

COVID-19 Vaccines and Informed Consent

By John Allison, J.D.
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Introduction.

Most Americans have long assumed that they have a fundamental right to make decisions about their own bodily health and the medical treatments they receive. Informed consent is the ethical and legal principle by which that fundamental right is enforceable. To be able to give informed consent a person needs to be informed about the risks and benefits of, and alternatives to, the proposed treatment.

The fundamental right to informed consent is particularly important with respect to the COVID-19 vaccines which are available in the United States pursuant to Emergency Use Authorizations (EUAs). Under the federal EUA statute, people are entitled to be informed about their right to accept or refuse administration of these vaccines, the consequences (if any) of refusing vaccination, and the benefits and risks of alternatives to the vaccines. The manufacturers of EUA vaccines, and the people and organizations administering them, are immune from liability suits. People who suffer severe adverse effects after receiving a COVID-19 vaccine will not be able to recover compensation, for their monetary and emotional distress damages, from the vaccine manufacturers or from the people who vaccinated them. Similarly, the family members of people who die after receiving a COVID-19 vaccine will not be able to recover compensation for their loss.

Qualifications and Experience.

I am a retired lawyer, licensed to practice in Washington State and the District of Columbia, with extensive private law firm and in-house experience. Most of my law practice was devoted to the litigation of cases involving medical, toxicological, industrial hygiene and product safety issues. In my in-house role I was Assistant General Counsel in the legal department of a Fortune 100 company with overall responsibility for product liability, environmental and commercial litigation. I was also the lawyer for the company's Medical Department, including Corporate Toxicology, Epidemiology and Product Responsibility.

This memorandum presents the results of research I performed and my opinions based on that research. This memorandum is not intended to give legal advice.

People who want legal advice on the issues raised in this memorandum should consult with a lawyer licensed to practice in their jurisdiction.

Opinions.

Based on the results of my research to date, I have arrived at the following opinions with respect to the COVID-19 vaccines currently authorized or approved for use in the United States:

1. Government misinformation about the safety and effectiveness of the COVID-19 vaccines, censorship of credible scientific and medical information about the risks of death and serious adverse effects of the COVID-19 vaccines, and vaccination coercion, are depriving people of their ability to give informed consent to vaccination. Unless the limited effectiveness of the vaccines and the risks of death and serious adverse effects described in this memorandum are disclosed to people before they are vaccinated, informed consent has not been obtained.
2. Safe and effective drugs on the market for many years, such as ivermectin and hydroxychloroquine, have been proven by reputable doctors to be successful in the early treatment of COVID-19. If those affordable drugs had been allowed to be more widely used in the United States before people needed to be hospitalized, many tens of thousands of people who died from COVID-19 would probably be alive today.
3. The COVID-19 vaccines authorized or approved for use in United States do not meet established criteria for establishing their short-term and long-term safety and efficacy. Serious safety signals – red flags – about these vaccines have been ignored, and continue to be ignored, by the FDA and the CDC. The EUAs for the Pfizer-BioNTech, the Moderna and the Johnson & Johnson/Janssen COVID-19 vaccines, and the FDA’s approval of Pfizer’s Comirnaty vaccine and Moderna’s Spikevax vaccine, should be revoked. All of these vaccines should be taken off the market immediately.
 - SARS-CoV-2 is the coronavirus that causes COVID-19. Distinctive spike proteins on the surface of the virus enable the virus to penetrate cells and cause infection. The spike proteins mutate, producing the Delta variant which became the dominant form of the virus by the middle of 2021. Continuing mutations of the spike

protein produced the Omicron variant which became the dominant form of the virus by the end of 2021. We are now dealing with sub-variants of Omicron.

- The first confirmed case of COVID-19 in the United States was reported in mid-January, 2020. The pandemic spread. COVID-19 vaccines were not available until the middle of December 2020 when the FDA granted emergency use authorization for the Pfizer-BioNTech and the Moderna vaccines. In February 2021 the FDA granted emergency use authorization for the Johnson & Johnson/Janssen vaccine. Early in 2021 these vaccines became widely available in the United States and mass vaccination programs began. By the middle of 2021 millions of Americans, including workers in many different occupations, were fully vaccinated.
- The COVID-19 vaccines do not produce immunity to COVID-19 because they are not designed to trigger an immune response to the SARS-CoV-2 virus. Instead, the vaccines are designed to trigger an immune response to the spike proteins on the surface of the original virus.
- A number of studies demonstrate that the vaccines do not prevent infection or transmission of COVID-19. Fully vaccinated people can become infected and can also spread the SARS-CoV-2 virus to other vaccinated people and to unvaccinated people.
- According to data on the CDC website, in the United States there were 385,670 deaths attributed to COVID-19 in 2020, before the vaccines were widely available. In 2021, when vaccines were widely available and mass vaccination campaigns took place, there were 463,210 deaths attributed to COVID-19 – an increase of 20.1%.
- When the Delta and later the Omicron variants became the dominant form of the virus, government studies in different countries show that most COVID-19 hospitalizations and deaths occur among fully vaccinated people.
- Now that the Omicron variant is the dominant form of SARS-CoV-2, the effectiveness of the mRNA vaccines (Pfizer and Moderna)

diminishes significantly over just a few months. According to a Danish study, which has not yet been peer reviewed, vaccinated people, more than 90 days after vaccination, are more likely than unvaccinated people to be infected by Omicron.

- The COVID-19 vaccines contain genetic instructions that cause the body to produce enormous numbers of SARS-CoV-2 spike proteins in order to provoke an immune response to the spike proteins. Unfortunately, it turns out that the spike proteins, themselves, are toxic to cells. For example, endothelial cells line the inside of arteries to make blood flow smoothly. Damage to the endothelial cells caused by spike proteins increases the potential for microscopic blood clots to form. Those microscopic blood clots can travel to the lungs, increasing the risk of developing arterial hypertension which is a serious progressive condition that overtaxes and weakens the heart. There is no known cure for that condition.
- In the mRNA COVID-19 vaccines manufactured by Pfizer and Moderna the genetic instructions that cause the body to produce spike proteins are encapsulated in lipid nanoparticles. A preclinical study on laboratory animals conducted by Pfizer shows that the lipid nanoparticles and mRNA genetic instructions enter the bloodstream and accumulate in several organs, including the spleen, bone marrow, liver and adrenal glands, and concentrate in the ovaries. The body then starts producing spike proteins wherever the mRNA genetic instructions happen to land.
- A number of serious medical conditions have been associated with the COVID-19 vaccines, including blood clotting disorders, cardiac emergencies, myocarditis, Guillain-Barré Syndrome, autoimmune disease, spontaneous miscarriages, nervous system disorders and female infertility.
- The COVID-19 vaccines also interfere with the natural immune system, making a person more susceptible to viral infections and cancer. This may explain why most COVID-19 symptomatic infections, hospitalizations and deaths are now occurring among fully vaccinated people.

- A recent laboratory study in Sweden indicates that the Pfizer-BioNtech COVID-19 vaccine is able to enter a human liver cell line where it is reverse transcribed into DNA within a matter of hours. As a result, the possibility that the COVID-19 vaccines affect DNA cannot be ruled out.
- The mRNA COVID-19 vaccines also contain problematic ingredients. Both the Pfizer and the Moderna vaccines contain polyethylene glycol (PEG) as an active ingredient. An Expert Panel assessing the safety of PEG recommended against using PEG in ointments applied to damaged skin because some burn patients treated with a PEG-based antimicrobial cream experienced renal tubular necrosis and died of kidney failure. The PEG used in the Moderna vaccine matches the description of a PEG product manufactured by Sinopeg, a company in China. According to the Sinopeg website, that product is for “research use only.” The Moderna vaccine also contains a lipid known by the trade name SM-102. The Pfizer vaccine also contains a lipid known by the trade name ALC-0315. According to the safety information on the website of Cayman Chemical Company, which manufactures SM-102 and ALC-0315, both of those products are “for research use – Not for human or veterinary diagnostic or therapeutic use.” Yet, in the mRNA COVID-19 vaccines, PEG, SM-102 and ALC-0315 are being directly injected into people’s bodies.
- Because no long-term clinical studies were performed, there is no way of knowing whether or not vaccinated people will suffer severe adverse side effects in the future. This is a significant concern, since the vaccines increase the potential for developing cardiovascular disease and autoimmune disease, which can both take months or years to develop.
- In 1990 the government established the Vaccine Adverse Events Reporting System (VAERS) which is co-managed by the CDC and the FDA. It is intended to be a national early warning system to detect possible safety problems with vaccines in the United States. The number of serious adverse events and deaths that have been reported in VAERS for the COVID-19 vaccines is many times greater than the serious adverse events and deaths reported in VAERS for all other vaccines combined. As of July 1, 2022 more than 29,200 deaths, and more than 212,600 serious injuries, following administration of one

of the COVID-19 vaccines have been reported in VAERS. Yet the CDC and the FDA continue to ignore these serious safety signals.

- In contrast, in 1976 the federal government conducted a mass vaccination campaign against the swine flu. After roughly 25% of the population in the United States had been vaccinated, the government terminated the vaccination program due to reports of 25 deaths and 550 cases of Guillain-Barré Syndrome following vaccination.
- According to a mortality analysis by the Johns Hopkins Coronavirus Resource Center, 98.9% of all the people in the United States with a confirmed case of COVID-19 survived the disease. Most COVID-19 deaths occurred in elderly people who were in poor health with multiple comorbidities.
- The Society of Actuaries collected and analyzed claims data from twenty life insurance companies that provide group term coverage in the United States, representing roughly 90% of the employer-based group term life insurance industry. All-cause mortality data for the pandemic period (April 1, 2020 through September 30, 2021) was compared to all cause mortality data for the baseline period (2017 through 2019). The analysis reveals a dramatic spike in deaths from all causes during the third quarter of 2021 (July 1 through September 30). During that quarter, excess mortality for all policyholders was more than 30% above baseline. The spike in deaths was even more dramatic for working-age people. Excess mortality for people ages 25 to 34 was 81% above baseline, excess mortality for people ages 35 to 44 was 117% above baseline, excess mortality for people ages 45 to 54 was 108% above baseline, and excess mortality for people ages 55 to 64 was 70% above baseline. The dramatic increase in deaths from all causes during the third quarter of 2021, particularly among working age people, undermines the claim that the COVID-19 vaccines are safe and effective.

Basis for Opinions.

1. The only COVID-19 vaccines currently available in the United States are the Pfizer-BioNTech vaccine, the Moderna vaccine, and the Johnson &

Johnson/Janssen vaccine, which are available pursuant to Emergency Use Authorizations (EUAs).

2. Pfizer's Comirnaty COVID-19 vaccine has received full FDA approval and been licensed for use by FDA. However, that vaccine is not currently available in the United States. As Dr. Robert Malone pointed out in a sworn declaration filed in a case pending in the U. S. District Court for the Middle District of Florida, the Pfizer-BioNTech vaccine and the Comirnaty vaccine are not interchangeable. They are legally distinct products. Dr. Malone is an original inventor of the core mRNA technology used in the Pfizer-BioNTech and Comirnaty vaccines. The potential for confusion when the approved vaccine is not available, and the available vaccines do not have FDA approval but are merely authorized for emergency use, was pointed out in a letter U. S. Senator Ron Johnson sent to the Acting Commissioner of the FDA on August 26, 2021. The FDA has done nothing publicly to clear up that confusion.
3. Instead, the FDA perpetuated the confusion it created. On January 31, 2022 Moderna's Spikevax COVID-19 vaccine received full FDA approval. The FDA's press release announcing its approval claims that "Spikevax has the same formulation as the EUA Moderna COVID-19 Vaccine and is administered as a primary series of two doses, one month apart. Spikevax can be used interchangeably with the EUA Moderna COVID-19 Vaccine to provide the COVID-19 vaccination series." However, Moderna's Spikevax COVID-19 vaccine is not currently available in the United States.
4. The difference between a fully approved vaccine, and a vaccine authorized for emergency use, is highly significant for vaccine recipients. Manufacturers of fully approved vaccines are generally subject to liability claims for damages caused by the vaccines. Such liability claims can be based on design defects, manufacturing defects, and failures to adequately warn about possible complications and side effects. In contrast, manufacturers of vaccines authorized for emergency use are immune from those liability claims.
5. SARS-CoV-2 is the coronavirus that causes COVID-19. Distinctive spike proteins on the surface of the virus enable the virus to penetrate cells and cause infection. The Pfizer and the Moderna COVID-19 vaccines use synthetic mRNA genetic instructions to cause the body to produce spike proteins. The Johnson & Johnson COVID-19 vaccine is a viral vector DNA vaccine that also causes the body to produce spike proteins. All of these

vaccines are designed to stimulate an immune response to the spike proteins of the original SARS-CoV-2 virus. Unlike the body's natural immune response to an infection, the vaccines do not trigger an immune response to the SARS-CoV-2 virus itself, but only to the spike proteins of the original virus.

