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## FDA Probes Higher Risk of Stroke When Covid Booster, Flu Jab Taken on Same Day – As RECOMMENDED By White House

Adan Salazar January 27, 2023

*'You can get both your flu shot and Covid shot at the same time. It's actually a good idea. I really believe this is why God gave us two arms,' Biden's White House Covid response coordinator Ashish Jha urged Americans.*

*'Millions of Americans got both shots at the same time this winter following a major public health push by the White House,' reports the Daily Mail.*

The FDA is looking into whether there's an increased risk of stroke after taking a flu jab and Covid booster vaccine on the same day, advice that was promoted by the White House.

The federal agency revealed the investigation after an analysis found "seniors who received both the Pfizer omicron booster and a high-dose or adjuvanted flu vaccine on the same day may have a higher risk of stroke," CNBC reported Thursday.

"Although the FDA has not identified a stroke risk, the agency is launching a study to examine potential safety concerns that may arise from administering the Covid omicron shots at the same time as the high-dose or adjuvant flu shots," reported CNBC citing FDA biostatistics deputy director Richard Forshee.

The investigation comes as "Millions of Americans got both shots at the same time this winter following a major public health push by the White House," according to the Daily Mail.

Heading into winter, Biden's White House Covid response coordinator Ashish Jha urged Americans on at least two occasions to inject both jabs simultaneously.

"The good news is **you can get both your flu shot and Covid shot at the same time. It's actually a good idea. I really believe this is why God gave us two arms; one for the flu shot and the other one for the Covid shot.**" Jha told Americans during a Covid-19 Response Team press conference in September.

Jha made the same recommendation last November ahead of the Thanksgiving holiday, telling Americans, "**Please, don't wait. Get your Covid shot. Get your flu shot. That's why God gave you two arms. Get one in each arm if you want.**"

Dr. Jha has yet to address his problematic recommendations following the FDA's announcement Thursday of its latest study into the possible stroke risk.

On Thursday, the FDA also claimed their review of a CDC investigation suggested an "absence of a safety risk for the bivalent boosters in age 65 years and older," according to Forshee.

During the same CDC Vaccines and Related Biological Products Advisory meeting with the FDA, CDC Immunization Safety Office Director Tom Shimabukuro also admitted the agency was aware of citizens suffering "debilitating illnesses" after taking the jabs.

"We are aware of these reports of people experiencing long-lasting health problems following COVID vaccination," Shimabukuro told the panel.

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## **NATIONWIDE CALL: Every “Unexpected” Heart Attack by a Covid-Jabbed Young Person Should Be Thoroughly Investigated by Autopsy for Spike Protein Causes**

by S.D. Wells March 21, 2023

One surefire way to prove the Wuhan coronavirus (COVID-19) clot shots are responsible for millions of suspected “unexplainable” sudden deaths, especially among healthy and young people, would be to conduct autopsies on all of them, compile the data, and publish the results. Coroners and embalmers across the globe are testifying that spike proteins are visible in vital organs of the bodies they examine, including the heart and brain.

Contrary to what all the talking heads and so-called pandemic “experts” said about the COVID vaccines, that they remain at the site of injection, the spike proteins travel throughout the vascular system, clog it up, and can cause heart failure, strokes, and vital organ complications. This is why there are so many “unexplained” deaths of healthy, young people, including athletes and military members. This must be investigated thoroughly and the results must be protected from the censorship of the vaccine industrial complex and Big Pharma.

### **Spike proteins in the brain and vascular system of COVID jabbed victims now showing up in autopsies as MAIN CAUSE of strokes and heart attacks**

America is the land of free speech and free press. Though mass media, social media, and tech giants are suppressing these as much as possible, it is still legal to make podcasts and publish articles and blogs about the truth of the deadly clot shots. Now is the time for every American who has lost a loved one to “sudden adult death syndrome,” an unexpected heart attack, or stroke, to step up and demand an autopsy to search for spike proteins as the main cause.

Understand that **NO medical doctor in this country will blame the COVID clot shots for a death, for fear they will lose their medical license** (the AMA, FDA, and CDC are all in on the scam to cover up vaccine damage and vaccine-induced deaths). This sudden death of healthy people is not an unexplainable phenomenon, and it will only get much worse as more and more people are getting booster shots for the lab-made Wuhan virus. Get ready for a tsunami of “unexplainable” sudden deaths that can be easily explained by coroners and embalmers who witness firsthand these horrible vascular clots from spike proteins that clog the blood, the brain, and other vital organs.

### **Solvable crimes: More “unexpected” deaths from heart attacks and strokes post-COVID vaccine need autopsies to check for spike protein clogs in heart and brain**

Imagine if millions of people were being murdered around the globe, and blood from the murderers was left at the scenes of the crimes, but no detectives were gathering any evidence or DNA samples at all, and it was all chalked up as “unsolvable crimes.” Vaccine violence is happening, and it’s happening at exponential rates now, thanks to the toxic spike protein injections. mRNA is designed to instruct the cells to continue producing these vascular-clotting prions indefinitely, so who is to say how many millions, if not billions, of deaths they will cause sooner than later?

This is mass genocide by vaccine violence. This must be investigated. We have the technology to find out the causes of all these unexpected, “unexplainable” sudden deaths of millions of people right after they get the Covid jabs. The elephant in the room is so obvious, but the injected masses are suffering from vax-brain and can’t see the forest for the trees. Let’s help them all see it by demanding autopsies and publishing data to expose the truth about this Vaccine Holocaust.

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## 99 Doctors Demand Truth on Vaccine Heart Injury 'Cover-Up'

Frank Bergman March 25, 2023

A group of 99 doctors has joined forces to raise the alarm over the soaring number of heart injuries in the last couple of years.

In a letter from Doctors for Patients U.K., Health Advisory and Recovery Team (HART), and the U.K. Medical Freedom Alliance, experts and medical professionals are calling on governments around the world to release the real data related to the risk of heart injuries related to mRNA vaccines.

The letter, co-signed by 99 doctors, accuses world leaders and government health agencies of a "cover-up" regarding the dangers associated to the shots.

They allege that the British Heart Foundation (BHF) is involved in concealing and withholding important information relating to harm to cardiac function caused by the novel mRNA vaccines.

In the letter, addressed to the CEO of the Charity Commission, Helen Stephenson, the doctors demand that the truth is made public.

**The following is the doctors' full letter:**

*Dear Ms. Stephenson*

*We wish to express our deep concern regarding allegations that **the British Heart Foundation (BHF) is involved in concealing and withholding important information relating to the potential of the novel mRNA vaccines to damage cardiac tissue and function.***

*It was alleged in the House of Commons that staff working in a cardiology research department at Oxford University withheld information for fear of losing funding from the pharmaceutical industry and were therefore prioritising funding over patient safety.*

*Mr. Andrew Bridgen MP stated in Parliament on December 13th 2022:*

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*It has also been brought to my attention by a whistleblower from a very reliable source that one of these institutions is covering up clear data that reveals that the mRNA vaccine increases inflammation of the heart arteries. It is covering this up for fear that it may lose funding from the pharmaceutical industry.*

The lead of that cardiology research department has a prominent leadership role with the British Heart Foundation, and I am disappointed to say that he has sent out non-disclosure agreements to his research team to ensure that this important data never sees the light of day.

That is an absolute disgrace.

*It was subsequently asserted on GB News that the research department mentioned above was headed by XXXXXX XXXXXX whose position is funded by the BHF. Despite GB News approaching XXXXXX XXXXXX for comment, he has made no public denial that Non-Disclosure Agreements (NDAs) were entered into by members of his department.*

*Doctors and the public rely on reputable and well-established charities such as the BHF to provide accurate and up-to-date information, as well as to highlight and investigate potential, novel causes of heart damage and heart disease.*

*Concerns should be raised immediately whenever there are doubts relating to the safety of any pharmaceutical product so that administration of the product can be halted, protecting the public from unnecessary harm, while an investigation is carried out.*

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The BHF rapidly dismissed the allegations made by Mr. Bridgen and called for those making the allegation to provide specific and credible information in support of it.

Due to the seriousness of the allegations, and given the absence of any public denial or clarification from XXXXXX XXXXXX, we are calling for a full and independent investigation into any suppression of data by the British Heart Foundation itself or by senior BHF grant holders.

**There are a significant number of signals that COVID-19 vaccines have led to cardiac pathology, which warrant an urgent review of their safety:**

The Pfizer trial saw four cardiac arrests in the vaccination group but only one in the placebo group after six months (although the numbers are too small to be statistically significant, this was a signal that should have been followed up).

The evidence for vaccine-induced myocarditis is well established and in older patients this may be misdiagnosed as any of the more common forms of heart disease. The rate of myocardial infarction was disproportionately high in the first three days after vaccination.

Studies in Thailand and Switzerland have shown rises in troponin levels consistent with damaged heart muscle in 3% of those vaccinated. Heart cells cannot be replaced and the resulting scarring can lead to electrical conduction issues and sudden death. 30% of the children in the Thailand study had cardiac signs or symptoms.

Vaccine-derived spike protein was detected in the heart biopsies of nine out of 15 patients with post-vaccination myocarditis.

Vaccinated people had a rise in cardiovascular risk factors that would predict a significantly increased risk of heart disease (from 11% to 25% risk of a heart attack in five years). This study has been criticised for not having a control group but is the equivalent of an early phase clinical trial in demonstrating a safety concern.

An Israeli study showed a 25% increase in acute coronary syndrome and cardiac arrest calls in 16-39 year-olds associated with the first and second doses of vaccine but not with COVID-19 infection. There were 14,000 more cardiac arrest calls to ambulances in England in 2021 than 2020.

There has been a rise in cardiac excess deaths and excess deaths have been disproportionately seen in more highly vaccinated groups e.g. less deprived cohorts and people of white ethnicity. In a report of 35 autopsies in Germany, there were five deaths confirmed as caused by a COVID-19 vaccine and a further 20 deaths where a contribution from the vaccination could not be excluded. Post mortem studies have shown inflammation of the coronary arteries after vaccination, causing death four months later.

A separate post mortem report showed vaccine-derived spike protein in heart muscle, in the absence of COVID-19 infection, in a subject who had myocarditis before he died.

Australian hospitals have experienced intense service pressure since winter (June) 2021, despite no significant COVID-19 infection rates or reduction in healthcare capacity at that time.

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Australians have seen a similarly timed rise in excess non-Covid deaths, with ischaemic heart disease being the biggest contributor. This was despite no significant volume of COVID-19 cases or reduction in healthcare before Omicron, as was seen in the U.K.

Systematic exploratory analysis of the possible causes in the rise in excess deaths by comparing countries suggests a link to healthcare quality cannot be excluded but there is no link to COVID-19 or Long Covid. There is a weak link to lockdown severity but a strong correlation with vaccination. Crucially, data have not been shared to counter the hypothesis that the mRNA vaccinations are linked to recent excess deaths caused primarily by cardiac pathology.

The ONS was regularly publishing deaths by vaccination status.

The last data were released for May 2022 and showed a higher mortality rate for that month in the vaccinated.

No data have been shared since.

As medical professionals, and in the interest of patient safety, we demand that the British Heart Foundation immediately release the following information, in the public interest and in accordance with the requirements of the Freedom of Information Act 2000 (FOIA):

Any and all information and emails regarding potential and actual harms caused by the COVID-19 mRNA vaccines.

