal District Court to stop the Emergency Use Authorization (EUA) of the experimental COVID-19 injections. The plaintiffs averred the following facts in their certified complaint about the relative dangers of the COVID-19 vaccines:

According to data extracted from the Defendants' Vaccine Adverse Events Reporting System ("VAERS"), 99% of all deaths attributed to vaccines in the first quarter of 2021 are attributed to the COVID-19 Vaccines, and only 1% are attributed to all other vaccines. The number of vaccine deaths reported in the same period constitutes a 12,000% to 25,000% increase in vaccine deaths, year-on-year.<sup>116</sup>

**COVID-19 Vaccines Are Ineffective**

President Biden's claim that "[t]he vaccines are safe, highly effective,"<sup>117</sup> is provably

false. The CDC and the vaccine manufacturers are on record admitting that the COVID-19 vaccines do not prevent the spread of COVID-19. Indeed, before the EUA authorization by the FDA of the Pfizer-BioNtech vaccine, the Daily Mail reported that on or before December 4, 2020, “Pfizer CEO [Albert Bourla] admits he is ‘not certain’ their COVID-19 shot will prevent vaccinated people from spreading the virus.”<sup>118</sup>

Moderna Chief Medical Officer Tal Zaks is on record saying that the Moderna vaccine can prevent someone from getting sick from COVID-19 but that there is no evidence that it can prevent someone receiving the vaccine from carrying the virus and infecting others. Before the FDA issuance of the EUA for the Moderna vaccine, on or before November 23, 2020, Zaks stated: “our results show that this vaccine can prevent you from being sick, it can prevent you from being severely sick. They do not show that it prevents you from potentially carrying this virus transiently and infecting others.”<sup>119</sup>

There are many anecdotal examples of fully vaccinated persons being subsequently infected with COVID-19. For example, it was reported by COVID Legal USA on March 12, 2021, that there was a COVID-19 infection outbreak at the Cottonwoods Care Centre retirement facility in Kelowna, British Columbia, even though 82% of the residents were fully vaccinated. Eight out of the twelve COVID-19 confirmed cases were fully vaccinated persons.<sup>120</sup> That means that 66% of confirmed COVID-19 cases were from those who were fully vaccinated.

Because it became clear early on that the COVID-19 vaccines did not prevent the spread of COVID-19, the CDC found it necessary to issue a press release on March 8, 2021, saying that fully vaccinated Americans must “continue to take these COVID-19 precautions when in public.”<sup>121</sup> That included wearing masks, staying six feet apart from other people, and avoiding large crowds.

Indeed, the COVID-19 infection rate for vaccinated persons has gotten so out of hand that on July 27, 2021, the CDC had to change its guidance because of the alleged spreading of COVID-19 by vaccinated persons. NBC News reported:

The Centers for Disease Control and Prevention issued new guidance on Tuesday recommending indoor mask use in areas with high transmission rates after new data suggested fully **vaccinated individuals are not just contracting Covid-19 but could potentially infect others.**

CDC Director Rochelle Walensky said recent studies had shown that those **vaccinated individuals who do become infected with Covid have just as much viral load as the unvaccinated, making it possible for them to spread the virus to others.** Based on that finding, Walensky said the CDC is also recommending that all school children wear masks in the fall.<sup>122</sup> (emphasis added)

Emily Kopp, writing for Roll Call, reported that a confidential congressional briefing revealed that “[t]here are 35,000 symptomatic breakthrough cases each weeks.” Kopp concluded that vaccinated persons can be “superspreaders” of COVID-19.

The newly released report showing that vaccinated people can still be superspreaders drove the recent decision by the CDC to once again recommend masks for vaccinated people indoors where case counts are high or substantial.<sup>123</sup>

On August 6, 2021, the CDC published a report that 346 out of out of 469 COVID-19 cases (74%) in a breakout in Barnstable County, Massachusetts, were of people who were fully vaccinated.<sup>124</sup> The COVID-19 vaccines are proving to be ineffective in preventing infection.

Dr. Nina Pierpont (MD, Ph.D.), has a BA in biology from Yale University, MA and Ph.D. in population biology/evolutionary biology/ecology from Princeton University, and MD from Johns Hopkins University School of Medicine. Dr. Pierpont has been a Clinical Assistant Professor of Pediatrics at Columbia University’s College of Physicians & Surgeons. She is currently in private practice in upstate New York, specializing in behavioral medicine. Dr. Pierpont reviewed the available data, principally from three scientific studies, and concluded that COVID-19 vaccine mandates have no justification because “current vaccines do not prevent transmission of SARS-CoV-2.”<sup>125</sup>

Pfizer CEO Albert Bourla, in his attempt to sell the public on their COVID-19 vaccine booster during a news interview, let the cat out of the bag by stating: “We know that two doses of the vaccine offers very limited protection if any.”<sup>126</sup> When Pfizer realized the implications of that admission, it immediately filed a copyright claim on that interview and took steps to purge it from the internet. I was able to track down the video of the interview at the Instagram link found in the endnote.<sup>127</sup>

99% of the University of California football team and staff were fully vaccinated.<sup>128</sup> There are approximately 143 players and staff on that team.<sup>129</sup> But on November 13, 2021, it was announced that the team had to cancel its upcoming football game with USC because 47 players and staff members on the University of California football team had tested positive for COVID-19. Many of them were symptomatic for COVID-19, which is why the entire team was tested. That is a 33% COVID-19 infection rate for a single group of fully vaccinated persons. The COVID-19 vaccines are not just ineffective; it seems that the vaccines are driving the infection. It is more likely that the players and coaches are suffering from antibody-dependent enhancement caused by the vaccine.

Indeed, COVID-19 vaccinations are detrimental to the USA’s counter-drug mission. For example, on December 25, 2021, Carol Rosenberg and Aishvarya Kavi reported for *The New York Times* that the USS Milwaukee was supposed to deploy to intercept drug traffickers in the Caribbean, but the ship could not do so because of a Covid-19 outbreak onboard the ship.<sup>130</sup> The

105-man crew of the vessel was 100% vaccinated against COVID-19. That is a clear example that the COVID-19 vaccines are ineffective in preventing COVID-19. What was really going on aboard the ship likely was that the sailors were suffering from antibody-dependent enhancement (ADE) caused by the vaccines themselves. The vaccines were making the sailors sick. Oddly, the USS Milwaukee incident comes on the heels of active-duty troops in the Army and Navy being fired because they refused to get vaccinated under President Biden's vaccination mandate for the armed services. Perfectly healthy soldiers and sailors were relieved of duty for exercising their rights to refuse to take experimental vaccines that have now been demonstrated to be both unsafe and ineffective. All the while, the readiness of the armed services is being detrimentally impacted by the growing occurrence of ADE among the soldiers and sailors caused by the mandated vaccines.

On November 10, 2021, U.S. District Court Judge T. Kent Wetherell, II, issued an opinion wherein he denied a request from a plaintiff for a preliminary injunction. He ruled against the doctor requesting a religious exemption. Nonetheless, in the course of rendering his opinion, the judge ruled:

[T]he evidence I have shows the vaccine is “leaky” and “nonsterilizing” in that **it does not prevent transmission of the virus, nor does it protect vaccinated persons from contracting the virus.** ... [T]he evidence before the court from plaintiff's medical experts suggest **that vaccinated persons actually transmit the virus at a higher rate than unvaccinated.** ... [T]he vaccines are unnecessary for persons who have previously had COVID because **natural immunity provides equivalent or greater protection against severe infection than the vaccines.** ... [T]he irrefutable evidence in this case shows that vaccines simply do not accomplish the purpose of the policy that it's aimed at achieving; that is, “keeping everyone safer,” because, again, **they do not protect people from contracting the virus,** nor do they prevent people from getting the virus.<sup>131</sup> (emphasis added)

So prevalent were the breakthrough cases of COVID-19 that the CDC announced that beginning on May 1, 2021, it would no longer monitor or report any breakthrough cases that did not result in hospitalization or death.<sup>132</sup> The CDC and its pharmaceutical overlords could not allow people to use official government statistics to prove that the COVID-19 vaccines are ineffective.

U.S. Senator for Massachusetts, Edward Markey, saw through the CDC's subterfuge. In an official letter of inquiry he demanded to know why the CDC would no longer continue to monitor the breakthrough cases.<sup>133</sup> Senator Markey noted the obvious fact that breakthrough cases are a good measure of COVID-19 vaccine effectiveness. He said that 43.4 of the new COVID-19 infections in Massachusetts were among those who were vaccinated. Notably, Senator Markey

asked the CDC: “Is the effectiveness of COVID-19 vaccines decreasing in light of these breakthrough cases?” The answer is clear. Indeed, the evident affirmative answer to that question is why the CDC decided to stop reporting breakthrough COVID-19 cases. The CDC’s decision not to report COVID-19 breakthrough cases among the vaccinated population was indicative of a conspiracy between it and the pharmaceutical companies to coverup of the ineffectiveness of the COVID-19 vaccines.

The United Kingdom Office for National Statistics (ONS), has published data on deaths by vaccination status.<sup>134</sup> The ONS data started from the beginning of April 2022 through the end of May 2022. Between April 1, 2022, and May 31, 2022, 4,647 of the 4,935 total deaths from COVID-19 during that period were among the vaccinated population. That means that 94% of the COVID-19 deaths in the UK during April and May 2022 were among those vaccinated against COVID-19. The statistics revealed another shocking detail. It seems that the more shots, the more deadly the vaccines are. Those who received three COVID-19 shots accounted for 4,215 of the 4,647 total deaths among the vaccinated population. That means that those that received three COVID-19 shots accounted for 90% of the vaccinated COVID-19 deaths during April and May 2022.

The State of Vermont has had a very similar experience to that of England. The Vermont Daily Chronicle reported that 76% of COVID-19 deaths in the State of Vermont during September 2021 were of persons who had received COVID-19 vaccinations.<sup>135</sup> Yet, the State of Vermont Department of Public Health claims that “[v]accines are the best tool we have to protect ourselves against COVID-19, especially from severe illness, hospitalization and death.”<sup>136</sup>

In Antwerp, Belgium, 100% of the hospitalized “COVID cases” are fully vaccinated persons. The Hall Turn Radio Show reported that “CEOs and medical directors of Antwerp hospitals met this week and the mood was worrying. They're having another COVID outbreak, but this time, ALL the patients . . . are fully vaccinated.”<sup>137</sup>

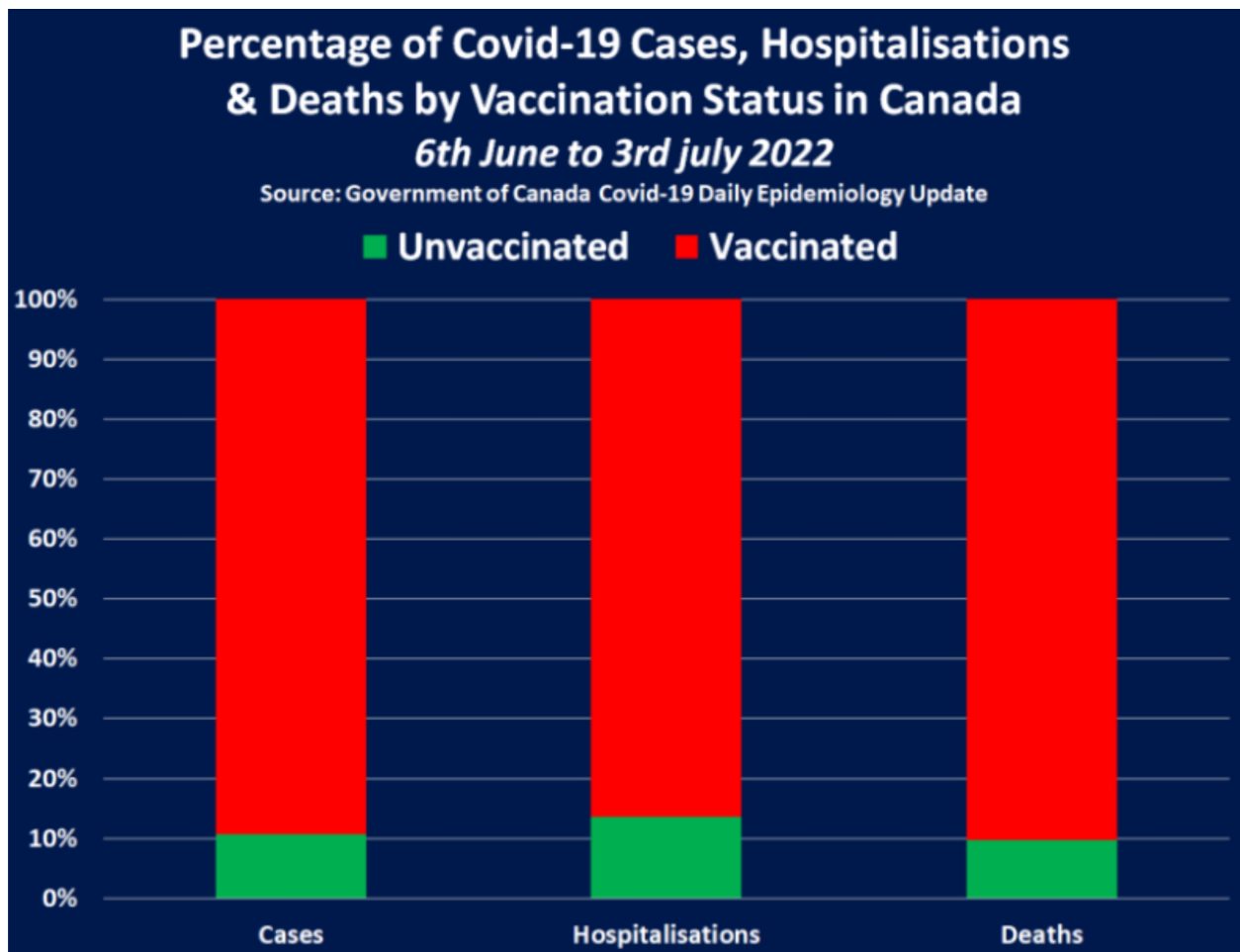
Data from the government health authorities in Scotland showed that the fully COVID-19 vaccinated accounted for 89% of COVID-19 deaths, whilst also accounting for 77% of COVID-19 hospitalizations, and 65% of alleged COVID-19 cases from October 9 through November 5, 2021.<sup>138</sup> According to the data from Public Health Scotland, for December 18, 2021, to January 14, 2022, the COVID-19 case rate was 2.5 times greater for those who received two COVID-19 vaccinations than those who were unvaccinated.<sup>139</sup> Over that same period, there was a 5% greater hospitalization rate for those who had received two COVID-19 vaccines than those who were unvaccinated.<sup>140</sup> From December 11, 2021, to January 7, 2022, there was a 55% greater mortality rate from COVID-19 for those who received two doses of the COVID-19 vaccine compared to those who were unvaccinated.<sup>141</sup>

*The Expose* news site reported on the government statistics from Canada<sup>142</sup> showing that the vaccinated population of Canada account for 89% of all COVID-19 cases, 86% of all COVID-19 hospitalizations, and 90% of all COVID-19 deaths.