6. Before September 1, 2021 the CDC defined a vaccine as a “product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease.” Traditional vaccines for diseases such as smallpox and polio meet that definition, which is consistent with the definition of “vaccine” found in the 1996 edition of *Webster’s New Universal Unabridged Dictionary*: “any preparation used as a preventive inoculation to confer immunity against a specific disease, usually employing an innocuous form of the disease agent, as killed or weakened bacteria or viruses, to stimulate antibody production.” When it became clear by the summer of 2021 that the COVID-19 vaccines do not produce immunity to COVID-19, the CDC simply changed its definition of “vaccine” to: “A preparation that is used to stimulate the body’s immune response against diseases.” Redefining the word “vaccine” does not turn these experimental products into true vaccines as the term “vaccine” has been understood by people for many years. These products, in reality, are more accurately described as gene therapy injections that cause the body to produce spike proteins in order to provoke an immune response to the spike proteins which are only a part of the SARS-CoV-2 virus.
7. It has become clear that the vaccines do not prevent infection or transmission of COVID-19. Vaccinated people can become infected and can also spread the SARS-CoV-2 virus to other people. In July 2021 an outbreak of SARS-CoV-2 infections in Barnstable County, Massachusetts led the CDC to reverse its position on the wearing of masks and to recommend that all people wear masks indoors when viral transmission is likely, regardless of their vaccination status. The outbreak involved 469 people with COVID-19 infections; 79 percent of those people were symptomatic. 74 percent of the symptomatic people were fully vaccinated. Five people needed to be hospitalized; four of the five were fully vaccinated.
8. At a symposium on December 10, 2021 Sucharit Bhakdi, M.D. and Arne Burkhardt, M.D. presented the results of their pathology analysis of the organs of 15 people who had died after receiving a COVID-19 vaccine. Both Dr. Bhakdi and Dr. Burkhardt have extensive backgrounds as academic medical researchers and professors in Germany. Based on their analysis,

they concluded that the COVID-19 vaccines *cannot* protect against infection because the antibodies produced in response to the vaccines do not effectively protect the mucous membranes that line the respiratory tract. In their opinion, “the currently observed ‘breakthrough infections’ among vaccinated individuals merely confirm the fundamental design flaws of the vaccines.” Drs. Bhakdi and Burkhardt also described the evidence of vaccine-induced autoimmune pathology that they found.

9. The results of a study published October 28, 2021 in *The Lancet Infectious Diseases* online confirm that “fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts.”
10. A study of hospital workers in Vietnam compared the SARS-CoV-2 viral load in the nostrils of people who had COVID-19 in 2020 (before vaccines were available) with the viral load in the nostrils of fully vaccinated people who were infected by the Delta variant in 2021. The study showed that fully vaccinated people infected by the Delta variant in 2021 had 251 times the SARS-CoV-2 viral load of the unvaccinated people who had COVID-19 in 2020 before the virus mutated to form the Delta variant. The study also shows that fully vaccinated people can transmit the Delta variant to other vaccinated people as well as to unvaccinated people.
11. The results of a study reported in the *European Journal of Epidemiology* on September 30, 2021 indicate that COVID-19 vaccination rates do not correspond with lower infection rates. The study found that “countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people.”
12. A short video produced by Joel Smalley, a quantitative data analyst affiliated with the Health Advisory & Recovery Team in the UK, graphically shows dramatic spikes in COVID-19 deaths after the introduction of mass vaccination campaigns in each of 40 countries. The video can be found at: <https://www.youtube.com/watch?v=WR-pqrMWu3E>
13. According to the CDC’s website accessed on July 18, 2022, deaths in the United States attributed to COVID-19 on death certificates increased from 385,676 in 2020 to 463,210 in 2021. The COVID-19 vaccines started to become available in December of 2020. Mass vaccination campaigns

occurred in 2021. Yet there were 20.1% more COVID-19 deaths in 2021 than there were in 2020.

14. Because the COVID-19 vaccines do not trigger an immune response to the SARS-CoV-2 virus itself, mutations of the spike protein enable the virus to escape the effects of the vaccines and survive. One set of mutations produced the Delta variant, which became the dominant strain of the virus in many countries by the middle of 2021.
15. On page 17 of an internal CDC document published in a July 30, 2021 article in the *Washington Post*, the CDC notes that “Delta variant breakthrough cases may be as transmissible as unvaccinated cases.” The term “breakthrough cases” refers to people who get COVID-19 despite being fully vaccinated. The CDC makes that point again on page 22 of the document, and also notes that vaccines “may be less effective at preventing infection or transmission -- Therefore, more breakthrough and more community spread despite vaccination.”
16. An August 6, 2021 technical briefing report by Public Health England is also instructive. As of August 2, there were 300,117 confirmed and provisional COVID-19 cases in England attributable to the Delta variant, representing 56.7 percent of the total number of confirmed and provisional COVID-19 cases. Of the Delta variant cases, 655 patients died. 402 of the patients who died, or 61 percent, were fully vaccinated.
17. The Delta variant also became the most dominant form of SARS-CoV-2 in Israel. As of August 15, 2021, of the patients with severe or critical COVID-19 who were hospitalized in Israel, 59 percent were fully vaccinated.
18. Project Salus, a Department of Defense and Joint Artificial Intelligence Center study, analyzed the effectiveness of mRNA COVID-19 vaccines against the Delta variant among Medicare beneficiaries 65 years and older. The project’s September 28, 2021 report indicates, on page 7, that “In this 80% vaccinated \geq 65 population, an estimated **71% of COVID-19 cases occurred in fully vaccinated individuals**” (emphasis in the report). The report also points out, on page 12, that “In this 80% vaccinated 65+ population, an estimated **60% of COVID-19 hospitalizations occurred in fully vaccinated individuals in the week ending August 7th**” (emphasis in the report).

19. The COVID-19 Statistical Report published on November 10, 2021 by Public Health Scotland contains detailed information about COVID-19 cases, hospitalizations and deaths by vaccination status during overlapping four week periods in October and early November 2021. Based on the information presented in Tables 18, 19 and 20 of that Report: Fully vaccinated people accounted for 57% of the COVID-19 cases, 69% of the acute hospitalizations for COVID-19, and 87% of the “confirmed COVID-19 related deaths.”
20. A research paper published December 15, 2021 in the online *Journal* of the American Medical Association reports on the effectiveness of the Pfizer-BioNTech and Moderna COVID-19 vaccines among fully vaccinated male veterans ages 65 and older during the period from July to September 2021, when the Delta variant accounted for more than 70% of the new COVID-19 infections in the United States. During that period, the researchers concluded that the effectiveness of the vaccines dropped from 60% one month after full vaccination to less than 20% by five months after full vaccination.
21. The spike proteins on the SARS-CoV-2 virus have continued to mutate. The most recent set of mutations produced the Omicron variant of the virus. By December of 2021 Omicron became the dominant strain in many countries. The CDC has estimated that roughly 95% of new COVID-19 cases in the United States are now caused by the Omicron variant.
22. The COVID-19 vaccines appear to be far less effective against the Omicron variant than they were against the Delta variant. A December 31, 2021 technical briefing report by Public Health England indicates, on pages 10 to 12, that the effectiveness of the Pfizer and Moderna vaccines against symptomatic Omicron infection was between 65% and 70% during the first four weeks after the second dose. By 20 weeks after the second dose, vaccine effectiveness against symptomatic disease fell to around 10%. For fully vaccinated people who also received a booster shot, vaccine effectiveness dropped to between 40% and 50% by ten weeks after the booster. Table 2 on page 8 of the technical briefing report indicates that, of the people infected by Omicron who were hospitalized, 43.2% were fully vaccinated and an additional 23.2% had also received a booster dose.
23. A January 13, 2022 report by the New South Wales COVID-19 Critical Intelligence Unit indicates that 68.9% of the hospitalized COVID-19 patients

were double vaccinated. New South Wales is an Australian state with 92.5% of its population aged 12 and older double vaccinated.

24. A January 19, 2022 report by Public Health Scotland, in Table 16, indicates there were 218 confirmed COVID-19 related deaths in Scotland during the four-week period from December 11, 2021 through January 7, 2022. Of the 218 people who died 160, or 73.4%, had received two or three doses of a COVID-19 vaccine.
25. The UK Health Security Agency's March 3, 2022 COVID-19 Vaccine Surveillance Report contains information in Table 12, on page 43, about deaths between January 31 and February 27, 2022 among patients who died within 28 days of testing positive for COVID-19 or who had COVID-19 mentioned on their death certificate. Of the 3,957 patients who died, 3,429, or 86.6%, had received two or three doses of a COVID-19 vaccine. (725 people had received two doses, and 2,704 people had received three doses.)
26. According to a more recent government report from New South Wales, there were 80 COVID-19 deaths during the week ending June 11, 2022. Table 1 of the report indicates that 81% of those deaths were in people who had received two or more doses of a COVID-19 vaccine.
27. A December 21, 2021 report on the status of the Omicron variant in Denmark indicates that 91,104 people were infected by Omicron between November 22 and December 14. 78.7% of those people were fully vaccinated. An additional 10.3% also had a booster shot.
28. A December 23, 2021 preprint article, not yet peer reviewed, presents data from Denmark about the effectiveness of COVID-19 vaccines against the Omicron variant. According to the charts and the table on the last page of the article, vaccine effectiveness for two doses of the Pfizer-BioNTech COVID-19 vaccine was 55.2% for thirty days. Effectiveness fell to 16.1% during the second month post-vaccination, and to 9.8% during the third month. After 91 days post-vaccination, effectiveness fell to a *negative* 76.5%, meaning that fully vaccinated people with two doses of the Pfizer-BioNTech vaccine became *76.5% more likely than unvaccinated people* to be infected by Omicron. The Moderna COVID-19 vaccine produced a similar pattern. Vaccine effectiveness for two doses was 36.7% for the first 30 days, falling to 30.0% during the second month and to 4.2% during the third month. After 91 days post-vaccination, effectiveness fell to a *negative* 39.3%, meaning that

fully vaccinated people with two doses of the Moderna vaccine became 39.3% more likely than unvaccinated people to be infected by Omicron.

29. A preview of a peer reviewed article accepted for publication on December 23, 2021 in the journal *Nature* describes how the Omicron variant evades the COVID-19 vaccines. The article mentions that recent reports show the efficacy of two doses of the Pfizer-BioNTech vaccine has dropped “to approximately 40% and 33% against [Omicron] in the United Kingdom and South Africa, respectively.” The authors conclude that the “Omicron variant presents a serious threat to many existing COVID-19 vaccines and therapies, compelling the development of new interventions that anticipate the evolutionary trajectory of SARS-CoV-2.”
30. A Swedish total population cohort study to evaluate the duration of vaccine effectiveness found “a progressive waning of vaccine effectiveness against SARS-CoV-2 infection of any severity during up to 9 months of follow-up.” Based on data from January 12 to October 4, 2021 the authors reported that, in the main cohort, “the estimated vaccine effectiveness was more than 90% in the first month, with a progressive waning starting soon thereafter, ultimately resulting in a non-detectable vaccine effectiveness after 7 months. Vaccine effectiveness waned across all subgroups, although differently according to vaccine schedule and type.”
31. A January 1, 2022 preprint of a scientific paper, not yet peer reviewed, describes an analysis of the effectiveness of COVID-19 vaccines against infection with the Omicron variant in the province of Ontario, Canada. The authors state that “receipt of 2 doses of COVID-19 vaccines was not protective against Omicron.” For patients who had also received a third, or booster, dose of an mRNA vaccine, effectiveness against Omicron was 37% seven or more days after receiving the booster. The authors conclude that “Two doses of COVID-19 vaccines are unlikely to protect against Omicron infection.” “[A] third dose of mRNA vaccine affords some protection against Omicron infection in the immediate term. However, the duration of this protection and effectiveness against severe disease is uncertain.”
32. A February 15, 2022 preprint of a scientific paper, not yet peer reviewed, describes the results of a study of healthcare workers in Israel who received four doses of an mRNA COVID-19 vaccine. The authors found that, even after four doses, the Pfizer-BioNTech vaccine was only 30% effective against infection by Omicron, while adverse reactions were reported for 80% of the

study participants who received that vaccine. The Moderna vaccine was found to be only 11% effective against infection by Omicron, while adverse reactions were reported for 40% of that study participants who received that vaccine.