A copy of any Non-Disclosure Agreements that have been sent to people working at, or associated with, the British Heart Foundation and Oxford University relating to COVID-19 vaccine safety and data. A full list of conflicts of interests that the BHF and Oxford University have relating to the COVID-19 vaccines.

We further call upon the Charity Commission to conduct an independent and urgent investigation into these very serious allegations relating to the British Heart Foundation. Suppression of research findings, conflicts of interest and acting in the interests of commercial entities are in direct conflict with the requirements inherent in holding charitable status.

Thank you for your attention. We look forward to receiving a prompt response

Yours sincerely

Doctors For Patients UK ([DFPUK](http://doctorsforpatientsuk.com) – [doctorsforpatientsuk.com](http://doctorsforpatientsuk.com)) Health Advisory and Recovery Team ([HART](http://HART-hartgroup.org) – [hartgroup.org](http://hartgroup.org)) UK Medical Freedom Alliance ([UKMFA](http://ukmedfreedom.org) – [ukmedfreedom.org](http://ukmedfreedom.org))

Cc: Dr Charmaine Griffiths, CEO, British Heart Foundation (BHF) Prof Charalambos Antoniades, BHF Chair of Cardiovascular Medicine Rt Hon Rishi Sunak, Prime Minister Rt Hon Steve Barclay, Secretary of State for Health and Social Care Mr Andrew Bridgen, MP

Cosignatories:

Professor Richard Ennos, MA, PhD. Honorary Professorial Fellow, University of Edinburgh

Professor John A Fairclough, BM BS, BMed Sci, FRCS, FFSEM(UK), Professor Emeritus, Honorary Consultant Orthopaedic Surgeon

Professor Dennis McGonagle, PhD, FRCPI, Consultant Rheumatologist, University of Leeds

Professor Anthony Fryer, PhD, FRCPath, Professor of Clinical Biochemistry, Keele University

Professor Karol Sikora, MA, MBBChir, PhD, FRCR, FRCP, FFPM, Honorary Professor of Professional Practice, Buckingham University

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Professor Angus Dalgleish, MD, FRCP, FRACP, FRCPath, FMedSci, Professor of Oncology, University of London; Principal, Institute for Cancer Vaccines & Immunotherapy

Professor Roger Watson, FRCP Edin, FRCN, FAAN, Professor of Nursing

Lord Moonie, MBChB, MRCPsych, MFCM, MSc, retired member of House of Lords, former Parliamentary Under-Secretary of State 2001-2003, former Consultant in Public Health Medicine

Dr Najmiah K Ahmad, BM, MRCA, FCARCSI, Consultant Anaesthetist

Dr Ali Ajaz, Consultant Psychiatrist

Dr Shiraz Akram, BDS, Dental Surgeon

Dr Sonia Allam, MBChB, FRCA, Consultant Anaesthetist

Dr Victoria Anderson, MBChB, MRCGP, MRCPCH, DRCOG, General Practitioner

Julie Annakin, RN, Immunisation Specialist Nurse

Dr Abby Astle, MBBChir, BA(Cantab), DCH, DGM, MRCGP, GP Principal, GP Trainer, GP Examiner

Helen Auburn, Dip ION, MBANT, NTCC, CNHC, RNT, registered Nutritional Therapist

Dr Ancha Bala-Joof, BSc, MBChB, MRCGP, General Practitioner

Dr Michael Bazlinton, MBChB, MRCGP, DCH, General Practitioner

Dr Michael D Bell, MBChB, MRCGP, retired General Practitioner

Dr Gillian Breese, BSc, MB ChB, DFFP, DTM&H, General Practitioner

Dr Emma Brierly, MBBS, MRCGP, General Practitioner

Kim Bull, Foundation Degree in Paramedic Science, Paramedic

Dr Elizabeth Burton, MBChB, Retired General Practitioner

Dr David Cartland, MBChB, BMedSci, General Practitioner

Angela Chamberlain BSc (Hons) Midwifery

Dr Peter Chan, BM, MRCS, MRCGP, NLP, General Practitioner, Functional Medicine Practitioner

Michael Cockayne, MSc, PG Dip, SCPHNOH, BA, RN Occupational Health Practitioner

Mr Ian F Comaish, MA, BM BCh, FRCOphth, FRANZCO, Consultant Ophthalmologist

Dr David Critchley, PhD, Clinical Pharmacologist

Dr Clare Craig, BM BCh, FRCPath

Dr Phuoc-Tan Diep, MBChB, FRCPath, Consultant Histopathologist

Dr Jonathan Engler, MBChB, LIB (Hons), DipPharmMed

Dr Elizabeth Evans, MA(Cantab), MBBS, DRCOG, Retired Doctor, CEO UKMFA

Dr Chris Exley, PhD, FRSB, retired Professor of Bioinorganic Chemistry

Dr John Flack, BPharm, PhD, Retired Director of Safety Evaluation at Beecham Pharmaceuticals (1980-1989) and Senior Vice-President for Drug Discovery for SmithKline Beecham (1990-1992)

Dr Sheena Fraser, MBChB, MRCGP (2003), Dip BSLM, General Practitioner

Sophie Gidet, RM, Midwife

Dr Cathy Greig, MBBCh (Hons), General Practitioner

Mr David Halpin, MBBS, FRCS, Orthopaedic and Trauma Surgeon (retired)

Mr Anthony Hinton, MBChB, FRCS, Consultant ENT Surgeon, London

Ian Humphreys, UKMFA Programme Director

Fiona Jones, BScHons, DipPreSci, Cert Med Ed, FRPharms, MFRPSII, Clinical Pharmacist, Independent Prescriber (retired)

Dr Rosamond Jones, MBBS, MD, FRCPCH, retired Consultant Paediatrician

Dr Eashwarran Kohilathas, BMBS, Author & Doctor

Dr Timothy Kelly, MBBCh, BSc, NHS Doctor

Dr Tanya Klymenko, PhD, FHEA, FIBMS, Senior Lecturer in Biomedical Sciences

Dr Teck Khong MBChB, LL.M, MFFLM (rtd) Leader, Alliance for Democracy and Freedom

Dr Sheena Langdon, General Practitioner

Dr Caroline Lapworth, MBChB, General Practitioner

Dr Branko Latinkic, BSc, PhD, Molecular Biologist

Dr Felicity Lillingstone, IMD, DHS, PhD, ANP, Doctor, Urgent Care, Research Fellow

Mr Malcolm Loudon, MBChB, MD, FRCSEd, FRCS (Gen Surg), MIHM, VR, Consultant Surgeon

Katherine MacGilchrist, BSc (Hons) Pharmacology, MSc Epidemiology, CEO, Systematic Review Director, Epidemica Ltd

Dr C Geoffrey Maidment, MD, FRCP, retired Consultant Physician

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Mr Ahmad K Malik, FRCS (Tr & Orth), Dip Med Sport, Consultant Trauma & Orthopaedic Surgeon  
Dr Ayiesha Malik, MBChB, LfHom, General Practitioner  
Dr Imran Malik, MBBS, MRCP, MRCGP, General Practitioner  
Dr Kulvinder S Manik, MBChB, MRCGP (2010), MA(Cantab), LIM(Gray's Inn)  
Dr Fiona Martindale, MBChB, MRCGP, General Practitioner  
Dr Sam McBride, BSc (Hons) Medical Microbiology & Immunobiology, MBBCh BAO, MSc in Clinical Gerontology, MRCP(UK), FRCEM, FRCP(Edinburgh), NHS Emergency Medicine & Geriatrics  
Kaira McCallum, BSc, retired Pharmacist, UKMFA Director of Strategy  
Mr Ian McDermott, MBBS, MS, FRCS(Tr&Orth), FFSEM(UK), Consultant Orthopaedic Surgeon  
Dr Franziska Meuschel, MD, ND, PhD, LfHom, BSEM, Nutritional, Environmental and Integrated Medicine  
Dr Scott Mitchell, MBChB, MRCS, Associate Specialist, Emergency Medicine  
Dr Alan Mordue, MBChB, FFPH (ret). Retired Consultant in Public Health Medicine & Epidemiology  
Alistair Montgomery, retired GP, MBChB, MRCGP, DRCOG  
Margaret Moss, MA(Cantab), CBiol, MRSB, Director, The Nutrition and Allergy Clinic, Cheshire  
Theresa Ann Mounsey, BSc Hons in Midwifery Studies  
Dr Alice Murkies, MBBS, MD, FRACGP, General Practitioner and Medical Researcher  
Dr Greta Mushet, MBChB, MRCPsych, retired Consultant Psychiatrist in Psychotherapy  
Dr Angela Musso, MD, MRCGP, DRCOG, FRACGP, MFPC, General Practitioner  
Dr Sarah Myhill, MBBS, Dip NM, Retired GP, Independent Naturopathic Physician, UKMFA Director of Medical Ethics  
Dr Christopher Newton, PhD, Biochemist, CIMMBER  
Dr Rachel Nicoll, PhD, Medical Researcher  
Sue Parker Hall, CTA, MSc (Counselling & Supervision), MBACP, EMDR. Psychotherapist  
Dr Christina Peers, MBBS, DRCOG, DFSRH, FFSRH, Menopause Specialist  
Rev Dr William J U Philip, MBChB, MRCP, BD, Senior Minister, The Tron Church, Glasgow, formerly Physician specialising in Cardiology  
Dr Angharad Powell, MBChB, BSc (Hons), DFRSH, DCP (Ireland), DRCOG, DipOccMed, MRCGP, General Practitioner  
Dr Dean Patterson, MBChB, FRCP, Consultant Cardiologist  
Dr Gerry Quinn, PhD, Microbiologist  
Dr Johanna Reilly, MBBS, General Practitioner  
Dr Naomi Riddel, MBBCh, MSc, MRCPsych, Consultant Child Psychiatrist  
Mr Angus Robertson, BSc, MBChB, FRCS(Tr & Orth), Consultant Orthopaedic Surgeon  
Dr Jessica Robinson, BSc (Hons), MBBS, MRCPsych, MFHom, Psychiatrist and Integrative Medicine Doctor  
Dr Susannah Robinson, MBBS, BSc, MRCP, MRCGP, General Practitioner  
Dr Jon Rogers MB ChB (Bristol) Director of UKMFA, Retired NHS General Practitioner  
Mr James Royle, MBChB, FRCS, MMedEd, Colorectal Surgeon  
Dr Salmaan Saleem, MBBS, BMedSci, MRCGP, General Practitioner  
Dr Roland Salmon, MB BS, MRCGP, FFPH, Former Director, Communicable Disease Surveillance Centre Wales  
Dr Rohaan Seth, BSc (Hons), MBChB (Hons), MRCGP, retired General Practitioner  
Dr Magdalena Stasiak-Horkan, MBBS, MRCGP (2017), DCH, General Practitioner  
Natalie Stephenson, BSc (Hons), Paediatric Audiologist  
Dr Noel Thomas, MA, MBChB, DObsRCOG, DTM&H, MFHom, Retired Doctor  
Dr Livia Tossici-Bolt, PhD, NHS Clinical Scientist  
Dr Jannah van der Pol, iBSc, MBBS, MRCGP, General Practitioner  
Dr Helen Westwood, MBChB (Hons), MRCGP, DCH, DRCOG, General Practitioner  
Dr Carmen Wheatley, DPhil, Orthomolecular Oncology  
Mr Lasantha Wijesinghe, FRCS, Consultant Vascular Surgeon  
Dr Lucie Wilk, MD, MRCP, Rheumatologist

**READ MORE: Australia's Heart Attack Deaths Skyrocket to Highest Level in 80 Years**

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# Australia's Drug Regulator Hid Child Vaccine Deaths to "Maintain Public Confidence"

BY REBEKAH BARNETT 15 FEBRUARY 2023

Australia's drug regulator hid vaccine deaths from the public, concerned that "disclosure could undermine public confidence", it has been revealed.

