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Florida Surgeon General Warns Life-Threatening VAERS Reports Up 4,400 Percent Since COVID-19 Vaccine Rollout

FEB 18, 2023

Chris Nelson via The Epoch Times

Florida Surgeon General Joseph Ladapo is sounding the alarm about a 4,400 percent increase in life-threatening conditions reported in the state to the Vaccine Adverse Event Reporting System (VAERS) since the 2021 rollout of the COVID-19 vaccines.

In a letter dated Feb. 15, Ladapo asks the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) to "promote transparency in health care professionals to accurately communicate the risks these vaccines pose."

VAERS, co-managed by the FDA and CDC, documents reports of injuries and conditions related to vaccines.

"In Florida alone, we saw a 1,700 percent increase in reports after the release of the COVID-19 vaccine, compared to an increase of 400 percent in vaccine administration for the same period," Ladapo's letter reads. "The reporting of life-threatening conditions increased 4,400 percent."

"Even the H1N1 vaccine did not trigger this type of response," reads the letter.

In 2009, during the H1N1 vaccination campaign, 1358 reports were made to the VAERS system in Florida.

After the COVID-19 vaccination campaign in 2021, 41,473 reports of adverse reactions were made to VAERS.

In his letter, Ladapo cites a study on the website of the National Institutes of Health (NIH) entitled, "Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults."

The study lists documented reactions including coagulation disorders, acute cardiac injuries, Bell's Palsy, and encephalitis.

"To claim these vaccines are 'safe and effective' while minimizing and disregarding the adverse events is unconscionable," Ladapo's letter to federal health officials reads.

Warning to Floridians

In addition to the letter, the Florida Department of Health has issued a health alert related to the safety of the mRNA COVID-19 vaccine.

"The state surgeon general is notifying the health care sector and the public of a substantial increase in Vaccine Adverse Event Reporting System reports from Florida after the COVID-19 vaccine rollout," the warning reads.

VAERS relies on healthcare professionals and individuals to report adverse reactions. But some have worried that findings have been downplayed by the media and even censored by Big Tech.

In January 2022, after the number of reported COVID-19 vaccine adverse events reported hit one million, Senator Ron Johnson posted a graphic from the VAERS website to Twitter.

"Unsurprisingly, Twitter blocked my VAERS chart tweet," Johnson wrote later in a post.

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“I’m Not Sure Anyone Should Be Taking Them” – Florida Surgeon General Declares mRNA COVID-19 Vaccines Have a “Terrible Safety Profile”

Jim Hoft Mar. 17, 2023

On Thursday, Florida Governor Ron DeSantis conducted a press conference to mark three years since the U.S. promoted a “Slow the Spread” approach to COVID-19.

At the Winter Haven event, which took place at The Fire Restaurant on West Central Avenue, DeSantis was joined by Florida’s surgeon general, Joseph Ladapo.

In his speech, Dr. Ladapo stated that mRNA COVID-19 vaccines have a “terrible safety profile” and questioned if anybody should be taking them.

“People believe that what is happening isn’t actually happening. These vaccines have a terrible safety profile... I’m not sure anyone should be taking them, that is the honest truth. I don’t think anyone probably should be taking them. They have a terrible safety profile,” Ladapo said.

Ladapo criticized the FDA and the CDC for “denying the truth.”

“Unfortunately, the CDC and FDA the most consistent thing they’ve done is deny the truth. Whether it was pushing mass... They did not have any substantial impact, no benefit. Pushing mass, pushing the vaccine in little kids, all these low-value divisive policies that they did,” said Ladapo.

Ladapo then cited research from the Lancet journal which found that 7 months after vaccination, vaccinated individuals were at greater risk of contracting COVID-19 than unvaccinated individuals. “There was a study published a few weeks ago in a journal called Lancet, a journal that’s well known, I should say. And what did these authors show? They showed that after seven months, the protection from infection, started around 70%, [then it goes] down down down... At seven months, it hops onto the other side of the axis.”

“So it is negative, and that continues. The magnitude of that negativity increases over time. What does that mean, folks? It literally means that the people who received that vaccine were more likely to contract COVID-19 after seven months than the people who did not. That is a fact, has the CDC or FDA ever said a word about that? No.”

Back in October 2022, Dr. Ladapo released a shocking report saying that there was an 84% increase in cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination. That is a huge number!

Due to the alarming number, Dr. Ladapo recommended that young males ages 18 to 39 refrain from taking the COVID vaccine.

In February, Dr. Ladapo sent a letter to CDC and FDA and issued another health alert on mRNA COVID-19 vaccine safety based on the Vaccine Adverse Event Reporting System (VAERS) data, which

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showed a significant increase in adverse events in Florida following the rollout of the mRNA COVID-19 vaccines.

"In Florida alone, there was a 1,700% increase in VAERS reports after the release of the COVID-19 vaccine, compared to an increase of 400% in overall vaccine administration for the same time period (See figure below)," according to the release.

"The reporting of life-threatening conditions increased over 4,400%. This is a novel increase and was not seen during the 2009 H1N1 vaccination campaign. There is a need for additional unbiased research to better understand the COVID-19 vaccines' short- and long-term effects."

"Florida saw a 1,700% increase in adverse event reports after COVID-19 vaccinations. Does that sound safe and effective? I didn't think so either. That's why we released this health alert. Just because "correlation \neq causation" doesn't mean we should abandon common sense," Dr. Ladapo wrote.

Earlier this week, the CDC and FDA responded to Florida's surgeon general to express concern over his statements regarding the safety of the COVID-19 vaccine.

The CDC and FDA claimed that Dr. Ladapo's accusation could be harmful to the American people. "The U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) continue to diligently monitor a variety of data sources to identify any potential risks of the vaccines and to ensure that information is available to the public. That said, focusing on adverse events in the absence of causal association and without the perspective of countervailing benefits is a great disservice to both individuals and public health. Like every other medical intervention, there are adverse effects from vaccination. Serious adverse events from COVID-19 vaccines are rare and are far outweighed by the benefits of these vaccines for every age group. The claim that the increase of VAERS reports of life-threatening conditions reported from Florida and elsewhere represents an increase of risk caused by the COVID-19 vaccines is incorrect, misleading and could be harmful to the American public."

You can read the letter below:

Chinese whistleblower claims first COVID outbreak was INTENTIONAL and happened in October 2019 at Military World Games in Wuhan – two months before China notified the world about virus

- Defector Wei Jingsheng said virus may have first spread at military tournament
- Reports emerged in October 2019 athletes at event fell ill with mystery sickness
- Mr Jingsheng alleged China deliberately spread virus during Military Games
- He claims he took his concerns to senior figures in the US gov but was ignored

By CHARLIE COË and LEVI PARSONS FOR DAILY MAIL AUSTRALIA

21 September 2021

A whistleblower has sensationally claimed China deliberately spread Covid at a military tournament two months before the rest of the world knew about the deadly virus.

Ex-Chinese Communist Party insider Wei Jingsheng said The World Military Games in October 2019 could have acted as the virus' first superspreader event.

The international tournament for military athletes was held in Wuhan – the origin of the Covid-19 pandemic – two months before China notified the World Health Organisation about its first cases. Mr Jingsheng claimed it was no coincidence some of the 9,000 international athletes who gathered for the event reportedly became sick with a mystery illness.



While China has tried to insist the virus originated elsewhere, academics, politicians and the media have contemplated the possibility it leaked from a high-level biochemical lab in Wuhan – raising suspicions that Chinese officials simply hid evidence of the early spread

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'I thought the Chinese government would take this opportunity to spread the virus during the Military Games, as many foreigners would show up there,' he told the new Sky News documentary What Really Happened in Wuhan.

The whistleblower claimed he had heard of the Chinese government carrying out an 'unusual exercise' during the games.

'[I knew] of the possibility of the Chinese government using some strange weapons, including biological weapons, because I knew they were doing experiments of that sort,' he said.

His claims were supported by the former Principal China Adviser to the US State Department Miles Yu. He said French, German and American athletes were among those to fall ill at the tournament with Covid-like symptoms, but were never tested for the virus.

Wei Jingsheng claims China deliberately spread Covid at a military tournament two months before the rest of the world knew about the deadly new virus Chinese defector claims the US was warned about Covid-19.

'We see some indications in our own data... that there was Covid circulating in the United States as early as early December, possibly earlier than that,' ex-US State Department Covid-19 investigator David Asher said.

Mr Jingsheng also claims he took his concerns about the unfolding situation to senior figures within the Trump administration in November 2019 but was ignored.

The long-time democracy campaigner, who has served time in prison for 'counter-revolutionary activities', said he made the approach as whispers of a 'new SARS virus' began circulating on WeChat and other Chinese social media platforms.