33. In addition to limitations on their effectiveness, the COVID-19 vaccines cause demonstrable harm to the human body. In a December 8, 2020 letter to the FDA, Dr. Patrick Whelan, a pediatric rheumatologist at UCLA, expressed his concern that these vaccines “have the potential to cause microvascular injury to the brain, heart, liver, and kidneys in a way that is not currently being assessed in safety trials of these potential drugs.”
34. Later scientific research has confirmed Dr. Whelan’s concern. An article on the Salk Institute website discusses the results of a study published in *Circulation Research* which “shows conclusively that COVID-19 is a vascular disease, demonstrating how the SARS-CoV-2 virus damages and attacks the vascular system on a cellular level.” The critical finding of this research is that *the spike protein by itself, without active virus material present, can damage endothelial cells and mitochondria. Endothelial cells line the inside of arteries, and mitochondria generate energy for cellular function.*
35. The endothelial cells lining the inside of arteries are designed to help blood flow smoothly. Damage to the endothelial cells caused by spike proteins increases the potential for microscopic blood clots to form. Those microscopic blood clots can travel to the lungs, increasing the risk of developing pulmonary arterial hypertension which is a serious progressive condition that overtaxes and weakens the heart. There is no known cure for that condition. All of the COVID-19 vaccines have been shown to cause other serious blood clotting disorders as well.
36. A study reported in the *Annals of Diagnostic Pathology* found diffuse “microvessel endothelial damage” in the brains and other organs of people who had died from COVID-19. The study also found that “endothelial damage is a central part of SARS-CoV-2 pathology and may be induced by the spike protein alone.”
37. Dr. Robert Malone, who invented mRNA vaccine technology, told the FDA many months ago that the spike protein is toxic to cells.

38. A medical group with a preventive cardiology practice periodically administers a PULS (Protein Unstable Lesion Signature) test to its cardiac patients. The PULS test is a clinically validated cardiac test that measures the most significant protein biomarkers of the body's immune system response to arterial injury. The medical group uses the PULS test to calculate a "PULS score" that predicts the percentage chance for a patient to experience a new Acute Coronary Syndrome (ACS) within the next five years. ACS is a medical emergency that can be fatal. A heart attack is an example of ACS. The medical group's results for 566 patients are reported in an abstract published in *Circulation*, a journal of the American Heart Association. For each of those 566 patients, the patient's PULS score before the patient received a COVID-19 vaccine was compared with the patient's PULS score after receiving the second dose of an mRNA COVID-19 vaccine. The abstract reports an increase in PULS score from 11% pre-vaccination to 25% post-vaccination, more than doubling the predicted risk of ACS within five years.
39. The UK Health Security Agency published its COVID-19 Vaccine Surveillance Report for Week 42 on October 21, 2021. That Report contains information suggesting the vaccines weaken a person's natural immune system, perhaps permanently. The Report points out that nucleoprotein assays (Roche N) are used to detect post-infection antibodies. Page 23 of the Report notes "recent observations from UK Health Security Agency (UKHSA) surveillance data that N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination." This suggests that full vaccination interferes with the body's innate ability to produce antibodies, not only against the spike protein but also against the shell of the virus which is a crucial part of the natural immune response in unvaccinated people.
40. Dr. Ryan Cole, a board-certified pathologist who operates a diagnostic lab in Idaho, describes seeing a drop in CD8 "killer T-cells" after COVID-19 vaccination, indicating a weakened immune system. Since January 1, 2021, after the COVID-19 vaccines became available, Dr. Cole has seen a 20-fold increase in endometrial cancers over what he sees on an annual basis. He has also seen an increase in melanomas and a significant increase in human papillomavirus when looking at the cervical biopsies of women. He has also seen an increase in herpes and shingles infections.
41. A group of research scientists in the Netherlands and Germany studied the effects of the Pfizer-BioNTech COVID-19 vaccine on the immune system. In a May 6, 2021 preprint article, which has not yet been peer reviewed, the

research scientists reported their conclusion that the Pfizer-BioNTech vaccine “induces functional reprogramming of innate immune responses, which should be considered in the development and use of this new class of vaccines.” They also point out that “inhibition of innate immune responses may diminish anti-viral responses.” A more recent peer reviewed article published June 2022 in *Food and Chemical Toxicology* explains how the mRNA COVID-19 vaccines subvert innate immunity and dysregulate the body’s system “for both preventing and detecting genetically driven malignant transformation within cells.”

42. An article published in the *Journal of the European Academy of Dermatology and Venereology* describes the results of a study about reactivation of the varicella-zoster virus (VZV), which causes herpes zoster (shingles) in humans, The study found that people who received an mRNA COVID-19 vaccine were 1.8 times more likely to experience VZV reactivation within 60 days after vaccination than people who had not been vaccinated. The authors point out that a “unifying thread” among other conditions that cause VZV to reactivate “is that they correspond to a decreased immune competence.”
43. Dr. Harvey Risch, Professor Emeritus of Epidemiology at the Yale School of Public Health and the Yale School of Medicine, analyzed COVID-19 infection rates reported by Public Health UK until March 2022. In an interview he said that Public Health UK was reporting infection rates per 100,000 people “according to vaccination status and by age. And they compared people who had been triple vaccinated, who had a booster with people who were completely unvaccinated by age group. And what they showed is above age 18 in every age group the rates of symptomatic infection in each age group were approximately threefold higher in the vaccinated people than the unvaccinated people.” Dr. Risch expressed his opinion “that the vaccines have done damage to the immune system, such that it makes people more likely to get COVID over the longer term, not the short term vaccine benefit period, but after that, more likely to get COVID infections, more likely to get other respiratory infections.”
44. The Fact Sheet for the Johnson & Johnson/Janssen COVID-19 vaccine was amended on January 11, 2022 to add a warning about an increased risk of immune thrombocytopenia during the 42 days following vaccination. Immune thrombocytopenia usually occurs when the immune system mistakenly attacks and destroy platelets, which are designed to help the

blood clot. The condition can make a person subject to easy and excessive bruising and bleeding.

45. A June 11, 2021 research article entitled “Pathogenic Antibodies Induced by Spike Proteins of COVID-19 and SARS-CoV-2 Viruses,” which has not yet been peer reviewed, reports on the results of a study in China of the pathogenic roles and novel mechanism of action of certain antibodies specific to the spike protein. According to the researchers: “The data indicate that certain anti-COVID-19 S1 antibodies [antibodies to the spike protein], such as REGN10987, are highly pathogenic because it has the high potential to bind to healthy human tissues, activating self-attacking immune responses and inducing serious adverse reactions *in vivo*.” This means that one of the antibodies to the spike protein, REGN10987, has the potential to trigger autoimmune disease. The researchers went on to say that “the pathogenic antibodies can bind to unmaturing fetal cells or tissues and cause abortions [spontaneous abortions, or miscarriages], postpartum labors, still births, and neonatal deaths of pregnant females.”
46. DNA may very well be affected by the synthetic mRNA genetic instructions in the Pfizer and Moderna COVID-19 vaccines. Before 1975 the generally accepted concept was that genetic information was only transferred in one direction, from DNA to RNA. It was understood that an individual’s DNA sequences are copied onto mRNA molecules which in turn cause cells in the body to make the proteins that are essential for the individual’s life. However, in 1975 Dr. Howard Temin was awarded a Nobel Prize for discovering that viruses with genomes consisting of RNA can also be inserted into host cells’ DNA through an enzyme known as reverse transcriptase. This means that genetic information can also be transferred from RNA to DNA. According to Dr. Daniel Nagase, a Canadian physician, children are particularly susceptible to this transfer of genetic information from RNA to DNA because they have higher levels of reverse transcriptase activity than adults.
47. According to a study published February 25, 2022, researchers at Lund University in Sweden found that the Pfizer-BioNTech COVID-19 vaccine is able to enter a human liver cell line *in vitro* (in the laboratory). Once inside the cell, the mRNA in the vaccine is reverse transcribed into DNA within as little as six hours.

48. No long-term clinical studies have been performed to evaluate the long-term safety of these COVID-19 vaccines. As a result, we have no way of knowing whether or not vaccinated people will suffer severe adverse side effects in the future. This lack of information is of particular concern since the vaccines increase the potential for developing cardiovascular disease and autoimmune disease, which can both take months or years to fully develop. Because clinical trial participants in the placebo (control) group were subsequently given the option of getting vaccinated, and a number of them chose to be vaccinated, there is no longer a statistically viable control group for a study of the long-term adverse effects of the vaccines.
49. As Dr. Peter McCullough pointed out in his October 13, 2021 sworn expert witness Declaration filed in the U. S. District Court for the Middle District of Florida: “The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) skipped testing for genotoxicity, mutagenicity, teratogenicity, and oncogenicity. In other words, it is unknown whether or not these products will change human genetic material, cause birth defects, reduce fertility, or cause cancer.”
50. Pfizer recognizes that the long-term adverse effects of its COVID-19 vaccines (Pfizer-BioNTech and Comirnaty) are not currently known. In its Agreement to supply Pfizer-BioNTech COVID-19 vaccines to the government of a European country, Pfizer’s subsidiary required the purchasing government, in paragraph 5.5 of the Agreement, to acknowledge “that the long-term effects and the efficacy of the Vaccine are not currently known and that there may be adverse effects of the Vaccine that are not currently known.” It is reasonable to assume that the same provision was included in Pfizer’s agreements with the governments of other countries as well.
51. A patient cannot possibly give informed consent to receiving one of these COVID-19 vaccines when the patient is not warned *in advance* that the vaccines cause the body to produce an enormous number of spike proteins which are toxic to cells, impair bodily functions, and adversely affect the immune system.
52. Pfizer reportedly cut corners in the pre-clinical animal testing of the Pfizer-BioNTech COVID-19 vaccine. According to a May 28, 2021 article on the TrialSite News website, which reports on clinical trials, Pfizer performed its pre-clinical animal tests using “surrogate” mRNA instead of the mRNA that is actually in the vaccine.

53. Deficiencies in the clinical trials for the Pfizer-BioNTech COVID-19 vaccine are explained in a public document prepared by the Canadian Covid Care Alliance, a group of more than 500 independent Canadian doctors, other health care practitioners and scientists. The document also contains information from six months of follow up in the Pfizer-BioNtech clinical trial, indicating that related adverse events were 300% higher in the vaccinated group than in the placebo (control) group, and severe adverse events were 75% higher in the vaccinated group than in the control group. The document can be found at:
<https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>
54. On November 19, 2021, pursuant to a Freedom of Information Act request, the FDA released some documents relating to its December 11, 2020 emergency use authorization of the Pfizer-BioNTech COVID-19 vaccine. One of the documents is an April 30, 2021 cumulative analysis of post-authorization adverse event reports that Pfizer submitted to the FDA. The analysis covered adverse event reports in the Pfizer safety database through February 28, 2021. During the first three months the Pfizer-BioNTech vaccine was on the market, Pfizer received, and reported to the FDA, 42,086 relevant case reports containing 158,893 events. Demographically, 71% of the case reports involved women. 63% of the case reports involved patients between the ages of 18 and 64. 8869 “adverse events of special interest” were medically confirmed. 1,223 fatalities were reported. Pfizer submitted this information to the FDA confidentially. It was not disclosed to the public until a court forced the FDA to do so, nearly two months after FDA gave its approval to Pfizer’s Comirnaty COVID-19 vaccine.
55. It is worth noting that Pfizer has a history of breaking the rules. In 2009 Pfizer, Inc. and one of its subsidiaries agreed to pay \$2.3 billion to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products. According to the Department of Justice press release announcing the settlement this was at the time “the largest health care fraud settlement in the history of the Department of Justice.” As the Assistant Attorney General for the Civil Division pointed out, “Illegal conduct and fraud by pharmaceutical companies puts the public health at risk, corrupts medical decisions by health care providers, and costs the government billions of dollars.” One of the federal prosecutors was quoted as saying, “The size and seriousness of this resolution, including the huge

criminal fine of \$1.3 billion, reflect the seriousness and scope of Pfizer's crimes."

56. Researchers initially assumed that the mRNA vaccines would stay near the point of injection in the shoulder muscle. However, pursuant to a records request to the regulatory agency in Japan, Dr. Byram Bridle, a Canadian vaccine researcher and immunologist, obtained a copy of Pfizer's biodistribution study on laboratory animals. According to that study the lipid nanoparticles and the mRNA genetic instructions that cause the body to make spike proteins enter the bloodstream and accumulate in several organs, including the spleen, bone marrow, liver and adrenal glands, and concentrate in the ovaries. The body then starts producing spike proteins wherever the mRNA genetic instructions happen to land.
57. Significantly higher rates of spontaneous miscarriages and menstrual cycle changes, including heavier bleeding, among women soon after receiving a COVID-19 vaccine have been reported.
58. Dr. Michael Yeadon, former Vice President and Chief Science Officer at Pfizer, Inc., has pointed out that the spike protein is faintly similar to a protein in the placenta that is essential for fertilization and a successful pregnancy. He cited a study that found significantly elevated levels of antibodies against the placenta following administration of the Pfizer-BioNTech COVID-19 vaccine.
59. According to Dr. Richard Blumrick, a maternal-fetal medicine specialist, the SARS-CoV-2 virus does not cross the placenta. However, the mRNA vaccines use lipid nanoparticles to encapsulate the mRNA genetic instructions that cause the body to produce spike proteins. The lipid nanoparticles are vectors, or carriers, that *are* likely to cross the placenta.
60. In their Expert Statement submitted in conjunction with a lawsuit in Italy, Drs. Bhakdi and Hockertz (Germany) and Dr. Palmer (Canada) "note that both the VAERS database and the EU drug adverse events registry (EudraVigilance) report fatalities in breastfed newborns after vaccination of their mothers."
61. On June 25, 2021 the FDA announced revisions to the Fact Sheets for the Pfizer-BioNTech and Moderna COVID-19 vaccines adding a warning about the "increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) following

vaccination.” According to the FDA, the new warning in the Fact Sheets for vaccination providers “notes that reports of adverse events suggest increased risks of myocarditis and pericarditis, particularly following the second dose and with onset of symptoms within a few days after vaccination.” Myocarditis causes permanent damage to the heart muscle and can ultimately result in premature death.