The hidden deaths include two children, seven and nine years old, who both suffered fatal cardiac arrests which the Therapeutic Goods Administration (TGA) assessed as causally linked to Covid vaccination,

The revelations come in documents obtained under Freedom of Information (FOI) request by Dr. Melissa McCann. Dr McCann shared the shocking revelation in her address at the Covid Vaccine Conference, hosted by Clive Palmer's United Australia Party over the weekend in Brisbane, Melbourne and Sydney. The event featured leading ICU physician Dr. Pierre Kory, cardiologist and epidemiologist Dr. Peter McCullough, and McCullough's collaborator, author John Leake.

Addressing sold-out crowds, Dr. McCann shared the extraordinary lengths she had to go to to extract causality assessment documents relating to the TGA's investigation of reported deaths after Covid vaccination, which were obtained under FOI request in a process that took six months. Dr McCann lodged the request after seeing an unexpectedly high number of patients coming through her clinic experiencing adverse events after immunisation (AEFIs). She also noticed a high number of serious AEFI reports in the in the DAEN database, including the reported death of a 14 year-old in October 2021.

In her original FOI request, Dr. McCann requested causality assessments for all of the reported deaths in the DAEN database. This request was denied due to the large scope, and in negotiation with the TGA, Dr. McCann agreed to revise down the request to the 11 documents that were eventually handed over, of which 10 related to DAEN death reports.

When the documents were finally provided to Dr. McCann in July 2022, she was dismayed to find that there were multiple reports that the TGA had assessed as causally linked to Covid vaccination, but, with the exception of one death, had not been reported in the TGA's regular Safety Reports.

Following is a list of deaths that the TGA's own reports assessed as causally linked to Covid vaccination:

## **21 year-old female**

Case 729139, Document 1

Moderna booster. Fatal AEFIs, including myocarditis, cardiac arrest, renal impairment, femoral artery embolism,



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spinal cord infarction.

**Assessment outcome: "Causal"**

*\* Initially determined as "unclassifiable". VSIG (FOI 4049 Doc 5) updated the assessment outcome to "causal".*

**9 year-old**

Case 724023, Document 2

Pfizer vaccination. Fatal AEFI, cardiac arrest.

**Assessment outcome: "Causality assessment outcome"**

**24 year-old female**

Case 718277, Document 3

Pfizer vaccination. Fatal AEFI, cardiac arrest.

**Assessment outcome: "Causality"**

**7 year-old male**

Case 719838, Document 5

Pfizer vaccination. Fatal AEFI, cardiac arrest.

**Assessment outcome: "Causality"**

**21 year-old male**

Case 644148, Document 6

Pfizer vaccination. Fatal AEFI.

**Assessment outcome: "? causality"**

Of the above five listed deaths, only the first (21 year old female, case 729139) has been published in the TGA Safety Reports, having been added on September 13th 2022. The reported deaths are listed in DAEN, but the causality assessment is not visible to the public.

Australians have been falsely and misleadingly advised by the TGA and official health representatives that out of 973 reported deaths, only 14 have been assessed as being causally linked to the Covid vaccines (13 following Astra Zeneca, one following Moderna).

The causality assessment reports released under FOI prove this statement to be a lie.

**The TGA closely reviews all deaths reported in the days and weeks after COVID-19 vaccination. Read more about this process in a previous report. Since the beginning of the vaccine rollout to 5 February 2023, almost 65 million doses of COVID-19 vaccines have been given in Australia. The TGA has identified 14 reports where the cause of death was linked to vaccination from 973 reports received and reviewed.**

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The November 2022 TGA Safety Report states that, "There have been no deaths in children or adolescents determined to be linked to COVID-19 vaccination." But the assessment reports indicating the causal role of the Pfizer vaccine in the cases of the seven and nine year-old children were released to Dr. McCann in July 2022.

The causality assessment reports prove this statement also to be a lie.

**The 14 deaths likely to be related to vaccination occurred in people aged 21–81 years old. There have been no deaths in children or adolescents determined to be linked to COVID-19 vaccination.**

TGA Covid Vaccine Safety Report November 3rd 2022

On reading the causality assessments provided to her under the FOI, Dr. McCann felt both shocked and confused. "Why has this information not been provided to health professionals and the public who are making consent decisions? Children are continuing to be vaccinated and this is something that parents deserve to be able to weigh up," Dr. McCann told *Dystopian Down Under*.

It gets worse. Dr. McCann was surprised to find that documents 1-10 out of a total 11 documents from the FOI had not been uploaded to the TGA's public disclosure log, per regular protocol. She emailed the TGA to query why documents 1-10 had been withheld from the disclosure log, and was advised, in a communication on August 24th 2022:

The decision maker for this request decided not to publish documents 1-10 pursuant to section 11c(1)(a) of the FOI Act as they contain sensitive personal information about deceased persons. As you would appreciate, **consultation with the families of the deceased was not considered appropriate, and, as such, consultation was not undertaken with those families.** Further, the decision maker determined that **disclosure of the documents could undermine public confidence** and reduce the willingness of the public to report adverse events to the TGA. (emphasis added)

The TGA seems to have assumed that families of the deceased will not want to hear from them. On the contrary, Deb, mother of 21 year-old Natalie (case 729139), told Jab Injuries Australia that the lack of contact from the TGA was, "disgraceful treatment of a grieving mother who could have made a meaningful contribution to their investigations". Deb says that she has never been contacted by the TGA, and only discovered the causality assessment outcome of her daughter's death via the TGA's Safety Report (September 23rd 2022), which she accessed online.

As for the TGA's assertion that disclosure of the documents could undermine public confidence, one could very well argue the opposite case. Perceived lack of transparency drives public distrust. The last thing the TGA needs is public

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suspicion that it is burying vaccine deaths. Full transparency is the only way to create and maintain trust in public health. Dr. McCann made this argument in a further communication, but the TGA's decision against uploading documents 1-10 to the public disclosure log was final.

During this time, Dr. McCann, in partnership with other concerned doctors, repeatedly wrote to the Health Ministers and Adjunct Professor John Skerritt of the TGA to advise them of concerns about vaccine safety, and to call for immediate suspension of the vaccine rollout until an urgent review of adverse event reports could be undertaken.

These correspondences were met alternately with silence, obfuscation or blanket assurances that the TGA was closely monitoring safety, and that the vaccines were safe and effective.

**TGA's focus remains on keeping Australians as safe as possible from a dangerous and very contagious virus that has killed millions of people globally.**

**I hope this information has been of assistance to you.**

**Yours sincerely**



**Adj. Professor John Skerritt  
Health Products Regulation Group**

**22 November 2021**

Letter from Adj. Professor John Skerritt to Dr. Melissa McCann, November 22nd 2021

The TGA consistently reports that only 14 of the 973 reported deaths have been causally linked to vaccination. But the contents of FOI 3727 raise questions:

- How can the TGA's statement be true? The TGA's own causality assessments indicate that there are at least four more deaths that TGA has causally linked to vaccination (two adults, two children) which remain unaccounted for in the official count of 14.
- How many of the 959 deaths that the TGA implies are not causally linked to vaccination have even been investigated? Are 900 reports 'in progress'? How many have been determined as 'not causally linked'? Dr. McCann

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asked the TGA to state the number of causality assessment reports that had been completed, but her request was denied.

Dr. McCann is concerned about the implications for public health and safety: "If everyone is working on the basis that all of these deaths have been investigated and have been determined as not causally linked, well we can't be sure that that's the case."

**For now, Dr. McCann is turning her efforts to a Covid Vaccine Class Action, which is expected to file within the month. The Class Action has received over 350 expressions of interest, and the number is still growing.**

"Hopefully this class action will force some transparency so that there will be more clarity around how adverse events are reviewed, and how many are likely to be linked to the vaccines," says Dr McCann.

Yesterday, Federal MP Russell Broadbent added further pressure to the TGA, referring to Dr. McCann's FOI 3727 in Parliament: "Why has the TGA not responded to doctors who raised these issues with you six months ago, including drawing your attention to those case reports? This information is extremely alarming and demands an immediate response from the TGA."

Sydney lawyer Tony Nikolic, of AFL Solicitors, has represented parents of children who are disputing the necessity of having their child vaccinated against Covid, and is now seeing cases related to Covid vaccine injury in children as well. Mr. Nikolic told *Dystopian Down Under*:

In circumstances where child deaths and serious long-term injuries are listed on the TGA DAEN database relating to new and unsatisfactorily tested vaccine technologies, there should be no other response than a complete suspension of injections until independent lawyers and medical professionals conduct a thorough investigation, which should consider any civil wrongs, crimes or other wrongdoing associated to the roll out of injections across Australia.

Australian parents who have concerns that their child has been vaccine injured or is subject to coercion to take a Covid vaccine are invited to contact Mr. Nikolic.

The TGA has been contacted for comment.

21-1

## The Real Story: What's Causing the 'Died Suddenly' Phenomena We're Seeing All Over America

Randy DeSoto February 14, 2023

The “died suddenly” phenomenon has been in the headlines a lot recently, especially after Buffalo Bills safety Damar Hamlin went into cardiac arrest last month during “Monday Night Football.”

Various theories are circulating regarding the apparent spike in sudden deaths and the U.S. death rate overall, including the long-term impact of the coronavirus on the body, COVID-19 vaccine injury, health consequences due to the lockdowns, and even over-reporting about these sudden deaths, leading to confirmation bias.

You’re not imagining things: More people are dying than usual. By some counts, there are 200,000 to 300,000 “excess deaths” per year that are not being attributed directly to COVID infections.

Let’s take a closer look at the theories about those who are dying suddenly of cardiac arrest.

### Long-Term Impact of COVID Infections

One hypothesis is that COVID-19 infections are actually doing more harm to the body than researchers originally knew.

“We still don’t really grasp the entire spectrum and breadth of disease yet,” Yale immunobiologist Akiko Iwasaki told The New York Times.

A study by Cedars-Sinai Medical Center in Los Angeles published in October found that heart attack deaths have become more common among all age groups in the U.S. since the onset of the COVID-19 pandemic.

The age group hit the hardest has been people between 25 and 44, who saw a 29.9 percent increase in observed compared to predicted heart attack deaths by 2021.

For those 45 to 64, there was a 19.6 percent increase, and a 13.7 percent increase for those 65 and older.

Dr. Yee Hui Yeo, the lead author of the study, stated that the explanation for the increase in heart attacks could be that COVID-19 triggers or accelerates pre-existing coronary disease, even in younger people.

“We are still learning the many ways by which COVID-19 affects the body, regardless of age, gender, ethnicity or race,” Yeo said.

Nature also reported in August that there have been multiple studies showing an increased risk of heart attack or stroke following a COVID infection.