**COVID-19 Cases in Canada:** Between June 6, 2022 and July 3, 2022 in Canada, “the unvaccinated population accounted for just 11% of Covid-19 cases ... whilst **the vaccinated population accounted for 89%**, 74% of which were among the triple and quadruple jabbed.”<sup>143</sup>

**COVID-19 Hospitalizations in Canada:** Between June 6, 2022 and July 3, 2022 in Canada, “the unvaccinated population accounted for just 14% of Covid-19 hospitalisations ... month, whilst **the vaccinated population accounted for 86%**, 75% of which were among the triple and quadruple jabbed.”<sup>144</sup>

**COVID-19 Deaths in Canada:** Between June 6, 2022 and July 3, 2022 in Canada, “the unvaccinated population accounted for just 10% of Covid-19 deaths ... whilst **the vaccinated population accounted for 90%**, 87% of which were among the triple and quadruple jabbed.”<sup>145</sup>



That manifest danger from the COVID-19 vaccines is in the face of evidence that the COVID-19 vaccines are ineffective. There is study,<sup>146</sup> after study,<sup>147</sup> after study,<sup>148</sup> after study<sup>149</sup> proving that vaccinated individuals can still test positive for COVID-19 and manifest illnesses associated with COVID-19. The United Kingdom Health Security Agency COVID-19 Vaccine

Surveillance Report published on October 21, 2021, reveals that “[i]n individuals aged greater than 30, the rate of a positive COVID-19 test is higher in vaccinated individuals compared to unvaccinated.”<sup>150</sup> The method used by the vaccine makers for reporting the efficacy of the COVID-19 vaccines (relative risk reduction) is to subtract the percentage of infected vaccinated persons from the percentage of infected unvaccinated persons and divide that number by the percentage of infected unvaccinated persons (U-V/U). Using that formula, and applying it to the UK government data, this author calculated that the actual effectiveness of the COVID-19 vaccines in the real world is minus-64%.<sup>151</sup> That means that a vaccinated person is 64% more likely to catch COVID-19 than an unvaccinated person.<sup>152</sup> That calculation of minus-64% COVID-19 vaccine efficacy was from the official reported data of the UK Health Security Agency.<sup>153</sup>

In October 2021, the U.S. FDA issued an EUA for a COVID-19 vaccine for children five years and older, and the U.S. CDC recommended that EUA COVID-19 vaccine for those children. On March 8, 2022, Florida State Surgeon General Joseph Ladpapo, M.D., Ph.D., contradicted the U.S. CDC and officially recommended against giving the COVID-19 vaccine to healthy children 5 to 17 years old.<sup>154</sup> He made that recommendation based on the limited risk that COVID-19 posed to the young compared to the “higher than anticipated severe adverse events occurred among those receiving the COVID-19 vaccine” in clinical trials.<sup>155</sup> He revealed the troubling fact that the COVID-19 vaccines have no long-term immunity benefit. They don’t work as advertised. Dr. Ladpapo explained that a “study conducted out of New York determined that COVID-19 vaccine efficacy declined 84%, from 68% to 12%, over a span of two months for children aged 5 to 11.”<sup>156</sup> He further stated that the “same study determined that COVID-19 vaccine efficacy declined 40%, from 85% to 51%, over a span of two months for adolescents ages 12 to 17.”<sup>157</sup> Despite that evidence, in June 2022, the FDA authorized a COVID-19 vaccine for children older than six months, and the U.S. CDC recommended that vaccine for those children.<sup>158</sup>

After pushing millions to get vaccinated, the CDC has now implicitly acknowledged that vaccines do not have any beneficial effect on preventing the infection or spread of COVID-19. On September 23, 2022, the CDC guidance was updated to note that “**vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations.**”<sup>159</sup>

### **Proof the Government Intended to Kill and Injure**

We now have proof that persons and entities within the federal government purposely planned to poison and kill the population through the COVID-19 vaccines. Documentation has been obtained that shows that the CDC contracted with General Dynamics to handle the reporting of the expected explosion of adverse events caused by the COVID-19 vaccines being reported in the Vaccine Adverse Event Reporting System (VAERS). The contract states that the CDC anticipated up to 1,000 reports per day would be filed after the rollout of the COVID-19 vaccines, with up to 40% of those reports serious.



The contract was entered on August 27, 2020. At that time, there were no COVID-19 vaccines close to approval. Josh Guetzkow revealed that “the Pfizer/BioNTech vaccine trial phase 2/3 had only started a month earlier on July 27, [2020].”<sup>160</sup> Guetzkow explains:

This means that months before the EUA of any COVID vaccines, the CDC anticipated up to a 600% increase over the average annual number of VAERS reports in recent years with 8 times the rate of serious reports.<sup>161</sup>

As shocking as that is, Guetzkow reveals something that confirms the death and disease from the vaccines were not just foreseen; they were intended. “There is no clause in the contract giving the CDC an option to cancel or suspend the contract in the event that vaccines would not be authorized.”<sup>162</sup> Guetzkow concluded, “[i]t certainly appears that by August 2020, the impending emergency use authorization of at least one COVID-19 vaccine was a foregone conclusion.”

Indeed, the ultimate vaccine customer, the U.S. Government, agreed to pay billions of dollars to purchase vaccines before the passage of the EUA. The testing for safety and efficacy had not yet been completed on the vaccines when the government agreed to buy them. On July 22, 2020, Jared S. Hopkins and Chris Wack, writing for the Wall Street Journal, reported that “[t]he U.S. has agreed to pay Pfizer Inc. and BioNTech SE nearly \$2 billion to secure 100 million doses of their experimental COVID-19 vaccine to provide to Americans free of charge.”<sup>163</sup>

The context for that announcement to pay \$billions must be understood. As of that date, neither Pfizer nor BioNTech nor any other pharmaceutical company had yet proven that their proposed vaccines were safe or effective. It seems that the government and drug companies did not care. We were going to be vaccinated regardless. What do you think the chances were of the FDA not issuing an EUA for the experimental vaccines for which the U.S. Government had already paid \$2 billion? The chances of the EUA not being allowed were slim to none, and slim has left town.

Hopkins and Wack revealed some important details. The U.S. Government had also agreed on or before July 2020 to acquire an additional 500 million vaccine doses. That is despite the fact, as reported by Hopkins and Wack at that date (July 22, 2020) “[n]o Covid-19 vaccine in development has proven to work safely yet, although dozens are being studied.”<sup>164</sup>

That means that the skids were greased for the emergency use authorization (EUA) for the vaccines to be granted. And the terms of the August 2020 contract mean that, in fact, both the government and the vaccine makers knew that the vaccines would be dangerous to the populace's health. It seems they planned that the COVID-19 vaccines would be dangerous.

The plan was in place for the COVID-19 vaccines to be granted EUA status, and they expected death and disease to soon follow. The contract expected 1,000 VAERS COVID-19

vaccine reports to be filed daily, with “up to 40% of reports serious in nature.” The contract with General Dynamics states that the government expects an explosion of VAERS reports from the COVID-19 vaccines. The agreement says that historically (2014-2018), there had been an annual average of 53,000 VAERS reports for all vaccines. But the contract states that the CDC expected six (6) times that rate from the COVID-19 vaccine alone.

The contract also reveals that typically 5% of reports from the U.S. were classified as serious. But the CDC expected that to shoot up to 40% for the COVID-19 vaccines. That is proof that the CDC knew the COVID-19 vaccines were dangerous before they were even authorized. The contract proves that the COVID-19 vaccines were not part of a plan that went awry; the vaccines did exactly what the government expected them to do: bring death and disease to an unsuspecting public.

Once the EUA was issued and the vaccines were administered, the news of the expected death and disease caused by the COVID-19 vaccines began to percolate within the populace. There was thus more resistance to the vaccine. President Biden noted this in his September 9, 2021 address announcing a federal worker vaccine mandate.

This is a pandemic of the unvaccinated. And it’s caused by the fact that despite America having an unprecedented and successful vaccination program, despite the fact that for almost five months free vaccines have been available in 80,000 different locations, **we still have nearly 80 million Americans who have failed to get the shot.**

The government responded to the increased public resistance to the vaccines by instituting vaccine mandates. Biden stated: “As your President, I’m announcing tonight a new plan to require more Americans to be vaccinated, **to combat those blocking public health.**” On September 9, 2021, Biden issued an order requiring all federal workers and contractors to be vaccinated with one of the COVID-19 vaccines.<sup>165</sup> That was followed on November 4, 2021, by the federal government mandating through OSHA that employers who have 100 or more workers must require those workers to be vaccinated.<sup>166</sup> In his September 9, 2021 announcement of his government employee vaccine mandate, he mischaracterized the COVID-19 vaccines as “safe, effective, and free.”<sup>167</sup> President Biden stated:

If you want to work with the federal government and do business with us, get vaccinated. If you want to do business with the federal government, vaccinate your workforce.<sup>168</sup>

Biden further stated that “the vaccines provide strong protections for the vaccinated.” The rush to mandate vaccination was in the face of increasing evidence that the COVID-19 vaccines were dangerous and do not prevent infection or spread of COVID-19. Indeed, President Biden knows it is not true that a vaccinated person is protected from being infected and spreading

COVID-19. When announcing his Presidential Order, President Biden explained that he is mandating the vaccines to prevent unvaccinated persons from spreading COVID-19 to the vaccinated persons.

The bottom line: We're going to protect vaccinated workers from unvaccinated co-workers. We're going to reduce the spread of COVID-19 by increasing the share of the workforce that is vaccinated in businesses all across America.<sup>169</sup>

That statement makes no sense if the purpose of the mandate is to prevent infection and spread of COVID-19. If the vaccines are effective, the vaccinated person should not be in danger of infection from an unvaccinated person. The whole objective of a vaccination is to protect the vaccine recipient from disease. But the President knows that the vaccines are not effective. President Biden impeaches his credibility and undermines his stated reason for the COVID-19 vaccination mandate of stopping the spread of the disease by admitting that the vaccines do not protect the vaccinated persons from COVID-19. He implicitly admits that his mandate will be ineffective in achieving its objective. But remember, Biden is using the power of the federal government to force people to be vaccinated. His stated reason is a lie. The real reason is to kill and injure people.

If one reads carefully the announcement requiring vaccinations for federal workers, President Biden acknowledged that he knows the vaccines do not prevent infection or spread of COVID-19. He follows the convention of calling those vaccinated persons who subsequently become ill with COVID-19 "breakthrough" cases. President Biden admits that he is instituting a mandatory vaccination program that only helps with the symptoms of COVID-19 for the vaccinated persons and will not stop its spread. The President of the United States announced a mandatory vaccination program to stop the spread of COVID-19 while acknowledging that the vaccines are ineffective in preventing the spread of the disease. A vaccinated person is just as likely to spread COVID-19 as an unvaccinated person. President Biden stated:

I understand the anxiety about getting a "breakthrough" case. But as the science makes clear, if you're fully vaccinated, you're highly protected from severe illness, even if you get COVID-19.<sup>170</sup>

President Biden further announced the need for a booster shot program, which is an implicit admission that he knows the initial vaccination does not give lasting protection from the disease.

As soon as they are authorized, those eligible will be able to get a booster right away in tens of thousands of sites across the — sites across the country for most Americans, at your nearby drug store, and for free.<sup>171</sup>

Both Biden's private sector and government vaccine mandates have been halted by court action.<sup>172</sup> In light of the newly revealed VAERS contracts indicating that the COVID-19 vaccines were known to be dangerous, it is clear that the vaccine mandate attempts by the federal government were intended to force recalcitrant persons to be vaccinated so that more people would be killed and harmed.

### **False-Positive Tests Inflate the COVID-19 Danger**

Please understand that the reported infections for COVID-19 among both unvaccinated and vaccinated persons are based on tests that are returning false-positive results. A little known fact is that the alleged COVID-19 virus has never been isolated. The alleged COVID-19 virus has never been proven even to exist. Claims by governments and researchers to the contrary are simply false; they try to redefine what it means to isolate a virus and use obfuscatory language to conceal the deception.

In reality, there is not a single study of the alleged COVID-19 (a.k.a., SARS-CoV2) virus that has isolated or purified it.<sup>173</sup> That can mean only one thing. Drs. Thomas Cowan and Andrew Kaufman succinctly concluded that “[t]he SARS-CoV2 virus does not exist.”<sup>174</sup> Christine Massey is a biostatistician. On November 30, 2021, she submitted an affidavit in a Canadian Federal Court averring that she has received responses to freedom of information (FOI) requests from Canadian and U.S. government agencies. She further stated that she had obtained records from FOI requests made by others to more than 138 institutions from 28 countries worldwide. Astoundingly, no institution was “able to cite even one record describing the isolation and purification of SARS-CoV-2 [a.k.a. COVID-9].”<sup>175</sup> As of August 23, 2022, that number has expanded to 208 institutions in 35 countries. Yet still, none of the institutions “have provided or cited any record describing actual ‘SARS-COV-2’ isolation/purification.”<sup>176</sup> The very existence of the COVID-19 virus seems to be a myth.

So, why, then are people testing positive for a non-existent COVID-19? A group of 22 highly respected scientists led by Pieter Borger, MSc, Ph.D., demanded a retraction of the report by Christian Drosten and Victor Corman that established the PCR test used worldwide for the COVID-19 virus. They cited “10 major scientific flaws at the molecular and methodological level” in the research that produced the COVID-19 PCR test. The scientists predicted that those flaws would result in false positive results. The most notable shortcoming of the research by Corman/Drosten was that the resulting COVID-19 PCR test was arrived at without isolating the SARS-CoV-2 (COVID-19). How can one test for something that has not first been isolated? The scientists stated:

The first and major issue [with the Corman/Drosten report] is that the novel Coronavirus SARS-CoV-2 (in the publication named 2019-nCoV and in February 2020 named SARS-CoV-2 by an international consortium of virus experts) is based on in silico (theoretical) sequences, supplied by a laboratory in China, because

at the time neither control material of infectious (“live”) or inactivated SARS-CoV-2 nor isolated genomic RNA of the virus was available to the authors. To date no validation has been performed by the authorship based on isolated SARS-CoV-2 viruses or full length RNA thereof. According to Corman et al.:

“We aimed to develop and deploy robust diagnostic methodology for use in public health laboratory settings without having virus material available.”<sup>177</sup> (endnotes deleted)

The scientists concluded the obvious. A diagnostic test for COVID-19 is invalid if it is based on research without access to any actual virus material available on which to base the test.

Kary B Mullis invented the polymerase chain reaction (PCR) method, for which he won the 1993 Nobel Prize in Chemistry.<sup>178</sup> He died suddenly in August 2019, four months before to the January 2020 publication of the Corman-Droster PCR test paper that formed the basis for the COVID-19 PCR test. Before his death, Mullis explained that with enough amplification the PCR test could be used to find almost anything. He said that “with PCR, if you do it well, you can find almost anything in anybody.”<sup>179</sup> For that reason, Mullis cautioned that the PCR test should not be used to diagnose whether someone is ill. Mullis said that PCR is "a process that's used to make a whole lot of something out of something. That's what it is. It doesn't tell you that you're sick, and it doesn't tell you that the thing you ended up with really was going to hurt you or anything like that."<sup>180</sup> Thus, the inventor of the PCR test is on record stating that it is improper to use a PCR test to diagnose if someone is ill or infected with a virus.