62. A November 2, 2021 scientific article by Dr. Jessica Rose and Dr. Peter McCullough describes their analysis of myocarditis events reported in the government’s Vaccine Adverse Events Reporting System. For vaccine recipients in the 12-15 year old age group, they “found 19 times the expected number of myocarditis cases in the vaccination volunteers over background myocarditis rates for this age group. In addition, a 5-fold increase in myocarditis rate was observed subsequent to dose 2 as opposed to dose 1 in 15-year-old males. A total of 67% of all cases occurred with BNT162b2.” (BNT162b2 is the Pfizer-BioNTech COVID-19 vaccine.) The authors note: “These findings suggest a markedly higher risk for myocarditis subsequent to COVID-19 injectable product use than for other known vaccines, and this is well above known background rates for myocarditis. COVID-19 injectable products are novel and have a genetic, pathogenic mechanism of action causing uncontrolled expression of SARS-COV-2 spike protein within human cells. When you combine this fact with the temporal relationship of AE [adverse event] occurrence and reporting, biological plausibility of cause and effect, and the fact that these data are internally and externally consistent with emerging sources of clinical data, it supports a conclusion that the COVID-19 biological products are deterministic for the myocarditis cases observed after injection.”
63. On July 12, 2021 the FDA approved revisions to the Fact Sheets for the Johnson & Johnson COVID-19 vaccine to include warnings about thrombosis with thrombocytopenia and an increased risk of Guillain-Barré syndrome following vaccination. Thrombosis with thrombocytopenia can be fatal. Guillain-Barré syndrome is a neurological disorder in which the body’s immune system damages nerve cells. The syndrome can cause paralysis; there is no known cure.
64. An evaluation of COVID-19 breakthrough infections among fully vaccinated people, published November 1, 2021 in the *Journal of Medical Economics*, shows that breakthrough infections are more common and severe in people who are immunocompromised.

65. Polyethylene glycol (“PEG”) is an active ingredient in both the Pfizer and the Moderna mRNA COVID-19 vaccines. PEG has been used in cosmetics and ointments for many years. An Expert Panel conducted a safety assessment of PEG and issued its final report in 1993. In that report, the Expert Panel noted that some burn patients treated with a PEG-based antimicrobial cream experienced renal tubular necrosis and died of kidney failure. Based on that information about the risk of kidney damage from PEG, the Expert Panel recommended against using cosmetics and ointments that contain PEG on damaged skin. In the mRNA vaccines, PEG is not being applied to damaged skin. It is being directly injected into people’s bodies.
66. PEG is a manufactured polymer formed by condensing ethylene oxide and water. As a result of the manufacturing process PEG may contain some residual ethylene oxide and may also contain 1,4-dioxane as a contaminant. The EPA and the State of California under Proposition 65 consider ethylene oxide and 1,4-dioxane to be probable human carcinogens. I am not aware of any information to indicate that the Pfizer or the Moderna COVID-19 vaccines have been tested to confirm the absence of ethylene oxide and 1,4-dioxane.
67. The PEG used in the Moderna mRNA COVID-19 vaccine is described in Moderna’s Fact Sheet as “polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG],” which matches the description of a COVID-19 vaccine excipient product manufactured in China by Xiamen Sinopeg Biotech Co., Ltd. (“Sinopeg”). According to the Sinopeg website (accessed on August 11, 2021), that product is for “research use only.” The PEG used in the Pfizer-BioNTech COVID-19 vaccine is described in Pfizer’s Fact Sheet as “2 [(polyethylene glycol)-2000]-N.” It is not possible from that description to identify the manufacturer of the PEG used in the Pfizer vaccine.
68. Lipid nanoparticles are an essential component of the Pfizer and the Moderna COVID-19 vaccines. The lipid nanoparticles encapsulate and carry into the cells of the body the mRNA and its coded instructions to make spike proteins. One of the lipids in the nanoparticles for the Moderna vaccine is SM-102, which is the trade name for a lipid manufactured by Cayman Chemical Company. Cayman Chemical’s June 7, 2022 Safety Data Sheet for SM-102 states that “This product is for research use – Not for human or veterinary diagnostic or therapeutic use.” The list of “Most important symptoms and effects, both acute and delayed,” on the Safety Data Sheet for

SM-102 includes heart damage, liver damage, reproductive effects and teratogenic effects. Moderna's Fact Sheet lists SM-102 as an ingredient of its COVID-19 vaccine, but fails to mention the fact that SM-102 is not intended for human therapeutic use.

69. One of the lipids in the nanoparticles for the Pfizer vaccine is a cationic lipid known as ALC-0315. A 2018 article published in *Toxicology Research* points out that "cationic lipids still have the problem of toxicity, which has become one of the main bottlenecks for their application." In their Expert Statement Drs. Bhakdi, Hockertz and Palmer point out that ALC-0315 had not previously been approved for use in humans, and state "it is also known that, once inside the cell, cationic lipids disrupt mitochondrial function (cell respiration) and cause oxidative stress, which in turn leads to DNA damage." ALC-0315 is manufactured by Cayman Chemical Company. Cayman Chemical's June 7, 2022 Safety Data Sheet for ALC-0315 states that "This product is for research use – Not for human or veterinary diagnostic or therapeutic use." The list of "Most important symptoms and effects, both acute and delayed," on the Safety Data Sheet for ALC-0315 includes heart damage, liver damage, reproductive effects and teratogenic effects. Pfizer's Fact Sheet lists ALC-0315 as an ingredient of its COVID-19 vaccine, but fails to mention the fact that ALC-0315 is not intended for human therapeutic use.
70. Cayman Chemical's Safety Data Sheets for SM-102 and ALC-0315 were revised on June 7, 2022. Before those revisions, the Safety Data Sheet for SM-102 dated September 15, 2021 also indicated that SM-102 "May cause cancer." Similarly, the Safety Data Sheet for ALC-0315 dated September 22, 2021 also indicated that ALC-0315 "May cause cancer." It is not clear why Cayman Chemical removed the cancer warning from its Safety Data Sheets for SM-102 and ALC-0315 in June 2022. The composition of those chemical products does not appear to have changed from September 2021 to June 2022.
71. Adverse events following vaccination are supposed to be reported in the government's Vaccine Adverse Events Reporting System (VAERS) which is co-managed by the CDC and the FDA. VAERS was established in 1990 as a national early warning system to detect possible safety problems with vaccines in the United States. A study performed for the U. S. Department of Health and Human Services based on data collected from June 2006 through October 2009 found that only a small percentage of adverse events are actually reported in VAERS.

72. In a July 13, 2021 letter to the Director of the NIH, the Director of the CDC, and the Acting Commissioner of the FDA, U. S. Senator Ron Johnson pointed out that he had raised “the alarming safety signals emanating from VAERS” at a meeting with the Director of NIH on April 27. In his letter, Senator Johnson wrote, “By that date, the number of deaths following COVID-19 vaccination reported to VAERS had already reached 3,411, with 1,349 or 39.5 percent of those deaths occurring on Day 0, 1, or 2 following vaccination. I expected the director of NIH to share my concerns, but he, together with our other federal health agencies, has continued to downplay the significance of what VAERS is signaling.”
73. The number of serious adverse events and deaths that have been reported in VAERS for the COVID-19 vaccines is many times greater than the serious adverse events and deaths reported in VAERS *for all other vaccines combined*. As of July 1, 2022 more than 29,200 deaths, and more than 212,600 serious injuries, following administration of one of the COVID-19 vaccines have been reported in VAERS. Yet the CDC and the FDA continue to ignore these serious safety signals.
74. Due to underreporting, the actual number of deaths following vaccination is likely to be higher than the number reported in VAERS. On July 13, 2021 an expert witness signed a Declaration under penalty of perjury expressing her opinion that, as of July 9, 2021, “the deaths occurring within 3 days of vaccination are higher than those reported in VAERS by a factor of at least 5. This would indicate the true number of vaccine-related deaths was at least 45,000.” That Declaration was filed in the U.S. District Court for the Northern District of Alabama. Since July 9, 2021 thousands of additional deaths following COVID-19 vaccination have been reported in VAERS.
75. The World Health Organization maintains a VigiAccess database to make information about adverse drug reactions and adverse events following vaccination available to the public. The database can be accessed at www.vigiaccess.org, and information about adverse events following COVID-19 vaccination can be found by searching for: COVID-19 vaccine. Because the database is worldwide it includes reports of adverse events associated with COVID-19 vaccines that are not available in the United States. According to the database, as of July 15, 2022 the World Health Organization received reports of 4,029,255 adverse events following COVID-19 vaccination. 66% of the reports involved women. 40% of the reports

involved people between 18 and 44 years old. 29% of the reports involved people between 45 and 64 years old.

76. To put these numbers for the COVID-19 vaccines in perspective, in 1976 the federal government conducted a mass vaccination campaign against the swine flu. After roughly 25 percent of the population in the United States had been vaccinated, the government terminated the vaccination program due to reports of 25 deaths and 550 cases of Guillain-Barré Syndrome following vaccination. After the campaign was stopped, the number of reported deaths following swine flu vaccination increased to 53.

77. Craig Paardekooper, a researcher and computer programmer in the UK, and Alexandra Latypova, a researcher and biotech CEO, recently reported on the results of their analyses of VAERS data for the COVID-19 vaccines. They found that some vaccine batches, identified by lot number, are many times more toxic than others. Roughly 80% of the vaccine batches accounted for 1 or 2 adverse events per batch reported in VAERS. Other batches accounted for hundreds or thousands of adverse events per batch reported in VAERS, and some of those adverse events involved death, disability or serious illness. That should not be the case, as pharmaceutical manufacturers are required to follow good manufacturing practices to ensure their products are uniform. Craig Paardekooper also found that the more toxic batches are not randomly distributed among lot numbers. Instead, he showed how the more toxic batches of the Pfizer-BioNTech vaccine have batch codes that are part of the same mathematical or alpha-numeric sequence. Results of the analyses of deaths, disabilities and serious illnesses for the Pfizer-BioNTech, Moderna and Johnson & Johnson/Janssen COVID-19 vaccines can be found at: www.howbadismybatch.com

78. In an October 11, 2021 article the Health Advisory & Recovery Team in the UK reported that non-COVID-19 deaths of 15 to 19 year old males in England and Wales during the period May 1 to September 17, 2021 were significantly higher than the 2020 baseline. The authors point out that the period coincides with the rollout of vaccinations for that age group. Also, the age adjusted mortality rate for vaccinated 12 to 17 year olds “reached levels 60% higher than the peak mortality rate for unvaccinated people during the winter.” The authors urged further investigation of the cause of the excess deaths.