Researchers using records from the Department of Veterans Affairs found that people who had COVID, especially severe cases requiring hospitalization, faced “substantially increased risks for 20 cardiovascular conditions — including potentially catastrophic problems such as heart attacks and strokes — in the year after infection,” Nature reported.

“Some smaller studies have mirrored these findings, but others find lower rates of complications. With millions or perhaps even billions of people having been infected with SARS-CoV-2, clinicians are wondering whether the pandemic will be followed by a cardiovascular aftershock,” the journal added.

Further, a study published in The British Medical Journal in May 2021 found an “excess risk in the four months after acute infection” for people to develop various illnesses.

21-2

Researchers found that 14 percent of adults under 65 infected with COVID had a least one new complication that required further medical care. Myocarditis, chronic respiratory failure and cardiac arrhythmia were among them.

### **Vaccine Injury**

Dr. Vinay Prasad, a practicing hematologist-oncologist and professor at the University of California San Francisco, and Dr. John Mandrola, a cardiologist with the Baptist Health Medical Group in Louisville, Kentucky, delved into the potential causes of the “died suddenly” phenomenon in a recent piece for The Free Press. They concluded vaccine injury may be to blame.

“Cards on the table: We think the vaccines are an important tool for preventing severe illness and death among vulnerable people — particularly the elderly and those with certain underlying medical conditions,” the doctors wrote early in their article.

But they added that there is “growing evidence that these vaccines may not be appropriate for all.” Myocarditis can be a side effect of both the Pfizer and Moderna vaccines, the physicians noted.

“Post-vaccine myocarditis occurs at much higher frequencies — estimates are up to 30 times higher — in healthy young males,” Prasad and Mandrola said, and complications most often arise after the second shot.

They also refuted claims made by Rochelle Walensky, director of the Centers for Disease Control and Prevention, that the cases of vaccine-related myocarditis are “mild.”

The CDC asserted that many viruses, including COVID, can cause myocarditis, posing a greater risk than developing it from the COVID vaccine.

“We dispute both claims,” Prasad and Mandrola wrote. “The majority of young people with vaccine-related myocarditis are hospitalized, and then given long lists of activities to avoid.

“That is serious. And the evidence for the assertion that a Covid-19 infection is a big heart risk for young people is unconvincing.”

The vast majority of people tolerated the vaccine well, according to a Zogby poll from July. About 85 percent of respondents said they experienced no known problems after taking an mRNA vaccine.

Some of the new conditions that 15 percent of people reported having within weeks or months after receiving the vaccine included blood clots (21 percent), heart attack (19 percent), liver damage (18 percent), lung clots (17 percent), leg clots (17 percent), stroke (15 percent), pericarditis (6 percent) and myocarditis (4 percent). During a recent House Oversight and Accountability Committee hearing, GOP Rep. Nancy Mace of South Carolina announced that she had experienced vaccine injury.

“I now developed asthma that has never gone away since I had the second shot,” Mace said. “I have tremors in my left hand, and I have the occasional heart pain that no doctor can explain. And I’ve had a battery of tests.”

### **Effects of the Lockdowns**

Multiple issues can fall under this heading.

One is the failure to diagnose and treat various illnesses — like heart disease, cancer and diabetes — early in the pandemic as people avoided or were not able to see their physicians regularly. So someone may have developed a heart condition that went undiagnosed, resulting in sudden death.

Additionally, the lockdowns led to increased isolation, anxiety and depression, which put a strain on the heart.

21-3

A report published in The Lancet in October 2021 estimated that an additional 53 million cases of major depressive disorder and 76 million cases of anxiety disorders around the world were due to the lockdowns.

"There's definitely a huge mental health impact from a long period of uncertainty and change that's left people very isolated and not sure how to connect. Just being out in public and interacting in a very casual way with strangers or mild acquaintances — that's very regulating," New York-based psychiatrist Valentine Raiteri told CNBC in February 2022.

When those signals aren't coming in, Raiteri said, "our internal voices become stronger and it becomes harder and harder to self-regulate." That created a "big pressure cooker, especially for people who already have a vulnerability," he said.

The American Heart Association states on its website, "When you experience depression, anxiety or stress your heart rate and blood pressure rise, there's reduced blood flow to the heart and your body produces higher levels of cortisol, a stress hormone. Over time, these effects can lead to heart disease."

Mental issues can also lead drug and alcohol users to self-medicate, which can result in sudden cardiac arrest. Over 100,000 Americans die each year from drug overdoses.

The CDC reported that overdose deaths shot up 30 percent during the first year of the pandemic, and 15 percent more in 2021.

"We now have more overdose deaths each year than all military deaths of the last 60 years combined," Rob Arnott and Casey B. Mulligan wrote in The Wall Street Journal.

### **Confirmation Bias**

Confirmation bias may be in effect, too.

In other words, we see Hamlin go into cardiac arrest on national TV and hear stories of people suddenly dying, and we read into it that they all must be related to the same thing.

The Associated Press spoke with cardiologists who said that sudden cardiac deaths during sporting events and otherwise happened long before COVID hit, and these doctors "have not observed the dramatic increase alleged on social media."

Is the "died suddenly" phenomenon caused by the long-term effects of COVID, vaccine injury, the lingering effects of the lockdowns, or confirmation bias?

Perhaps all are in the mix.

If these last few years have taught us anything, it's that it's best to follow the truth no matter where it takes us.

22-1

## Sweden Did Exceptionally Well During The COVID-19 Pandemic

MAR 31, 2023

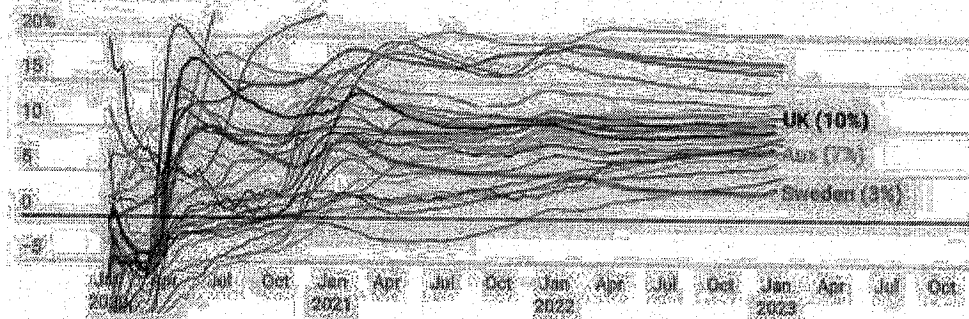
*Peter Gøtzsche via The Brownstone Institute.*

**No wonder the news media are totally silent about the data that show that Sweden's open society policy was what the rest of the world should have done, too.**

Numerous studies have shown Sweden's excess death rate to be among the lowest in Europe during the pandemic and in several analyses, Sweden was at the bottom...

### Cumulative excess deaths in Sweden and OECD countries

Cumulative refers to the sum of the difference between pre-pandemic average and deaths occurring from Jan 2020 onwards



[Blog on methodology here](#)

Chart: The Stockholm Institute | Source: OECD, European and Swedish calculations | Get the data | Created with Datawrapper

This is remarkable considering that Sweden has admitted that it did too little to protect people living in nursing homes.

Unlike the rest of the world, Sweden largely avoided implementing mandatory lockdowns, instead relying on voluntary curbs on social gatherings, and keeping most schools, restaurants, bars and businesses open. Face masks were not mandated and it was very rare to see any Swede dressed as a bank robber.

The Swedish Public Health Agency "gave more advice than threatened punishment" while the rest of the world installed fear in people. "We forbade families to visit their grandmother in the nursing home, we denied men attendance at their children's births, we limited the number who were allowed to attend church at funerals. Maybe people are willing to accept very strong restrictions if the fear is great enough."

If we turn to other issues than mortality, it is clear that the harms done by the draconian lockdowns in the rest of the world have been immense in all sorts of ways.

**For any intervention in healthcare, we require proof that the benefits exceed the harms. This principle was one of the first and most important victims of the pandemic.** Politicians all over the world panicked and lost their heads, and the randomised trials we so badly needed to guide us were never carried out.



22-2

**We should abbreviate the great pandemic to the great panic.**

### **Lockdown, a questionable intervention**

The reborn intolerance toward alternative ideas has been particularly acrimonious in the debate about lockdowns.

There are two main ways to respond to viral pandemics, described in two publications that both came out in October 2020.

The Great Barrington Declaration is only 514 words, with no references. It emphasizes the devastating effects of lockdowns on short- and long-term public health, with the underprivileged disproportionately harmed. Arguing that for children, COVID-19 is less dangerous than influenza, it suggests that those at minimal risk of death should live their lives normally to build up immunity to the virus through natural infection and to establish herd immunity in the society.

It recommends focused protection of the vulnerable. Nursing homes should use staff with acquired immunity and perform frequent PCR testing for COVID-19 of other staff and all visitors. Retired people living at home should have groceries and other essentials delivered to their home and should meet family members outside when possible.

Staying home when sick should be practiced by everyone. Schools, universities, sports facilities, restaurants, cultural activities, and other businesses should be open. Young low-risk adults should work normally, rather than from home.

**I have not found anything in the Declaration to be factually wrong.**

The other publication is the John Snow Memorandum, which came out two weeks later. Its 945 words are seriously manipulative. There are factual inaccuracies, and several of its 8 references are to highly unreliable science. The authors claim that SARS-CoV-2 has high infectivity, and that the infection fatality rate of COVID-19 is several times higher than that of seasonal influenza.

This is not correct (see Chapter 5), and the two references the authors use are to studies using modelling, which are highly bias-prone.

They also claim that transmission of the virus can be mitigated through the use of face masks, with no reference, even though this was, and still is, a highly doubtful claim.

"The proportion of vulnerable people constitute as much as 30% of the population in some regions." This was cherry-picking from yet another modelling study whose authors defined increased risk of severe disease as one of the conditions listed in some guidelines. With such a broad definition, it is easy to scare people. However, they did not tell their readers that the modelling study also estimated that only 4% of the global population would require hospital admission if infected, 36 which is similar to influenza.

**The two declarations did not elicit enlightened debates, but strongly emotional exchanges of views on social media devoid of facts.** The vitriolic attacks were almost exclusively directed against

22-3

those supporting the Great Barrington Declaration, and many people, including its authors, experienced censorship from Facebook, YouTube and Twitter.

The Great Barrington Declaration has three authors; the John Snow Memorandum has 31. The former was published on a website, which is kept alive, the latter in *Lancet*, which gives its many authors prestige.

In 2021, over 900,000 people had signed the Great Barrington Declaration, including me, as I have always found that the drastic lockdowns we have had, with all its devastating consequences for our societies, were neither scientifically nor ethically justified. I did Google searches to get an idea how much attention the two declarations have had. For the Great Barrington Declaration, there were 147,000 results; for the John Snow Memorandum only 5,500.

The Great Barrington Declaration has not had much political impact. It is much easier for politicians to be restrictive than keeping the societies open. Once a country has taken drastic measures, such as lockdowns and border closings, other countries are accused of being irresponsible if they don't do the same – even though their effect is unproven. Politicians will not get in trouble for measures that are too draconian, only if it can be argued that they did too little.

In March 2021, Martin Kulldorff and Jay Bhattacharya, two of the three authors of the Great Barrington Declaration, drew attention to some of the consequences of the current climate of intolerance. In many cases, eminent scientific voices have been effectively silenced, often with gutter tactics. People who oppose lockdowns have been accused of having blood on their hands and their university positions threatened.