Amandha Dawn Vollmer holds a Doctor of Naturopathic Medicine degree from the Canadian College of Naturopathic Medicine in Toronto and a Bachelor of Science in Agricultural Biotechnology. She has discovered that the test for COVID-19 is not actually testing for COVID-19. The polymerase chain reaction (PCR) test for COVID-19 is based on the research of German scientists Christian Drosten and Victor Corman who cobbled together the COVID-19 PCR test used worldwide to detect the COVID-19 virus. Amandha Vollmer discovered that the Corman/Drosten PCR test protocol adopted by the World Health Organization (WHO) to detect COVID-19 is actually testing for chromosome 8, which is present in everyone.<sup>181</sup> One of the primer sequences in the PCR test for SARS-CoV-2 that is promoted by the WHO is found in all human DNA. Essentially, we are the virus. That is why there is a 97% false positive rate on the COVID-19 PCR test. People are testing positive for COVID-19 because they're human.

**ctccctttgttggtt** = The DNA sequence for the PCR test for COVID-19.<sup>182</sup>

**ctccctttgttggtt** = Chromosome 8, which is present in all homo sapiens (humans).<sup>183</sup>

The false positive error is compounded because of the high PCR threshold cycle rates employed. Each amplification level exponentially increases the likelihood of detecting the

presence of chromosome 8. The PCR test amplifies the test sample as an exponent of the number of cycles. Each cycle doubles the prior cycle. For example, if you start with a penny and each day you double the amount of money you had on the previous day, at the end of 28 days (cycles) you would have more than a million dollars. If you continued to double your money each day past the 28<sup>th</sup> day, you would have more than five billion dollars after 40 days (cycles). That is the kind of amplification that the PCR test performs. The CDC has recommended 40 cycles for the PCR test.<sup>184</sup> And most laboratories during the alleged pandemic were performing tests using that recommended 40-cycle standard. Anthony S. Fauci is the Director of the National Institute of Allergy and Infectious Diseases (NIAID). Dr. Fauci admitted that performing PCR tests to detect COVID-19 at 35 or more cycles will result in false-positives and the confidence in any such positive result for COVID-19 is “minuscule.” Dr. Fauci stated:

If you get a cycle threshold of 35 or more, the chances of it being replication-confident are minuscule...you almost never can culture virus from a 37 threshold cycle... someone does come in with 37, 38, even 36, you gotta say it's just dead nucleotides period.<sup>185</sup>

The Portugal Court of Appeals in Lisbon agreed with the trial court, which granted a *writ of habeas corpus* on behalf of German tourists. The court of appeals ruled that German tourists were illegally detained by the Azores Regional Health Authority and ordered to be quarantined because the PCR test that was the basis of the detention is unreliable for detecting COVID-19. Peter Andrews reported that the Portuguese court cited a study conducted by “some of the leading European and world specialists,” proving that the usual testing standard for a PCR test results in a COVID-19 false-positive result 97% of the time.<sup>186</sup>

The Portugal Court of Appeals in Lisbon, based upon a study by some of the leading European and world specialists, concluded that “[t]his means that if a person has a positive PCR test at a cycle threshold of 35 or higher (as in most laboratories in the USA and Europe), the chances of a person being infected are less than 3%. The probability of a person receiving a false positive is 97% or higher.”<sup>187</sup>

The antigen tests are just as inaccurate and prone to false positives. Indeed, the FDA warned unequivocally that the antigen tests are inaccurate and give false positives. “The U.S. Food and Drug Administration (FDA) is alerting clinical laboratory staff and health care providers that false positive results can occur with antigen tests.”<sup>188</sup>

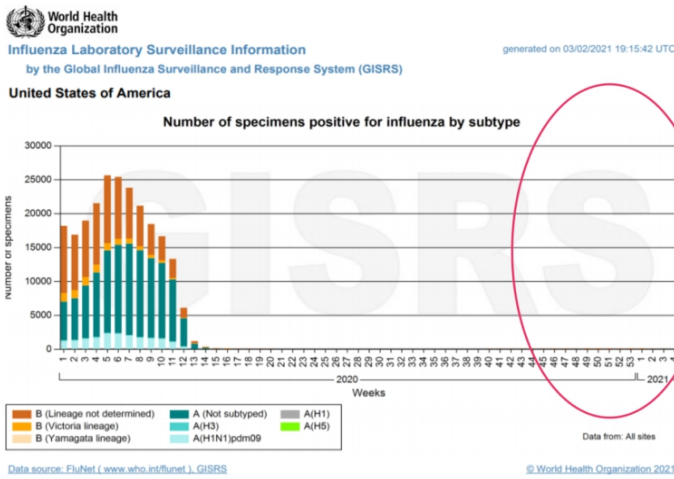
Indeed, the FDA has now admitted that “all tests,” for COVID-19, antigen and PCR, are inaccurate. The FDA states:

The FDA reminds clinical laboratory staff and health care providers about the risk of false positive results with all laboratory tests. Laboratories should expect some false positive results to occur even when very accurate tests are used for screening large

populations with a low prevalence of infection.<sup>189</sup>

That is why there was a push for testing asymptomatic persons. The government knew that many would falsely test positive for COVID-19. The lockdowns, social distancing, and mask mandates are all based on the premise that those with no symptoms of COVID-19 can still spread the disease. But research has proven that there is no asymptomatic transfer of COVID-19.<sup>190</sup> The tyrannical overlords ignore such inconvenient studies. Once persons tested positive for COVID-19, they were tallied up as COVID-19 patients. Some who are ill with the flu may test positive for COVID-19.<sup>191</sup> That is why the flu disappeared during the 2020-2021 flu season.<sup>192</sup> All persons with the flu were counted not as flu cases but as COVID-19 cases.<sup>193</sup> They then used the COVID-19 scam to push the poisonous COVID-19 vaccines on the population and begin the actual killing. Their objective from the beginning was to force the toxic vaccines on the world population.<sup>194</sup>

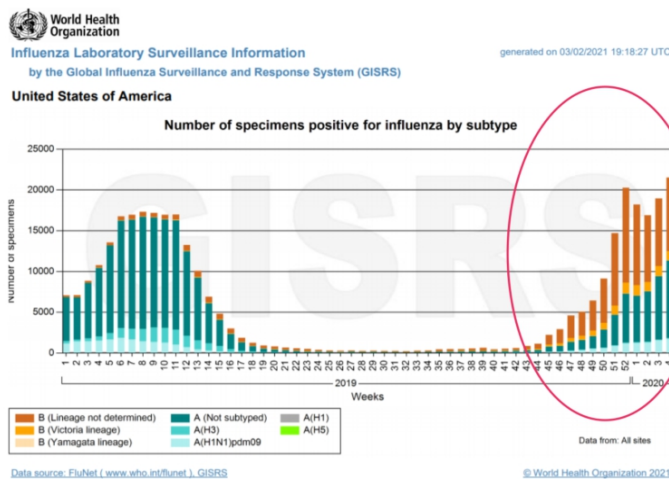
# United States Influenza Cases



**Flu disappears during the 2020-2021 Fall and Winter Flu Season in Direct Correlation with the Alleged COVID-19 Second Wave**

The above World Health Organization (WHO) chart shows the number of people infected by influenza in the United States. Each Bar represents the number of infections in the United States for each week of 2020 through week number 4 of 2021. Notice that the influenza infections disappeared in the United States during week 15 of 2020. This correlates very closely with the emergence of COVID-19.

For comparison, below is a WHO chart that shows the number of people infected by influenza in the United States for the entire year of 2019 and the first 4 weeks of 2020. Each Bar represents the number of people infected in the United States for each week of 2019 through week 4 of 2021. Notice the difference from the chart above. This suggests that the disappearance of the influenza in week 15 of 2020 through week 4 of 2021 is because Influenza is being reported as COVID-19 infections. The complete disappearance of the flu during the fall and winter flu season of 2020-2021 suggests that the second wave of COVID-19 cases reported during that period are actually flu cases being falsely reported as COVID-19 cases.



**2019-2020 Fall and Winter Flu Season**



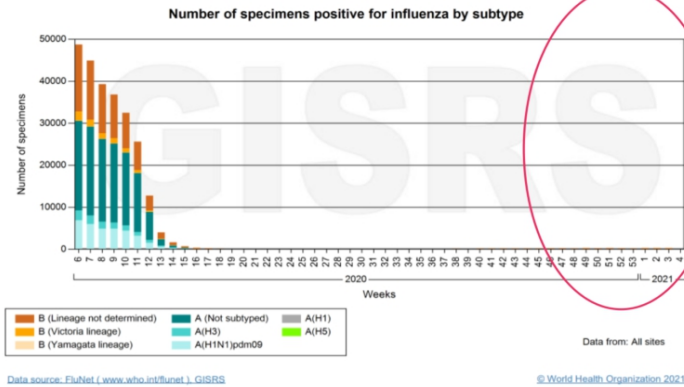
# Worldwide Influenza Cases



Influenza Laboratory Surveillance Information  
by the Global Influenza Surveillance and Response System (GISRS)

generated on 03/02/2021 18:57:41 UTC

## Global circulation of influenza viruses



**Flu disappears during the 2020-2021 Fall and Winter Flu Season in Direct Correlation with the Alleged COVID-19 Second Wave**

The above World Health Organization (WHO) chart shows the number of people infected by influenza in the world. Each Bar represents the number of infections in the world for each week of 2020 through week number 4 of 2021. Notice that the influenza infections disappeared in the world during week 15 of 2020. This correlates very closely with the emergence of COVID-19.

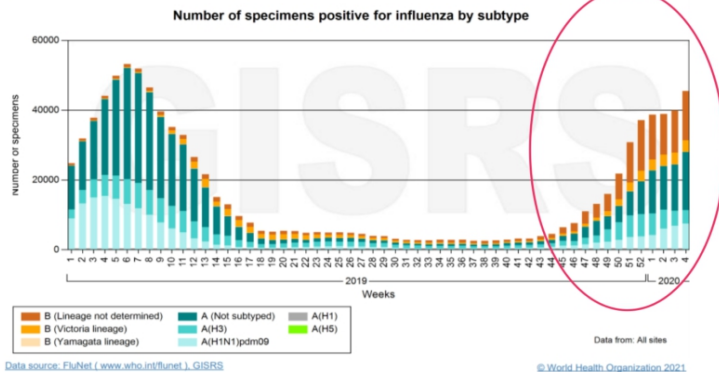
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Influenza Laboratory Surveillance Information  
by the Global Influenza Surveillance and Response System (GISRS)

generated on 03/02/2021 19:11:14 UTC

## Global circulation of influenza viruses



**2019-2020 Fall and Winter Flu Season**

The false positive COVID-19 tests laid the foundation for creating a pandemic where there was none. Deborah Birx, M.D. revealed how the scheme worked. Dr. Birx was the U.S. Global Aids Coordinator & U.S. Special Representative for Global Health Diplomacy and Physician-Ambassador to the office of the Vice President and the U.S. Government Coronavirus Response Coordinator. During an April 7, 2020, task force press briefing, Dr. Birx was asked by a reporter about the allegations by many that the coronavirus deaths have been artificially inflated. The reporter asked: “Can you talk about your concerns about deaths being misreported by coronavirus because of either testing or standards for how they’re characterized?”<sup>195</sup> Dr. Birx then admitted that, in fact, that the COVID-19 deaths were being inflated. Dr. Birx explained that the United States has taken a “liberal approach” to reporting COVID-19 deaths. She stated that it is “straightforward.” That “straightforward” approach is to report someone who dies “with” COVID-19 as a COVID-19 death. Implied in her statement is that any deceased person who tests positive for COVID-19 is recorded as dying “of” COVID-19, regardless of the actual cause of death. To put it more succinctly, every person who dies “with” COVID-19 is recorded as dying “of” COVID-19.

Dr. Birx distinguished the U.S. approach from other countries where, for example, if someone died of heart failure or kidney failure and they test positive for COVID-19, some other countries might report that as a kidney failure or heart failure death and not a COVID-19 death. Not so in the United States. The “liberal approach” taken in the U.S. is that if someone dies with COVID-19 they are added to the COVID-19 death total even though they actually died of kidney failure or heart failure. Dr. Birx answered the reporter’s question as follows:

So, I think, in this country, we’ve taken a very liberal approach to mortality, and I think the reporting here has been pretty straightforward over the last five to six weeks. Prior to that, when there wasn’t testing in January and February, that’s a very different situation and unknown.

There are other countries that if you had a pre-existing condition and let’s say the virus caused you to go to the ICU and then have a heart or kidney problem — some countries are recording that as a heart issue or a kidney issue and not a COVID-19 death.

Right now, we’re still recording it, and we’ll — I mean, the great thing about having forms that come in and a form that has the ability to mark it as COVID-19 infection — the intent is, right now, that those — **if someone dies with COVID-19, we are counting that as a COVID-19 death.**<sup>196</sup> (emphasis added)

Illinois Department of Public Health Director Dr. Ngozi Ezike followed the guidance

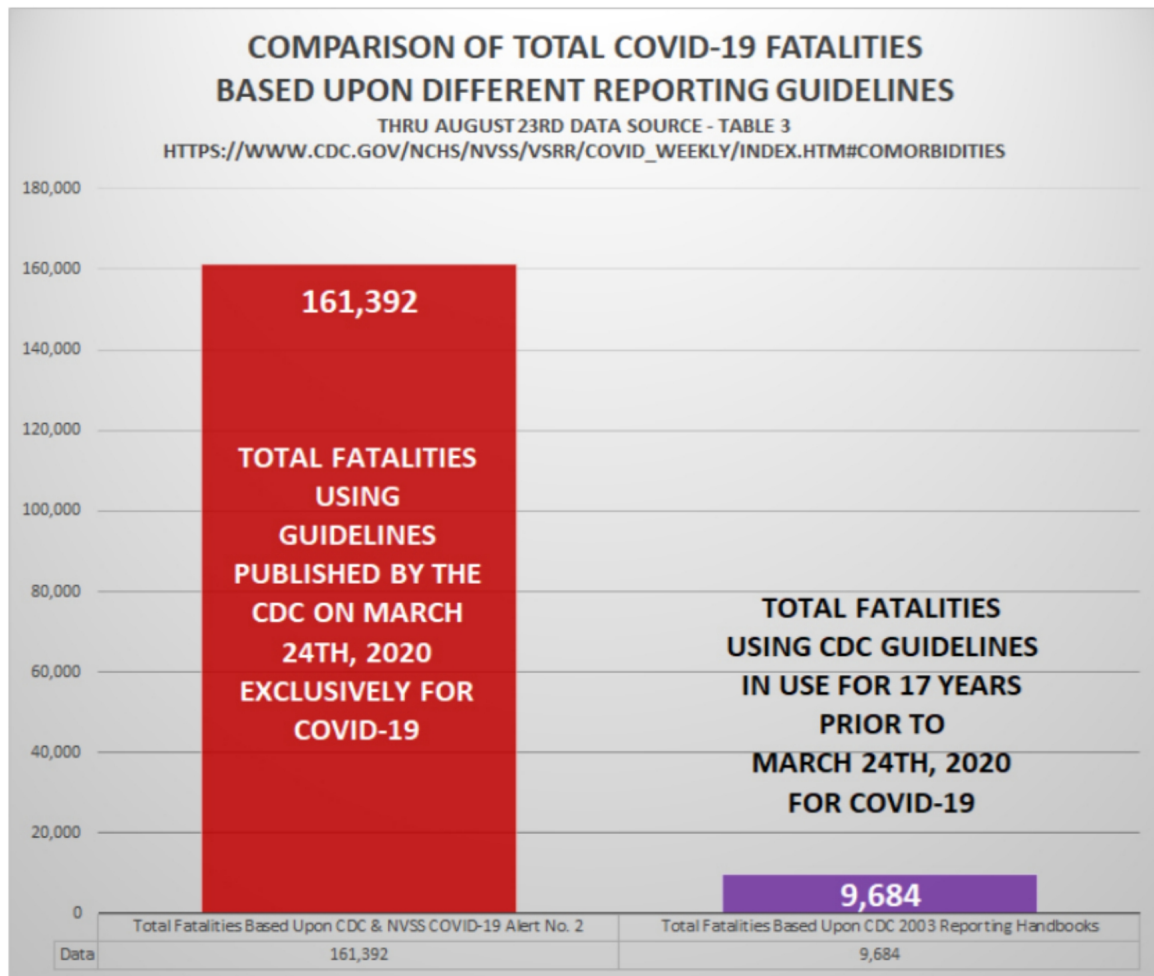
from the CDC and admitted that the State of Illinois was recording persons who died with COVID-19 as having died from COVID-19, regardless of whether COVID-19 was the actual cause of the deaths. Health Director Ezike stated:

I just want to be clear in terms of the definition of people dying of COVID. The case definition is very simplistic. It means at the time of death it was a COVID positive diagnosis. ... It means, technically, even if you died from a clear alternate cause, but you had COVID at the same time, it is still listed as a COVID death. So, everyone who is listed as a COVID death, doesn't mean that was the cause of the death, but they had COVID at the time of death.<sup>197</sup>

That reporting scheme of the State of Illinois was per the guidance given by the CDC. The CDC was beating the bushes, so to speak, to generate the inflated COVID-19 statistics. The CDC issued guidance to the state health commissioners to alter how they report COVID-19 deaths in order to artificially inflate the deaths from COVID-19.