'I felt they were not as concerned as I was, so I tried my best to provide more detail and information,' he said.

'They may not believe that a government of a country would do something like that (cover up a virus), so I kept repeating myself in an effort ... to persuade them.'

Xi Jinping's authoritarian regime tried desperately to shut down whistle-blowers and silence any discussion of the virus in the early stages of the Wuhan outbreak – even when an untold number of corpses started flooding the city's hospitals.

Any references made in social media about a new SARS virus or 'outbreak' were censored and brave medical staff who tried to speak out and warn the world were detained and forced to sign false confessions of panic-stirring.

Mr Jingsheng who was exiled to the US years earlier said he was aware of what was happening through Beijing Communist Party insiders who shared their fears about the situation and described the central government cover-up.

But despite the impending health crisis set to devastate the US and the rest of the globe, his message was not being taken seriously, he claims.

The Chinese dissident would not disclose which political leaders he spoke to but insisted they were senior government figures and had the ear of then-President Donald Trump.

'I'm not sure if this politician wants me to talk about him right here,' he said. 'But I want to say he is a high enough politician, high enough to be able to reach the President of the United States.'

As coronavirus cases continued to ravage China, the authoritarian state kept the outbreak hidden from the WHO until December 31, when it was no longer possible to contain knowledge of its existence. But even then, Beijing denied the virus could be transmitted from person to person until eventually coming clean a month at the end of January.

The WHO labelled the mysterious outbreak a Public Health Emergency of International Concern on 30 January 2020, as infections started sweeping across other nations including the US earlier that same month.

In August this year, Dr Peter Embarek, who led the WHO probe into the origins of the coronavirus pandemic in China, said the world's first Covid-19 patient may have been infected by a bat while working for a Wuhan lab in China.

Dr Embarek made the shocking claim despite initially dismissing the notion that the virus escaped from a lab as extremely unlikely.

Embarek later admitted that the lab leak theory could have happened, suggesting that a Chinese researcher could have been infected by a bat while taking samples in connection with research at a Wuhan lab.

Some have suggested the source of the virus was the Wuhan Institute of Virology, a Chinese lab that is the world's largest centre of research on coronaviruses.

They believe the virus was either uncovered at the lab – which collects coronaviruses from wild animals – or else engineered through 'gain of function' research.

Such research involves adding properties such as increased transmissibility to already-existing viruses to study the effects and develop treatments before such diseases crop up in the wild.

But the research is hugely controversial, with many scientists arguing the risks of creating such viruses far outweigh the potential benefits.

According to proponents of this theory, the virus then leaked from the lab – possibly by infecting staff who then unwittingly passed it to the general population.

One intelligence report passed to agencies in Washington claims three members of staff at the laboratory sought hospital treatment in November 2019 – a month before the first official cases of Covid were detected, the Wall Street Journal reported.

Their symptoms were 'consistent with both Covid-19 and common seasonal illness', the report says, calling for further investigation.

That tallies with a body of evidence suggesting Covid may have been circulating for months before China first reported it to the world – either as a result of the often-mild disease going undetected, or the result of a cover-up.

Scientists in Italy claim to have detected evidence of Covid in blood samples taken as far back as September 2019, while researchers in Spain say the disease could have been present there in January 2020 – months before the first official case.

Even the authors of the much-derided WHO report admitted they could not rule out the possibility that Covid was circulating before December 2019.

But it was not until December 31, 2019 that the WHO's China office was informed of a mystery pneumonia which had sickened 44 people in Wuhan.

Later, the WHO was informed that at least one patient in Wuhan – a major transport hub – had been showing symptoms as early as December 8.

Local residents line up for nucleic acid testing at a temporary Covid-19 testing center on June 12, 2021 in Guangzhou, China.

Wuhan doctor Li Wenliang blew the whistle on the mysterious new coronavirus in December 2019 and died in February 2020 after contracting the virus from a patient.

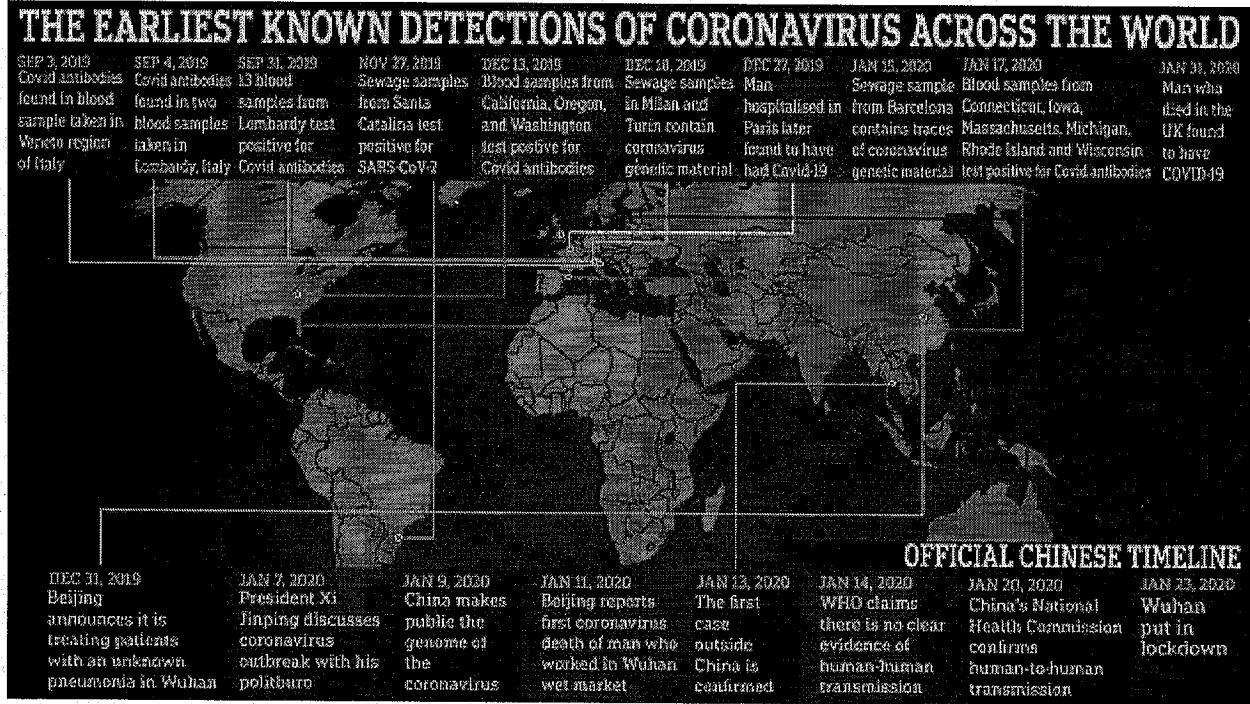
The Chinese dissident would not disclose which political leaders he spoke to but insisted they were senior government figures and had the ear of then-President Donald Trump.



Chinese scientists and officials have been keen to point the finger of blame outside their own borders – variously suggesting that the virus could have originated in Bangladesh, the US, Greece, Australia, India, Italy, Czech Republic, Russia or

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Serbia



Multiple countries have uncovered evidence that the virus was circulating months earlier than originally thought. While Beijing has tried to insist this proves the virus originated elsewhere, most scientists still think China was the origin – raising the prospect that communist officials simply hid evidence of the early spread.

A separate WHO-backed report said it was ‘clear’ that ‘public health measures could have been applied more forcefully by local and national health authorities in China’ last January.

It said there was ‘potential for early signs to have been acted on more rapidly’ by both China and the WHO.

The criticism was at odds with the WHO’s public statements at the time, when it praised China for the ‘remarkable speed’ with which it responded to the outbreak.

Beijing has touted its recovery from the early outbreak as a triumph for its Communist leaders, with China’s economy the only major one to grow in 2020.

But numerous reports have detailed how China withheld key details about the virus in its early stages, including from the WHO which has praised China in public.

The great cover-up of China: Beijing punished Covid whistleblower, claimed it came from US and ‘lied about death figures’

China has lied and covered up key information during virtually every stage of its coronavirus response – from the initial outbreak to the number of cases and deaths, and is still not telling the truth, observers, experts and politicians have warned.

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Beijing initially tried to cover up the virus by punishing medics who discovered it, denying it could spread person-to-person and delaying a lockdown of affected regions – meaning early opportunities to control the spread were lost.

Then, once the virus began spreading, the Communist Party began censoring public information about it and spread disinformation overseas – including suggesting that US troops could have been the initial carriers.

Even now, prominent politicians have warned that infection and death totals being reported by the regime are likely to be wrong – with locals in the epicenter of Wuhan suggesting the true tolls could be ten times higher.