Many have chosen to stay quiet rather than face the mob, for example Jonas Ludvigsson, after he had published a ground-breaking Swedish study making it clear that it is safe to keep schools open during the pandemic, for children and teachers alike. This was taboo.

**Kulldorff and Bhattacharya argued that with so many COVID-19 deaths, most of which have been in old people, it should be obvious that lockdown strategies have failed to protect the old.**

The attacks on the Great Barrington Declaration appear to have been orchestrated from the top. On 8 October 2020, Francis Collins, the director of the US National Institutes of Health (NIH), sent a denigrating email to Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and advisor for several US Presidents, where he wrote:

“This proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention – and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford. There needs to be a quick and devastating published take down of its premises. I don't see anything like that online yet – is it underway?”

Stefan Baral, an epidemiologist from Johns Hopkins, reported that a letter he wrote about the potential harms of population-wide lockdowns in April 2020 was rejected by more than 10 scientific journals and 6

newspapers, sometimes with the pretence that there was nothing useful in it. It was the first time in his career that he could not get a piece placed anywhere.

In September 2021, *BMJ* allowed Gavin Yamey and David Gorski to publish an attack on the Great Barrington Declaration called, *Covid-19 and the new merchants of doubt*. A commentator hit the nail when he wrote:

“This is a shoddy smear that is not for publication. The authors have not shown where their targets are scientifically incorrect, they just attack them for receiving funding from sources they dislike or having their videos and comments removed by social media corporations as if that was some indication of guilt.”

Kulldorff has explained what is wrong with the article. They claimed the Declaration provides support to the anti-vaccine movement and that its authors are peddling a “well-funded sophisticated science denialist campaign based on ideological and corporate interests.” But nobody paid the authors any money for their work or for advocating focused protection, and they would not have undertaken it for a professional gain, as it is far easier to stay silent than put your head above the parapet.

Gorski is behaving like a terrorist on social media, and he is perhaps a troll. Without having any idea what I had decided to talk about, or what my motives and background were, he tweeted about me in 2019 that I had “gone full on antivax.” My talk was about why I am against mandatory vaccination for an organisation called *Physicians for Informed Consent*. Who could be against informed consent? But when I found out who the other speakers were, I cancelled my talk.

In January 2022, Cochrane published a so-called rapid review of the safety of reopening schools or keeping them open. The 38 included studies comprised 33 modelling studies, three observational studies, one quasi-experimental and one experimental study with modelling components. Clearly, nothing reliable can come out of this, which the authors admitted: “There were very little data on the actual implementation of interventions.”

**Using modelling, you can get any result you want, depending on the assumptions you put into the model. But the authors’ conclusion was plain nonsense: “Our review suggests that a broad range of measures implemented in the school setting can have positive impacts on the transmission of SARS-CoV-2, and on healthcare utilisation outcomes related to COVID-19.”**

They should have said that since there were no randomised trials, we don’t know if school closures do more good than harm. What they did is what Tom Jefferson has called “garbage in and garbage out ... with a nice little Cochrane logo on it.”

About the failing scientific integrity of Cochrane reviews, the funder of the UK Cochrane groups noted in April 2021 that, “This is a point raised by people in the Collaboration to ensure that garbage does not go into the reviews; otherwise, your reviews will be garbage.”

Even though there was nothing to conclude from it, the authors filled 174 pages – about the length of the book you are currently reading – about the garbage they included in their review, which was funded by the Ministry of Education and Research in Germany.

22-4

A 2020 rapid systematic review in a medical journal found that school closures did not contribute to the control of the SARS epidemic in China, Hong Kong, and Singapore.

Lockdowns could even make matters worse. If children are sent home to be looked after by their grandparents because their parents are at work, it could bode disaster for the grandparents. Before the COVID-19 vaccines became available, the median age of those who died was 83.

**The whole world missed a fantastic opportunity to find out what the truth was by randomising some schools to be closed while keeping others open, but such trials were never done.** Atle Fretheim, research director at the Norwegian Institute of Public Health, tried to do a trial but failed. In March 2020, Norwegian government officials were unwilling to keep schools open. Two months later, as the virus waned, they refused to keep schools closed. Norwegian TV shot the messenger: "Crazy researcher wants to experiment with children." What was crazy was not to do the study. Craziness was also the norm in USA. In many large American cities, bars were open while schools were closed.

**When people argue for or against lockdowns and how long they should last and for whom, they are on uncertain ground. Sweden tried to go on with life as usual, without major lockdowns. Furthermore, Sweden has not mandated the use of face masks and very few people have used them.**

23-1

## WHO Now Says COVID Vaccines Not Recommended For Healthy Kids & Teens

March, 30, 2023 Zerohedge

Yet another leading health institution has unveiled a significant Covid policy reversal this week... this time it's none other than the World Health Organization (WHO) saying something that might have gotten an individual suspended from social media or publicly "canceled" a mere one or two years ago:

The revision in guidelines was put out this week by the WHO's Strategic Advisory Group of Experts on Immunization (SAGE) - a group of scientists and officials which said they **no longer recommend the Covid vaccine for "healthy" children ages 6 months to 17 years.**

"The public health impact of vaccinating healthy children and adolescents is comparatively much lower than the established benefits of traditional essential vaccines for children – such as the rotavirus, measles, and pneumococcal conjugate vaccines," SAGE wrote.

The new policy identifies three priority groups — high, medium and low — and puts children and teens in the low category. The definitions assess categories for "risk of severe disease and death". The WHO still recommends that "Children who have compromised immune systems or existing health conditions should still get the vaccine."

SAGE Chair Dr. Hanna Nohyn stated in explaining the updated guidelines, "Updated to reflect that much of the population is either vaccinated or previously infected with COVID-19, or both, the revised roadmap reemphasizes the importance of vaccinating those still at-risk of severe disease, mostly older adults and those with underlying conditions, including with additional boosters."

*The United States CDC currently recommends Covid vaccines for children 6 months and up...*

**COVID-19 bivalent vaccines are available for ages 6 months and up!**

Both the Pfizer and Moderna COVID-19 monovalent and bivalent vaccine are authorized for children 6 months and older. For more information on COVID-19 vaccines talk to your health care provider.

More than **4,000** providers across Michigan can administer the COVID-19 vaccine, including:

Family physicians and pediatricians	Some pharmacies (ages 3+)
Local health departments and federally qualified health centers	Urgent cares (ages 5+)

**MDHHS** For more information, visit [Michigan.gov/KidsCOVIDvaccine](https://Michigan.gov/KidsCOVIDvaccine)

It's unclear whether the US Center of Disease Control and Prevention (CDC) will follow in adapting its recommendations to this revised WHO policy, but what is clear is that those parents who remained skeptical of putting hastily developed "Authorized for Emergency Use" mRNA vaccines into their children **have been clearly vindicated...** and this time by no less than the WHO.

24-1

## Epidemic of Sudden Adult Deaths Finally Made News

Dr. Joseph Mercola March 18, 2023

### STORY AT-A-GLANCE

- Former BlackRock fund manager Edward Dowd is bringing attention to the surge in deaths and disability that has occurred since the COVID-19 shot campaign rolled out
- Group life policyholders, who are typically healthier than the general population, experienced mortality spikes of 40% in 2021
- Disability numbers among the workforce reached a high of 33.2 million in September 2022, with numbers still trending up — a highly unusual increase
- Central banks, pharmaceutical companies, Big Tech and the media all benefited from the pandemic and have an interest in covering up what Dowd describes as a “large global murder scene”
- Dowd believes there’s enough alarming data to warrant the COVID-19 shot program being stopped immediately, as the death and disability from the shots could easily exceed that from COVID-19
- Former BlackRock analyst and fund manager Edward Dowd is one of the brave few who have been trying to get the word out about dangers of COVID-19 shots. While I’ve interviewed him twice — once about the mathematical certainty of a financial collapse and a second time about his book, “Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022,” — his information is finally getting mainstream media attention.

In an interview with Tucker Carlson, he explains that media outlets like Yahoo have picked up on the undeniable increase in deaths among young, healthy adults. However, they’re quick to state that such deaths are not due to COVID-19 shots.<sup>1</sup> But Dowd isn’t deterred. As A Midwestern Doctor noted on Substack:

*“Ed Dowd has focused on utilizing a narrower set of evidence and tying it to one of the most persuasive arguments currently available for shifting the narrative. A statistically impossible spike in sudden deaths has occurred in the healthiest segment of the population and has happened in tandem with a spike in disability (this is why we are now having labor shortages).”*

Dowd is intent on bringing global attention to this surge in deaths and disability that has occurred since the COVID-19 shot campaign rolled out, and he’s not willing to let anyone, or any entity, stop him. “We have the data. We have the evidence,” he says, “and there’s a large global murder scene that just occurred.”

Insurance Company Data Reveal 40% Death Surge

“Cause Unknown” details data showing the shots are a crime against humanity. Some of that data comes from private insurance companies, which love to sell group life insurance policies to large Fortune 500 corporations and mid-sized companies because they hardly ever have to pay out on a claim.

Workers at these corporations tend to be in good health, with industry data suggesting the group life policyholders have one-third the mortality rate of the general U.S. population. The death rates have historically been highly predictable among this group — until 2021. A report released by the Society of Actuaries<sup>4</sup> found mortality spikes of 40% or more that year.

Insurance companies had sizeable increases in payouts for death and disability. Dowd tweeted February 1, 2022, that financial insurance company Unum reported a significant increase in their benefit ratio (payouts versus premiums) in their life segment. Dowd tweeted:

*“In 2021 they saw a 17.4% increase vs 2020. This is higher than the 13.3% increase vs 2019. So the higher payouts in 21 are occurring with a miracle vaccine & less virulent strains ... In 2019 the unit had \$266 million profit, last year a profit of \$82 million & this year a loss of -\$192 million. A swing of \$458 million lower over 2 years. Important to remember these are employed working age folks.”*

24-2

Dowd also reported data from funeral homes, including company Carriage Services, which was flooded with business. He tweeted:

*"Business has been quite good since the introduction of the vaccines & the stock was up 106% in 2021. Curious, no? Guys this is shocking as 89% of Funeral homes are private in US. We are seeing the tip of the iceberg."*

Steve Kirsch also published data on Substack7 showing that, among the COVID-jabbed aged 65 and younger, sudden death was the No. 1 cause of death in 2021 and 2022. The second was cardiac-related death, and cancer was third. Importantly, the incidence of turbo-charged cancer among the jabbed was significant in this group, and myocarditis killed more than COVID-19.

In addition to sudden deaths, cardiac issues became a major cause of death in vaccinated young people under the age of 65. No myocarditis deaths were seen among unvaxxed people in the same age group.

#### Disability Numbers Skyrocket

Dowd also looked into the number of disabled people in the U.S., using high-frequency data from the U.S. Bureau of Labor Statistics. The agency uses a monthly telephone survey that asks, "Are you or someone in your home disabled and not able to work?" Prior to COVID-19 shots, Dowd said, there were 29 million to 30 million disabled people on an absolute basis, a rate that remained steady for four or five years.

In February 2021, a trend change occurred, reaching a high of 33.2 million in September 2022, with numbers still trending up. That's a three standard deviation rate of change since May 2021, which means that the chance of this happening is 0.03% — highly unusual.