79. On February 1, 2022, U. S. Senator Ron Johnson sent a letter to Secretary of Defense Lloyd J. Austin III requesting information about “increases in registered diagnoses of miscarriages, cancer, or other medical conditions” in the Defense Medical Epidemiology Database (DMED) in 2021 compared to the five-year average from 2016 through 2020. Senator Johnson referred to testimony he heard from an attorney representing three Department of Defense whistleblowers “who revealed disturbing information regarding dramatic increases in medical diagnoses among military personnel. The concern is that these increases may be related to the COVID-19 vaccines that our servicemen and women have been mandated to take.” The COVID-19 vaccines became widely available early in 2021, and the vaccination mandates went into effect later that year. Examples of increases in medical conditions reported in DMED for 2021 compared to the previous five-year average include: a 2,181% increase in hypertension; a 1,048% increase in diseases of the nervous system; increases from 474% to 894% in various types of cancer; and a 472% increase in female infertility.
80. At a December 30, 2021 news conference organized by the Indiana Chamber of Commerce the CEO of OneAmerica, a large life insurance company headquartered in Indianapolis that sells group life insurance policies to employers nationwide, reported that his company’s life insurance death claims during the last six months of 2021 were 40% higher than the level of pre-pandemic death claims. He said the increase in deaths were primarily among working age people 18 to 64. Most of those death claims were not classified as COVID-19 deaths. The OneAmerica CEO was quoted as saying, “Just to give you an idea of how bad that is, a three-sigma or one-in-200-year catastrophe would be 10% increase over pre-pandemic,” “So 40% is just unheard of.” He pointed out that other life insurance companies are having similar experiences. While he did not offer any thoughts about the cause of the 40% increase in death claims, it is worth noting that the mass COVID-19 vaccination campaigns began in 2021.
81. Lincoln National, the fifth largest life insurance company in the United States, reportedly experienced an even more dramatic increase in death benefits paid out under its group life insurance policies in 2021 compared to the two previous years. Group life insurance policies typically cover working-age people who receive coverage as an employee benefit from their employer. In 2019 – before the COVID-19 pandemic came to the United States – Lincoln National paid out \$500,888,808 in group death benefits. In 2020 – before COVID-19 vaccines were widely available in the United States

– the company paid out \$547,940,260 in group death benefits. In 2021 – when COVID-19 vaccines were widely available and mass vaccination programs were implemented – the company paid out \$1,445,350,949 in group death benefits. That is a 163.8% increase in group death benefits paid out by Lincoln National in 2021 compared to 2020.

82. The Society of Actuaries compiled claims data from twenty insurers that provide group term life insurance coverage in the United States, representing roughly 90% of the employer-based group term life insurance industry. The Society’s Group Life COVID-19 Mortality Survey Report presents quarterly mortality information for the last three calendar quarters of 2020 and the first three calendar quarters of 2021, and compares that information with baseline mortality data from 2017 through 2019 (before the COVID-19 pandemic). According to Table 2.1 on page 7 of the Report, mortality from all causes during the third quarter of 2021 (July 1 through September 30) was 37.7% above baseline. The Report notes that “additional data reported in October 2021 indicates that the 3Q21 excess mortality will likely complete downward from the 37.7% shown [in Table 2.1] using September data. The fully complete 3Q21 excess mortality is expected to remain above 30%, which will continue to be the highest quarterly Group Life mortality spike observed thus far in the pandemic.” Table 5.6 on page 23 of the Report presents excess mortality information by age band. For the third quarter of 2021, mortality for people ages 25 to 34 was 181% of baseline, mortality for people ages 35 to 44 was 217% of baseline, mortality for people ages 45 to 54 was 208% of baseline, and mortality for people ages 55 to 64 was 170% of baseline. Page 33 of the Report points out that the group life population “experienced significantly higher excess mortality within the under-65 age groups” than the U. S. population as a whole. That is contrary to the results of past studies “that have compared insured mortality to population mortality and found that mortality among insured lives tends to be lower.” The Report, on page 31, points out that a 2016 mortality study “found that, in the key working ages, insured mortality is between 30% and 40% of general population mortality. This is often considered to be function of the fact that an employee generally is in good health in order to be actively at work, often has access to health care, and tends to have a higher level of income (which is correlated with better health).” The Report goes on to say that “mortality experience within the Group Life population has deteriorated on an absolute level since the last report, and that the Group Life population mortality now has become more adverse than the U. S. population mortality when measured over the pandemic period.”

83. The CEOs of Johnson & Johnson, Pfizer and Moderna each said many months ago that “booster” shots may be needed within a year of being fully vaccinated, suggesting their companies were aware that the vaccines do not provide long-term protection against COVID-19. None of the original EUAs for these vaccines cover booster shots, and booster shots were not part of the clinical trials. Nevertheless, despite the absence of research information on booster shots, boosters are now authorized and people are being encouraged to get a booster shot roughly six months after being “fully vaccinated.”
84. While there is no research information on booster shots from clinical trials, we do know that *each* booster shot will cause the body to again produce an enormous number of spike proteins, which are toxic to cells, impair bodily functions, and adversely affect the immune system.
85. In addition to the lack of evidence that booster shots are safe, there is no evidence they are likely to be effective. The SARS-CoV-2 virus mutates, and the vaccines proved to be less effective against the Delta variant. They are now proving to be even less effective against the Omicron variant which now accounts for 95% of the new COVID-19 cases in the United States.
86. According to a mortality analysis by the Johns Hopkins Coronavirus Resource Center, as of July 17, 2022 the United States had a COVID-19 case fatality ratio of 1.1%. The case fatality ratio is the number of deaths divided by the number of confirmed COVID-19 cases. This means that, in the United States, 98.9% of all the people with a confirmed case of COVID-19 survived. Most COVID-19 deaths occurred in elderly people who were in poor health with multiple comorbidities.
87. The SARS-CoV-2 virus rarely causes severe COVID-19 or death in people younger than 18 years of age. A March 19, 2021 COVID-19 Pandemic Planning Scenarios document published by the CDC presented the agency’s best estimate of the infection fatality ratio for COVID-19 patients in different age groups. The infection fatality ratio represents the proportion of infected patients who die. In Table 1 of that document, the CDC provided its best estimate infection fatality ratio of 20 deaths per 1 million infections for COVID-19 patients between 0 and 17 years of age. That is a ratio of 0.00002. An infection fatality ratio of 0.00002 means that 99.998% of COVID-19 patients ages 17 and younger are expected to survive.

88. The CDC's estimate is confirmed by more recent studies. A July 8, 2021 meta-analysis of published studies by researchers in England, which has not yet been peer reviewed, found that "SARS-CoV-2 infection in children and young people (CYP) infrequently results in hospitalisation and very rarely causes severe disease and death." A July 13, 2021 meta-analysis by researchers at Stanford University, which has not yet been peer reviewed, found that the median infection fatality rate (IFR) among the countries included in the study was 0.0027% for COVID-19 patients between 0 and 19 years of age. An infection fatality rate of 0.0027% means that 99.9973% of COVID-19 patients ages 19 and younger survive.
89. Researchers at Yale and at the Albert Einstein College of Medicine reported on September 8, 2021 that children diagnosed with COVID-19 express higher levels of two specific immune system molecules, which may explain why children infected with the SARS-CoV-2 virus tend to do much better than adults. A more recent scientific article, published January 2022 in *Nature Immunology*, reported the authors' conclusion that "children generate robust, cross-reactive and sustained immune responses to SARS-CoV-2 with focused specificity for the spike protein."
90. Dr. Ben Carson, who was the director of pediatric neurosurgery at Johns Hopkins for a number of years, has said that young children should "absolutely not" receive a COVID-19 vaccine. He is quoted as saying in an interview: "Do we want to put our children at risk, when we know that the risk of the disease to them is relatively small, but we don't know what the future risks are? Why would we do a thing like that? It makes no sense whatsoever."
91. Dr. Robert Malone, who invented mRNA vaccine technology, made a formal statement at a global COVID summit event on December 12, 2021 about the reasons children should not be given a COVID-19 vaccine. Dr. Malone said, "The risk/benefit analysis isn't even close." He pointed out that the vaccine causes the body to produce "toxic spike proteins" which "often cause permanent damage in children's critical organs," including the brain and nervous system, the heart and blood vessels, the reproductive system and the immune system. Once the damage occurs, it is irreparable.
92. Myocarditis is currently known to be a serious adverse event for children and young people following COVID-19 vaccination. As mentioned earlier in this memo, myocarditis causes permanent damage to the heart muscle and

can ultimately result in premature death. The authors of an August 30, 2021 report entitled “SARS-CoV-2 Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis,” which has not yet been peer reviewed, found that the “CAE [cardiac adverse event] cases in our investigation occurred a median of 2 days following vaccination, and 91.9% occurred within 5 days.” 86% of the post-vaccination CAE patients in the study had to be hospitalized.

93. In a more recent peer reviewed study, researchers in France found “strong evidence of an increased risk of myocarditis and of pericarditis in the week following vaccination against COVID-19 with mRNA vaccines in both males and females, in particular after the second dose of the mRNA-1273 vaccine.” The mRNA-1273 vaccine is the Moderna COVID-19 vaccine.
94. A study of emergency medical services (EMS) calls in Israel analyzed data for emergency responses to patients experiencing cardiac arrest or acute cardiac syndrome between January 1, 2019 and June 20, 2021. The study found an increase of more than 25% in the incidence of each of those conditions among patients ages 16 through 39 after the rollout of Israel’s COVID-19 vaccination program, compared to the earlier period before COVID-19 vaccines were available. No correlation was found between the incidence of those conditions and COVID-19 infection rates. The authors note that “the weekly emergency call counts were significantly associated with the rates of 1st and 2nd vaccine doses administered to this age group but were not with COVID-19 infection rates.” They point out that their “findings raise concerns regarding vaccine-induced undetected severe cardiovascular side-effects and underscore the already established causal relationship between vaccines and myocarditis, a frequent cause of unexpected cardiac arrest in young individuals.”
95. It is a fundamental principle of good medical care that treatment needs to be individualized to the specific patient. A treatment appropriate for one patient may not be appropriate for another patient. One size does not fit all. More than 15,000 physicians and medical scientists from a number of countries around the world have signed a September 2021 Physicians Declaration regarding COVID-19. The Declaration states that “public policy makers have chosen to force a “one size fits all” treatment strategy, resulting in needless injury and death, rather than upholding fundamental concepts of the individualized, personalized approach to patient care which is proven to be safe and more effective.”

96. A number of reputable doctors have developed multidrug protocols for successfully treating COVID-19 early, keeping patients out of the hospital in most cases and, more importantly, keeping them alive. These protocols use safe and effective drugs that have been fully approved by the FDA for human use for many years, including hydroxychloroquine and ivermectin. A *Communications Biology* article published January 20, 2021 explains how ivermectin is effective in inhibiting replication of the SARS-CoV-2 virus. More recently, the Nebraska Attorney General issued a 48-page formal opinion concluding that a licensed healthcare provider in Nebraska would not be subject to discipline for prescribing ivermectin, hydroxychloroquine or other off-label use medications for the treatment or prevention of COVID-19, if the provider obtains the patient's informed consent. As Dr. Ben Carson has pointed out, off-label uses of approved drugs is "a necessary and important part of the practice of medicine."
97. Researchers at Emory University in Atlanta and at the University of Washington in Seattle performed a longitudinal study of patients who had recovered from COVID-19 and achieved natural immunity to the virus. The study results are reported in a July 20, 2021 scientific article published in *Cell Reports Medicine*. The researchers concluded that "broad and effective immunity may persist long-term in recovered COVID-19 patients."
98. According to a recent Israeli study, "natural immunity affords longer lasting and stronger protection against infection, symptomatic disease and hospitalization due to the Delta variant of SARS-CoV-2, compared to the BNT162b2 [Pfizer] two-dose vaccine induced immunity." More than 80 percent of the adults in Israel are fully vaccinated with the Pfizer-BioNTech COVID-19 vaccine. Fully vaccinated people in Israel are 6 to 13 times more likely to be infected by the Delta variant than unvaccinated people who have natural immunity as the result of a previous COVID-19 infection.
99. Dr. Peter McCullough has pointed out that recovered COVID-19 patients who have natural immunity and later get a COVID-19 vaccine are at risk of experiencing more serious side effects from vaccination. The authors of an article published in the March 17, 2021 edition of the journal *Life* wrote that "our study links prior COVID-19 illness with an increased risk of vaccination side effects." People who were vaccinated after recovering from COVID-19 were 56% more likely to experience a severe vaccination side effect

requiring hospital care than people who were vaccinated without a previous COVID-19 infection.

References.