Initial outbreak

Doctors in China, including Li Wenliang, began reporting the existence of a new type of respiratory infection that was similar to SARS in early December last year.

But rather than publicize the reports and warn the public, Chinese police hauled Wenliang and eight of his colleagues who had been posting about the virus online in for questioning.

Wenliang, who would later die from the virus, was forced to sign a document admitting the information he published was false.

While China has been widely-praised for a draconian lockdown that helped slow the spread of the virus, evidence suggests that the country could have acted much quicker to prevent the spread.

Samples analysed as early as December 26 suggested a new type of SARS was circulating, the Washington Post reported, but Wuhan was not locked down until January 22 – almost a month later. Wuhan's mayor also admitted an error that allowed 5million people to travel out of the city before the lockdown came into place without being checked for the virus, potentially helping it to spread.

Chinese authorities have also been reluctant to had over information on the country's 'patient zero' – or the first person known to have contracted the virus.

While Beijing claims the first infection took place on December 8, researchers have traced the virus back to at least December 1 and anecdotal evidence suggests it was spreading in November.

A lack of information about the first patient has meant scientists are still unclear how the disease made the leap from animals into humans.

Theories include that it could have been carried by a bat or pangolin that was sold at a market in Wuhan and then eaten by someone, but this has not been confirmed.

Early reports

Chinese authorities initially reported that the virus could not spread person-to-person, despite evidence that it was spreading rapidly through the city of Wuhan including doctors being infected by patients. This was used as justification for keeping the city of Wuhan operating as normal through a major CCP conference that was held between January 11 and 17, with authorities claiming zero new cases in this period.

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China did not confirm human-to-human transmission of the virus until late January, when large parts of Hubei province including Wuhan were put into lockdown.

Despite reporting the existence of a 'novel type of pneumonia' to the World Health Organisation on December 31, Wuhan's largest newspaper also made no mention of the virus until the week of January 20.

That meant people in the city were not taking precautions such as social distancing to stop it spreading. It also meant that people had begun travelling for the Lunar New Year holiday, which was due to start on January 24 and sees millions of people visit relatives, spreading the virus further.

Furthermore, China delayed reports suggesting that some 14 per cent of patients who initially tested negative for the virus or who appeared to have recovered tested positive a second time, only confirming such cases in February.

That further hampered efforts at early containment of the virus in places such as Japan, where patients who tested negative on board the Diamond Princess cruise ship were allowed to leave – only to test positive later.

Authorities in Beijing were also slow to report the deaths of two doctors from the virus, including one who was killed on January 25 but whose death was not reported by state media until a month later. The market was shut on January 1 after dozens of workers there had contracted the disease.

Origin of the virus

Despite early admissions that the virus began in the city of Wuhan, China later back-tracked – even going so far as to suggest American troops had brought the infection over after visiting the province. Lijian Zhao, a prominent official within the Chinese Foreign Ministry, tweeted out the claim on March 12 while providing no evidence to substantiate it.

'When did patient zero begin in US? How many people are infected? What are the names of the hospitals,' he wrote.

Chinese Foreign Ministry spokesman Zhao Lijian accused American military members of bringing the coronavirus to Wuhan

Referencing a military athletics tournament in Wuhan in October, which US troops attended, he wrote: 'It might be US army who brought the epidemic to Wuhan.

'Be transparent! Make public your data! US owe us an explanation!'

In fact, America's 'patient zero' was a man who travelled from China to Washington State on January 15. The case was confirmed by the CDC six days later.

Chinese has also tried to push the theory that the virus originated in Italy, the country with the most deaths, by distorting a quote from an Italian doctor who suggested the country's first cases could have

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occurred much earlier than thought.



Lijian Zhao 赵立坚
@zlj517



2/2 CDC was caught on the spot. When did patient zero begin in US? How many people are infected? What are the names of the hospitals? It might be US army who brought the epidemic to Wuhan. Be transparent! Make public your data! US owe us an explanation!

Zhao spread the theory in a tweet, while providing no evidence to back it up.

Giuseppe Remuzzi said he is investigating strange cases of pneumonia as far back as December and November, months before the virus was known to have spread.

Chinese state media widely reported his comments while also suggesting that the virus could have originated in Italy.

In fact, Remuzzi says, there can be no doubt it started in Wuhan – but may have spread out of the province and across the world earlier than thought.

Infection total

China has reported a total of some 95,000 infections from coronavirus, and at points has claimed a domestic infection rate of zero for several days in a row – even as it eased lockdown restrictions in places like Hubei.

But, by the country's own admission, the virus is likely still spreading – via people who have few or no symptoms.

Beijing-based outlet Caixin reported that 'a couple to over 10 cases of covert infections of the virus are being detected' in China every day, despite not showing up in official data.

Meanwhile foreign governments have heaped scorn on China's infection reporting cannot be trusted.

Marco Rubio, a prominent Republican senator and former presidential candidate from the US, tweeted that 'we have NO IDEA how many cases China really has' after the US infection total passed Beijing's official figure.

'Without any doubt it's significantly more than what they admit to,' he added.

Meanwhile the UK government has also cast doubt on China's reporting, with Conservative minister and former Prime Ministerial candidate Michael Gove claiming the Communist Party could not be trusted. 'Some of the reporting from China was not clear about the scale, the nature, the infectiousness of this [virus],' he told the [BBC](#).

Meanwhile sources told the Mail that China's true infection total could be anything up to 40 times as high as reports had suggested.

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Marco Rubio, a prominent Republican senator, has said that China's figures cannot be trusted and a far higher than has been reported

Death total

Doubt has also been cast on China's reported death toll from the virus.

Locals in epicenter city Wuhan have been keeping an eye on funeral homes since lockdown restrictions were partly lifted, claiming they have been 'working around the clock' to dispose of bodies. China has reported a few thousand deaths from the virus, but social media users in Wuhan have suggested the toll could be in excess of 42,000.

Social media posts estimate that 3,500 urns are being handed out by crematoriums each day, while Caixin reports that one funeral home in the city placed an order for 5,000 urns.

Locals believe that efforts to dispose of the bodies began March 23 and city authorities have said the process will end on or around April 5.

That would mean roughly 42,000 urns handed out in that time frame, ten times the reported figure.

Chinese aid packages

As it brought its own coronavirus epidemic under control and as the disease spread across the rest of the world, China attempted to paint itself as a helpful neighbour by sending aid and supplies to countries most in need – such as Italy.

In fact, while the Chinese Red Cross supplied some free equipment to the Italians, the country purchased a large amount of what it received.

Meanwhile officials in Spain said that a batch of coronavirus testing kits bought from China had just 30 per cent reliability – unlike the 80 per cent they were promised.

China has said it is willing to help supply the world with much needed aid and supplies, but has been accused of hoarding protective equipment and selling test kits that don't work

China is also the world's largest manufacturer of disposable masks of the kind being worn to slow the spread of the virus by people while out in public.

But as the disease began gathering speed in the country in January, China began limiting exports of the masks while also buying up supplies from other countries, the New York Times reported.

As well as halting virtually all exports of masks, China also bought up some 56million masks and respirators from overseas while fears of a pandemic were still far off.

Despite reports from US mask manufacturers of factories in Shanghai being effectively nationalised, China denies it has any such policy in place and has said it is 'willing to strengthen international cooperation' on the issue.

<https://www.dailymail.co.uk/news/article-10014895/Ex-Chinese-Communist-Party-insider-Wei-Jingsheng-speaks-Wuhan-theory-relating-Covid-19.html>

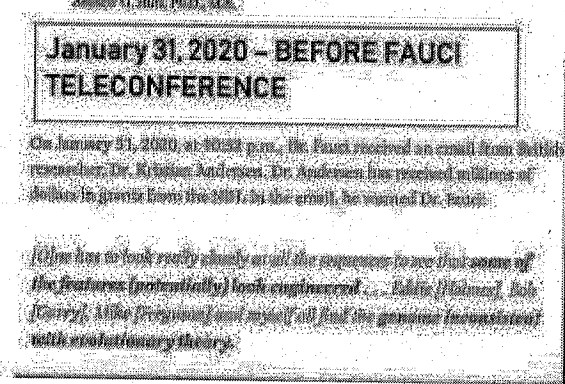
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FAUCI UNDER FIRE: British Scientist Given \$1.88 Million Grant, \$16.5 Million in NIH Funding After He Changed His Story and Came Out Publicly to Lie for Fauci About Origins of COVID

Jim Hoft Mar. 1, 2023

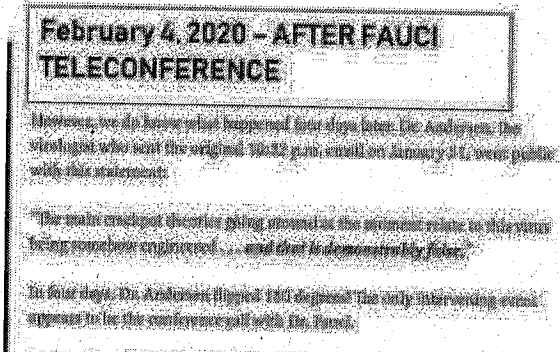
On January 31, 2020, Danish-born and British-educated scientist **Kristian Andersen**, emailed Dr. Tony Fauci saying the virus looks lab-made.