Dowd explains, "Of the 3.2 million newly disabled Americans, 1.7 were employed but came from the employed population of the country." This is significant, he says, because:

*"The employed people of this country are, generally speaking, by the very fact that they wake up in the morning, get in their car and drive to work, healthier than the general U.S. population. By the very nature of doing work, you're healthier. And that's a fact that's never been challenged before. The health outcome for the employed has been disastrous. Since February 2021, their disability rate is up 31% ... the general U.S. population's disability rate is up 9%."*

Dowd believes this jump in disability among the workforce is the reason why there's a labor shortage and you're seeing "help wanted" signs much more than in the past. He also observed an interesting trend among people who quit or left the workforce during this time period — their disability rate didn't jump like those still working, many of whom were likely subjected to shot mandates to keep their jobs:

*"More importantly, those not in the labor force — those who quit or got fired — their disability rate is only up 4%. And I suspect those are the people who either didn't take the vaccine and were fired or quit and refused to take the vaccine. So those of us who have had the best health outcomes in the country since [COVID-19] vaccination began are those not in the labor force."*

#### 'There's a Coverup'

Mass COVID-19 shots and mandates are the only factors that changed during that time that would make being employed a risk to your health, but the government isn't investigating them. Why? "There's a coverup, at the very least," Dowd says, adding:

*"I don't know that they're protecting Pfizer, per se. They're protecting all sorts of monied interests. When this COVID thing happened, there were a lot of beneficiaries from it. Central banks got off the hook from, what I saw, was a global slowdown, so they were able to print unprecedented amounts of money to cover up what we're going to have eventually, a global sovereign debt default — it's coming. So they got off the hook."*

24-3

*You had the tech companies excited, licking their chops, for the new surveillance economy. They knew that was coming. So, they joyfully entered into partnership with the government to censor any dissent. And they were excited about those future cashflows of surveillance.*

*Then you have the pharma companies who were going to be able to make money off of, what they saw, were unlimited vaccines, quarterly injections, that was the plan at the time ... under the color of law. And then you have the media companies who were getting cashflows from pharmaceutical companies and also the government. We found out the government paid media companies to promote the vaccine ... momentum built and there was a conspiracy of interests. Now that the vaccine is coming to light that it's causing death and injury, they all have an interest to keep this thing under wraps."*

The More Vaxxed the Country, the Higher the Excess Deaths

Dowd believes the effects of COVID-19 shots appear to be cumulative, so he urges those who've already been injected to stop getting boosters. He also feels there's enough alarming data to warrant the COVID-19 shot program being stopped immediately, as the death and disability from the shots could easily exceed that from COVID-19.

"This is the greatest crime scene I've ever seen in my life," he says. "The greatest humanitarian toll we're ever going to talk about. And it's going to last with us for years to come. The economic ramifications are stark."

Dowd and colleagues have been tracking what they call Humanity Projects at their website, Phinance Technologies. There, you can see the data they're tracking along with their related analyses. They state:

*"We live in a world where regulatory institutions are captured by financial and political interests, either unwilling or unable to get to the truth of the issues they set out to investigate and regulate on behalf of the individuals in society.*

*Without unbiased and comprehensive research, there is a risk of misguided policy decisions at best, and at worst, negligence and malpractice. Never has this been more apparent than during the Covid-19 pandemic. In this context, we need independent agents to act as gatekeepers of the public interest. We intend to be such agents, and to provide high-quality research to other individuals and institutions who seek similar outcomes."*

One trend they've found is that the more vaccinated the country, the higher the excess mortality.

Denmark, which is one of the most highly vaccinated, stands out. "They had an interesting experience," Dowd says.

*"Every age cohort experienced greater excess mortality year over year. So, 2021 was over 2020, and 2022 was over 2021, across all age cohorts ... their death rate was on the decline ... and it's going back up. So, Denmark has experienced detrimental health outcomes. Curiously enough, while I was writing the book, they effectively banned the vaccine for [those] under 50, where they said, We'd rather you get COVID than take the vaccine."*

Health Agencies 'in Coverup Mode'

When asked why health agencies aren't stepping in to investigate the surge in sudden deaths, Dowd suspects they're all MIA because "they're in coverup mode." "I won't rest until we stop what's going on," he says, adding that a lot of first responders are still facing mandates to get the shot and some universities still require it.

He's hoping for more whistleblowers to come out and congressional hearings to break through the deafening "misinformation" narrative that's still very much permeating society.

Critics of his data suggest the excess deaths are due to long COVID, but Dowd says he has yet to see a study showing this is the case — and there's no definition of what long COVID actually is. Further, many "long COVID" symptoms mirror adverse reactions to COVID-19 shots.



25-1

DECEMBER 6, 2022

## Medical Board's 'Anti-disinformation' Attack Described in Journal of American Physicians and Surgeons

The *Journal of American Physicians and Surgeons* is published by the Association of American Physicians and Surgeons (AAPS), a national organization representing physicians in all specialties since 1943.

### COVID-19 and Medical Board Tyranny

Steven LaTulippe, M.D.

The COVID-19 pandemic may someday be the subject of countless volumes of literature describing it as a sinister man-made global plague. In today's America, it has introduced a dark age of medical science. Nowhere has this fact been demonstrated more clearly than by the actions of state medical licensing boards, most of whom take their cues from the Federation of State Medical Boards (FSMB). Their drive to control medical practice has been gaining momentum for decades, but their current stance and methodology is an all-out assault on the once noble and legitimate medical profession.

Having received the infamous honor of being the first medical doctor in the U.S. to have my medical license first suspended, then fully revoked, because of COVID malevolence, I've learned many lessons about exactly how state medical boards have honed the process of destroying good physicians.

Now, to be sure, there are no perfect physicians, just as there are no perfect people. But a serious problem must exist when the Oregon Medical Board (OMB) is able to take down a physician who has done no harm and who actually had no patient complaints concerning the board's allegations against him.

In this story of my experience, I am just an example. It exposes the corruption and dirty secrets of an agency that is

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and the President's chief medical adviser, suddenly claimed that masking could help, and maybe two masks were better than one. Really?

That message opposed the then-current standard of care. Then, doctors were advised to close their clinics for two weeks. But isn't it the duty of physicians to treat the sick? Why close a clinic when clinicians are most needed? To the best of my knowledge, I was the only doctor in Polk County to keep my clinic doors open throughout the pandemic, staying faithful to my duty to put the patient first—always.

In the early days of the pandemic, my patients who became ill over the weekend were calling for treatment appointments on Monday. They all told stories of being turned away at emergency departments and urgent care clinics. They received no treatment and were advised to quarantine at home for two weeks, and if their lips turned blue to go to the hospital. I had never heard of such advice before. This was not medicine. As people were being told to cover their faces, social distance, close their businesses, and then to take an untested new type of mRNA "vaccine," I began to feel that I was living in Alice's Wonderland where nothing made sense.

My office staff and I had never masked, and all the patients

Advocacy groups have launched a nationwide campaign promoting delicensure of doctors who allegedly disseminate mis- or disinformation related to the COVID pandemic, states the Association of American Physicians and Surgeons (AAPS). A family physician, Steven LaTulippe, M.D., explains how this affected him, in the winter issue of the of the *Journal of American Physicians and Surgeons*.

Dr. LaTulippe reports that he had successfully treated some 75 patients who probably had COVID before the disease was recognized, using his standard anti-viral protocol. He also states that he was probably the only doctor in the county who did not close his office during the pandemic. His new Twitter account quickly attracted 30,000 followers eager for COVID information. But it was censored, he notes.

Because of an anonymous complaint, the Oregon Medical Board opened an investigation of his practice in August 2020. Very quickly after he unexpectedly spoke at a political rally in November, "the OMB medical director sent me a threatening letter advising me that I 'may be in direct and active violation of current Governor Executive Orders,'" Dr LaTulippe writes.

As a result of OMB's "emergency" suspension, then revocation of his medical license after 22 years of unblemished practice, Dr. LaTulippe writes, he lost his clinic, his home, his reputation, and his ability to earn a livelihood. Thousands of patients suddenly lost their physician. Half of them were being treated for pain and addiction, and many suffered greatly from losing their source of treatment. His staff was devastated.

Dr. LaTulippe states that the medical boards' administrative law system constitutes the "quintessential kangaroo court." "State medical boards are so powerful that almost all physicians are terrorized into silence and submission."

"The evidence that OMB conveniently ignores is that no actual complaint was ever filed against me by any of my patients, and that I never caused any harm to even a single patient."

Dr. LaTulippe's story shows the urgent need to constrain the licensure boards' abuse of power and to restore medical freedom, states AAPS.

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## Doctors, Scientists Call On Mississippi Officials To Take COVID Vaccines Off The Market

MARCH 05, 2023 *Matt McGregor via The Epoch Times*

JACKSON, Miss.—The group of physicians, vaccine-injured people, and whistleblowers speaking at the Mississippi Capitol building on Monday and Tuesday weren't asking state officials to cease all COVID-19 vaccinations and to convene a grand jury to investigate its rollout in the state.

They were demanding it.

**"Stop the shots"** was the refrain of those who had treated COVID patients over the last three years and those injured by the vaccine.

On Monday and Tuesday, the medical freedom organization MS Against Mandates (MAM) held the Mississippi Medical Freedom Conference in Jackson, Mississippi, which included over a dozen physicians, several whistleblowers, six physician-confirmed vaccine-injured patients, and two parents whose sons died after receiving the vaccines.

Dr. John Witcher is the co-founder and former president of MAM. He stepped back from the leadership position to focus on his run for Mississippi governor in the 2023 gubernatorial election.

MAM orchestrated the event that gave a voice to many who are being silenced in media and the medical community, such as Dr. Peter McCullough, a practicing internist and cardiologist in Dallas who is also the national medical adviser for MAM.

McCullough told The Epoch Times that the purpose of the three-and-a-half-hour roundtable—chaired by Republican state Rep. Randy Boyd—was primarily to educate Mississippi officials about safety concerns regarding the vaccine.

**"The state must pull these products off the market,"** McCullough said. **"There can be no more administration of the COVID-19 vaccines in the state of Mississippi."**

McCullough, author of "The Courage to Face COVID-19: Preventing Hospitalization and Death While Battling the Bio-Pharmaceutical Complex," said the essential problem with the vaccines is the safety concern for the large number of people who have taken them without informed consent about adverse events.

"The CDC now says 92 percent of Americans have taken at least one shot and that 79 percent have taken two shots," McCullough said. "If there are safety concerns, that's a problem because the denominator is so big."

Because of those large numbers, any rare side effect isn't rare from a safety perspective and, as was heard in the testimonies, there are concerns that the state officials haven't kept track of the full number of the injuries and has even undercounted them, McCullough said.

In Mississippi, which represents under 1 percent of the U.S. population, McCullough estimated that there are several hundred people who have been injured by the vaccines and that some have died from the vaccines.

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"That's several hundred too many, and it didn't need to happen," McCullough said. "None of this needed to happen."

### **Community Standard of Care**

Physicians like Witcher and others on the panel have reported that their state health officials have only recited federal talking points instead of allowing them to cultivate what McCullough called their own "community standard-of-care," which McCullough said is intended to evolve over time.