Scientific Articles:

- 1993 article published in the *Journal of the American College of Toxicology* (Volume 12, Number 5), entitled “Final Report on the Safety Assessment of Polyethylene Glycols (PEGs) -6, -8, -32,-75, -150, -14M, -20M.” The article can be found at <https://journals.sagepub.com/doi/pdf/10.3109/10915819309141598> The most relevant parts of the article are on pages 429-432, 449, 453.
- 2018 article published in *Toxicology Research* (2018, Number 7), entitled “Correlation of the Cytotoxic Effects of Cationic Lipids with Their Headgroups.” The article can be found at <https://doi.org/10.1039/c8tx00005k>
- November 11, 2020 White Paper published by FAIR Health, Inc. entitled “Risk Factors for COVID-19 Mortality among Privately Insured Patients.” The White Paper can be found at <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>
- December 24, 2020 article published in the *Annals of Diagnostic Pathology*, entitled “Endothelial Cell Damage is the Central Part of COVID-19 and a Mouse Model Induced by Injection of the S1 Subunit of the Spike Protein.” The article can be found on the National Institutes of Health website at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7758180/pdf/main.pdf>
- December 30, 2020 article published online in *Reviews in Cardiovascular Medicine*, entitled “Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19)” which can be found at https://scholarlycommons.henryford.com/cgi/viewcontent.cgi?article=1139&context=infectiousdiseases_articles

- January 20, 2021 article published in *Communications Biology* entitled “Identification of 3-Chymotrypsin like Protease (3CLPro) Inhibitors as Potential Anti-SARV-CoV-2 Agents.” The article can be found at <https://www.nature.com/articles/s42003-020-01577-x>
- March 17, 2021 article published in *Life* entitled “Self-Reported Real-World Safety and Reactogenicity of COVID-19 Vaccines: A Vaccine Recipient Survey.” The article can be found at <https://www.mdpi.com/2075-1729/11/3/249/htm>
- Research letter published in the April 30, 2021 edition of *Circulation Research*, entitled “SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE-2.” The research letter can be found at <https://www.ahajournals.org/doi/epub/10.1161/CIRCRESAHA.121.318902>
- April 30, 2021 article posted on the website of the Salk Institute for Biological Studies, entitled “The Novel Coronavirus’ Spike Protein Plays an Additional Key Role in Illness.” The article can be found at <https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/> The Salk Institute was founded by Dr. Jonas Salk who created the first successful polio vaccine.
- May 6, 2021 preprint article, not yet peer reviewed, entitled “The BNT162b2 mRNA Vaccine Against SARS-CoV-2 Reprograms Both Adaptive and Innate Immune Responses.” The article can be found at <https://www.medrxiv.org/content/10.1101/2021.05.03.21256520v1>
- May 24, 2021 scientific paper written by 25 doctors and other scientific experts from several different countries, entitled “SARS-CoV-2 mass vaccination: Urgent Questions on Vaccine Safety that Demand Answers from International Health Agencies, Regulatory Authorities, Governments and Vaccine Developers.” A preprint of the scientific paper, not yet peer reviewed, can be found at [https://www.researchgate.net/publication/351670290 SARS-CoV-2 mass vaccination Urgent questions on vaccine safety that demand answers from international health agencies regularoty authorities government s and vaccine developers](https://www.researchgate.net/publication/351670290_SARS-CoV-2_mass_vaccination_Urgent_questions_on_vaccine_safety_that_demand_answers_from_international_health_agencies_regularoty_authorities_government_s_and_vaccine_developers)

- May 28, 2021 article published on the TrialSite News website, entitled “Did Pfizer Fail to Perform Industry Standard Animal Testing Prior to Initiation of mRNA Clinical Trials?” The article can be found at <https://trialsitenews.com/did-pfizer-fail-to-perform-industry-standard-animal-testing-prior-to-initiation-of-mrna-clinical-trials/>
- Article published in the May/June 2021 issue of the *American Journal of Therapeutics* (volume 28, number 3), entitled “Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19.” The article can be found at https://journals.lww.com/americantherapeutics/fulltext/2021/06000/review_of_the_emerging_evidence_demonstrating_the.4.aspx
- June 2021 preprint article, not yet peer reviewed, entitled “Analysis of COVID-19 Vaccine Death Reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis.” The article can be found at https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis
- June 11, 2021 article, not yet peer reviewed, entitled “Pathogenic Antibodies Induced by Spike Proteins of COVID-19 and SARS-CoV Viruses.” The article can be found at <https://www.researchsquare.com/article/rs-612103/v1>
- July 8, 2021 preprint article, not yet peer reviewed, entitled “Which Children and Young People are at Higher Risk of Severe Disease and Death after SARS-CoV-2 Infection: A Systematic Review and Individual Patient Meta-Analysis.” The article can be found at <https://www.medrxiv.org/content/10.1101/2021.06.30.21259763v1>
- July 13, 2021 preprint article, not yet peer reviewed, entitled “Infection Fatality Rate of COVID-19 in Community-Dwelling Populations with Emphasis on the Elderly: An Overview.” The article can be found at <https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1.full>
- July 20, 2021 article published in *Cell Reports Medicine* entitled “Longitudinal Analysis Shows Durable and Broad Immune Memory after SARS-CoV-2 Infection with Persisting Antibody Responses and Memory B and T Cells.”

The article can be found at

<https://www.cell.com/action/showPdf?pii=S2666-3791%2821%2900203-2>

- August 8, 2021 preprint of a scientific article, not yet peer reviewed, entitled “Comparison of Two Highly Effective mRNA Vaccines for COVID-19 during Periods of Alpha and Delta Variant Prevalence.” The article can be found at <https://www.medrxiv.org/content/10.1101/2021.08.06.21261707v1.full.pdf>
- August 16, 2021 article posted on the science.org website entitled “A Grim Warning from Israel: Vaccination Blunts, But Does Not Defeat Delta.” The article can be found at <https://www.science.org/news/2021/08/grim-warning-israel-vaccination-blunts-does-not-defeat-delta>
- August 25, 2021 preprint of a scientific paper, not yet peer reviewed, entitled “Comparing SARS-CoV-2 Natural Immunity to Vaccine-induced Immunity: Reinfections Versus Breakthrough Infections,” which can be found at <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full.pdf>
- August 30, 2021 preprint article, not yet peer reviewed, entitled “SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis.” The article can be found at <https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1.full-text>
- September 30, 2021 Research Paper published online in EClinical Medicine entitled “As Observational Study of Breakthrough SARS-CoV-2 Delta Variant Infections Among Vaccinated Healthcare Workers in Vietnam,” which can be found at <https://reader.elsevier.com/reader/sd/pii/S2589537021004235?token=E64C36163D803AE5D5ADDD76E0916E655FB3629D47E2427DB8E4D649636645BA4B9971AC66AFBDD0907798EC6A3C573&originRegion=us-east-1&originCreation=20220717154633>
- September 30, 2021 article in *European Journal of Epidemiology* entitled “Increases in COVID-19 are Unrelated to Levels of Vaccination across 68 Countries and 2947 Counties in the United States.” The article can be found

at <https://link.springer.com/article/10.1007/s10654-021-00808-7#change-history>

- October 17, 2021 online review article entitled “150 Plus Research Studies Affirm Naturally Acquired Immunity to COVID-19: Documented, Linked and Quoted.” The article can be found at <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>
- Article published online October 28, 2021 in *The Lancet Infectious Diseases* entitled “Community Transmission and Viral Load Kinetics of the SARS-CoV-2 Delta (B.1.617.2) Variant in Vaccinated and Unvaccinated Individuals in the UK: A Prospective, Longitudinal Cohort Study.” The article can be found at [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)
- November 1, 2021 article published in the *Journal of Medical Economics* entitled “Evaluation of COVID-19 Vaccine Breakthrough Infections among Immunocompromised Patients Fully Vaccinated with BNT162b2.” The article can be found at <https://www.tandfonline.com/doi/full/10.1080/13696998.2021.2002063>
- Journal pre-proof of a November 2, 2021 article by Jessica Rose, PhD and Peter A. McCullough, MD, MPH, accepted for publication in *Current Problems in Cardiology*, entitled “A Report on Myocarditis Adverse Events in the U. S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products.” The article can be found at <https://61ee839e4c3e409708bac62c--i-do-not-consent.netlify.app/media/A%20Report%20on%20Myocarditis%20Adverse%20Events%20in%20the%20U.S.%20Vaccine%20AdverseEvents%20Reporting%20System%20%28VAERS%29%20in%20Association%20with%20COVID19%20Injectable%20Biological%20Products.pdf>
- Abstract of an article, not yet peer reviewed, published November 16, 2021 in *Circulation*, a journal of the American Heart Association, entitled “Observational Findings of PULS Cardiac Test Findings for Inflammatory Markers in Patients Receiving mRNA Vaccines.” The abstract can be found at https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

- December 15, 2021 article published in the *Journal of the American Medical Association* online, entitled “Estimated Effectiveness of COVID-19 Messenger RNA Vaccination Against SARS-CoV-2 Infection Among Older Male Veterans Health Administration Enrollees, January to September 2021.” The article can be found at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787183>
- December 23, 2021 article published in *Nature* entitled “Broadly Neutralizing Antibodies Overcome SARS-CoV-2 Omicron Antigenic Shift.” The article can be found at <https://www.nature.com/articles/s41586-021-04386-2>
- December 23, 2021 article published in *Nature* entitled “Striking Antibody Evasion Manifested by the Omicron Variant of SARS-CoV-2.” The article can be found at <https://www.nature.com/articles/s41586-021-04388-0>
- December 23, 2021 preprint article, not yet peer reviewed, entitled “Vaccine Effectiveness Against SARS-CoV-2 Infection with the Omicron or Delta Variants Following a Two-Dose of Booster BNT 162b2 or mRNA-1273 Vaccination Series: A Danish Cohort Study.” The article can be found at <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3.full>
- January 1, 2022 preprint article, not yet peer reviewed, entitled “Effectiveness of COVID-19 Vaccines Against Omicron or Delta Symptomatic Infection and Severe Outcomes.” The article can be found at <https://www.medrxiv.org/content/10.1101/2021.12.30.21268565v2>
- January 2022 article published in *Nature Immunology* entitled “Children Develop Robust and Sustained Cross-Reactive Spike-Specific Immune Responses to SARS-CoV-2 Infection.” The article can be found at <https://www.nature.com/articles/s41590-021-01089-8>
- Mortality Analyses on the Johns Hopkins Coronavirus Resource Center website, accessed July 17, 2022 at <https://coronavirus.jhu.edu/data/mortality>
- February 4, 2022 article published in *Lancet* entitled “Risk of Infection, Hospitalization, and Death up to 9 Months After a Second Dose of COVID-19 Vaccine: A Retrospective, Total Population Cohort Study in Sweden.” The article can be found at

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2900089-7>

- February 15, 2022 preprint article, not yet peer reviewed, entitled “4th Dose COVID-19 mRNA Vaccines’ Immunogenicity & Efficacy Against Omicron VOC.” The article can be found at <https://www.medrxiv.org/content/10.1101/2022.02.15.22270948v1.full.pdf>
- February 25, 2022 article published in *Current Issues in Molecular Biology* entitled “Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 in Vitro in Human Liver Cell Line.” The article can be found at <https://www.mdpi.com/1467-3045/44/3/73/htm#B39-cimb-44-00073>
- April 20, 2022 article published in *JAMA Cardiology* entitled “SARS-CoV-2 Vaccination and Myocarditis in a Nordic Cohort Study of 23 Million Residents.” The article can be found at <https://jamanetwork.com/journals/jamacardiology/fullarticle/2791253>
- April 26, 2022 article published in the *Journal of the European Academy of Dermatology and Venereology* entitled “Real-world Evidence from over One Million COVID-19 Vaccinations is Consistent with Reactivation of the Varicella-Zoster Virus.” The article can be found at <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jdv.18184>
- April 28, 2022 article published in *Nature* entitled “Increased Emergency Cardiovascular Events Among Under-40 Population in Israel During Vaccine Rollout and third COVID-19 Wave.” The article can be found at <https://www.nature.com/articles/s41598-022-10928-z.pdf>
- June 2022 article published in *Food and Chemical Toxicology* entitled “Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The Role of G-quadruplexes, Exosomes, and MicroRNAs.” The article can be found at <https://reader.elsevier.com/reader/sd/pii/S027869152200206X?token=58756CB8CE0CB144638391CD306FC63EE68BE0962D7A29B628C9F5ECAC24D437D8928FF02F5FD301ADDD875F2FF8E78E&originRegion=us-east-1&originCreation=20220706001945>

- June 25, 2022 article published in *Nature Communications* entitled “Age and Sex-Specific Risks of Myocarditis and Pericarditis Following Messenger RNA Vaccines.” The article can be found at <https://www.nature.com/articles/s41467-022-31401-5#Tab2>

Other Articles and Press Releases:

- Information about Dr. Howard Temin’s 1975 Nobel Prize in Physiology or Medicine can be found on the nobelprize.org website at <https://www.nobelprize.org/prizes/medicine/1975/temin/facts/>
- September 2, 2009 Department of Justice press release entitled “Justice Department Announces Largest Health Care Fraud Settlement in Its History: Pfizer to Pay \$2.3 Billion for Fraudulent Marketing.” The press release can be found at <https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history>
- September 21, 2020 article in *YaleNews* entitled “Children’s Immune Response More Effective Against COVID-19” which can be found at <https://news.yale.edu/2020/09/21/childrens-immune-response-more-effective-against-covid-19>
- News report of Laura-Lynn Tyler Thompson’s interview of Dr. Charles Hoffe, a Canadian physician practicing in British Columbia. The news report of that interview can be found at <https://www.lifesitenews.com/news/canadian-doctor-warns-the-worst-is-yet-to-come-from-blood-clotting-damage-linked-to-covid-19-shots/>
- June 25, 2021 FDA News Release entitled “Coronavirus (COVID-19) Update: June 25, 2021,” which can be found on the FDA website at <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-june-25-2021>
- October 11, 2021 article by the Health Advisory & Recovery Team entitled “Recent Deaths in Young People in England and Wales.” The article can be found at <https://www.hartgroup.org/recent-deaths-in-young-people-in-england-and-wales/>