Kristian Andersen, "Some of the features look engineered" and the "genome looks inconsistent with evolutionary theory."



Then on February 4, 2020, after a call with Dr. Tony Fauci, British scientist **Kristian Andersen** wrote that the lab leak theory was a conspiracy theory.

Kristian Andersen, "The main crackpot theories going around at the moment related to this virus being somehow engineered... and that is demonstrably false."



So what happened between January 31, 2020 and February 4, 2020?

Dr. Tony Fauci called Dr. Kristian Andersen and ordered him to publicly say the COVID virus was NOT lab-made.

The New York Times reported on Andersen's early email to Dr. Fauci in an article published in June 2021.

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Over the past year, Dr. Andersen has been one of the most outspoken proponents of the theory that the coronavirus originated from a natural spillover from an animal to humans outside of a lab. But in the email to Dr. Fauci in January 2020, Dr. Andersen hadn't yet come to that conclusion. He told Dr. Fauci, the government's top infectious disease expert, that some features of the virus made him wonder whether it had been engineered, and noted that he and his colleagues were planning to investigate further by analyzing the virus's genome.

The researchers published those results in a paper in the scientific journal *Nature Medicine* on March 17, 2020, concluding that a laboratory origin was very unlikely. Dr. Andersen has reiterated this point of view in interviews and on Twitter over the past year, putting him at the center of the continuing controversy over whether the virus could have leaked from a Chinese lab.

When his early email to Dr. Fauci was released, the media storm around Dr. Andersen intensified, and he deactivated his Twitter account. He answered written questions from *The New York Times* about the email and the fracas. The exchange has been lightly edited for length.

Dr. Anderson **switched his story** in 4 days after his call with Tony Fauci.

But, *The New York Times* conveniently omitted that after his call with Dr. Fauci on February 1, 2020, Dr. Anderson was given a \$1.88 million grant and \$16.5 million in funding from NIAID, Dr. Fauci's personal piggy bank.

Dr. Andrew Huff testified to this fact back in 2022. He released this information in a legal report he signed created by the Renz Law Group.

Dr. Andrew Huff reported that Dr. Anderson's funding at the Scripps Research Institute increased from \$393,079 per month, to \$800,139 per month after he backed down on the COVID lab-leak theory.

(page 56)

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- I attest that I analyzed the funding of Dr. Kristian Andersen of the Scripps Research Institute from data obtained from NIH funding databases. Dr. Andersen's funding dramatically increased after changing his position on the characterization of the agent as being manmade, to naturally emerging, after a series of discussions with Dr. Anthony Fauci.

**Total Funding Awarded Per Month Before
Fauci Teleconference**

\$393,079.65

**Total Funding Awarded Per Month After Fauci
Teleconference**

\$800,139.15

**Total Funding Awarded Per Calendar Year
Before Fauci Teleconference**

\$ 1,042,628.25

**Total Funding Awarded Per Calendar Year
After Fauci Teleconference**

\$2,284,161.08

**Total Continuing Funding Before Fauci
Teleconference**

\$7,141,011.83

**Total Continuing Funding After Fauci
Teleconference**

\$23,724,681.83

Total Continuing Funding INCREASE After Fauci Teleconference

\$16,583,670.00

So when do we bring Dr. Fauci in for questioning?

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Dr. James Thorp: Global Covid "Vaccine" Push Is the Greatest Violation of Medical Ethics in History

February 2023

<https://rumble.com/v2aq3em-dr.-james-thorp-global-covid-vaccine-push-is-the-greatest-violation-of-medi.html>

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“The Trials Should Have Been Halted”: Rate Of ‘Serious Adverse Events’ Closely Tracks Spike In Post-Vax Disabilities

Zero Hedge February 21, 2023

Over the past 18 months, skeptics of mRNA Covid-19 vaccines and those pointing out high rates of adverse reactions have been subject to ostracism, deplatforming, and flawed ‘fact checks’ to shut down opinions and analysis which conflicted with official narratives.

Now, the data has begun to speak for itself, thanks to people like former Blackrock portfolio manager Ed Dowd, who has devoted the last several years to deep-dive research and analysis of pandemic-related data (in fact, he’s written an **excellent book** on the topic). Dowd, along with partners Carlos Alegria and Yuri Nunes, launched **Phinance Technologies** – where, aside from traditional macroeconomic analysis, they have produced **comprehensive reports** on pandemic-related **disabilities and excess deaths** using official data.

Their latest analysis reveals that the rate of Serious Adverse Events in the mRNA Covid-19 vaccine clinical trials **closely tracks a spike in disabilities reported after the vaccine rollout.**

Via Phinance Technologies (emphasis ours),

In part 3 of our US disabilities analysis we observed that the rise in disability rates post 2/2021 correlates closely with the rollout of the vaccination schedule. When looking at changes in disabilities on a wider time frame (since 2008) we observe that the disability rates rose or fell from month to month but tended to be relatively stable over time. However, as shown in **part 1, the change in behaviour since early 2021 is clearly an abnormal occurrence with high level of statistical significance.** It happens to be highly correlated to the cumulative Covid-19 vaccine rollout, but we cannot state that the correlation is statistically meaningful as it is based on a cumulative plot with obvious autocorrelation.

In this section **we provide further evidence that the most likely cause of the rise in disabilities is the Covid-19 vaccines.** For that purpose, we model the expected rise in disabilities due to the vaccination rollout in the general population. We do so by using the rates of Serious Adverse Events (SAEs) obtained by the safety analysis of the mRNA vaccine (Pfizer and Moderna) clinical trials, performed in the Vaccine journal paper we **reviewed here**, and our analysis in **part five.**

The time series of SAEs that were computed based on the rates estimated during the mRNA clinical trials are shown to be of the same magnitude as the rate of increase in disability rates in the 16-64 Civilian Labor Force.

— Edward Dowd (@DowdEdward) February 18, 2023

We can observe that **the rate of rise in disabilities is higher than the computed rate of rise in SAEs of special interest**, which could be explained in several different ways, or by a combination of factors.

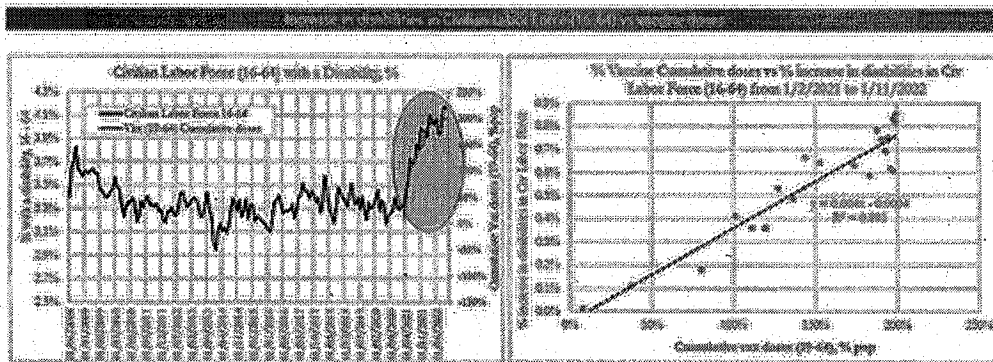
- By the definition of an SAEs of special interest being more extreme than the rate of disabilities reported by the individuals surveyed by the BLS i.e. some disabilities reported by the individuals surveyed by the BLS may be caused by adverse events that are not deemed SAEs of special interest, due to the criteria used to define an SAE being overly restrictive.

18.2

- The population of the Civilian Labor Force as a whole may be less healthy (and somehow more vulnerable to vaccine-related disabilities) than the vaccine trial populations, either due to the selection criteria for participation in the trial, or 'self-selection' bias.
- Under-reporting of SAEs of special interest in the trial populations.
- Other factors causing excess disabilities in the Civilian Labor Force in a concurrent timeframe to the vaccine rollout.