"The community standard of care always comes from the doctors who are treating the patients," McCullough said. "Under no circumstances does it come from federal or state agencies, pharmaceutical companies, or even from hospitals or hospital systems. It comes from the doctors in the field who are learning how to treat their patients based on the medical literature, clinical judgment, and the differences in the community."

This is why McCullough said **each state needs its own doctor-in-charge, like in Florida**, where Surgeon General Joseph Ladapo has refuted federal guidelines handed down by the Centers for Disease Control and Prevention (CDC) and Dr. Anthony Fauci when he was director of the National Institute of Allergy and Infectious Diseases.

"We're seeing how valuable it is for a state to have its own independent thinker who is not biased, influenced by the pharmaceutical industry, or influenced by any state or federal public health agency," McCullough said.

A doctor-in-charge in Mississippi would have acted as the representative for state officials to hear the testimonies given in the state Capitol on Monday, McCullough said.

"The state of Mississippi needs an independent thinker who can attend medical panels like this, take them under consideration, and provide advising to the attorney general," McCullough said. "In this case, it would be to get the vaccines off the market."

If Witcher were to become governor, he said he would create a position for a state surgeon general, and McCullough said he would "entertain the appointment as a doctor and a public figure."

Noticeably, the Capitol chamber where the roundtable convened was absent of lawmakers—aside from Boyd—which McCullough said wasn't surprising, as he's seen it "over and over again."

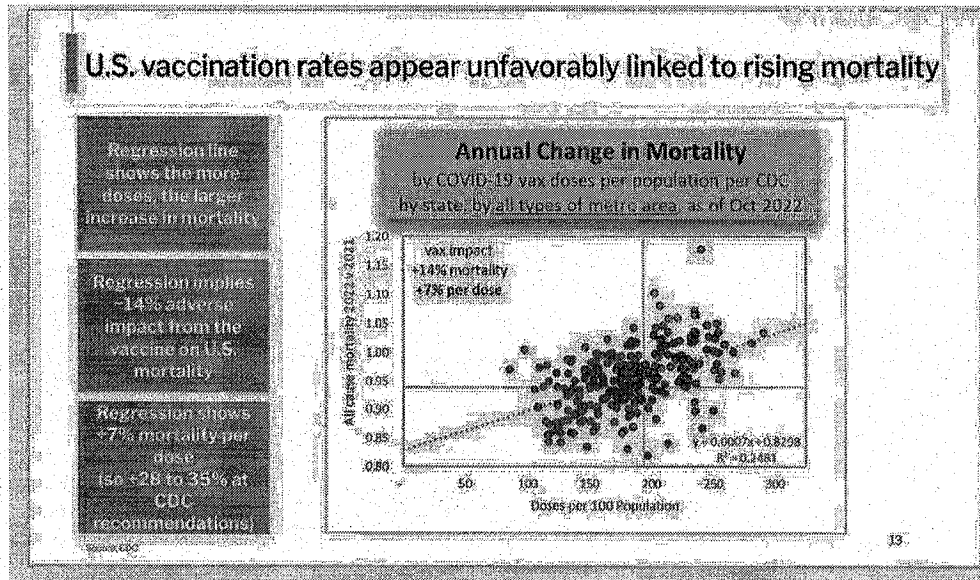
**"The fear among legislators on both the state and federal levels is extraordinary,"** McCullough said. "This is the biggest thing that's happened to our country over the last three years in modern history and you'd think they'd be interested to hear from doctors who traveled from far distances and who have vast experience in this. It's not for my benefit. It's for their benefit, and it's extremely disappointing that they found something else that they thought was a higher priority."

Read more [here...](#)

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## Insurance Analyst: “The More Doses You Have On Average In A Region . . . The Bigger Increase In Mortality That Region Has Had” (VIDEO)

Mar. 6, 2023



Insurance analyst Josh Stirling just released bombshell data on the connection between vaccines and mortality.

His results are stunning.

Watch (transcript of highlights below):

From the video:

*“But no matter which way you do it, what you end up seeing is: The chart goes, the line that you create, a regression line goes up into the right. Which is to simply say that the more doses on average you have in a region within the United States, the bigger increase in mortality that region has had in 2022 when compared to 2021.*”

*And so that is a aggregate statistical tool that largely — I mean, it exactly confirms— the conclusion out of the UK data. It's a different way of doing it. It's a totally different data set. But ultimately it leads to a very similar mathematical conclusion.*

*Which is a really unfortunate one because obviously hundreds of millions of us have — either personally or our friends and family and all society — have to now deal with these consequences of what are the long-term pile of consequences relating to these. And I'm obviously hopeful that we can, as a society, start to focus on those. Because that's the opportunity to try to solve this problem is: focusing on health.”*

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## **Pfizer, CDC Withheld Evidence of Myocarditis After COVID Shots, New Documents Reveal**

Michael Nevradakis, Ph.D. March 17, 2023

Pfizer and the Centers for Disease Control and Prevention (CDC) withheld evidence that COVID-19 vaccinations were causing myocarditis, according to documents obtained by Children's Health Defense via a Freedom of Information Act request to the CDC, and documents leaked this week to Project Veritas.

Pfizer and the Centers for Disease Control and Prevention (CDC) withheld evidence that COVID-19 vaccinations led to an increased risk of myocarditis, especially in young males, according to two sets of documents made public this week.

Confidential Pfizer documents leaked Thursday by Project Veritas show the company had "evidence that suggests patients who receive a COVID-19 vaccine are at an increased risk of myocarditis."

And heavily redacted CDC documents obtained by Children's Health Defense (CHD) via a Freedom of Information Act (FOIA) request indicate the agency provided an undercounted figure of post-COVID-19-vaccination myocarditis cases to Israel's Ministry of Health in early 2021.

The latest revelations come as Germany, Japan and other governments are raising questions about the significant numbers of severe adverse events recorded in individuals following administration of the COVID-19 vaccines.

According to researchers at the National Organization for Rare Disorders, myocarditis can result from infections, or it may result directly from a toxic effect such as a toxin or a virus.

"More commonly the myocarditis is a result of the body's immune reaction to the initial heart damage," researchers said.

Severe myocarditis can permanently damage the heart muscle, possibly causing heart failure. **Internal documents contradict Pfizer claim of 'low incidence of myocarditis'.**

An internal Pfizer document leaked to Project Veritas on Thursday, updated Feb. 11, 2022, and authored by eight scientists in Pfizer's Drug Safety Research & Development division, indicates that the drugmaker was aware of a connection between mRNA COVID-19 vaccines and higher incidence rates of myocarditis within two weeks of vaccination — particularly following the second dose of the primary series.

"There is evidence that suggests patients who receive a COVID-19 vaccine are at an increased risk of myocarditis," the document read.

"Onset was typically within several days after mRNA COVID-19 vaccination (from Pfizer or Moderna), and cases have occurred more often after the second dose than the first dose." Pfizer cited CDC data to make this determination:

"Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults (CDC 2021)."

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"The pattern of cases conform, as per the label, to a pattern of myocarditis cases occurring in majority of young males below 29 years of age within the first two weeks post-vaccination."  
"The reasons for male predominance in myocarditis and pericarditis incidence post COVID-19 vaccination remain unknown."

Although Pfizer couldn't identify a "clear mechanism" behind the increased risk in males, it did identify several possibilities.

These included direct cardiotoxicity, acute/active viral infection, genetic predisposition and pre-existing conditions, a prior history of myocarditis, immune-mediated mechanisms and vaccine-associated autoimmunity, molecular mimicry to the spike protein and sex-related effects. These cases occurred, according to the document, despite a claimed low incidence of myocarditis during the clinical trials for the mRNA COVID-19 vaccines.

"Within the participants 16 years of age and older from the Pfizer clinical trial dataset, two cases of pericarditis were reported through the data cut-off date of 18 June 2021," the document read. "These cases originated from the Phase 3 clinical study C4591001 and both were deemed not related to study treatment by the Investigator."

"There were no cases of myocarditis reported as serious adverse events through the data cut-off date of 18 June 2021," the document added.

Based on these incidences of myocarditis, the document states the product labels for the Pfizer COVID-19 vaccine were updated to state:

"Post marketing data demonstrate increased risks of myocarditis and pericarditis, particularly within 7 days following the second dose of the 2-dose primary series.

"The observed risk is higher among males under 40 years of age than among females and older males. The observed risk is highest in males 12 through 17 years of age."

This change had already been made as of August 2021, according to a document released as part of the so-called "Pfizer documents" — documents pertaining to the U.S. Food and Drug Administration's (FDA) issuance of Emergency Use Authorization (EUA) to the Pfizer-BioNTech COVID-19 vaccine.

The "Pfizer documents" were released last year by court order following a FOIA request filed by Public Health and Medical Professionals for Transparency.

Another internal Pfizer document from these same "Pfizer documents" states that on July 13, 2021, it was suggested that myocarditis and pericarditis be added "to the PVP" (pharmacovigilance plan).

This addition appears to have taken place.

The Pfizer pharmacovigilance plan of July 28, 2021 — also contained within the "Pfizer documents" release — lists myocarditis and pericarditis as "important identified risk[s]" identified in Pfizer's safety database on June 18, 2021.

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A pharmacovigilance plan “proposes activities to better characterize and assess the risks during the lifecycle of a medicine. (e.g., to investigate frequency, severity, seriousness and outcome of a risk under normal conditions of use, and/or which populations are particularly at risk).”

Pfizer’s July 28, 2021 pharmacovigilance plan stated that two serious adverse events of pericarditis were reported during the C4591001 clinical trial, although “both [were] deemed not related to study treatment by the Investigator.”

The document also refers to data from Pfizer’s safety database, stating that among people 16 and older, “490 cases reported events related to myocarditis and 371 cases reported events related to pericarditis (in 38 of these 823 cases, the subjects developed both myocarditis and pericarditis related events).”

Of these 490 cases, 26 were later definitively rejected as not being myocarditis, leaving 464 cases ranging from “definitive case” to “reported event.” From there, 459 were listed as “serious,” 337 required hospitalization, and 14 resulted in death.

Nearly 71% of these cases were recorded in males.

Of 371 reported pericarditis cases in individuals 16 and over, all but one was listed as “serious,” 206 required hospitalization, and 3 resulted in death.

Pfizer, in the same pharmacovigilance plan, claimed that no myocarditis or pericarditis cases were recorded in C4591001 trial participants ages 12 to 15.

However, its safety database recorded 11 possible cases of myocarditis — all but one among males, 10 of which were “serious” and nine of which required hospitalization.

Four cases of pericarditis among males between the ages of 12 and 15 also were recorded in the safety database, three of which were considered serious and one of which required hospitalization.

However, in the July 28, 2021 pharmacovigilance plan, Pfizer told the FDA: “Considering the low rates of myocarditis and pericarditis reported following vaccination, balanced with the risk of death and illness (including myocarditis) caused by SARS-CoV-2, the public health impact of post-vaccination myocarditis and pericarditis is minimal.”

Nevertheless, in another leaked document publicized by Project Veritas, dated May 2022, further confirms Pfizer was aware of the increased incidence of myocarditis. According to the leaked document:

“Adverse events (AEs) following COVID-19 vaccination are of high clinical importance: even adverse events with small incidence may be seen in appreciable numbers given the massive scope of the vaccination effort.

“There is evidence that suggests patients who received a COVID-19 vaccine are at an increased risk of myocarditis.”