- January 1, 2022 article published in *The Center Square*, entitled “Indiana Life Insurance CEO Says Deaths are up 40% Among People Ages 18-64.” The article can be found at https://www.thecentersquare.com/indiana/indiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64/article_71473b12-6b1e-11ec-8641-5b2c06725e2c.html
- January 9, 2022 opinion article published in the *Wall Street Journal* by Dr. Luc Montagnier, who was awarded a Nobel Prize in 2008 for discovering the human immunodeficiency virus, and Jed Rubenfeld. The article, entitled “Omicron Makes Biden’s Vaccine Mandates Obsolete,” can be found at https://www.wsj.com/articles/omicron-makes-bidens-vaccine-mandates-obsolete-covid-healthcare-osh-evidence-supreme-court-11641760009?st=ojqhifz10wfaouh&reflink=desktopwebshare_permalink
- January 31, 2022 FDA News Release, “Coronavirus (COVID-19) Update: FDA Takes Key Action by Approving Second COVID-19 Vaccine.” The press release can be found at <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-takes-key-action-approving-second-covid-19-vaccine>
- January 2022 Group Life COVID-19 Mortality Survey Report published by the Society of Actuaries Research Institute. The Report can be found at <https://www.soa.org/48ff80/globalassets/assets/files/resources/research-report/2022/group-life-covid-19-mortality.pdf>
- June 15, 2022 *Crossroads Report* article published online, entitled “Fifth Largest Life Insurance Company in the US Paid out More for Deaths of Working People Ages 18-64 in 2021.” The article can be found at <https://crossroadsreport.substack.com/p/breaking-fifth-largest-life-insurance>
- Periodic summaries of adverse events reported in the government’s Vaccine Adverse Events Reporting System (VAERS) for the COVID-19 vaccines, with comparisons to the adverse events reported in VAERS for other vaccines. An article summarizing adverse events reported in VAERS for the COVID-19 vaccines through July 1, 2022 can be found at <https://childrenshealthdefense.org/defender/1-3-million-adverse-events-covid-vaccines-vaers-cdc-data-show/>

- July 12, 2022 opinion article published online by Dr. Ben Carson and C. Boyden Gray, entitled “The Illegal Crusade Against Ivermectin: The FDA Overstepped its Authority.” The article can be found at <https://stream.org/the-illegal-crusade-against-ivermectin/>

Government Reports:

- Final Report submitted to the U.S. Department of Health and Human Services by Harvard Pilgrim Health Care, Inc., entitled “Electronic Support for Public Health – Vaccine Adverse Event Reporting System (ESP:VAERS).” The Final Report can be found at <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
- CDC’s COVID-19 Pandemic Planning Scenarios updated as of March 19, 2021 which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>
- CDC report dated July 30, 2021, entitled “Outbreak of SARS-CoV-2 Infections, Including Vaccine Breakthrough Infections, Associated with Large Public Gatherings – Barnstable County, Massachusetts, July 2021, which can be found at <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm>
- July 29, 2021 internal CDC document, “Improving Communications Around Vaccine Breakthrough and Vaccine Effectiveness,” published on July 30, 2021 in a *Washington Post* article entitled “Read: Internal CDC Document on Breakthrough Infections.” The internal CDC document in The *Washington Post* article can be found at <https://context-cdn.washingtonpost.com/notes/prod/default/documents/54f57708-a529-4a33-9a44-b66d719070d9/note/7335c3ab-06ee-4121-aaff-a11904e68462.#page=1>
- Public Health England August 6, 2021 Technical Briefing 20, entitled “SARS-CoV-2 Variants of Concern and Variants Under Investigation in England,” which can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf The data presented in the text of this memo can be found on pages 12 and 18.

- September 28, 2021 Project Salus report, entitled “Effectiveness of mRNA COVID-19 Vaccines against the Delta Variant among 5.6M Medicare Beneficiaries 65 Years and Older.” The report can be found at https://www.naturalnews.com/files/Salus_Humetrix_VE_study_2021_09_28.pdf
- October 14, 2021 Opinion number 21-017 by the Nebraska Attorney General regarding “Prescription of Ivermectin or Hydroxychloroquine as Off-Label Medicines for the Prevention or Treatment of Covid-19.” The Attorney General’s Opinion can be found at https://ago.nebraska.gov/sites/ago.nebraska.gov/files/docs/opinions/21-017_0.pdf
- October 21, 2021 UK Health Security Agency “COVID-19 Vaccine Surveillance Report Week 42.” The Report can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027511/Vaccine-surveillance-report-week-42.pdf
- Public Health Scotland “COVID-19 Statistical Report as at 08 November 2021.” The Report can be found at https://publichealthscotland.scot/media/10091/21-11-10-covid19-publication_report.pdf
- VigiAccess Database maintained by the World Health Organization to make information about adverse drug reactions and adverse events following vaccination available to the public, accessed on July 15, 2022. The database can be accessed at vigiaccess.org, and information about adverse events associated with COVID-19 vaccination can be found by searching for: COVID-19 vaccine.
- December 17, 2021 report, “Status of the SARS-CoV-2 Variant Omicron in Denmark,” which can be found at <https://www.ssi.dk/-/media/cdn/files/covid19/omikron/statusrapport/rapport-omikronvarianten-17122021-ep96.pdf?la=da>
- December 31, 2021 UK Health Security Agency Technical Briefing, “Update on Hospitalisation and Vaccine Effectiveness for Omicron.” The Technical

Briefing can be found at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1045619/Technical-Briefing-31-Dec-2021-Omicron_severity_update.pdf

- January 19, 2022 Public Health Scotland COVID-19 & Winter Statistical Report. The report can be found at https://publichealthscotland.scot/media/11802/22-01-19-covid19-winter_publication_report_revised.pdf
- Report by New South Wales Health Critical Intelligence Unit: COVID-19 Monitor, 13 January 2022. The Report can be found at https://aci.health.nsw.gov.au/_data/assets/pdf_file/0008/698804/20220113-COVID-19-Monitor.pdf
- Deaths Attributed to COVID-19 on Death Certificates according to the CDC website accessed July 18, 2022 at <https://www.cdc.gov/nchs/covid19/mortality-overview.htm>
- VAERS website home page, accessed July 18, 2022 at <https://vaers.hhs.gov/about.html>
- March 3, 2022 UK Health Security Agency COVID-19 Vaccine Surveillance Report, which can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058464/Vaccine-surveillance-report-week-9.pdf
- New South Wales government report entitled “NSW COVID-19 Weekly Data Overview” for the week ending June 11, 2022, which can be found at <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20220611.pdf>

Letters and Submissions to Government Agencies:

- Dr. Patrick Whelan’s December 8, 2020 letter to the FDA, expressing his concerns about the COVID-19 vaccines. The letter can be found on the FDA’s website at <https://www.regulations.gov/document/FDA-2020-N-1898-0246> Dr. Whelan is a pediatric rheumatologist at UCLA.

- April 5, 2021 letter from Dr. Charles Hoffe to the British Columbia Provincial Health Officer, Dr. Bonnie Henry. The letter can be found at <https://vaccinechoicecanada.com/wp-content/uploads/vcc-open-letter-dr-hoffe-to-dr-henry-april-5-2021.pdf>
- April 23, 2021 public comment to the CDC's Advisory Committee on Immunization Practices by toxicologist and mechanistic biologist Dr. Janci Chunn Lindsay. An article reporting Dr. Lindsay's public comment can be found at <https://www.jennifermargulis.net/halt-covid-vaccine-research-scientist-urges-cdc>
- April 30, 2021 "Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021" submitted by Pfizer to the FDA. That document can be found at <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>
- June 1, 2021 Citizen Petition filed with FDA by Dr. Linda Wastila and 26 co-petitioners. The Citizen Petition can be found at <https://www.regulations.gov/document/FDA-2021-P-0521-0001>
- July 13, 2021 letter from Senator Ron Johnson to Dr. Francis Collins, Dr. Rochelle Walensky and Dr. Janet Woodcock. Senator Johnson's letter can be found at <https://childrenshealthdefense.org/wp-content/uploads/sen-johnson-to-cdc-nih-fda-re-vaccine-safety-monitoring-2021.07.13.pdf>
- August 26, 2021 letter from Senator Ron Johnson to Dr. Janet Woodcock, Acting Commissioner of the FDA. Senator Johnson's letter can be found at <https://childrenshealthdefense.org/wp-content/uploads/2021-08-26-Letter-to-FDA-re-Comirnaty.pdf>
- August 29, 2021 public comments submitted by Dr. David Wiseman and Dr. Joshua Guetzkow to CDC's Advisory Committee on Immunization Practices, which can be found at <https://www.regulations.gov/comment/CDC-2021-0089-0023>
- October 27, 2021 letter from attorneys Aaron Siri and Elizabeth Brehm to the CDC and the FDA enclosing sworn declarations from 11 treating physicians describing serious injuries from COVID-19 vaccines. The letter can be found

at <https://www.sirillp.com/wp-content/uploads/2021/10/Letter-on-Behalf-of-Physicians-Regarding-Covid-19-Vaccine-Injury-fee0f6941b97b076398c4e8607f573b0.pdf>

- February 1, 2022 letter from U. S. Senator Ron Johnson to Department of Defense Secretary Lloyd J. Austin III. The letter can be found at <https://roar-assets-auto.rbl.ms/documents/13712/2022-02-01%20RHJ%20letter%20to%20DoD%20re%20DMED.pdf>
- May 2, 2022 submission to the Office of the Surgeon General by Indiana Attorney General Todd Rokita, Dr. Jay Bhattacharya and Dr. Martin Kulldorff, entitled “COVID-19 Misinformation from Official Sources During the Pandemic.” The submission can be found at https://content.govdelivery.com/attachments/INAG/2022/05/16/file_attachments/2159907/Indiana%20Attorney%20General%20COVID%20Misinformation%20Submission.pdf

Expert Witness Statements and Declarations:

- Expert statement regarding Comirnaty – COVID-19-mRNA-Vaccine for children, by Sucharit Bhakdi, MD (Germany), Stefan Hockertz, PhD (Germany), and Michael Palmer, MD (Canada). The Expert statement can be found at https://doctors4covidethics.org/wp-content/uploads/2021/07/expertise-published_15.07.pdf
- Declaration signed under penalty of perjury by Jane Doe and filed on July 19, 2021 in the U.S. District Court for the Northern District of Alabama, which can be found at <https://img1.wsimg.com/blobby/go/3c6a0774-cfad-46fa-aa97-af5aa5e74f00/jane%20Doe%20Declaration.pdf>
- October 13, 2021 Declaration signed under penalty of perjury by Dr. Peter McCullough and filed in the U. S. District Court for the Middle District of Florida. The Declaration is Document 1-8 attached to the Plaintiffs’ Complaint, starting at page 171. The Complaint, to which Dr. McCullough’s Declaration is attached, can be found at <https://lc.org/PDFs/Attachments2PRsLAs/101521BidenDODVerifiedClassActionComplaintwithExhibits.pdf>

- November 9, 2021 Declaration signed under penalty of perjury by Dr. Robert Malone and filed in the U. S. District Court for the Middle District of Florida. Dr. Malone's Declaration is Document 30-6 attached to Plaintiffs' Reply in Support of Motion for Temporary Restraining Order and Preliminary Injunction, starting at page 74. Plaintiffs' Reply, to which Dr. Malone's Declaration is attached, can be found at <https://s3.documentcloud.org/documents/21103590/liberty-counsel-brief.pdf>

Interviews and Public Presentations:

- March 18, 2021 presentation by Dr. Ryan Cole at an event sponsored by the government of Idaho's Capitol Clarity Project. A news report about that presentation, with a video clip, can be found at <https://www.lifesitenews.com/news/idaho-doctor-reports-a-20-times-increase-of-cancer-in-vaccinated-patients/>
- May 27, 2021 interview of Dr. Byram Bridle, a Canadian immunologist and vaccine researcher who was awarded a government grant for research on COVID-19 vaccine development. A recording of that interview can be found at <https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge#description>
- July 6, 2021 interview of Dr. Robert Malone, entitled "Dr. Robert Malone, mRNA Vaccine Inventor, on the Bioethics of Experimental Vaccines and the 'Ultimate Gaslighting'." A recording and transcript of that interview can be found at https://www.theepochtimes.com/dr-robert-malone-mrna-vaccine-inventor-on-the-bioethics-of-experimental-vaccines-and-the-ultimate-gaslighting-3889805.html?utm_source=Morningbrief&utm_medium=email&utm_campaign=mb-2021-07-08&est=CSzpsmAXPWpv5xi9q5i8Y6ejZj7B52cShg0ku0XgDG4MeODDKjKiuu4hIf4n1vW8pQ%3D%3D
- July 2021 interview of Professor Christian Perronne and Dr. Anne-Marie Yim by UK Column. A recording and transcript of that interview can be found at <https://www.ukcolumn.org/video/frances-long-time-vaccine-policy-chief-covid-policy-is-completely-stupid-and-unethical>