As Dowd further notes via Twitter;

The rate of estimated SAEs appears to be under-reported relative the recorded rise in disabilities (according to the BLS survey) **by about 2.6 times**. These results were expected as we had already shown in part 3 of our study the high correlation between the rise in the disability rate since 2/21 with the vaccine rollout. We realise that performing the correlation of cumulative time series is misleading & the R2 should not be taken as an indication of establishing a statistically significant relationship as both time series have autocorrelation."



causation.

✓ We believe that a comprehensive investigation needs to be performed, either in the form of new phase III clinical trials for at least a 3-year period, or a programme of forensic autopsies in a large sample of deceased individuals where the Covid-19 vaccines were not

— Edward Dowd (@DowdEdward) February 18, 2023

restrictive.

2) The population of the Civilian Labor Force as a whole may be less healthy (and somehow more vulnerable to vaccine-related disabilities) than the vaccine trial populations, either due to the selection criteria for participation in the trial, or 'self-selection' bias

— Edward Dowd (@DowdEdward) February 18, 2023

3) Under-reporting of SAEs in the trial populations

4) Other factors causing excess disabilities in the Civilian Labor Force in a concurrent timeframe to the vaccine rollout.

— Edward Dowd (@DowdEdward) February 18, 2023

Bottom line: There were enough safety signals to show that what we are seeing in the BLS data was known during the clinical trials even given their narrow definition of a SAE. **The trials should have been halted.**

19-1

Japanese Scientist Warns: Covid "Vaccine" Harms Are Now a Global Problem

OLIVER YOUNG March 3, 2023

Prominent Japanese scientist Dr. Masanori Fukushima has warned that the harms caused by the Wuhan coronavirus (COVID-19) vaccines, especially those of the mRNA variety, are now a worldwide problem. Fukushima is the chairman of the Translational Research Informatics Center and also serves as professor emeritus at *Kyoto University*. He has nearly three decades of experience in cancer research and overarching medical care.

According to Fukushima, the extensiveness of adverse health outcomes caused by the mRNA injections ultimately put billions of innocent people in harm's way.

As early as March last year, data from the U.S. Vaccine Adverse Event Reporting System (VAERS) revealed that deaths caused by the Wuhan coronavirus (COVID-19) vaccines have surpassed those caused by all other vaccines in the past 30 years.

VAERS recorded a total of 26,059 deaths caused by the COVID-19 vaccines in the first 15 months of rollout, nearly three times the 9,066 people killed by non-COVID vaccines in the previous 30 years.

COVID-19 vaccines also caused permanent disabilities in 48,342 people in just 15 months, more than double the 20,096 people who suffered from permanent disabilities after being injected with non-COVID vaccines in the past three decades.

With more nations getting access to the vaccines now, it's easy to see why Fukushima thinks vaccine-induced harms are now a global concern.

The doctor also slammed those who promote the mRNA vaccines to the masses, particularly those who lack the proper academic credentials to do so. Fukushima was obviously referring to politicians like President Joe Biden, who are quick to mandate vaccinations despite limited knowledge about the vaccines.

Fukushima's expert analysis of mRNA shots and human health holds sway throughout the worldwide medical community. Based on his analysis, the negative health consequences of the mRNA shots are already a global issue. The vaccines can potentially spur a wave of heart attacks, strokes and sudden deaths.

Vaccinated people are like a ticking time bomb

Daniel Horowitz, senior editor at the *Blaze*, made a similar point in an article nearly a year ago.

"Reports of myocarditis and pericarditis are so prevalent now that just in the first eight weeks of 2022, we're already at 47 percent of the total VAERS submissions for 2021. There were 24,177 reports of pericarditis [and] myocarditis submitted to VAERS in 2021. In 2022, just through Feb. 25, there were 11,289 reports – which is nearly half of last year's total," he wrote.

Horowitz proposed two possible explanations for the sudden influx of VAERS reports in the first two months of 2022. "Either more people and doctors know about VAERS and know [how] to look for myocarditis, or there is a time bomb with many more people now realizing they have heart problems months later," he said.

"Either way, this means that the initial estimates of case prevalence were just the tip of the iceberg, and we are likely to see young hearts damaged for years to come."

To stop that from happening, Fukushima offered a simple solution: Stop all COVID-19 vaccination programs across the globe.

But Fukushima said public health agencies first need to acknowledge the problems caused by the vaccines and make it clear that those issues are a direct threat to public health.

20 -1

Report 56: Autopsies Reveal Medical Atrocities of Genetic Therapies being Used Against a Respiratory Virus

February 15, 2023 Robert W. Chandler, MD, MBA

Summary:

Dr. Arne Burkhardt is one of eight international pathologists, physicians and scientists who were asked to perform a second autopsy, requested by friends and family of the deceased who were not satisfied with the results of the first autopsy.

Thirty autopsies and three biopsies were evaluated; 15 cases with routine histopathology (Step 1), three with advanced methods (Step 2), and some of the remaining 15 are included as illustrative cases.

The Step 1 group included eight women and seven men aged 28-95 (average 69).

Death occurred seven days to 180 days following the first or the second Spike-Mediated Gene Therapy (SMGT) with COMIRNATY in eight, Moderna in two, AstraZeneca in two, Janssen in one and Unknown in two.

Place of death was known in 17 cases:

- Nine Non-hospital: five at home, one on the street, one in a car, one at work, one in an elder care facility
- Eight Hospital: four ICU, four died having been in hospital less than two days

Special stains were used to identify Spike and Nucleocapsid Proteins, with the following differential:

- COVID-19 (C-19) = + Spike + Nucleocapsid.
- SMGT = + Spike - Nucleocapsid.

Causation by SMGT: Very probable in five cases, probable in seven, unclear in two and no connection in one.

Lesions were on multiple organs including: Brain, Heart, Kidney, Liver, Lungs, Lymph Node, Salivary Gland, Skin, Spleen, Testis, Thyroid and Vascular.

Lymphocyte Infiltration, present in 14 of 20 cases (70%), was a common feature and involved multiple organs. Case 19 had at least five different organs involved. CD3+ Lymphocytes were dominant.

20-2

The Vascular System was targeted by Lymphocyte Infiltration in seven (35%) of the cases and included sloughing endothelium, destruction of the vessel wall, hemorrhage and thrombosis.

A condition called Lymphocyte Amok was described by Dr. Burkhardt: Lymphocyte accumulation in non-lymphatic organs and tissues that might develop into lymphoma.

Five cases of unknown foreign material in blood vessels were identified. The favored explanation for origin of this material was aggregated Lipid Nanoparticles (LNPs).

Multiple pathologic processes were involved: Apoptosis, Coagulopathy, Clotting/Infarction, Infiltration/Mass Formation, Inflammation, Lysis, Necrosis and Neoplasia.

Röltgen, et al. [https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9) found that COVID-19 depleted Lymphatic Germinal Centers (LGCs) whereas SMGT stimulated them, suggesting a possible origin of "Hunter/Killer" CD3+ Lymphocytes that are attracted to certain tissues, particularly the vascular system.

An expanded program of autopsy following SMGT is recommended in order to further understand the actions of SMGTs and to help formulate new treatments for the constellation of pathology associated with such drugs.

Burkhardt Group Conclusions:

- 1. Histopathologic analyses show clear evidence of vaccine-induced autoimmune-like pathology in multiple organs.**
- 2. That myriad adverse events deriving from such auto-attack processes must be expected to very frequently occur in all individuals, particularly following booster injections.**
- 3. Beyond any doubt, injection of gene-based COVID-19 vaccines place lives under threat of illness and death.**
- 4. We note that both mRNA and vector-based vaccines are represented among these cases, as are all four major manufacturers.**

Total of 40 pages with a number of unbelievable histologic slides.

<https://dailyclout.io/report-56-autopsies-reveal-the-medical-atrocities-of-genetic-therapies-being-used-against-a-respiratory-virus/>

21-1

Triple-vaccinated accounted for 92% of all “covid” deaths in 2022, fact check shows

March 17, 2023 by: Ethan Huff



(Natural News) Last fall, *The Times* (United Kingdom) ran a hit piece on those who are unvaccinated against the Wuhan coronavirus (Covid-19), calling them a “global menace who must be defeated.” It turns out that this piece is patently false, as a whopping 92 percent of all “covid” deaths that year occurred in people who were triple-“vaccinated” for the alleged “virus.”

The person who wrote that article, Ara Darzi, is a member of the House of Lords of the United Kingdom. And this person is a *liar*, having falsely stated that the unvaccinated are the ones dying when, in fact, the exact opposite is true.

“The latest stage in the battle against Covid-19 has begun,” Darzi wrote. “Across the UK people aged over 50 are being called for vaccination with a booster this autumn to protect them against a likely new wave of infection this winter. But how many will accept it?”