**CDC undercounted myocarditis cases in 2021**

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Documents provided by the CDC in response to an Oct. 12, 2022 FOIA request submitted by CHD reveal the agency provided an undercounted number of recorded myocarditis cases following COVID-19 vaccination to the Israeli Ministry of Health.

The FOIA request asked the CDC to “provide all emails sent by any of the relevant individuals or received by any of the relevant individuals (whether directly or via cc or bcc) containing the search word ‘myocarditis’” between Oct. 1, 2020 and April 30, 2021.

“There has been considerable public discussion of and controversy about how to weigh the risk of myocarditis that is associated with COVID-19 vaccines,” the request stated. “The public has a significant interest in having a full understanding of how U.S. public health agencies have addressed this issue.”

Following a response by the CDC, CHD on Nov. 17, 2022, narrowed down its request to include only documentation containing the term “myocarditis” within 25 words of “(covid or report\* or child\* or adolescent\* or young\* or teen\* or male or fatal\* or death\* or die\* or serious or severe or hospital\*).”

The heavily redacted 985-page tranche of documents provided to CHD included a Feb. 28, 2021 request, on page 692, from Israel’s Ministry of Health. The request, logged on that date by CDC’s internal task tracking system, stated:

“We are seeing a large number of myocarditis and pericarditis cases in young individuals soon after Pfizer COVID-19 vaccine. We would like to discuss the issue with a relevant expert at CDC.”

A CDC email, dated March 10, 2021, and found on pages 710-714 of the document, read: “They are investigating a safety signal of myocarditis/myopericarditis in a younger population (16-30 years old) following administration of Pfizer-BioNTech COVID-19 vaccine.

“The Ministry of Health stated they received reports of around 40 cases of this adverse event.” In the March 10, 2021 response, page 861, sent by the CDC to the Israeli Ministry of Health stated:

“A search of the U.S. Vaccine Adverse Event Reporting System (VAERS) conducted on February 23, 2021 revealed 27 cases (6 cases of myocarditis, 7 cases of myopericarditis, 14 cases pericarditis).

“Twelve cases occurred after dose 1, 7 cases after dose 2, and the dose was not reported for 8 cases. Four patients had comorbid conditions that could suggest alternate etiologies for the adverse event.

“During this analysis period the reporting rate of myopericarditis following administration of the mRNA COVID-19 vaccines was low and estimated to be 0.7 per million doses of vaccine administered.

“However, the limitations of passive surveillance such as under-reporting, lack of a control group, missing and incomplete data make it challenging to assess causation.

“Thus, FDA has not made a final determination regarding the causality between myopericarditis and the mRNA COVID-19 vaccines.”



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However, up to Feb. 23, 2021, VAERS had actually received 36 reports of myocarditis — although at that time, the database was significantly backlogged.

It is unclear why data from a Feb. 23, 2021 search was provided by the CDC, when the request from Israel's Ministry of Health was submitted on Feb. 28, 2021. There is no indication that there was contact from the Israeli health ministry with the CDC regarding this issue prior to Feb. 28, 2021.

While reports submitted to VAERS require further investigation before a causal relationship can be confirmed, the system has been shown to report only 1% of actual vaccine adverse events.

Studies have found further deficiencies in the VAERS system, including deleted or missing reports, the delayed entry of reports and the "recoding of Medical Dictionary for Regulatory Activities (MedDRA) terms from severe to mild."

Out of the deleted or missing reports, 13% pertained to deaths and 63% represented severe adverse events.

VAERS data is publicly accessible on the internet and presumably would already have been available to the Israeli Health Ministry as a result, therefore it is unclear why the CDC appears to have relied on this data in its response to Israel.

Moreover, by March 10, 2021, the presumed date of the CDC response to the Israeli Health Ministry, 14 more cases of myocarditis were reported to VAERS, for a total of 49 such cases identified in the database.

Of the 36 myocarditis cases reported to VAERS by Feb. 23, 2021, 25 were in males, 21 involved the Moderna vaccine (15 males), and 15 involved the Pfizer-BioNTech vaccine (10 males).

And of the 49 cases recorded by March 10, 2021, 35 were in males, 26 involved the Moderna vaccine (20 males) and 23 involved the Pfizer-BioNTech vaccine (15 males).

The average age of the patients was 33.6 and median age was 31.5 — with the average age of male cases being 31.1 (median 28) and the average age of females 40.8 (median 36.5), indicating a higher incidence in younger males.

The average number of days before onset and diagnosis following vaccination was 5.4, with a median of 3 days.

With hundreds of pages' worth of redactions, it is unclear if there are more documents or data that would provide further insights into the response provided by the agency to Israel's Ministry of Health.

In its Feb. 24 response, the CDC claims the redacted documents are protected by statute, confidentiality laws or privacy laws.

Notably, on the same day as the Israel Ministry of Health's request to the CDC, Pfizer published a document — released as part of last year's "Pfizer Documents" release from the FDA — titled "Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) received through 28-Feb-2021."

BNT162B2 refers to the Pfizer-BioNTech COVID-19 vaccine that received Emergency Use Authorization from the FDA.

This document indicated that 25 cases of myocarditis were reported by Feb. 28, 2021 as part of a list of "adverse events of special interest" (AESI).

This figure drew from several databases, including the Brighton Collaboration (SPEAC), the EU's ACCESS protocol, U.S. CDC (preliminary list of AESI for VAERS surveillance) and the UK's Medicines and Healthcare Products Regulatory Agency.

### **Studies show COVID shots lead to increased risks of myocarditis**

Several recent studies have shown an increased prevalence of myocarditis following COVID-19 vaccination.

"Delayed Vigilance: A Comment on Myocarditis in Association with the COVID-19 Injections," by Karl Jablonowski, Ph.D. and Brian Hooker, Ph.D., P.E., published Oct. 17, 2022 in the

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International Journal of Vaccine Theory, Practice, and Research, found that two months after COVID-19 vaccines were rolled out to the public, a statistically significant safety signal for myocarditis in males ages 8 to 21 appeared in VAERS.

However, as previously reported by The Defender, even though this safety signal was visible as early as Feb. 19, 2021, CDC officials waited until May 27, 2021 before alerting the public. By then, over 50% of the eligible U.S. population had received at least one mRNA COVID-19 vaccine — and the FDA expanded the EUA of the Pfizer-BioNTech vaccine to include adolescents 12 and older.

Another study, released April 15, 2022 by seven Israeli researchers, examined the incidence of myocarditis and pericarditis in adults previously were infected with COVID-19, between March 2020 and January 2021.

Despite arguments that an increase in myocarditis diagnoses may be attributed to COVID-19 infections instead of the vaccines, the study “did not observe an increased incidence of either pericarditis nor myocarditis in adult patients recovering from COVID-19 infection.”

As of March 3, 16,641 cases of myocarditis were recorded in VAERS following the receipt of a COVID-19 vaccine or booster — with the number growing to 16,660 when including diagnoses of bacterial myocarditis, infectious myocarditis, mycotic myocarditis, post-infection myocarditis and septic myocarditis.

Of the latter number, 10,701 cases (64.2%) were recorded in males.

While the age of over half of the patients in these recorded cases was listed as “unknown,” in cases where an age was recorded, myocarditis diagnoses peaked in the 18-29 year age group, with high prevalence also found in the 6-17 and 30-39 age groups.

Of 2,778 cases in the 18-29 age group, 2,211 were recorded in males — further indicating the particularly high risk of myocarditis young males face following COVID-19 vaccination.

#### **More governments raising concerns about myocarditis**

As early as October 2021, Sweden’s Public Health Agency paused Moderna’s COVID-19 vaccine for people born 1991 and later, “as data pointed to an increase of myocarditis and pericarditis among youths and young adults that had been vaccinated,” according to Reuters. At around the same time, Finland’s public health authorities also paused the vaccine in young people.

And in November 2022, Sweden paused the Novavax COVID-19 vaccine for those under 30, due to an increased risk of myocarditis and pericarditis.

As reported by The Defender in June 2022, Novavax received EUA from the FDA despite “Multiple events of myocarditis/pericarditis” recorded during clinical trials.

Earlier this week, Yanagase Hirofumi, a member of Japan’s House of Councillors, accused the Japanese government of covering up injuries and deaths stemming from the mRNA COVID-19 vaccines.

Hirofumi told the House of Councillors that in Japan’s vaccine-related adverse events tracking system, at least 2,001 deaths following COVID-19 vaccination have been recorded.

However, despite “approximately 260 cases in which the doctor in charge reported that there was probably a link between the vaccine and the death” and, citing Japan’s health minister, “52 cases where a pathologist has performed an autopsy, and reported that there is a link between the vaccine and the death,” the database indicates that “only one case has been found to have a causal relationship between the vaccine and death.”

Hirofumi cited the example of “a man in his 30s” who “died three days after receiving the second dose of the vaccine. The cause of death was myocarditis,” adding that “as a result of the autopsy, doctors concluded that there was a link between the vaccine and the death.”

In an interview on Sunday, Germany’s federal minister of health Karl Lauterbach — previously a proponent of a national vaccine mandate who had stated the COVID-19 vaccines had “no side effects” — admitted that serious adverse events were prevalent and that the vaccine injured are being ignored by the authorities.

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## Calls for Immediate Suspension of the COVID-19 Vaccines Now Hit South Africa – Court Action Launched by 3 Non-profit Companies

Jim Hoft Jan. 30, 2023

More and more medical experts, scientists, and right group advocates in Africa are now demanding that the government should stop its COVID-19 vaccination campaign due to its devastating side effects among patients.

Vaccines against COVID-19 were first introduced in South Africa in February 2021. Its goal was to vaccinate 67% of the population, or 40 million people, at the end of the year. As of mid-January 2023, over two years later, only 35% (21 million) had been fully vaccinated, according to **Gavi**.

Three groups, Covid Care Alliance, Transformative Health Justice, and Free the Children-Save the Nation, have filed at the Gauteng High Court in Pretoria, South Africa, arguing that the government must immediately stop administering the Covid-19 vaccine because of the mounting and indisputable evidence that they cause unprecedented levels of harm, including death.

"They accused the government, in court documents, of disregarding the well-being of millions of people by driving Covid-19 vaccination programs, in spite of not properly investigating the efficacy and safety of the vaccines," Sunday Tribune reported.

"They claimed that authorities ignored people who suffered debilitating side effects, harassed outspoken medics, and were engaged in data scrubbing and other irregularities to water down the impact the jabs had on South Africans," the outlet added.

Doctor Stephanus Oosthuizen of Tongaat, KwaZulu-Natal, South Africa, said in an affidavit that he had seen an increase in patients with symptoms that he is unfamiliar with after the Covid-19 vaccine was introduced in the country.

"I noticed that the conditions being presented were similar to those being recorded and reported on by other doctors, which they ascribed to Covid-19 vaccine injuries," he said in his statement, per **IOL**.

At least 125 incidents of adverse events were reported by Oosthuizen to the Department of Health for further investigation.

"What we are witnessing in South Africa seems to be comparative to what is reported of happening in other countries, in as far as the adverse events being witnessed among the jabbed," he said in court documents.

One of South Africa's leading mainstream media aired an almost ten-minute piece to discuss the calls to stop the Covid-19 vaccine.

"We know the pharmaceutical industry has a long history of criminal behavior. We are here to protect the public," said Shabnam Mohamed, CEO of Transformative Health Justice.