On February 1, 2021, Patrick Howley, writing for National File, reported that an investigation by the Public Health Policy Initiative uncovered evidence that the Centers for Disease Control and Prevention (CDC) violated federal law by fraudulently inflating COVID-19 fatality numbers.<sup>198</sup> The report explains that under this newly adopted CDC reporting scheme “COVID-19 became emphasized as a cause of death as frequently as possible, while comorbidity was simultaneously deemphasized as causes of death.”<sup>199</sup> The state public officials dutifully followed the new CDC guidance, which means that “COVID-19 data is collected and reported by a much different standard than all other infectious diseases and causes of death data.” The effect of the CDC changes was to artificially inflate the COVID-19 death rate and give a misleading impression of its deadliness.

The graph below is from the Public Health Policy Initiative report and represents the actual deaths due to COVID-19 if those deaths had been reported according to the traditional CDC rules that were listed in the 2003 CDC Medical Examiner's and Coroner's Handbook on Death Registration,<sup>200</sup> which were in effect until the CDC issued the new COVID-19 reporting rules on March 24, 2020. The new reporting rules only apply to COVID-19. All other causes of death still follow the traditional rules set forth in the 2003 CDC Handbook.<sup>201</sup> Notice how the new CDC guidance for reporting COVID-19 deaths initiated in the March 24, 2020 COVID-19 Alert No. 2<sup>202</sup> artificially inflated the number of deaths from COVID-19 1600%.



**Figure 9. COVID-19 Using the March 24 Exclusive Guidelines vs Using the 2003 Guidelines.** Had the CDC used the 2003 guidelines, the total **COVID-19** be approximately 16.7 times lower than is currently being reported. [1][30][State & Territory Health Departments]

The CDC data manipulation was planned. And it had a purpose. To create a COVID-19 pandemic where none really existed. It was a massive statistical lie campaign. And it constituted a federal crime. Oregon State Senators Kim Thatcher and Dennis Linthicum petitioned U.S. Attorney Scott Asphaug to approve a grand jury investigation into the criminality of the CDC and FDA.<sup>203</sup> They based their allegations on information and data from a large team of world-renowned doctors, epidemiologists, virologists, and attorneys.<sup>204</sup> The Senators averred that in the March 2020 alert, the CDC illegally changed the National Vital Statistics System so that mortality data compilers could massage data to falsely report COVID-19 as the “cause” of death. This new set of rules, which only applied to COVID-19, departed from the standard procedures that had been in effect for the prior 17 years.

The new rules fraudulently inflated COVID-19 mortality. This was exacerbated by the CDC recommending a high cycle threshold of 40 for RT-PCR tests,<sup>205</sup> which was knowingly and intentionally guaranteed to produce false positive testing results. The fraud was furthered by a scheme where the CDC recommended using a lower threshold of no more than 28 cycles for the PCR tests when testing vaccinated persons. The CDC advised state health authorities testing vaccinated persons for breakthrough COVID-19 infections that “[f]or cases with a known RT-PCR cycle threshold (Ct) value, submit only specimens with Ct value  $\leq 28$  to CDC for sequencing. (Sequencing is not feasible with higher Ct values.)”<sup>206</sup>

Kit Knightly, reporting for *Off-Guardian*, explains that “[n]ew policies will artificially deflate ‘breakthrough infections’ in the vaccinated, while the old rules continue to inflate case numbers in the unvaccinated.”<sup>207</sup> Using a lower PCR threshold of no more than 28 cycles for tests of vaccinated persons while keeping the PCR threshold at 40 cycles for unvaccinated persons was done to conceal the ineffectiveness of the COVID-19 vaccines by reporting fewer vaccinated persons testing positive for COVID-19 breakthrough infections, while at the same time artificially inflating the COVID-19 rate among the unvaccinated. The behavior of the CDC and the FDA amounted to statistical fraud in violation of federal law.

The CDC further tries to lie with statistics by labeling vaccinated persons who test positive for COVID-19 as being unvaccinated. A breakthrough infection is generally believed to be a COVID-19 illness of one who has been vaccinated. But most are not aware that the CDC has a suspiciously peculiar definition for a breakthrough infection:

For the purpose of this surveillance, a vaccine breakthrough infection is defined as the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person  $\geq 14$  days after they have completed all recommended doses of a U.S. Food and Drug Administration (FDA)-authorized COVID-19 vaccine.<sup>208</sup>

Thus, the CDC does not count a person as fully vaccinated until a full 14 days have passed since his second injection of the Pfizer or Moderna vaccine or 14 days after his first dose of the Janssen vaccine. Dr. Joseph Mercola was mystified by that strange rule, particularly because more than 80% of deaths after vaccination occur within that 14-day window. Dr. Mercola explains that “[a]nyone who dies within the first 14 days post-injection is counted as an unvaccinated death. Not only does this inaccurately inflate the unvaccinated death toll, but it also hides the real dangers of the COVID shots, as the vast majority of deaths from these shots occur within the first two weeks.”<sup>209</sup> Dr. Mercola states that “[w]hile public health officials and mainstream media claim the COVID-19 pandemic is now ‘a pandemic of the unvaccinated,’ we now know this claim is based on highly misleading statistics.”<sup>210</sup>

Another confounding factor explained by Dr. Mercola is that to “count as a confirmed vaccinated individual, you must send your vaccination card to your primary care physician’s office and have them add it to your electronic medical record. If you got the shot at a pharmacy,

you'll need to verify that they forwarded your proof of vaccination to your doctor. Primary care offices are then responsible for sharing their patients' immunization data with the state's immunization information system. Patient-recorded proof of vaccination is only accepted for influenza and pneumococcal vaccines, not COVID-19 injections. What this all means is that, say you got the shot several weeks ago at a drive-through vaccination clinic and get admitted to the hospital with COVID symptoms. Unless your COVID shot status has actually been added into the medical system, you will not be counted as 'vaccinated.'"<sup>211</sup> This all has the effect of artificially inflating the unvaccinated COVID-19 infection tally while showing a misleadingly reduced breakthrough infection rate for those vaccinated.

Further, the CDC statistics reported deaths as being from COVID-19 when the deaths were actually from something else. Comorbidity is defined as the simultaneous presence of two or more chronic diseases or conditions in a patient. The CDC has reported that 94% percent of people they have reported who have died of COVID-19 in the U.S. were suffering from an average of 2.5 chronic diseases or conditions in addition to COVID-19.<sup>212</sup> Thus, the statistical total of 161,392 deaths (as of August 22, 2020) from COVID-19 reported by the CDC does not mean that the decedents making up that total actually died from COVID-19. The reported people dying "with" COVID-19 are being misrepresented as people who died "from" COVID-19. This inflated the COVID-19 deaths and created a false sense of danger among the public.

The CDC reports that as of August 22, 2020, only 6% of the 161,392 reported COVID-19 deaths were from COVID-19 alone. The remaining 151,708 of persons who died while testing positive for COVID-19 died from some cause (i.e., a comorbidity) in addition to COVID-19. The astounding thing is that each of those 151,708 persons who died had 2.5 comorbidities in addition to COVID-19. That means that 94% of the persons reported dying of COVID-19 actually died from a combination of diseases and injuries, which may or may not be COVID-19.

With this surreal definition of what is a COVID-19 death being pushed by the CDC, the local health officials are only limited by their creativity when deciding that a death is from COVID-19. The Orange County (Florida) Health Officer Dr. Raul Pino did not seem to think it was unusual that a man who died from a motorcycle accident was misrepresented as having died of COVID-19. Dr. Raul Pino even tried to make the irrational argument that it is okay to report a person who died in a motorcycle accident as having died from COVID-19 because "it could have been the COVID-19 that caused him to crash."<sup>213</sup>

Daniella Lama reporting for Fox 35 News in Orlando discovered that the Florida Department of Health has decided that all persons who test positive for COVID-19 in Florida are automatically listed as COVID-19 deaths if they subsequently die unless there is an extra step taken by the reporting agency to exclude them from the COVID-19 death statistics.<sup>214</sup> That extra step to exclude the motorcycle decedent was not done, which is why he was listed automatically as a COVID-19 death. Obviously, the statistical system is rigged to capture all persons who have ever tested positive with COVID-19 as a COVID-19 death if they subsequently die. If the extra step is not taken to exclude them from the statistical count then they will be listed as a

COVID-19 death. With the fear of the disease ramped up by these artificially inflated COVID-19 death statistics, the public was primed to accept the emergency use authorized COVID-19 vaccines.

Why would county health officials and hospitals go along with this scam? Because there is money in it. “For the love of money is the root of all evil.” 1 Timothy 6:19. Minnesota State Senator and Dr. Scott Jensen, M.D., revealed that hospital administrations are incentivized to diagnose and treat a person for COVID-19.<sup>215</sup> The system is financially skewed toward diagnosing and treating COVID-19 even though the patient may not actually be ill from COVID-19. The patients may be in the hospital for an entirely different reason, but if they test positive for COVID-19 or they are diagnosed as having COVID-19, then the hospital hits the financial jackpot and can begin raking in the financial windfall from the federal government through the Coronavirus Aid, Relief and Economic Security Act (CARES Act).

For example, a hospital is reimbursed \$5,000 for ordinary pneumonia under Medicare. But under the CARES Act, the hospital can charge the federal government \$13,000 if that same person tests positive for COVID-19 or is diagnosed as having COVID-19. Although the patient is being treated for pneumonia, he is put on the COVID-19 billing rolls. If the patient is subsequently put on a ventilator, the payment from the federal government through the CARES Act goes up to \$39,000.

Please understand that mechanical ventilation is a dangerous last-resort treatment. Studies have shown that between 66% and 86% of COVID-19 patients placed under mechanical ventilation die.<sup>216</sup> One study reported that 31 of 32 (97%) mechanically ventilated COVID-19 patients died.<sup>217</sup> Please make no mistake about it; mechanical ventilation is a deadly treatment. It is perverse to incentivize hospitals to administer such a dangerous protocol to treat a disease unless you want to kill people. Hospitals who have been incentivized by the prospect of a financial windfall have turned to mechanical ventilation to treat COVID-19 when it is not otherwise appropriate. Deaths from the ventilator offer the perfect cover for murder. The symptoms of pneumonia reported in severe COVID-19 patients (ie damaged air sacs in the lungs) are identical to the damage caused by mechanical ventilators. Indeed, the *Daily Mail* reported that one nurse has gone on record alleging that New York hospitals that use ventilators to treat COVID-19 are murdering their patients.<sup>218</sup>

Lest you think that this is some fantastic exaggeration, USA Today, which is a left-wing liberal publication, did a fact check of Senator Jensen’s allegations and determined the following:

Our ruling: **True**

We rate the claim that hospitals get paid more if patients are listed as COVID-19 and on ventilators as **TRUE**.<sup>219</sup>

## Systemic Underreporting of COVID-19 Vaccine Deaths

While the governments of the world are overreporting COVID-19 deaths, they are at the same time underreporting COVID-19 vaccine deaths. The statistics of COVID-19 deaths of the vaccinated population underreport the deadliness of the COVID-19 vaccines. There are manifold reasons for this. 1) There is a lower PCR threshold for vaccinated persons (28 for vaccinated vs. 40 for unvaccinated); 2) Many vaccinated deaths are being listed as unvaccinated deaths; 3) The vast majority of vaccinated persons killed by the vaccine but who do not test positive for COVID-19 are not statistically tracked. 4) Deaths caused by the vaccines are instead being reported as deaths from the COVID-19 virus.

Deaths reported among vaccinated people who test positive for COVID-19 are attributed to the alleged COVID-19 virus. However, the vaccinated population is dying, not from COVID-19 (which does not exist), but from ADE caused by the COVID-19 vaccines.

With that in mind, let us examine the UK vaccine population death statistics. When we look at all post-vaccination deaths, instead of just the COVID-19 post-vaccination deaths, we find that the vaccines are exponentially more deadly than is being reported. For example, on September 11, 2022, the investigative journalists at *The Expose* revealed that the British Office for National Statistics reported that "between 1st Jan 21 and 31st May 22, a total of 41,117 people died with Covid-19 following Covid-19 vaccination, and a total of 565,420 people died of any other cause following Covid-19 vaccination. This means that in all, 606,537 people sadly died by 31st May 2022 following Covid-19 vaccination."<sup>220</sup>

Of course, we cannot conclude that the COVID-19 vaccine caused the death simply because someone died after vaccination during a 17-month vaccine period. But when we narrow the survey period to within 60 days of vaccination, we can come closer to seeing the actual causal relationship between the vaccines and the resulting deaths. *The Expose* looked at those statistics and found:

According to the Office for National Statistics [of Great Britain], between 1st Jan 21 and 31st May 2022, a total of 14,103 people died with Covid-19 within 60 days of vaccination, and a total of 166,556 people died of any other cause within 60 days of vaccination. This means that in all, 180,659 people died within 60 days of Covid-19 vaccination between January 2021 and May 2022 in England."<sup>221</sup>

While we cannot say that all of the post-vaccination deaths within 60 days were caused by the vaccines, we can reasonably suspect that the COVID-19 vaccines caused a large plurality of those deaths. A total of 14,103 vaccinated people died with Covid-19 within 60 days of vaccination. But that does not account for the 166,556 vaccinated people who died of other causes within 60 days of vaccination. All of the 14,103 were reported under the category of



COVID-19 because they tested positive for COVID-19; by that, the government wants to suggest they died from COVID-19. In reality, those 14,103 vaccinated persons likely died from antibody dependent enhancement (ADE) caused by the vaccines. None of the remaining 166,556 were identified by the government in their report as being causally linked with the COVID-19 vaccine despite them having died within 60 days of vaccination. And very few of those deaths ended up being listed as COVID-19 associated vaccine deaths. We know that because all passive vaccine adverse event databases suffer from underreporting of injuries and deaths. For example, a Harvard study of the U.S. VAERS database that HHS commissioned revealed that “fewer than 1% of vaccine adverse events are reported.”<sup>222</sup> If only 1% of vaccine deaths are reported in a vaccine injury database, and approximately 7% are misreported as COVID-19 deaths, that leaves us with more than 92% of those dying from the COVID-19 vaccines in the UK being unreported in any vaccine adverse event database. When you add the non-reporting and the misreporting together, we get 99% of deaths from the COVID-19 vaccines being concealed from the public.