Darzi would go on in the piece to lambast people with natural immunity, accusing them of spreading disease, while praising the rest for getting double-, triple-, or in some cases even quadruple-injected, claiming they are the ones saving the world from the scourge.

Darzi made the following claims, all of them false, in the piece (which is hiding behind a paywall, by the way, so you will not be able to read it yourself in full without paying):

- The growing anti-vaccine movement around the world is a threat to public health in the UK and elsewhere
- More than 3.7 million people in Great Britain, or 6.4 percent of the population, have not gotten even a single dose of a covid jab
- Refusing to get jabbed for covid increases one’s risk of death by 14 times, and is a danger to the rest of society
- Thousands of deaths have been linked to vaccine refusal, based on data from the Office for National Statistics (ONS)

Only one of these bullet points is *partially* correct in that *much* more than 3.7 million Brits – try 18.9 million – have refused the jabs. The rest are flat-out lies pulled out of – how do they say it in the UK? – Darzi’s *arse*.

(Related: The reason why post-covid jab deaths were never autopsied is precisely because the powers that be did not want people knowing the true cause of all these deaths.)

Government officials lied, and people died

According to the UK Health Security Agency’s (UKHSA) own figures, 63.4 million people were eligible for vaccination in England alone as of June 3, 2022. Using those same figures, 44.48 million people received a single dose; 41.8 million people received two doses; and 32.9 million people received three doses.

Based on those figures, nearly 20 million Brits said *no way, Jose!* to the shots, which is a far higher number than the one Darzi randomly decided to pick to make it seem like only a very small percentage of “fanatics” *just said no* to the dangerous drugs.

Though none of this is likely shocking to our readers, you have to remember that there are millions of others out there who gobble up “news” like the kind published by *The Times* as if it was factual.

“They know what they are doing,” one commenter wrote about Darzi and his ilk, who are deceivers of the highest order. “Praise the LORD for the upcoming rapture of all born again Christians! JESUS is coming soon! Be ready!”

Another wrote that government officials like Darzi are the menace “that allowed this great genocide to have occurred.”

“We can’t find a penalty severe enough to use on these criminals,” this person added.

22-1

Many CDC Blunders Exaggerated Severity Of COVID-19: Study

MAR 24, 2023 *Zachary Stieber via The Epoch Times*

The U.S. Centers for Disease Control and Prevention (CDC) made at least 25 statistical or numerical errors during the COVID-19 pandemic, and the overwhelming majority exaggerated the severity of the pandemic, according to a new study.

Researchers who have been tracking CDC errors compiled 25 instances where the agency offered demonstrably false information. For each instance, they analyzed whether the error exaggerated or downplayed the severity of COVID-19.

Of the 25 instances, 20 exaggerated the severity, the researchers reported in the study, which was published ahead of peer review on March 23.

“The CDC has expressed significant concern about COVID-19 misinformation. In order for the CDC to be a credible source of information, they must improve the accuracy of the data they provide,” the authors wrote.

The CDC did not respond to a request for comment.

Most Errors Involved Children

Most of the errors were about COVID-19’s impact on children.

In mid-2021, for instance, the CDC claimed that 4 percent of the deaths attributed to COVID-19 were kids. The actual percentage was 0.04 percent. The CDC eventually corrected the misinformation, months after being alerted to the issue.

CDC Director Dr. Rochelle Walensky falsely told a White House press briefing in October 2021 that there had been 745 COVID-19 deaths in children, but the actual number, based on CDC death certificate analysis, was 558.

Walensky and other CDC officials also falsely said in 2022 that COVID-19 was a top five cause of death for children, citing a study that gathered CDC data instead of looking at the data directly. The officials have not corrected the false claims.

Other errors include the CDC claiming in 2022 that pediatric COVID-19 hospitalizations were “increasing again” when they’d actually peaked two weeks earlier; CDC officials in 2023 including deaths among infants younger than 6 months old when reporting COVID-19 deaths among children; and Walensky on Feb. 9, 2023, exaggerating the pediatric death toll before Congress.

“These errors suggest the CDC consistently exaggerates the impact of COVID-19 on children,” the authors of the study said.

Read more [here...](#)

23-1

Buried Bombshell: Anthony Fauci Admitted to Doing Gain-of-Function Research and Media Yawned

ID Rucker March 26, 2023

Imagine someone told you this: "There's a sport in which players take a bat and try to hit a ball that's pitched to them. They run around the three bases and if they can get back to home plate before being tagged out, then their team earns a run. Some people call this 'baseball,' but I don't think it is."

That's the vibe from a recent interview with Anthony Fauci. He admitted to supporting the textbook definition of gain-of-function research, then denied that it was gain-of-function research.

According to Breitbart:

Fauci stated, [relevant remarks begin around 1:12:35] "There [are] a number of experiments that need to be done on viruses. How are you going to know whether or not they're capable of infecting humans unless you examine them? Which means doing something under certain circumstances that make a pathogen more transmissible or more pathogenic, which some people refer to as gain of function."

Corporate media said nothing, of course, but confusingly neither did many in conservative or alternative media.

Breitbart covered it briefly. Natural News did a story on it (below). But otherwise, I haven't seen much from the right side of the media fence, echoing the silence that's expectedly coming from the left side.

Let's call it what it is. Fauci and his cohorts in and out of the NAIAD participated in or funded gain-of-function research. Chances are extremely high that this research resulted in Covid-19.

It's no wonder that Fauci and Friends have been so adamant about blaming Covid on bat soup or whatever the excuse du jour is. They know what they did and they realize if the public found out, they'd be in big trouble.

23-2

Unfortunately, the public is not likely to find out definitively because even admissions like the one he made last week aren't drawing enough attention. He has been very bad at slipping up and reversing himself over the past three years. Perhaps journalists have just become accustomed to it and don't think it's a big deal. Or maybe they're just jaded by the lack of redemption that's come to those who have been screaming about it for months or even years. Whatever the reason, this "buried bombshell" is likely to remain buried along with the other mountains of evidence that our own government participated in launching the pandemic.

Here's the article by Belle Carter at [Natural News](#) explaining the Fauci situation further:

Fauci CONFIRMS Gain-of-Function Research Conducted on Pathogen Blamed for COVID-19 Pandemic

Infectious diseases expert Dr. Anthony Fauci has confirmed that gain-of-function research was indeed performed on pathogen behind the Wuhan coronavirus (COVID-19) pandemic.

The former National Institute of Allergy and Infectious Diseases (NIAID) director made the confirmation during the March 21 edition of "American Masters" on *PBS*.

"How are you going to know whether or not they're capable of infecting humans unless you examine them? Which means doing something under certain circumstances that make a pathogen more transmissible or more pathogenic, which some people refer to as gain of function," Fauci explained (Related: [Rep. Jim Jordan: Fauci prioritized gain-of-function research, concealed real origin of COVID-19.](#))

However, Fauci was adamant that the gain-of-function research behind COVID-19 did not happen at the *Wuhan Institute of Virology* in Wuhan, China. The infectious disease expert also denounced Sen. Rand Paul (R-KY) for "insidiously" questioning the work done at the WIV.

"They've looked at various grants and they make something of it that it isn't," Fauci said. "The microbe [the WIV was] working on, not only was not SARS-CoV-2, it would be molecularly impossible for them to turn it into SARS-CoV-2."

24-1

Government Doc Shows What Fauci Knew... "I'm Struggling for Words"

M Dowling March 26, 2023

"I think we can be certain this information was on Anthony Fauci's desk... Bear in mind all this was known before the vaccines were approved... I'm struggling for words," Dr. John Campbell, who once pushed the vaccines.

Dr. Anthony Fauci Had to Know

Dr. John Campbell's talk in the clip below concerns a 58-page government document that we link to below. It's from the therapeutic goods administration in Australia, which controls its drugs and vaccination policy.

The following is a partial transcript of Dr. Campbell's two-part explanation of the document. It's shocking.

"Now, the key thing is that this document has only been released as a result of Freedom of Information requests. Now it was released after a long time of Freedom of Information requests, and even now, it's still quite highly redacted. Bear in mind all the information we're going to be talking about here was known before Australia authorized the vaccines, in January 2021. This is done largely on Pfizer data but written by the therapeutic goods administration in Australia. So, given that it comes from ... international information, **I think we can be certain that this information was on Anthony Fauci's desk the first thing.**

"I want to look at is the distribution of the lipid nanoparticles. We were told it stayed in the injection site. I can now tell you that the lipid nanoparticles are widely distributed, very widely distributed. Now, I have a table here with all the organs where this was distributed. ...I've blown it up a bit for you so you can see this is pretty alarming. It basically going to a lot of organs...