- Statements by Dr. Elizabeth Lee Vliet, Dr. Peter McCullough, Dr. Michael Yeadon and Dr. Roger Hodkinson at an August 2021 conference sponsored by the Truth for Health Foundation. A recording of that conference can be found at <https://www.lifesitenews.com/conference-stop-the-shot>
- Statements by Dr. Elizabeth Vliet, Dr. Peter McCullough, Dr. Michael Yeadon, Dr. Raphael Stricker, Dr. Richard Blumrick and Dr. Roger Hodkinson at a conference on August 19, 2021 sponsored by the Truth for Health Foundation addressing pregnancy and fertility risks associated with the COVID-19 vaccines. A recording of that conference can be found at <https://www.lifesitenews.com/conference-stop-the-shot/stop-the-shot-8-19/> (the doctors' statements start at 1:10 on the recording).
- Statements by Dr. Elizabeth Vliet, Dr. Robert Malone, Dr. Jane Orient, Dr. Paul Alexander and Dr. Peter McCullough at a conference on August 26, 2021 sponsored by the Truth for Health Foundation addressing vaccine injuries and FDA approval. A recording of that conference can be found at <https://www.lifesitenews.com/conference-stop-the-shot/stop-the-shot-part-3/> (the doctors' statements start at 22:40 on the recording).
- September 2021 Physicians Declaration by the International Alliance of Physicians and Medical Scientists. As of January 18, 2022 more than 17,000 physicians and scientists from a number of countries around the world have signed the Declaration, which can be found at <https://doctorsandscientistsdeclaration.org/original/>
- September 2, 2021 interview of Dr. Peter McCullough, entitled "The Vaccine is Failing in the UK and Israel." A recording of that interview can be found at [https://rumble.com/vlzl0-dr.-peter-mccullough-the-vaccine-is-failing-in-the-uk-and-israel-offbeat-bu.html?utm_source=JangoMail&utm_medium=Email&utm_campaign=Good+News+Friday+-+September+3+\(343874988\)&utm_content=](https://rumble.com/vlzl0-dr.-peter-mccullough-the-vaccine-is-failing-in-the-uk-and-israel-offbeat-bu.html?utm_source=JangoMail&utm_medium=Email&utm_campaign=Good+News+Friday+-+September+3+(343874988)&utm_content=)
- September 2, 2021 interview of Dr. Robert Malone, entitled "Dr. Robert Malone, mRNA Vaccine Inventor, on Latest COVID-19 Data, Booster Shots, and the Shattered Scientific 'Consensus'." A recording and transcript of that

interview can be found at https://www.theepochtimes.com/dr-robert-malone-mrna-vaccine-inventor-on-latest-covid-19-data-booster-shots-and-the-shattered-scientific-consensus-3979206.html?utm_source=ATLNewsletter&utm_medium=email&utm_campaign=2021-02-19

- September 4, 2021 interview of Dr. Robert Malone, entitled “Dr. Robert Malone on Ivermectin, Escape Mutants, and the Faulty Logic of Vaccine Mandates.” A recording and transcript of that interview can be found at https://www.theepochtimes.com/part-2-dr-robert-malone-on-ivermectin-escape-mutants-and-the-faulty-logic-of-vaccine-mandates-3981859.html?utm_source=ATLNewsletter&utm_medium=email&utm_campaign=2021-02-19
- September 4, 2021 interview of Dr. Robert Malone, entitled “Natural Immunity 20 Times more Protective than Vaccines.” A recording of that interview can be found at <https://www.lifesitenews.com/news/natural-immunity-20-times-more-protective-than-vaccines-says-mrna-pioneer/>
- September 6, 2021 interview of Dr. Peter McCullough, entitled “Vaccine Report Card from CDC/FDA is Long Overdue!” A recording of that interview can be found at <https://www.americaoutloud.com/vaccine-report-card-from-cdc-fda-is-long-overdue/>
- October 20, 2021 interview of Dr. Ryan Cole, a board certified pathologist. A video of that interview can be found at <https://americasfrontlinedoctors.org/2/frontlinenews/we-see-clotting-not-from-virus-but-from-spike-from-vaccine-itself-a-flds-medical-director-dr-ryan-cole/>
- October 29, 2021 Physicians Declaration II by the International Alliance of Physicians and Medical Scientists, which can be found at <https://doctorsandscientistsdeclaration.org/>
- October 31, 2021 interview of Dr. Ben Carson. A news report of that interview, with a video clip, can be found at <https://www.lifesitenews.com/news/ben-carson-tells-fox-news-kids-should-absolutely-not-get-covid-shots-its-a-giant-experiment/>

- October 2021 video presentation by Joel Smalley, entitled “COVID Deaths Before and After Vaccination Programs,” which can be found at <https://www.youtube.com/watch?v=WR-pqrMWu3E>
- November 14, 2021 video by researcher and computer programmer Craig Paardekooper presenting his analysis of the relationship between adverse events reported in VAERS and batch codes (lot numbers) of the COVID-19 vaccines. That video can be found at <https://www.bitchute.com/video/6xIYPZBkydsu/>

A separate video explaining his methodology can be found at <https://www.bitchute.com/video/P7JbXSjaQzOX/>

- A video presenting Craig Paardekooper’s analysis of the relationship between adverse events reported in VAERS and lot numbers of the Pfizer-BioNTech COVID-19 vaccine can be found at <https://www.bitchute.com/video/CB49QokMgGV5/>

A written document summarizing the results of his analysis can be found at <https://www.howbadismybatch.com/pfizertoxicity.pdf>

- A video presentation by researcher and biotech CEO Alexandra Latypova in which she discusses variability among batches, by lot number, of COVID-19 vaccines. The video can be found at <https://www.bitchute.com/video/4HllyBmOEJeY/>
- A video presentation by Alexandra Latypova presenting her analysis of 33 lots of the Pfizer-BioNTech COVID-19 vaccine. She explains that the production of those 33 lots, representing 28 million vaccine doses, did not comply with good manufacturing practices and quality control processes. Based on information in the VAERS database, those 33 lots accounted for approximately 40,000 adverse events and more than 1,000 deaths. The video can be found at <https://www.bitchute.com/video/WMUvLcmP1Wtk/>
- Written summary of December 10, 2021 presentation by Sucharit Bhakdi, MD and Arne Burkhardt, MD entitled “On COVID Vaccines: Why They Cannot Work, and Irrefutable Evidence of Their Causative Role in Deaths after Vaccination.” The summary can be found at

<https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf>

- December 2021 interview of Dr. Peter McCullough on a news program in Australia. A recording of the interview can be found by scrolling down to the “odyssey” screen just below the Story At-A-Glance introduction at <https://noqreport.com/2021/12/11/drs-mercola-and-mccullough-the-covid-shots-are-killing-people/>
- December 13, 2021 interview of Dr. Daniel Nagase, a physician in Canada, discussing the results of the Pfizer-BioNTech clinical trials and the potential effects of the COVID-19 vaccines on DNA in children. A recording of that interview can be found at <https://rumble.com/vqq3hw-breaking-news-pfizers-own-stats-1200-40000-trial-participants-dead-intervie.html>
- Excerpt of December 14, 2021 interview of Dr. Geert Vanden Bossche, a renowned European virologist and vaccine expert. The interview excerpt, entitled “Why is Covid-19 Vaccination of Children an Unforgivable Sin,” can be found at <https://www.voiceforscienceandsolidarity.org/videos-and-interviews/why-is-covid-19-vaccination-of-children-an-unforgivable-sin>
- December 15, 2021 statement by Dr. Robert Malone summarizing the reasons children should not receive a COVID-19 vaccine. The statement can be found at <https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>
- December 16, 2021 written presentation by the Canadian Covid Care Alliance entitled “The Pfizer Inoculations for COVID-19 / More Harm than Good.” The presentation can be found at <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>
- December 18, 2021 interview of Dr. Peter McCullough. A recording and transcript of that interview can be found at <https://covidvaccinesideeffects.com/joe-rogan-interview-with-dr-peter-mccullough-video-full-episode/>

- January 4, 2022 interview of Dr. Robert Malone. A recording of that interview can be found at <https://www.lifesitenews.com/blogs/mrna-inventor-dr-robert-malone-on-the-current-corona-vaccines-these-vaccines-dont-work-and-they-are-toxic/>
- January 11, 2022 interview of Dr. Robert Malone about the risks of vaccinating children, herd immunity misconceptions, and the omicron-vaccine mismatch. A recording of that interview can be found at https://www.theepochtimes.com/part-2-dr-robert-malone-on-risks-of-vaccinating-children-herd-immunity-misconceptions-and-the-omicron-vaccine-mismatch-4205854.html?utm_source=ATLNewsletter&utm_medium=email&utm_campaign=2021-02-19
- January 19, 2022 interview of Dr. Peter McCullough about COVID-19 vaccine mandates. A recording of that interview can be found at <https://www.ntd.com/cardiologist-mandates-have-no-ethical-legal-standing-729759.html>
- May 11, 2022 press conference of the Global COVID Summit, featuring presentations by Dr. Ryan Cole, Dr. Lynn Fynn, Dr. Robert Malone, Dr. Richard Urso, Dr. Harvey Risch, Dr. Brian Tyson, Dr. Peter McCullough, Dr. Kirk Milhoan, Dr. David Wiseman, Dr. Mary Talley Bowden, Dr. Fady Hannah-Shmouni and Dr. Michael Yeadon. A recording of the press conference and a written declaration entitled “Declaration IV – Restore Scientific Integrity” can be found at <https://globalcovidsummit.org/news/declaration-iv-restore-scientific-integrity>
- July 16, 2022 interview of Dr. Harvey Risch, entitled “Why are Vaccinated People Getting COVID at Higher Rates than the Unvaccinated?” A recording and transcript of that interview can be found at https://www.theepochtimes.com/dr-harvey-risch-why-are-vaccinated-people-getting-covid-at-higher-rates-than-the-unvaccinated-4602409.html?utm_source=ATLNewsletter&utm_campaign=2022-07-16&utm_medium=email&est=xeaGC9MGAhdclWVX7jVSyRWntFLNAI7rt7kTwd2TE052E%2F4L0JuED5AKx3jhFEMLGw%3D%3D

Product Information:

- An English translation of the biodistribution study Pfizer submitted to the regulatory agency in Japan can be found at <https://www.lifesitenews.com/wp-content/uploads/2021/06/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf>
- Manufacturing and Supply Agreement between Pfizer Export B.V. and Albania Ministry of Health and Social Protection, which can be found at <http://ti-health.org/wp-content/uploads/2021/05/Albania-Pfizer.pdf>
- Fact Sheet for Healthcare Providers Administering the Pfizer-BioNTech COVID-19 vaccine, which can be found on the FDA website at <https://www.fda.gov/media/144413/download>
- Fact Sheet for Recipients and Caregivers for the Pfizer-BioNTech COVID-19 vaccine, which can be found on the FDA website at <https://www.fda.gov/media/144414/download>
- Fact Sheet for Recipients and Caregivers for the Moderna COVID-19 vaccine, which can be found on the FDA website at <https://www.fda.gov/media/144638/download>
- Fact Sheet for Healthcare Providers Administering the Janssen COVID-19 vaccine, which can be found on the FDA website at <https://www.fda.gov/media/146304/download>
- Fact Sheet for Recipients and Caregivers for the Janssen COVID-19 vaccine, which can be found on the FDA website at <https://www.fda.gov/media/146305/download>
- July 12, 2021 letter from FDA to Janssen Biotech, Inc. which is the Johnson & Johnson company that manufactures the Johnson & Johnson COVID-19 vaccine. The FDA letter can be found on the FDA website at <https://www.fda.gov/media/150723/download>
- Polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG] is described as a COVID-19 vaccine excipient product on the website of Xiamen Sinopeg Biotech Co., Ltd. ("Sinopeg). Information about that product can be found on

Sinopeg's website at https://www.sinopeg.com/polyethylene-glycol-peg-2000-dimyristoly-glycerol-dmg-mpeg2000-dmg-cas-160743-62-4_p479.html

- FDA Fact Sheet, "1,4-Dioxane in Cosmetics: A Manufacturing Byproduct," which can be found on the FDA's website at <https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>
- The Cayman Chemical Safety Data Sheet for its SM-102 product (June 7, 2022 revision), which can be found at <https://www.caymanchem.com/msdss/33474m.pdf>
- The Cayman Chemical Safety Data Sheet for its ALC-0315 product (June 7, 2022 revision), which can be found at <https://www.caymanchem.com/msdss/34337m.pdf>