### **Bait and Switch**

Once the flames of COVID-19 fear were fanned, the population was primed to get their COVID-19 vaccines. Dr. Deborah Birx was the U.S. Government Coronavirus Response Coordinator in the Trump Administration from February 27, 2020, until January 20, 2021. Dr. Birx was instrumental in pushing for COVID-19 vaccinations. On July 22, 2022, Neil Cavuto, a journalist for Fox News, “asked Dr. Birx why the unvaccinated should take the vaccine if it does not prevent COVID.” Astonishingly, Dr. Birx started by recommending the COVID-19 vaccines but then admitted that she knew from the outset that the vaccines would not protect against infection. She said: **“I knew these vaccines were not going to protect against infection, and I think we overplayed the vaccines. ... Let's be clear, 50% of the people that died from the Omicron surge were older vaccinated.”**<sup>223</sup>

While Dr. Birx knew the vaccines were ineffective in protecting against infection, she told the public a different story. She claimed that the COVID-19 vaccines were safe and effective while knowing they were not. On December 16, 2020, ABC News reported that Dr. Birx said:

I understand how this vaccine was made. I understand the safety of the vaccine. And critically, I understand the depth of the efficacy of this vaccine. This is one of the most highly-effective vaccines we have in our infectious disease arsenal. And so that's why I'm very enthusiastic about the vaccine.<sup>224</sup>

She further stated on that day:

I want to make it clear there's two very important sides to that equation. There is herd immunity, which would prevent community spread, and then there's absolute clarity on what people need, in an equity way, to prevent severe disease, hospitalizations

and fatalities.<sup>225</sup>

One day earlier, on December 15, 2020, Laurence Smith of WDRB in Kentucky interviewed Dr. Birx. Her focus in the interview was on the steps needed to stop the spread of COVID-19. The key to stopping the spread of COVID-19, according to Dr. Birx, was to get as many people vaccinated as possible so that herd immunity could be achieved. She told Smith:

While we have so much viral spread, it's really important to get control of this viral spread. ... And we can get to spring together by being vigilant now and being vaccinated when it's our turn. ... To truly achieve herd immunity, it's going to take through the summer and potentially even into the fall. That's getting 70-80% of Americans immunized.<sup>226</sup>

She knew when she made those statements that the vaccines would not stop the spread of the alleged COVID-19 virus. Stopping the spread of a disease through herd immunity from a vaccine is premised on the theory that the vaccine will protect those in the herd against infection. Immunity is “[p]rotection against infectious disease.”<sup>227</sup> By definition, immunity means a person can resist a particular infection.<sup>228</sup> If a person is immune from a disease, he is in a state where he “is not susceptible to [that] infection or disease.”<sup>229</sup> If a person is immune to a disease, that disease does not affect that person; he will not become ill from that disease.<sup>230</sup> But Dr. Brix’s recent 2022 admission that she knew from the outset the vaccines would not protect against infection means that when she made the statements in 2020 about the COVID-19 vaccines providing immunity, she knew the vaccines would not protect against infection. She knew the vaccines were ineffective in stopping the spread of the alleged virus. That means that she intentionally lied on December 15<sup>th</sup> and 16<sup>th</sup>, 2020, when as Coronavirus Response Coordinator she claimed that the COVID-19 vaccines would give recipients immunity.

Why would Dr. Birx continue to recommend the COVID-19 vaccines during her July 22, 2022 interview when she knew from the beginning that “these vaccines were not going to protect against infection?” During her July 22, 2022 interview she justified the recommendation by changing the standard for the efficacy of the vaccines from preventing infection to reducing the severity of disease and hospitalizations. That is the pharmaceutical industry's tried and true bait-and-switch scheme. They sell to the public vaccines on the promise of preventing infection and the spread of disease. And when the vaccines are shown not to work, that evidence forces them to admit that the vaccines do not prevent disease. They then switch to a different efficacy standard of lowering the severity of the disease. That is the duplicitous game they are now playing with the COVID-19 vaccines.

Dr. Birx always knew that the COVID-19 vaccines would not work; they do not prevent infection, and she admitted they have been overplayed. Yet, knowing that, Dr. Birx still recommends today that people get vaccinated. “A double minded man is unstable in all his ways.” James 1:8. As we have seen, the vaccines are not efficacious, even under the new phony

efficacy standard. Indeed, the vaccines are driving the disease. People are getting very sick and suffering ADE from the vaccines.

Dr. Hilary Marston of the National Institute of Allergy and Infectious Disease at the NIH, gave a presentation during an October 22, 2020 meeting of the Vaccines and Related Biological Products Advisory Committee.<sup>231</sup> That meeting was before the issuance of the EUAs for the COVID-19 vaccines. During her presentation, she explained that the primary endpoint for all COVID-19 vaccine studies was to prevent COVID-19.

Indeed, the pertinent criteria announced by the FDA for the EUA granted to the Pfizer-BioNTech COVID-19 vaccine said nothing about lessening symptoms. The criteria for the EUA was simply that the vaccine may be effective in “preventing” COVID-19.

Based on the totality of scientific evidence available to FDA, it is reasonable to believe that Pfizer-BioNTech COVID-19 Vaccine may be effective in **preventing COVID-19**, and that, when used under the conditions described in this authorization, the known and potential benefits of Pfizer-BioNTech COVID-19 Vaccine when used to **prevent COVID-19** outweigh its known and potential risks.<sup>232</sup>

When it became clear, though, that the vaccines were ineffective in preventing COVID-19, the standard for effectiveness had to be changed to something else. The standard for effectiveness is now no longer prevention of COVID-19 infection or preventing the spread of COVID-19. The standard has shifted to lessening the symptoms of COVID-19. It seems that the vaccine manufacturers and the CDC knew from the beginning that the COVID-19 vaccines would be ineffective in preventing the spread of the disease. We have seen where Dr. Birx admitted on July 22, 2022, that she knew from the outset that “these vaccines were not going to protect against infection.”<sup>233</sup> Indeed, as early as October 26, 2020, prior to the EUA issuance, Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID), stated that preventing infection with COVID-19 was only a secondary endpoint. The primary purpose of the vaccine was not to prevent infection or spread but rather only to lessen symptoms.<sup>234</sup>

Dr. Fauci claims that preventing COVID-19 is only a secondary endpoint of the vaccines. He made that statement just four (4) days after his subordinate, Dr. Hilary Marston, gave a presentation during an October 22, 2020 meeting of the Vaccines and Related Biological Products Advisory Committee, where she explained that the **primary endpoint** of the COVID-19 vaccine trials was the **prevention** of COVID-19.<sup>235</sup>

Please recall that before the FDA issuance of the EUA for the Moderna vaccine, Moderna Chief Medical Officer Tal Zaks stated on or before November 23, 2020: “our results show that this vaccine can prevent you from being sick, it can prevent you from being severely sick. **They**

**do not show that it prevents you from potentially carrying this virus transiently and infecting others.**<sup>236</sup> Yet, the basis on which the EUA was granted to Moderna was that it was allegedly effective in preventing infection. There was no basis for authorizing the EUA based on the vaccines ability to only lessening the symptoms of COVID-19, while not preventing infection. Moderna limited the measure of efficacy for their COVID-19 vaccine, in pertinent part, as follows: **“The primary efficacy endpoint was efficacy of the vaccine to prevent protocol-defined COVID-19 occurring** at least 14 days after the second dose in participants with negative SARS-CoV-2 status at baseline.”<sup>237</sup> The EUA was based on the representation by Moderna that their study proved that the vaccine would prevent infection. But the Moderna’s Chief Medical Officer Tal Zaks knew from the beginning that the vaccine was ineffective in preventing infection, and he said so.

The efficacy studies done for the EUA only measured the prevention of COVID-19. There was no publication of any studies that were the basis for EUA that measured lowering symptoms. For example, When you read page 35 of the Pfizer-BioNtech publication titled *Fact Sheet for Healthcare Providers Administering Vaccine*, it reveals that the only criterion reported for establishing the effectiveness of the COVID-19 vaccine is the subsequent infection rate in the study groups.<sup>238</sup> The study compared the COVID-19 infection rate among the vaccine group and the placebo group to come up with an effectiveness of 95% for the COVID-19 vaccine. The study announced that the “Vaccine Efficacy” was based upon a finding of the “First COVID-19 Occurrence From 7 Days After Dose 2.”<sup>239</sup>

That fact sheet indicates that “FDA issued this EUA, based on Pfizer-BioNTech’s request and submitted data. Although limited scientific information is available, based on the totality of the scientific evidence available to date, it is reasonable to believe that the Pfizer-BioNTech COVID-19 Vaccine **may be effective for the prevention of COVID-19** in individuals as specified in the Full EUA Prescribing Information.”<sup>240</sup>

Pfizer-BiNTech and the FDA now claim that the COVID-19 vaccines do not prevent COVID-19 but only lessen the symptoms of the disease. But lowering symptoms was not a criterion of the study. The study and approval under the EUA were based on the vaccine's purported ability to prevent COVID-19.

This bait and switch strategy was brought to light publically when on January 30, 2021, Andrew Court reported for The Daily Mail that “Democrat Rep. Stephen Lynch has tested positive to COVID-19 after receiving both shots of the Pfizer vaccine.”<sup>241</sup> In a that news article it was explained that the reason that Rep. Lynch was infected with COVID-19 after being vaccinated is that “Pfizer’s vaccine does not necessarily prevent COVID-19 infection, but is said to be 95 percent effective in stopping the serious symptoms that are caused by the coronavirus.”<sup>242</sup>

Pfizer-BioNtech announced that their COVID-19 vaccine was 95% effective in "preventing" COVID-19. They did NOT announce that it was 95% effective in reducing

symptoms of COVID-19. The FDA allowed the EUA of the Pfizer COVID-19 vaccine because the COVID-19 vaccine study claimed a 95% effectiveness in “preventing” the recipient from getting COVID-19 after they had been vaccinated.<sup>243</sup> Indeed, the FDA states the reason for the EUA of the Pfizer-BioNtech COVID-19 vaccine was that it is theorized to be effective in “preventing” the COVID-19 infection. The FDA explicitly states:

Pfizer-BioNTech COVID-19 Vaccine is authorized to **prevent** coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older.<sup>244</sup>

The argument that the COVID-19 vaccines lessen symptoms is a smokescreen. The report from Britain’s Chief Scientific Adviser, Patrick Vallance, proves it. He stated that 40% of all COVID-19 patients being admitted to hospitals with COVID-19 are fully vaccinated.<sup>245</sup> That fact alone proves that the COVID-19 vaccines do not lessen symptoms. Persons are admitted to the hospital when they have severe symptoms. The fact 40% of those being hospitalized for COVID-19 are fully vaccinated indicates that the patients are suffering severe symptoms and thus the vaccines do not lessen the symptoms. You cannot have droves of vaccinated people jamming into hospitals after coming down with COVID-19 and maintain that the vaccines lessen symptoms.

Indeed, the FDA explicitly states that it does not know if the Pfizer-BiNTech COVID-19 vaccine reduces symptoms. The FDA has stated that the Pfizer-BioNtech COVID-19 vaccine has been authorized under the EUA hoping that it will “**prevent**” COVID-19 and NOT in the hope it will reduce the severity of COVID-19.

To date, only a small number of severe cases have occurred during the study, which makes it **difficult to evaluate whether the vaccine reduces the severity of COVID-19**. Pfizer-BioNtech COVID-19 vaccine is **authorized to prevent coronavirus disease 2019 (COVID-19)** caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older.<sup>246</sup>

The CDC has expressed hope that the COVID-19 vaccines will prevent infection, but the evidence is that the vaccines do no such thing. The CDC claims that a person who is vaccinated is unlikely to be infected with COVID-19, but then they give the following guidance, which suggests that they know that the likelihood of a vaccinated person getting COVID-19 is significant:

Fully vaccinated people who have come into close contact with someone with COVID-19 should be tested 3-5 days following the date of their exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result. They should

isolate if they test positive.<sup>247</sup>

That advice indicates that the CDC has no confidence in the efficacy of the COVID-19 vaccines in preventing the disease. CDC Director, Dr. Rachele Walensky has even less faith in the COVID-19 vaccines. She revealed that not only do the vaccines not lessen the symptoms, but NPR reports that "Walensky noted that data from Israel suggests 'increased risk of severe disease amongst those vaccinated early.'"<sup>248</sup>

Writing for Roll Call, Emily Kopp reported that data presented at a confidential congressional briefing showed that "[u]p to 15 percent of deaths in May were among vaccinated people."<sup>249</sup>

A government report from Public Health England reveals that persons who have been vaccinated are six (6) times more likely to die from the delta variant of the SARS-COV-2 (a.k.a. COVID-19) than those who are unvaccinated.<sup>250</sup> The report shows that 26 out of 4,087 fully vaccinated persons died from the variant. Whereas 34 out of 35,521 unvaccinated persons died from the variant.<sup>251</sup> That is a 665% greater death rate among the vaccinated group. So much for lessening symptoms.

If it has now been shown that the vaccine is truly ineffective in "preventing" a vaccine recipient from getting COVID-19, it should be announced as ineffective. The vaccine should be taken off the market. Apparently, that will not happen. Instead, there is now being announced a new criterion for effectiveness that was never studied. And that new criteria is lessening of symptoms. This bait and switch strategy for vaccines has been around since the 1800's. Dr. Suzanne Humphries reveals that "[w]hen it was clear that the smallpox vaccine was not able to prevent disease, the medical profession tried to justify vaccination by changing the goalposts from lifelong 'perfect' immunity to "milder disease."<sup>252</sup> Dr. Humphries revealed that bait and switch from immunity to milder symptoms was used to justify getting ineffective pertussis and influenza vaccines in 2013.

### **COVID-19 Vaccines Not Tested For Prevention of Spread**

Closely related to preventing infection is the goal of preventing the spread of a disease. President Joe Biden has repeatedly stated that the COVID-19 vaccines prevent the spread of COVID-19. Indeed, that is it whole purpose of his unconstitutional executive orders requiring federal workers, federal contractors, and the private sector to receive the COVID-19 vaccine. In an October 7, 2021 speech Joe Biden stated:

We still had more than a quarter of people in the United States who were eligible for vaccinations but didn't get the shot.