"I find it particularly uncomfortable that the **lipid nanoparticles went to the bone marrow** because that's where all the blood cells are produced. Not speculating on what that could cause, but they went there. Therefore, the RNA that they contained went there as well. This is the point here, **particles went to the brain, the eyes, the heart... high concentrations at the injection site.**

Especially, the plasma, liver, ovaries...

"But the point is it was systemically absorbed and distributed as well by kidneys, large intestine, liver, lungs, lymph nodes, mandibula, that's under the jaw, mesenteric that's associated with the gut muscle over his pancreas...went

24-2

to all of these organs, pituitary gland ...prostate ... salivary gland, skin, small intestine, spinal cord, spleen, stomach, testes, concerning thymus gland behind the sternum, thyroid gland in the neck. uterus ...

Dr. Campbell wants to know why they didn't keep testing after 48 hours?

"So what we can say is the substantial numbers of lipid nanoparticles were the messenger RNA coding for the spike protein in the liver at 48 hours. What about three days? What about four days? [It] didn't seem to be done, and bear in mind all this was known before the vaccines were approved ... before the vaccines were approved, struggling for words.

"So what someone needs to do now, really, I haven't had time to do this today, but look back to people in authority who said this wasn't systemically distributed. And given that this report is from the TGA on January 2021, anyone who said that after January 2021, well, the best thing we can say is that they were poorly informed, ... but if they're in authority they shouldn't have been poorly informed.

"This won't get to mainstream media of course, but it's a government document. Therefore, I am allowed to talk about it. Much rather not, but I'm not gonna speculate on what this means because I don't know. ...we can say that this is definitely the systemic distribution."

In his second clip, Dr. Campbell explains what was not tested, what was known, and still, they went ahead with the vaccines.

25-1

EXCLUSIVE: CDC Found COVID-19 Vaccine Safety Signals Months Earlier Than Previously Known, Files Show

Zachary Stieber March 28, 2023

The top U.S. public health agency identified hundreds of safety signals for the Pfizer and Moderna COVID-19 vaccines months earlier than previously known, according to files obtained by The Epoch Times.

The U.S. Centers for Disease Control and Prevention (CDC) found more than 700 signals that the vaccines could cause adverse events—including acute heart failure and death—in May 2022, the files show.

The CDC detected many of the same signals in July 2022, The Epoch Times previously reported. The new files show that the first time the CDC calculated a proportional reporting ratio (PRR) on vaccine injury reports, signals were identified.

The analysis went over reports lodged between Dec. 14, 2020, and May 6, 2022.

The CDC initially claimed that it didn't run the PRR, a data mining method, on the injury reports made to the Vaccine Adverse Event Reporting System. The CDC later claimed that it started the method in February 2021, shortly after the vaccines were rolled out. Both of those claims were false, the CDC ultimately said, adding that it didn't start until March 2022.

When the first analyses were done that month, CDC employees identified more than 200 signals for Pfizer's shot and 93 signals for Moderna's vaccine, the files show. Those analyses compare the events lodged after receiving one vaccine with events lodged after receiving another, or several others.

The Epoch Times obtained the files through Freedom of Information Act requests.

The strongest analysis involves comparing the reports lodged after vaccination with the Pfizer and Moderna COVID-19 vaccines with the reports lodged after vaccination with all non-COVID-19 vaccines. The analysis is contained in files labeled "Table 5."

According to the files provided by the CDC, the agency didn't start that analysis until May 2022.

"The program staff advises that "Table 5 was only created from May 6, 2022, to July 31, 2022," a CDC Freedom of Information Act processor told The Epoch Times via email.

The CDC didn't respond to a request for more information.

"Federal health agencies have ignored the flashing alarms of their own safety surveillance systems since early 2021. They have ignored my oversight letters and lied about what analyses they have performed. It is well past time for the American public to be told the truth," Sen. Ron Johnson (R-Wis.), the top Republican on the Permanent Subcommittee on Investigations, told The Epoch Times via email.

Operating Procedures

The CDC and the U.S. Food and Drug Administration (FDA) co-manage the Vaccine Adverse Event Reporting System, which accepts reports from anybody but is primarily used by health care workers. Reports to the system are analyzed and verified by health officials and contractors.

25-2

In operating procedure documents, the agencies said that officials would monitor the system to identify "potential new safety concerns for COVID-19 vaccines." The FDA would perform one type of analysis, called Empirical Bayesian data mining, while the CDC would perform PRR data mining.

PRR triggers a signal when three thresholds are met, according to the CDC: a reporting ratio of at least two, a chi-squared statistic (an indicator of the relationship between variables) of at least four, and three or more cases of the event following receipt of the vaccine or vaccines being analyzed. Health officials say that it takes more evidence than signals to establish causality.

The agencies have portrayed the Empirical Bayesian (EB) mining as stronger. Officials have said that the CDC undertook PRR "to corroborate the results of EB data mining."

"PRR results were generally consistent with EB data mining, revealing no additional unexpected safety signals. Given it is a more robust data mining technique, CDC will continue relying upon EB data mining at this time," a CDC spokesperson previously told The Epoch Times.

The FDA has declined to release the results of the EB mining, though agency workers have described them in some studies and presentations.

The CDC has pointed out that it has investigated some of the signals, confirming a handful and ruling out others. It hasn't provided evidence that it investigated each signal. The agency has also refused to answer what it meant when it said it expected signals such as female breast cancer, Crohn's disease, and Bell's palsy.

Kim Witczak, drug safety advocate and founder of Woody Matters, told The Epoch Times via email: "There doesn't seem to be any consistency in the process of what, when, and how data is collected and released to public. The CDC says one thing, and the newly released data shows something else. This is why transparency is needed and why we need outside investigative parties with no skin in the game to analyze and review the data."

Probability 'Essentially Zero'

Norman Fenton, a professor of risk management at Queen Mary University of London, has reviewed the signals.

Fenton said that for many of the reported adverse events, the chi-squared was so high that the chance that "the true rate of the [adverse events] of the COVID vaccines is not higher than that of the non-COVID vaccines is essentially zero."

He added, "The onus is on the regulators to come up with some other causal explanation for this difference if they wish to claim that the probability a COVID vaccine [adverse event] results in death is not significantly higher than that of other vaccines."

Download the files below.

[Table 3 Prr Of Pts For Covid 19 Pfizer Compared To Moderna March 25 2022](#)

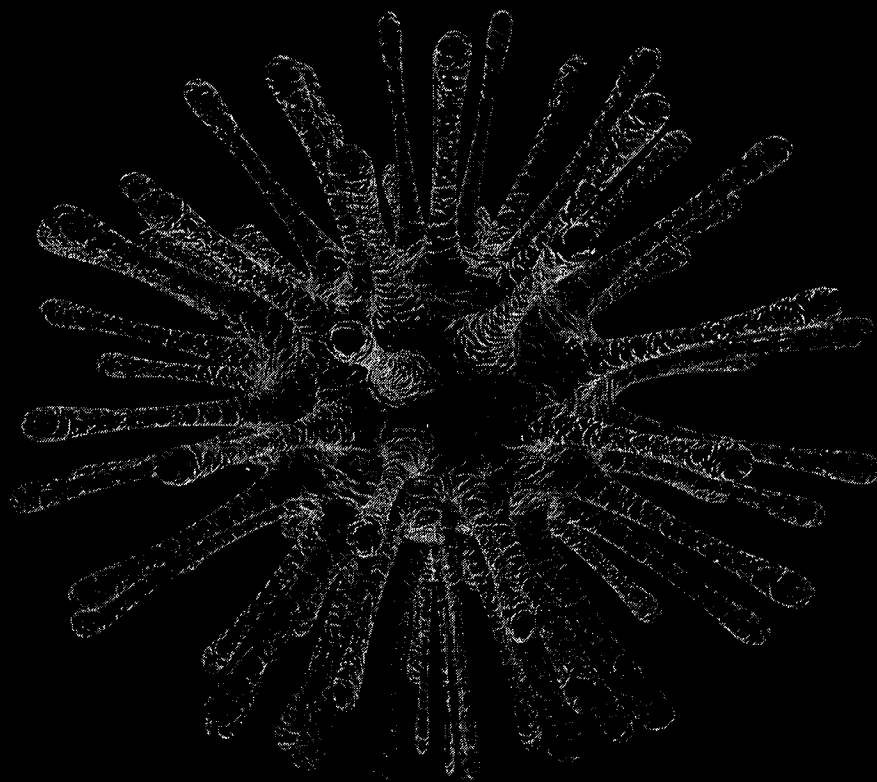
[Table 4 Prr Of Pts For Covid 19 Moderna Compared To Pfizer March 25 2022](#)

[Table 5 Prr Of Pts For Covid 19 Mrna Compared To 2009 2022 Non-covid 19 May 6 2022](#)

THE
SPARS PANDEMIC

2025 - 2028

A Futuristic Scenario for Public Health Risk Communicators



THE JOHNS HOPKINS CENTER FOR HEALTH SECURITY

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Johns Hopkins Simulation From 2017 "SPARS 2025-2028" Mirrors COVID Pandemic

04/07/2021 - TJV - The Jewish Voice

(TJVNEWS.COM) In 2017, a team of experts at the Johns Hopkins Center for Health Security published a scenario as part of a training exercise that they believed could happen in the not-so-distant future.