And we know there is no other way to beat the pandemic than to get the vast majority of Americans vaccinated. It's as simple as

that.

And to — **to spread to our children, to spread throughout society and at our hospitals the risk of other variants** — it's all dangerous and obvious, but we're still not there.

We have to beat this thing. So, while I didn't race to do it right away, that's why I've had to move toward requirements that everyone get vaccinated or I had the authority to do that. That wasn't my first instinct.

My administration is now requiring federal workers to be vaccinated. We've also required federal contractors to be vaccinated. If you have a contract with the federal government, working for the federal government, you have to be vaccinated.

We're requiring active duty military to be vaccinated. We're making sure healthcare workers are vaccinated, because if you seek care at a healthcare facility, you should have the certainty that the pro- — **the people providing that care are protected from COVID and cannot spread it to you.**

The Labor Department is going to shortly issue an emergency rule — which I asked for several weeks ago, and they're going through the process — to require all employees [employers] with more than 100 people, whether they work for the federal government or not — this is within a — in the purview of the Labor Department — to ensure their workers are fully vaccinated or face testing at least once a week.

In total, this Labor Department vaccination requirement will cover 100 million Americans, about two thirds of all the people who work in America.

And here's the deal: These requirements are already proving that they work.

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But don't take it from me. Not from some, you know, liberal think tank this comes from. But here's what Wall Street is saying:

Goldman Sachs, quote: "Vaccinations will have a positive impact

on employment.” **It means less spread of COVID-19, which will help people return to work.**<sup>253</sup>

On October 10, 2022, we found out that Pfizer never tested their vaccine for whether it would prevent transmission of the COVID-19 virus. The CEO of Pfizer, Albert Bourla refused to testify before the European Parliament. Janine Small, President of International Markets at Pfizer testified in his stead. She testified before the European Parliament that Pfizer never tested their vaccine to determine if it would prevent the spread of the virus. At the hearing, Bob Roos, a Dutch European Parliament member, asked Small “was the Pfizer COVID vaccine tested on stopping the transmission of the virus before it entered the market?”<sup>254</sup> Small answered: "No. We had to really move at the speed of science to really understand what is taking place in the market."<sup>255</sup> That astounding admission hit the public like a bomb because it undermines the basis for vaccine mandates.

On May 16, 2021, Anthony Fauci appeared on CBS’s “Face the Nation.” The host, John Dickerson, interviewed him. During the interview, Dr. Fauci announced without equivocation that the COVID-19 vaccines are effective in stopping the spread of COVID-19. He stated that “even though there are breakthrough infections with vaccinated people ... [it is] not impossible but very, very low likelihood — that they're going to transmit it." He elaborated:

When you get vaccinated, you not only protect your own health and that of the family but also you contribute to the community health by **preventing the spread of the virus** throughout the community. ... In other words, **you become a dead end to the virus.** And when there are a lot of dead ends around, the virus is not going to go anywhere. And that’s when you get a point that you have a markedly diminished rate of infection in the community.<sup>256</sup>

We now know Dr. Fauci’s statements were not true because Pfizer never did any studies to determine the effectiveness of the vaccines in stopping the spread of COVID-19. There was simply no evidence from which Dr. Fauci could say otherwise. He was lying.

Indeed, we have proof that when he made those statements, he knew they were not true. We know that Fauci intentionally lied because four months earlier, on January 19, 2021, he said in an article that he knew the COVID-19 vaccines (and indeed all injectable vaccines) typically do not result in immunity that interrupts infection or transmission through mouth and nose. Mouth and nose (i.e., mucosal) transmission is the alleged means by which the COVID-19 virus is spread. Dr. Fauci was the co-author of the January 19, 2021 article in which he said:

**Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission.** ... For these reasons, additional data regarding protection from infection should be



generated as soon as possible.<sup>257</sup> (emphasis added)

His statement in the January 19, 2021 article was the opposite of his May 16, 2021 statement. There is no way to reconcile the two statements. Dr. Fauci lied to encourage people to get vaccinated, falsely telling them by doing so they would help others by stopping the spread of COVID-19. He knew what he was saying was a lie, and did not care who was injured by being injected with the ineffective and unsafe COVID-19 vaccines.

But that admission by Pfizer and Dr. Fauci's deception really miss the elephant in the room. That elephant in the room is the issue of whether the COVID-19 vaccines even prevents infection from the beginning. Pfizer did not test for whether the vaccine would prevent transmission because they knew to begin with that it would not stop infection. Pfizer knew that their COVID-19 vaccine was ineffective in doing what vaccines are supposed to do, provide immunity from infection. Pfizer's vaccine does not work and they know it. Logically, if the vaccine cannot prevent transmission of a contagious disease, that means it cannot prevent infection of that communicable illness. In order for someone to spread the virus he must be infected with the contagion from the beginning. Thus, the key issue is stopping the contagious infection. Of course, if the vaccine stops the contagious infection, it will necessarily stop the spread. Because if a person is not infected with a communicable disease, he cannot transmit the disease; a person cannot spread a contagion he does not have. All government officials knew from the beginning that the COVID-19 vaccines would not prevent infection of the alleged COVID-19 contagion and consequently would not prevent the spread of the virus.

### **Changing the Definition of Vaccine**

The CDC and the vaccine makers understood from the beginning that the COVID-19 mRNA vaccines were ineffective in protecting persons from COVID-19. As the ineffectiveness of the COVID-19 injections in providing immunity was becoming increasingly clear, the CDC realized that the injections did not meet the definition of a vaccine. Indeed, in a Motion for a Preliminary Injunction against HHS filed on July 19, 2021, the plaintiffs alleged:

[T]he "Pfizer-BioNTech COVID-19 Vaccine" and the "Moderna COVID-19 Vaccine" do not meet the CDC's own definitions. They do not stimulate the body to produce immunity from a disease. They are a synthetic fragment of nucleic acid embedded in a fat carrier that is introduced into human cells, not for the purpose of inducing immunity from infection with the SARS-CoV-2 virus, and not to block further transmission of the virus, but in order to lessen the symptoms of COVID-19. No published, peer-reviewed studies prove that the "Pfizer-BioNTech COVID-19 Vaccine" and the "Moderna COVID-19 Vaccine" confer immunity or stop transmission.<sup>258</sup>

The lawyers for HHS realized that the plaintiffs were correct. They advised their clients at the HHS component agency, the CDC, that they needed to fix that problem. So many of the laws protecting pharmaceutical companies from liability required that their injections be vaccines. They needed to change the very definition of a vaccine to include an injection that is ineffective in producing immunity to the disease.

The CDC defines immunity as “[p]rotection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.”<sup>259</sup> So far, so good. Up until September 2021, the CDC's definition of “vaccine” was “[a] product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease.”<sup>260</sup> So it was understood by all before September 2021 that a vaccine “stimulates a person's immune system to produce immunity.” And immunity means “[p]rotection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.”

But in September 2021, that all changed. The CDC changed the definition of vaccine to mean instead “[a] preparation that is used to stimulate the body's immune response against diseases.”<sup>261</sup> Now, the definition of a vaccine includes a vaccine that merely “stimulates the body’s immune response” without actually producing any protection from disease. Now, a vaccine can be ineffective in providing any protection in preventing infection; it only needs to stimulate the body’s immune response regardless of whether that stimulation is effective in protecting against disease.

In an email response to a news inquiry, a spokesman for the CDC stated: “while there have been slight changes in wording over time to the definition of ‘vaccine’ on the CDC’s website, those haven’t impacted the overall definition. ... The previous definition...could be interpreted to mean that vaccines were 100% effective, which has never been the case for any vaccine, so the current definition is more transparent.”<sup>262</sup>

The real reason for the changed definition is that since the mRNA vaccines have been such a spectacular failure, a change in the definition was necessary to account for that failure. For the CDC to claim that changing the meaning of vaccine from “stimulates a person's immune system to produce immunity” to “stimulate the body's immune response against diseases” is only a slight change that does not impact the definition is dissimulation of the first order.

If the new definition was not a change, then why do it? There is a world of difference between producing immunity and simply responding to a disease. Under the new definition, the body’s response could be, and as we have seen with the mRNA vaccines, has been, ineffective in fighting off the disease. Before the definition change, a vaccine was required to offer immunity from the disease; now, all that is needed is for the vaccine to prompt the body’s immune system to respond to the disease. Indeed, the body could respond to the disease with a cytokine storm (a.k.a., antibody-dependent enhancement), which may kill the patient, as we have seen with mRNA COVID-19 vaccines. Now, the ineffectiveness of vaccines is built into the definition.

## The Cdc's Deceptive and Dangerous Advice

Writing for Science Magazine, Meredith Wadman summarized a massive research study<sup>263</sup> in Israel that proves natural immunity is superior to immunity from vaccines.

The new analysis relies on the database of Maccabi Healthcare Services, which enrolls about 2.5 million Israelis. The study, led by Tal Patalon and Sivan Gazit at KSM, the system's research and innovation arm, found in two analyses that people who were vaccinated in January and February were, in June, July, and the first half of August, six to 13 times more likely to get infected than unvaccinated people who were previously infected with the coronavirus. In one analysis, comparing more than 32,000 people in the health system, the risk of developing symptomatic COVID-19 was 27 times higher among the vaccinated, and the risk of hospitalization eight times higher.<sup>264</sup>

Indeed, studies have shown that “[i]ndividuals who have recovered from COVID-19 have a substantially lower risk of reinfection with SARS-Cov-2.”<sup>265</sup> The NIH confirms this. In a study funded by NIH's National Institute of Allergy and Infectious Diseases (NIAID) and National Cancer Institute (NCI), Daniela Weiskopf analyzed immune cells and antibodies from almost 200 people exposed SARS-CoV-2 and recovered. She said “our studies showed that natural infection induced a strong response, and this study now shows that the responses last.”<sup>266</sup>

The natural immunity from COVID-19 is robust and long-lasting. Researchers opine that the natural immunity from COVID-19 should last a lifetime.

For SARS-CoV, a coronavirus very like SARS-CoV-2 that was originally identified in 2003 and causes severe acute respiratory syndrome (SARS), the continued presence of high concentrations of neutralizing antibodies in blood serum for more than 17 years was reported in 2020. Wang and colleagues' results suggest that long-term immunity might also be expected for SARS-CoV-2.<sup>267</sup>

Epidemiologist Dr. Paul Elias Alexander is a former assistant professor at McMaster University in evidence-based medicine and research methods. He's also a former COVID Pandemic evidence-synthesis consultant advisor to WHO-PAHO Washington, DC (2020) and former senior advisor to COVID Pandemic policy in Health and Human Services (HHS) Washington, DC. He recently published an article for the Brownstone Institute with a list of 141 research studies regarding natural COVID immunity.<sup>268</sup>

Those 141 studies support the claim that natural immunity to COVID is robust and long-lasting, even to the extent of lifetime immunity. For example, one study found that “the

cumulative incidence of SARS-CoV-2 infection remained almost zero among previously infected unvaccinated subjects.”<sup>269</sup>

A recent Emory University study debunked the common myth that natural immunity to COVID-19 (i.e., SARS-CoV-2) wanes quickly, leaving the person subject to reinfection.

Last fall, there were reports that antibodies wane quickly after infection with the virus that causes COVID-19, and mainstream media interpreted that to mean that immunity was not long-lived," said senior author Ali Ellebedy, PhD, an associate professor of pathology & immunology, of medicine and of molecular microbiology. "But that's a misinterpretation of the data. It's normal for antibody levels to go down after acute infection, but they don't go down to zero; they plateau. Here, we found antibody-producing cells in people 11 months after first symptoms. These cells will live and produce antibodies for the rest of people's lives. That's strong evidence for long-lasting immunity.”<sup>270</sup>

A study conducted at the Washington School of Medicine in St. Louis found that even “mild cases of COVID-19 leave those infected with lasting antibody protection and that repeated bouts of illness are likely to be uncommon.”<sup>271</sup> Another study concluded that substantial immune memory is generated after natural infection with COVID-19.<sup>272</sup>

The CDC and the Pharmaceutical companies have a problem because there are increasing numbers of vaccinated persons suffering what the CDC calls breakthrough COVID-19 infections (which are actually ADE). So the CDC has announced a booster shot program. The CDC states that “with the Delta variant, public health experts are starting to see reduced protection against mild and moderate disease. For that reason, the U.S. Department of Health and Human Services (HHS) is planning for a booster shot so vaccinated people maintain protection over the coming months.”<sup>273</sup> In reality, it is the COVID-19 that is causing hospitalizations and deaths from ADE. The booster shots will continue the deadly cycle.

It would seem, therefore, common sense that there would be no need for a person to be vaccinated if he has been infected with COVID-19 and already has a robust natural immunity to the virus. It is especially nonsensical for such persons to be vaccinated in light of the fact that the COVID-19 vaccines have been shown to be ineffective. But that is not the guidance being given by Dr. Fauci and the CDC. The CDC provides the following advice on its website:

If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine?

Yes, you should be vaccinated regardless of whether you already had COVID-19.<sup>274</sup>

The CDC relied on a single research study<sup>275</sup> in giving that advice. That research study is full of holes. The CDC represents the study as meaning “that people get better protection by being fully vaccinated compared with having had COVID-19.”<sup>276</sup> But the study is a retrospective study that relies on the accuracy of the records in databases. There was no validation of the data. One significant problem with the survey goes to the heart of its conclusions regarding the infection rate. The study states that “reinfection was not confirmed through whole genome sequencing, which would be necessary to definitively prove that the reinfection was caused from a distinct virus relative to the first infection.”<sup>277</sup> Without that confirmation, the study scientists are left to merely guess that “reinfection is the most likely explanation.”<sup>278</sup> Guessing is not science. And it seems that they guessed wrong because the study from Israel impeaches their results.

It is pointless to vaccinate someone who has already been infected with COVID-19 (a.k.a. SARS-CoV-2) and has developed a natural immune response. It is also dangerous. Dr. Hooman Noorchashm, is an accomplished surgeon and staunch supporter of the new COVID vaccines, states that vaccinating persons with COVID-19 is dangerous if that person has already contracted COVID-19 and has the antibodies for the virus.<sup>279</sup> He has written to the FDA and advised that there should be screening to prevent those who have already contracted COVID-19 from being vaccinated. He stated that such persons are in danger of injury or death from the vaccine. Megan Redshaw, reporting for The Defender, reveals:

According to Noorchashm, it is scientifically established that once a person is naturally infected by a virus, antigens from that virus persist in the body for a long time after viral replication has stopped and clinical signs of infection have resolved. When a vaccine reactivates an immune response in a recently infected person, the tissues harboring the persisting viral antigen are targeted, inflamed and damaged by the immune response.<sup>280</sup>

Dr. Noorchashm explains:

“In the case of SARS-CoV-2, we know that the virus naturally infects the heart, the inner lining of blood vessels, the lungs and the brain,” explained Noorchashm. “So, these are likely to be some of the critical organs that will contain persistent viral antigens in the recently infected — and, following reactivation of the immune system by a vaccine, these tissues can be expected to be targeted and damaged.”<sup>281</sup>

Dr. Noorchashm states: **“It is my professional opinion as an immunologist and physician that this indiscriminate vaccination is a clear and present danger to a subset of the already infected.”**<sup>282</sup> That opinion is coming from a doctor who is an advocate in favor of the COVID-19 vaccines.

The CDC recommends vaccinations of persons who already have natural immunity to COVID-19. But both Moderna<sup>283</sup> and Pfizer-BiNTech<sup>284</sup> performed Serological tests on all trial participants to specifically screen out those with COVID-19 natural immunity. Those persons necessarily had been infected previously with COVID-19 and had thus developed natural immunity. They were excluded from participating in the COVID-19 vaccine trials. If the argument is that the COVID-19 vaccine enhances natural immunity, that group would be the ideal group with which to test that hypothesis. The CDC knew that group was not tested and yet still recommends the vaccination of that same group. But if persons with natural immunity are susceptible to a cytokine storm caused by an immediate ADE reaction, as Dr. Hooman Noorchashm has opined, such a group would reveal the danger posed to the naturally immune population. Arguably, Moderna and Pfizer-BioNTech ensured that would not happen by disqualifying all persons with serological tests that showed that the persons already had natural immunity.

Congressman Thomas Massie (R-Ky.), an award-winning scientist, said that the CDC is providing misinformation to the public by recommending that those who have already recovered from COVID-19 should still be vaccinated. Massie told the CDC that their report alleging the efficacy of vaccinating those who already had COVID-19 immunity was flat wrong. How did the CDC respond to Massie's objection? Megan Redshaw reports:

Massie contacted officials at the CDC about the misinformation. They acknowledged it was false, but instead of correcting it, tried to rephrase their mistake. Massie and other scientists said the new wording still wrongly implies vaccines work in people who previously had COVID.

“And instead of fixing it, they proposed repeating it and just phrasing their mistake differently. **So, at that point, right now I consider it a lie. I think the CDC is lying about the efficacy of the vaccine** based on the Pfizer trials, for those who have already had the coronavirus,”<sup>285</sup> Massie said. (emphasis added)

The CDC is knowingly and intentionally lying to the American people and advising those who already have a natural immunity to COVID-19 to nonetheless be vaccinated. It is ineffective and dangerous for a person who has natural immunity to COVID-19 to be vaccinated against it. The CDC acknowledges that their advice is wrong, but they are continuing with it.

Why is the CDC recommending COVID-19 vaccinations that have now been proven to be ineffective? Whatever immunity they offer is temporary. Because of their short-lived effectiveness, the CDC is starting a booster shot program. With that in mind, the CDC advises those who have a natural immunity that is robust and long-lasting to receive a COVID-19 vaccine. It makes no sense to advise the injection of a vaccine that has been proven to offer only short-duration benefit (if any) to a person who already has lifelong immunity. There is something

else at play here other than the health of the citizens. It is like handing an umbrella to a skydiver with a parachute strapped to his back and telling him the umbrella will slow his descent. The COVID-19 vaccines (like the umbrella) do more harm than good for someone with natural immunity. The primary agenda of the CDC seems to be the vaccination of American citizens and not their good health.

The Israeli COVID-19 study was published on August 26, 2021.<sup>286</sup> The study was worldwide news among epidemiologists. But, on September 9, 2021, when he was asked about the study, Dr. Anthony Fauci feigned ignorance of its implications. Dr. Fauci is the Director of the National Institute of Allergy and Infectious Diseases (NIAID). Dr. Fauci is alleged to be “the nation’s top infectious disease expert”<sup>287</sup> and “one of the world’s leading clinicians and researchers on the pathogenesis and treatment of immune-mediated diseases.”<sup>288</sup> Dr. Fauci is also a member of the White House Coronavirus Task Force. But he did not have an answer to the study that made worldwide news in the scientific community proving that natural immunity to COVID-19 was superior to vaccinated immunity. Let us read the exchange between Dr. Sanjay Gupta, the CNN Chief Medical Correspondent and Dr. Fauci:

GUPTA: And just real quickly, there was a study that came out of Israel about natural immunity, and basically, the headline was that natural immunity provides a lot of protection, even better than the vaccines alone. What do people make of that? So as we talk about vaccine mandates, I get calls all the time, people say, I've already had COVID, I'm protected. And now the study says maybe even more protected than the vaccine alone. Should they also get the vaccine? How do you make the case to them?

FAUCI: You know, that's a really good point, Sanjay. **I don't have a really firm answer for you on that.** That's something that we're going to have to discuss regarding the durability of the response. The one thing that paper from Israel didn't tell you is whether or not as high as the protection is with natural infection, what's the durability compared to the durability of a vaccine? So it is conceivable that you got infected, you're protected, but you may not be protected for an indefinite period of time. So, I think that is something that we need to sit down and discuss seriously, because you very appropriately pointed out, it is an issue, and there could be an argument for saying what you said.<sup>289</sup>

Dr. Fauci, “the nation’s top infectious disease expert,”<sup>290</sup> does not know what to say about a study that confirms the well-known fact that natural immunity is superior to vaccinated immunity. All of the questions he raised about the study are answered in numerous other studies and research proving robust and long-lasting protection from natural immunity. Juxtaposing that research against the data showing the short-lived COVID-19 vaccine immunity that requires

booster shots and the answers to his questions are ineluctable. He is an epidemiological expert. He must already have known the answers to his own questions. His questions were a smokescreen. Dr. Fauci is feigning ignorance of the Israeli study's implications because the study impeaches the CDC protocol calling for the vaccination of those with natural immunity.

Compare Dr. Fauci's response to the Israeli study to that of Former FDA Commissioner Scott Gottlieb, a Pfizer board member. Although Gottlieb's opinion is decidedly against the pecuniary interests of Pfizer, Gottlieb had little trouble acknowledging that the Israeli study showed that natural immunity confers durable protection from COVID-19.

“The balance of the evidence demonstrates that natural immunity confers a durable protection,” Gottlieb said during an Aug. 30 interview, referring to a landmark new preprint Israeli study that found that prior COVID-19 infection confers more protection against the virus than any of the vaccines. “It's fair to conclude that.”<sup>291</sup>

In September 2021, a New York attorney, Elizabeth Brehm from the law firm Siri & Glimstead, sent a Freedom of Information request to the CDC asking for “[d]ocuments reflecting any documented case of an individual who: (1) never received a COVID-19 vaccine; (2) was infected with COVID-19 once, recovered, and then later became infected again; and (3) transmitted SARS-CoV-2 to another person when reinfected.”<sup>292</sup>

The CDC responded to that request by revealing that “[a] search of our records failed to reveal any documents pertaining to your request. The CDC Emergency Operations Center (EOC) conveyed that this information is not collected.”<sup>293</sup>

The CDC makes two revealing admissions. They acknowledge that they do not have any data indicating that natural immunity is inadequate protection. And, more revealing, they divulged that they don't collect that information. Thus, the CDC confessed that they don't care to know the effectiveness of natural immunity. The CDC simply does not care whether innate immunity to COVID-19 protects the person or others with whom the person comes in contact.

Yet, acting out of willful ignorance, the CDC recommends that a person who has already been infected by COVID-19, who has recovered and has natural immunity, still needs to be vaccinated with the COVID-19 vaccine. But the CDC does not know if that advice is correct, nor it seems does it care. Aaron Siri, the named partner in the law firm that made the FOIA request of the CDC, explained the significance of the CDC's admissions:

You would assume that if the CDC was going to crush the civil and individual rights of those with natural immunity by having them expelled from school, fired from their jobs, separated from the military, and worse, the CDC would have proof of at least one



instance of an unvaccinated, naturally immune individual transmitting the COVID-19 virus to another individual. If you thought this, you would be wrong.

My firm, on behalf of ICAN, asked the CDC for precisely this proof (see below). ICAN wanted to see proof of any instance in which someone who previously had COVID-19 became reinfected with and transmitted the virus to someone else. The CDC's incredible response is that it does not have a single document reflecting that this has ever occurred. Not one.

In contrast, there are endless documents reflecting cases of vaccinated individuals becoming infected with and transmitting the virus to others. Such as this study.<sup>294</sup> And this study.<sup>295</sup> And this study.<sup>296</sup> And this study.<sup>297</sup> It goes on and on...

But it gets worse. The CDC's excuse for not having a shred of evidence of the naturally immune transmitting the virus is that "this information is not collected." What?! No proof! But yet the CDC is actively crushing the rights of millions of naturally immune individuals in this country if they do not get the vaccine on the assumption they can transmit the virus. But despite clear proof the vaccinated spread the virus, the CDC lifts restrictions on the vaccinated?! That is dystopian.

The facts about natural immunity are simple. Every single peer reviewed study has found that the naturally immune have far greater than 99% protection from having COVID-19, and this immunity does not wane. In contrast, the COVID-19 vaccine provides, at best, 95% protection and this immunity wanes rapidly. I am no mathematician, but a constant 99% seems preferable to a 95% that quickly drops. And, while the vaccinated readily transmit the virus, not so for the naturally immune.

The lesson yet again is not that health authorities should never make mistakes. They will. It happens. The lesson is that civil and individual rights should never be contingent upon a medical procedure. Everyone, the naturally immune or otherwise, who wants to get vaccinated and boosted should be free to do so. But nobody should be coerced by the government to partake in any medical procedure.

The CDC defines immunity as "[p]rotection from an infectious disease. If you are

immune to a disease, you can be exposed to it without becoming infected.”<sup>298</sup> But it seems that the CDC does not recognize the efficacy of natural immunity. The CDC recognizes immunity through vaccination to the exclusion of natural immunity. It defines “immunization” as “[a] process by which a person becomes protected against a disease **through vaccination**. This term is often used interchangeably with vaccination or inoculation.”<sup>299</sup> The CDC makes no mention of immunization from a disease by recovering from an infection. The CDC has a vaccination agenda that flies in the face of voluminous scientific evidence proving the efficacy of natural immunity.

George Orwell explained: "All tyrannies rule through fraud and force, but once the fraud is exposed, they must rely exclusively on force." The fraud behind the unsafe and ineffective COVID-19 vaccines is increasingly being exposed. Since so many people are not being tricked by the fraud, the government is resorting to its only remaining option, force. And that explains President Biden’s edict requiring federal workers, military personnel, and medical workers to get vaccinated.

### **COVID-19 Vaccines Cause Autoimmune Diseases**

What is the cause of this statistical phenomenon that a vaccinated person is more likely to catch COVID-19? The UK Health Security Agency data shows that the COVID-19 vaccine efficacy drops at a steady 5% average rate per week.<sup>300</sup> One would think that fact would only indicate that the vaccine is losing efficacy, ultimately dropping to zero. But that is not the case. The hard data from the UK government indicates that, in fact, the 5% loss of efficacy actually continues past zero. What that means is that the vaccine increases the likelihood of COVID-19.

The UK Health Security Agency COVID-19 data indicates that the COVID-19 vaccines have not merely lost their efficiency; they damage and suppress the immune system. Over time, a vaccinated person is less able to fight off infection and ends up hospitalized. They test positive for COVID-19 and are labeled a breakthrough COVID case. In fact, they are likely a case of antibody-dependent enhancement (ADE), wherein they are ill not because the vaccine did not work but because the vaccine worked to make them sick.

It is not that the vaccines are ineffective that is the reason for the COVID-19 infections among the vaccinated; the vaccines drive an illness called antibody dependent enhancement (ADE). ADE is being reported as COVID-19 because the patients are testing positive for COVID-19. Renowned virologist and Nobel Prize Laureate Prof. Luc Montagnier explained that the so-called breakthrough COVID-19 infections being suffered by the fully vaccinated persons are infections caused by the COVID-19 vaccines.<sup>301</sup> Dr. Montagnier said that the high rate of COVID-19 infections among the fully vaccinated population is due to antibody-dependent enhancement (ADE).

In an April 30, 2021 report filed with the FDA, Pfizer acknowledged that vaccine-associated enhanced disease (VAED) and vaccine-associated enhanced respiratory disease

(VAERD) were listed as “Important Potential Risk[s]” of the COVID-19 vaccines.<sup>302</sup> Pfizer noted that the VAED may go unreported as such because the patient suffering VAED will usually be presented as having “severe or unusual manifestations of COVID-19.”<sup>303</sup> Thus the announced “breakthrough” cases of COVID-19 are likely not COVID-19 cases but are rather cases of VAED, otherwise known by the acronym ADE, caused by the COVID-19 vaccines themselves.

Dr. Robert Malone, M.D., M.S., the inventor of the mRNA technology used by Pfizer-BioNTech and Moderna in their COVID-19 vaccines, states that the COVID-19 vaccines are causing ADE. Dr. Malone indicates that the scientific evidence is becoming increasingly clear that the COVID-19 vaccines are causing the virus to replicate at higher levels than would be the case in the absence of the vaccination.<sup>304</sup> He said that this phenomenon of ADE was predictable because ADE has happened in every coronavirus study ever conducted. He said the data indicates that as the immune response from the COVID-19 vaccines wanes after six months, the ADE is kicking in, and we see the result with increased hospitalizations. The hospitalizations are not from breakthrough infections in those vaccinated but rather from ADE brought on by the vaccine itself. The ADE causes the virus to replicate more efficiently than it would otherwise. Dr. Malone further states that those in the vaccinated population are generating the delta variant of COVID-19 due to the COVID-19 vaccine.

One research study explained:

There are also immunopathological complications associated with the SARS-CoV and MERS-CoV vaccines that require addressing and further optimization. One adverse effect is the induction of antibody-dependent enhancement (ADE) effect, which is usually caused by vaccine-induced suboptimal antibodies that facilitates viral entry into host cells.<sup>305</sup>

A study was conducted by Timothy Cardozo of the Department of Biochemistry and Molecular Pharmacology, NYU Langone Health, New York, and Ronald Veazey of the Division of Comparative Pathology, Department of Pathology and Laboratory Medicine, Tulane University School of Medicine, Tulane National Primate Research Center. The scientists determined in their research that the COVID-19 vaccines caused an increase in the risk of more severe diseases caused through ADE. They concluded that recipients of COVID-19 vaccines should be warned about all the dangers of ADE before being vaccinated. The scientists determined that the COVID-19 vaccines worsen COVID-19 disease via antibody-dependent enhancement (ADE). They were concerned that the dangers are kept secret in clinical trial protocols and consent forms.<sup>306</sup>

Many other researchers have determined that the COVID-19 vaccines pose a clear danger of ADE. In another study, the researchers concluded:

Antibody-based drugs and vaccines against severe acute respiratory

syndrome coronavirus 2 (SARS-CoV-2) are being expedited through preclinical and clinical development. Data from the study of SARS-CoV and other respiratory viruses suggest that anti-SARS-CoV-2 antibodies could exacerbate COVID-19 through antibody-dependent enhancement (ADE).<sup>307</sup>

Another researcher pleaded for caution in the administration of the COVID-19 vaccine:

[B]ecause ADE of disease cannot be reliably predicted after either vaccination or treatment with antibodies-regardless of what virus is the causative agent-it will be essential to depend on careful analysis of safety in humans as immune interventions for COVID-19 move forward.<sup>308</sup>

Sadly, the researcher's warning was not heeded. A massive study involving vaccine data from hundreds of countries proves that the COVID-19 vaccines have caused a significant increase in total cases and deaths associated with COVID-19.<sup>309</sup> The study proves that the COVID-19 vaccines are not only ineffective, but they are driving illness and death. The study showed that the COVID-19 vaccines have caused a whopping 38% more COVID-19 cases and an even more astonishing 31% increase in deaths from COVID-19 in the United States.<sup>310</sup> But that is only the tip of the iceberg because many patients suffering ADE may not test positive for COVID-19. They still suffer the consequences of the ailments caused by the vaccine-induced ADE.