TJV News reported last year on The Rockefeller Foundation's Lock Step simulation from 2010 and Gates foundation's "Event 201" Together with John Hopkins University- Center for Public health and the World Economic Forum- both simulations which eerily resembled the current COVID pandemic.

This latest unearthed simulation which was first briefly reported on in October last year has only recently started making its rounds online and has gained the attention of General Flynn who actually calling for investigations into the simulation exercise.

This is the general breakdown of this simulation. It is quite amazing similar this simulation is to the actual current news of the last 15 months. The entire document is linked HERE

Centers for Disease Control and Prevention confirms the victims were infected with a novel coronavirus, SPARS-CoV.

Nothing is known about this novel coronavirus. There is no rapid diagnostic test. There are no known treatments. And there is no vaccine.

It's not long before the SPARS outbreak erupts into a global pandemic.

The CDC finds SPARS is transmitted through respiratory droplets and recommends that everyone practice hand hygiene and frequently disinfect surfaces. Experts learn that SPARS has a long incubation period- 7 to 10 days- and that it can be spread by asymptomatic carriers. Pregnant women and those with underlying conditions like asthma and emphysema are at a higher risk for complications and death. The WHO begins to recommend social distancing and isolation of suspected cases.

There is hope that an existing antiviral drug could help treat SPARS, but there have been no randomized controlled trials. The US Food and Drug Administration issues an Emergency Use Authorization for this drug to treat SPARS patients. Soon, there is high public demand for the drug and millions of doses are dispensed from the Strategic National Stockpile. However, it soon becomes apparent that the drug can cause serious side effects.

*Things become political. **Republicans voice their support of the drug while Democrats express doubt. America is more connected yet more divided than ever.** Rumors and misinformation regarding the virus and potential treatments circulate on social media. The economy takes a hit as the pandemic drags on. Within a year, a potential vaccine begins expedited review and there are promises that tens of millions of doses will be available within a few months. But of the hundreds of millions of people living in the US, who will get the vaccine first?*

Some other interesting highlights:

- "As the pandemic tapered off, several influential politicians and agency representatives came under fire for sensationalizing the severity of the event for perceived political gain. As with many public health interventions, successful efforts to reduce the impact of the pandemic created the illusion that the event was not nearly as serious as experts suggested it would be. President Archer's (fictional) detractors in the Republican Party seized the opportunity to publicly disparage the President and his administration's response to the pandemic, urging voters to elect "a strong leader with the best interests of the American people at heart." "
- "The Corovax vaccination program met resistance from several groups: alternative medicine proponents, Muslims, African Americans, and anti-vaccination activists. Initially operating independently, these groups banded together via social media to increase their influence."
- How might federal health authorities avoid people possibly seeing an expedited SPARS vaccine development and testing process as somehow "rushed" and inherently flawed, even though that process still meets the same safety and efficacy standards as any other vaccine?
- "As time passed and more people across the United States were vaccinated, claims of adverse side effects began to emerge."




The similarities are uncanny, including strategies for the MSM, presidents, and celebrities being used to encourage people to take the vaccines - to the actual fatality rates being 'predicted' along with the numbers, to tweets and marketing campaigns, to "isolation procedures".

Take a look at the document and see the parallels you can draw from this exercise to the actual COVID pandemic, it is quite interesting



28-1

The SPARS Pandemic 2025–2028: A Futuristic Scenario to Facilitate Medical Countermeasure Communication

Emily K. Brunson¹ , Hannah Chandler² , Gigi Kwik Gronvall³ ,
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ABSTRACT

Effective communication about medical countermeasures—including drugs, devices, and biologics—is often critical in emergency situations. Such communication, however, does not just happen. It must be planned and prepared for. One mechanism to develop communication strategies is through the use of prospective scenarios, which allow readers the opportunity to rehearse responses while also weighing the implications of their actions. This article describes the development of such a scenario: The SPARS Pandemic 2025–2028. Steps in this process included deciding on a time frame, identifying likely critical uncertainties, and then using this framework to construct a storyline covering both the response and recovery phases of a fictional emergency event. Lessons learned from the scenario development and how the scenario can be used to improve communication are also discussed.

KEYWORDS: prospective scenario, medical countermeasures, risk communication, public health emergency, crisis communication

Medical countermeasures (MCM)—including drugs, devices, and biologics (e.g., vaccines)—often play critical roles in curtailing the impacts of natural disease outbreaks as well as chemical,

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biological, radiological, or nuclear (CBRN) incidents (Courtney & Sadove, 2015). It is not uncommon for members of the public, however, to misuse or hesitate to take recommended MCM (Liu et al., 2017; Quinn et al., 2008; Steelfisher et al., 2011). New and unfamiliar technology, an accelerated regulatory approval process, or discordant expert views may heighten perceived risks of MCM, leading to public aversion to the countermeasure and/or diminished public trust in MCM regulators or recommenders (Belongia et al., 2005; Carlsen & Glenton, 2016; Henrich & Holmes, 2011). In other cases, strong feelings of vulnerability in an emergency situation may prompt persons to demand unnecessary MCM, protest their lack of access to MCM with limited availability, and/or use an excessive amount of prescribed MCM (Dart et al., 2015; Durigon & Kosatsky, 2012; Whitcomb et al., 2015). In still other situations, certain social groups may have limited access to MCM because some institutions are still in the process of learning how culture, race, language, and citizenship status produce barriers to health information sharing (Lin et al., 2014; Uscher-Pines et al., 2011). To mitigate all of these issues and ensure proper and timely use of MCM, good communication is key.

From 2014 to 2016, the Center for Health Security undertook a research project to catalog MCM communication “dilemmas” (in the broad sense of a problem) in emergency situations and provide practical and strategic recommendations on how better to obtain desired population health outcomes through improved communication. The principal product was a casebook featuring recent health crises (e.g., 2014–2015 West Africa Ebola outbreak and 2011 Fukushima nuclear plant accident) that helped to illustrate the principles and conditions for effective MCM communication (Schoch-Spana et al., 2016).

Much of the practice-oriented literature relies upon real crises to illustrate successful (or failed) approaches to risk and crisis communication (e.g., Centers for Disease Control and Prevention [CDC], 2018; Ulmer et al., 2017). The project team similarly used past health emergencies to advance understanding of how communication enables appropriate public use of MCMs, because case studies have compelling benefits for learning: People reason effectively through analogy and not just abstract principles,

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Dr. Pierre Kory Testifies: These Vaccines Saved No One'

Video: <https://rumble.com/v2cxv6i-dr.-pierre-kory-testifies-these-vaccines-saved-no-one.html>

March 2023

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Immune imprinting, breadth of variant recognition, and germinal center response in human SARS-CoV-2 infection and vaccination

January 24, 2022

Journal: Cell

Highlights

- **Vaccination confers broader IgG binding of variant RBDs than SARS-CoV-2 infection**
- **Imprinting from initial antigen exposures alters IgG responses to viral variants**
- **Histology of mRNA vaccinee lymph nodes shows abundant GCs**
- **Vaccine spike antigen and mRNA persist for weeks in lymph node GCs**

Summary

During the SARS-CoV-2 pandemic, novel and traditional vaccine strategies have been deployed globally. We investigated whether antibodies stimulated by mRNA vaccination (BNT162b2), including third-dose boosting, differ from those generated by infection or adenoviral (ChAdOx1-S and Gam-COVID-Vac) or inactivated viral (BBIBP-CorV) vaccines. We analyzed human lymph nodes after infection or mRNA vaccination for correlates of serological differences. Antibody breadth against viral variants is lower after infection compared with all vaccines evaluated but improves over several months. Viral variant infection elicits variant-specific antibodies, but prior mRNA vaccination imprints serological responses toward Wuhan-Hu-1 rather than variant antigens. In contrast to disrupted germinal centers (GCs) in lymph nodes during infection, mRNA vaccination stimulates robust GCs containing vaccine mRNA and spike antigen up to 8 weeks postvaccination in some cases. SARS-CoV-2 antibody specificity, breadth, and maturation are affected by imprinting from exposure history and distinct histological and antigenic contexts in infection compared with vaccination.

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