The American Liberty Report revealed that "more than 18 million people were injured so badly by their first COVID shot from Pfizer or Moderna that they had to go to the hospital. That's according to the CDC's own internal data, which a court just ordered the federal agency to release to a watchdog group."<sup>311</sup> The CDC started a vaccine monitoring program using a software application called V-safe at the beginning of the COVID-19 vaccine rollout in December of 2020. Ten million people downloaded the V-safe app on their cell phones. Those people then reported adverse events from the COVID-19 vaccines through the V-safe app. The CDC received the data and tracked it for the first 18 months until July 2022. Strangely, the CDC never published the data.

You would think that the data showed that the COVID-19 vaccines were safe, since CDC's main webpage about the mRNA COVID-19 vaccines says, to this day, "COVID-19 vaccines are safe, effective and free."<sup>312</sup> Indeed, that is what the CDC has been saying all along. But that was not true, and the CDC knew it. A court ordered the CDC to release its V-safe data. It showed that there were 800,000 receiving medical care out of 10 million people.<sup>313</sup> That translates to an 8% medical care rate. Approximately 73% of those seeking medical care needed to visit urgent care, the emergency room, or be hospitalized. Extrapolating to the population of 230 million people who received the vaccine in the U.S., we find that 18 million of them received medical care for injuries caused by the COVID-19 vaccines.

## Myocarditis

Peter McCullough, M.D., and Dr. Jessica Rose, Ph.D., researched the sudden appearance of myocarditis in young people. Dr. McCullough is a highly-published world-renowned cardiologist, and Dr. Rose is a Canadian researcher with a Bachelor's Degree in Applied Mathematics and a Master's degree in Immunology from Memorial University of Newfoundland. She also holds a Ph.D. in Computational Biology from Bar Ilan University and two Post Doctoral degrees: one in Molecular Biology from the Hebrew University of Jerusalem and one in Biochemistry from the Technion Institute of Technology. Drs. McCullough and Rose determined that the COVID-19 vaccines caused myocarditis. While their study focused on young people, their conclusions also apply to the population as a whole. The McCullough & Rose report revealed the following startling facts.

Within 8 weeks of the public offering of COVID-19 products to the 12-15-year-old age group, **we found 19 times the expected number of myocarditis cases in the vaccination volunteers over background myocarditis rates for this age group.**<sup>314</sup>

Their report labeled the myocarditis caused by the vaccines “COVID-19-Injection-Related Myocarditis (CIRM);” the report concluded:

Thus, due to both the problems of under-reporting and the known lag in report processing, this analysis reveals a strong signal from the VAERS data that the risk of suffering CIRM [COVID-19-Injection-Related Myocarditis] – especially males is unacceptably high. Again, children are not a high-risk group for COVID-19 respiratory illness, and yet they are the high-risk group for CIRM.<sup>315</sup>

The McCullough & Rose report caused quite a stir in the medical community. After the preliminary draft of their report was peer-reviewed and approved for publication, it was posted by the publisher on its NIH website. Shortly thereafter, the publisher, Elsevier, without giving a reason, suddenly withdrew the publication. Dr. McCullough is reportedly pursuing legal action against Elsevier for its unlawful actions.

In its guidance dated October 4, 2022, the U.S. CDC recommended COVID-19 vaccines for all persons over six months old.<sup>316</sup> On October 7, 2022, Dr. Ladpapo, M.D., Ph.D., in his capacity as Florida Surgeon General, contradicted the U.S. CDC and announced that the risks of COVID-19 vaccines outweigh the benefits for 18 to 39-year-old males. He came to that conclusion based on a scientific study of the mortality risk of the COVID-19 vaccines. That study “found there is an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination.”<sup>317</sup>

## **Sudden Adult Death Syndrome**

The ADE suffered by vaccine recipients is causing them to unexpectedly die in large numbers. The sudden deaths of young people in the prime of health cannot be ignored. The prevalence of those deaths is forcing the hand of the media to report on them. But the mass media is trying to conceal the cause of the sudden deaths of thousands of young people by labeling the deaths “sudden adult death syndrome (SADS). It is sometimes also called “sudden arrhythmic death syndrome (SADS). The medical establishment and the media engage in all sorts of conjecture, including blaming the sudden premature deaths on a genetic condition.<sup>318</sup> But they do not ever mention the elephant in the room, the COVID-19 vaccines, as a suspected cause for the deaths. Ethan Huff, writing for Natural News, explains:

In an attempt to explain away the rash of deaths occurring in otherwise healthy-seeming adults who got “vaccinated” for the Wuhan coronavirus (COVID-19), the medical establishment has coined a new term called “Sudden Adult Death Syndrome,” or SADS, that it is pretending appeared out of nowhere with no explanation.<sup>319</sup>

Much like Sudden Infant Death Syndrome (SIDS), which was also made up out of thin air to explain away infant deaths caused by vaccines, SADS is being called a “mystery” condition that could strike anyone at any time for no apparent reason.<sup>320</sup>

It is quite strange that the apparent culprits, the COVID-19 vaccines, are not even mentioned in the major media. They report the sudden premature deaths and essentially leave the readers to guess why young people are keeling over dead in the prime of their lives. Ethan Huff explains the obvious:

They will never admit to it, but the sudden rise in SADS directly coincides with the unleashing of Operation Warp Speed, which has turned hundreds of millions of Americans into deadly spike protein factories. These spike proteins are ripping apart their cardiovascular systems and leaving them prone to early death.<sup>321</sup>

## **Vaccine Makers Given Civil Liability Immunity Because Vaccines are Unavoidably Unsafe**

The COVID-19 vaccine is killing exponentially more than needed for the regulatory agencies to rise up and take it off the market. But, suspiciously, the COVID-19 vaccines are getting a pass. Why, with the carnage from the COVID-19 vaccines so clearly apparent, is there still a push to vaccinate the population? The answer is simple. When the Swine Flu vaccine caused death and illness, the vaccine makers were liable for the damages. But now it is different.

The drug companies now have immunity from civil liability for the injuries they cause through their vaccines.

Congress passed the National Vaccine Injury Act (NVIA) of 1986, which granted immunity to pharmaceutical companies for injuries caused by the vaccines they manufactured. As explained by the U.S. Supreme Court in *Bruesewitz v. Wyeth*<sup>322</sup>, the reason for that protection is that Congress deemed vaccines to be unavoidably unsafe,<sup>323</sup> thus no manufacturer would make a vaccine if they had to suffer the liability for injuries they would unavoidably cause.<sup>324</sup>

Mary S. Holland explains the issue: “The success of the national vaccine program has come at a cost. Some children are permanently disabled or die from their vaccine exposures. ... Between 1980 and 1986, people who claimed vaccine injury brought over three billion dollars of damages claims to U.S. civil courts against vaccine manufacturers.”<sup>325</sup>

In response to the litigation that held them accountable for the injuries caused by their vaccines, the vaccine manufacturers lobbied Congress, and in 1986 they were able to get the NVIA law passed. That law protected them from civil liability for injuries caused by vaccines that they manufactured.

The underlying legal reasoning of Congress for the 1986 NVIA law was a concept borrowed from the Restatement of Torts law that vaccines were “unavoidably unsafe.” Holland explains that “[t]he Restatement describes all vaccines as ‘unavoidably unsafe’ products and implicitly recommended that manufacturers not be liable for injuries if doctors administered them properly.”<sup>326</sup>

The NVIA set up a system of government compensation for vaccine injuries that has, in practice, served more to prevent compensation than anything else. Robert F. Kennedy explains:

Parents, legal guardians and legal representatives can file on behalf of children, disabled adults, and individuals who are deceased. According to the vaccine-injured and their loved ones, the program has failed miserably as a litigious, broken system where the injured are up against a government vaccine program, government owned vaccine patents, government health officials who administer the program and government paid attorneys from the Department of Justice. There is no judge, no jury of your peers and no discovery. Claimants feel the system is set up for their claims to fail.<sup>327</sup>

The U.S. Supreme Court in *Bruesewitz*, *supra*, ruled that language in the statute categorically preempts even design defect claims against vaccine manufacturers. Holland explains that U.S. Supreme Court ruling “removed incentives for pharmaceutical corporations to conduct the extensive research and development necessary to ensure that FDA-approved vaccines remain as safe and effective as possible after licensure. FDA approval alone has not been a

sufficient guarantee of drug safety, owing in part to the FDA’s limited authority to compel further safety research after final approval.”<sup>328</sup>

Holland reveals the real-world consequences of the NIVA for vaccine recipients:

[Gayle] DeLong showed that the proportion of people that reported a serious complication from a vaccine after [enactment of the NVIA in] 1986 is more than double the proportion of people who experienced a serious complication from a disease before a vaccine for it was available. The difference is statistically significant and is likely greater because of underreporting.

DeLong’s analysis suggests that the Vaccine Act “gave firms greater incentives to capture the regulator: If consumers cannot sue firms for product liability, the only barrier to sales is regulatory approval.”<sup>329</sup>

The NVIA protects vaccine makers from liability for “unavoidable” injuries caused by vaccines. The NVIA states in pertinent part:

No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if **the injury or death resulted from side effects that were unavoidable** even though the vaccine was properly prepared and was accompanied by proper directions and warnings.<sup>330</sup>

The pharmaceutical companies, CDC, NIH, and FDA all know that vaccines will unavoidably cause injuries. The CDC, NIH, and FDA know that the pharmaceutical companies have no interest in making vaccines safe for children. Vaccines are unavoidably unsafe, and the vaccine makers like it that way. Pharmaceutical companies get rich when people are made sick. It is a racket where they cause injury via their vaccines and then make the patent medicines to address the symptoms of the injuries they have caused. There was a fly in their ointment, and that was civil liability for the injuries they caused. The immunity granted by the NVIA solved that problem. Since the NVIA, the pharmaceutical companies have been off to the races creating one ineffective and unsafe vaccine after another.

Believe it or not, the COVID-19 vaccine manufacturers are given protections from civil liability beyond the NVIA. Because the COVID-19 vaccines administered in the U.S. are not FDA approved. The Food and Drug Administration granted emergency use authorization (EUA) for the COVID-19 vaccines.

### **PREP Act Protection for EUA Vaccines**



Experts specializing in vaccine injury cases say that the bar for obtaining compensation is very high under the PREP Act.<sup>331</sup> Over the last ten years, 94% of injured patients who filed claims under the PREP Act received no compensation.<sup>332</sup> In reference to the virtually insurmountable hurdles erected under the CICIP, Renée Gentry, director of the Vaccine Injury Litigation Clinic at the George Washington University Law School, said COVID-19 vaccine claimants have two rights: **“You have the right to file,” she said. “And you have the right to lose.”**<sup>333</sup> Altom Maglio, whose 22 lawyer law firm, Maglio Christopher & Toale, specializes in vaccine injury cases, says that you're out of luck if you've suffered an injury related to any of the COVID-19 vaccines in receiving any compensation for your injury.<sup>334</sup> That all is not intended to suggest that the National Vaccine Injury Compensation Program (VICP) instituted under the NVIA is fair. The VICP has its own problems. Two out of three claims filed under the VICP are denied.<sup>335</sup>

While certain of the COVID-19 vaccines have been approved by the FDA (Moderna's SPIKEVAX and Pfizer-BioNTech's Comirnaty), strangely, those approved branded vaccines are not available in the United States.<sup>336</sup> Pfizer-BioNTech states in its fact sheet for its COVID-19 vaccine for children that “there are no approved COVID-19 vaccines.”<sup>337</sup> That was not a misstatement. Pfizer specifically mentioned the FDA approved COMIRNATY in the fact sheet. The statement seems to be an acknowledgment that the approval of COMIRNATY (COVID-19 Vaccine, mRNA) was a bait and switch scheme to trick the public into thinking they are receiving an approved vaccine. Pfizer admits, that for all practical purposes, in the United States, “there are no approved COVID-19 vaccines.”<sup>338</sup> They are being administered under an Emergency Use Authorization; those injured by the COVID-19 vaccines will only be allowed the limited compensation of the Public Readiness and Emergency Preparedness Act (PREP Act), which authorizes the Countermeasures Injury Compensation Program (CICIP) to provide benefits to injured parties.

### **Drug Companies Have a Financial Incentive to Make Harmful Vaccines**

The vaccine makers now have no interest in mitigating the damage caused by vaccines. Indeed, they have a perverse incentive to make their vaccines as dangerous as possible because those injuries make the pharmaceutical companies rich through the patent medicines they sell to address the injuries caused by the vaccines.

For example, on December 13, 2021, Pfizer announced:

Pfizer will acquire Arena, a clinical stage company developing innovative potential therapies for the treatment of **several immuno-inflammatory diseases**. Under the terms of the agreement, Pfizer will acquire all the outstanding shares of Arena for \$100 per share in an all-cash transaction for a total equity value of approximately \$6.7 billion. The boards of directors of both companies have unanimously approved the transaction.<sup>339</sup>

Pfizer is acquiring a company that makes drugs that treat the very immuno-inflammatory injuries caused by Pfizer's COVID-19 vaccine. Arena has drugs in the pipeline to treat cardio-inflammatory diseases like myocarditis; the Pfizer COVID-19 vaccine has become notorious for causing myocarditis.<sup>340</sup> Also notable is Arena's development of a drug (Termanogrel) to address microvascular obstructions, which several doctors have identified as the root cause of many illnesses resulting from Pfizer's COVID-19 vaccine.<sup>341</sup> For example, Dr. Charles Hoffe, MD — who practices in British Columbia, Canada — explained in very simple terms how the mRNA COVID vaccines create the spike proteins which cause widespread microscopic blood clotting that will eventually kill many people within three years of taking the shots.<sup>342</sup> Pfizer now wants to get in on the action of offering overpriced patent medicines to give to desperate patients suffering from the deadly side-effects of their vaccine. How much more Machiavelian can you get?

If you think it is unwarranted to attribute such Machiavelian intent to Pfizer, think again. On September 2, 2009, the U.S. Department of Justice announced that Pfizer “agreed to plead guilty to a felony violation of the Food, Drug and Cosmetic Act for misbranding Bextra with the intent to defraud or mislead.”<sup>343</sup> As part of that settlement, Pfizer “agreed to pay \$2.3 billion, the largest health care fraud settlement in the history of the Department of Justice.”<sup>344</sup> Pfizer is a repeat offender.<sup>345</sup> Between 1991 and 2017, Pfizer entered into 34 civil and criminal settlements with the federal and state governments totaling \$4.7 billion.<sup>346</sup> Past behavior is the best predictor of future conduct. The VAERS data indicates that Pfizer-BiNTech is responsible for 69% of the COVID-19 vaccine deaths reported in VAERS.<sup>347</sup>

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