TheGMS
The Gazette of Medical Sciences
https://www.thegms.co ISSN 2692-4374 DOI https://www.doi.org/10.46766/thegms

Public Health | Review

The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part 2

Sally Saxon[1*], James A. Thorp[2], Deborah Viglione[3]

[1]JD, Retired Attorney, Researcher, Author, Speaker, Florida
[2]MD, Obstetrician Gynecologist and Maternal Fetal Medicine, Gulf Breeze, Florida
[3]MD, Physician, Integrative and Internal Medicine, Living Waters Regenerative Medicine Center, Gulf Breeze, Florida

Submitted: 22 September 2022
Approved: 23 February 2023
Published: 25 February 2023

Address for correspondence: Sally Saxon, JD, Retired Attorney, Researcher, Author, Speaker, Florida.
Email: info@BreakthroughsForLife.com

How to cite this article: Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

"Few men are willing to brave the disapproval of their fellows, the censure of their colleagues, the wrath of their society. Moral courage is a rarer commodity than bravery in battle or great intelligence. Yet it is the one essential, vital quality for those who seek to change a world which yields most painfully to change" [1].

Robert F. Kennedy
Former U.S. Senator, U.S. Attorney General and U.S. Presidential candidate

KEYWORDS

Immune system, Spike protein, VAERS, mRNA, Post Vaccination Complications, Guillain-Barre Syndrome, Vaccine-induced Acquired Immunodeficiency Syndrome (VAIDS),Cardiac Arrest, Lipid Nanoparticles, Pandemic

INTRODUCTION

This 4-part series was written by a retired attorney from an attorney's perspective, with the assistance of two medical doctors, to examine the evidence underlying the contradictory claims relating to the

necessity, safety and effectiveness of the COVID-19 vaccines. As stated in Part 1, even if the COVID shots have been winding down or stopped by the time you are reading this, the content of this series is still extremely relevant and important far beyond COVID. There are critical lessons that will determine the response of the health care community to future emergencies or "pandemics," as well as the treatment of vaccine-injured patients and other important decisions, especially for those in the health care community. Part 1 of this series raised the issue of why so many physicians and other professionals would risk losing their license and board certifications, their reputation and their livelihood by daring to contradict the official narrative of the entire medical industrial complex. It also showed why the COVID injections are not really "vaccines," and that a vaccine was not even necessary in the first place. It also discussed the requirements for Emergency Use Authorization (EUA) and the evidence that they were not met from the outset. Part 1 concluded by addressing the first of three reasons why many in the health care community may not have heard before now much of the information in this series. ***There was an unprecedented campaign of lies and massive censorship by the medical industrial complex that labeled as "misinformation" anything that contradicted the official narrative that "the vaccines are safe and effective."***

In Part 2 we present more extensive data, expert analyses and other information showing that the COVID vaccines are not only ***not*** safe and effective, but are actually dangerous and potentially extremely harmful, as the alleged "misinformation spreaders" have been warning about. We also summarize and provide information about the mechanisms of injury caused by the shots; a comparison with the response to adverse reactions to the 1976 Swine flu vaccine; and the effects of the vaccines on pregnant women, the military, and those over 65. This part also discusses why countless thousands of doctors all over the world adamantly oppose giving these shots to children. In addition, we address the dangers of the spike protein; the destructive impact of the COVID vaccines on the immune system; and the extreme discrepancies in the safety profiles between batches coming from the same manufacturer. Other key evidence revealing major problems is presented from Pfizer and Moderna documents. This part also provides other important safety-related information from former pharmaceutical company employees who have inside knowledge about the manufacturing process.

ENCOURAGEMENT TO THOSE WHO HAVE RECEIVED, GIVEN OR RECOMMENDED THE COVID SHOTS

It is difficult to dive into the rest of this series without first sharing a few words of encouragement for those who either have received the COVID vaccines themselves, have loved ones who have, or have been recommending or administering them to others. The truth about these shots may be disturbing and difficult to accept. But the consequences of being deceived and unaware of these very important issues are even more difficult to deal with. Many readers may experience a wide range of emotions while

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

reading this series, as they discover how they have been lied to by people they trusted. Many may begin to have regrets. Therefore, it is extremely important for us, as the authors, to offer encouragement and hope of healing.

Truth leads to solutions, healing, restoration, peace and freedom from fear and all other negative emotions resulting from the whole COVID experience. Without truth or knowledge of the facts, there are either no solutions at all, or only much less than the best.

There are existing protocols that relieve at least some of the symptoms and problems resulting from the shots. In general, these protocols are all designed to reduce inflammation, reduce risk of blood clotting, improve and restore the immune system, and help the body heal. The body has mechanisms and pathways to heal from various kinds of organ, tissue, and DNA damage. Therefore, these protocols involve lifestyle modification, dietary recommendations, targeted nutritional supplements, medications prescribed by your treating physician, stress reduction, and spiritual healing and renewal. Be encouraged that researchers and physicians are working diligently to discover more and better remedies. The resources at www.TruthForHealth.org include a vaccine injury treatment guide listing various tests that may help to diagnose the nature and degree of post-vax injuries [2]. Other good information is provided by the World Council for Health [3] and the FrontLine COVID-19 Critical Care Alliance (FLCCC) [4]. There are several other good sources as well. These resources are continually evolving, as experts learn more about what is in the shots and their effects. However, some of the most effective treatments may be outside the scope of allopathic medicine. Therefore, patients and allopathic health care professionals may need to look for solutions and help in other areas of health care.

To the extent that the health care community's best efforts and solutions are not able to fully restore health and vitality to those injured by the COVID shots, we believe without any doubt that real hope for complete restoration is available to all through God, the "Great Physician". Absolutely nothing is impossible for Him. We personally know of many miracles that God is still doing today, and believe that our spiritual lives and faith play an essential and important role in healing and restoration, no matter how impossible a person's situation may appear in the natural.

This is true not only for the physical impacts of the shots, but also for the emotional and mental impacts, which for many may be equally challenging. Fear is destructive to the immune system, cripples mental health and can lead to emotional paralysis and failure to react or respond in positive ways. Fear also robs us of peace, joy and hope. The major media's lies and propaganda about the true degree of danger of COVID and the lack of any treatments created an atmosphere of fear and despair designed to lead people to accept their official narrative surrounding "all things COVID", their oppressive counter-measures and their only solution, COVID "vaccines". But evidence-based faith (as opposed to "wishful thinking") is the antidote to fear. Therefore, we hope you are encouraged by our belief that every kind of negative impact you or others have suffered as a result of COVID or the shots *can be* overcome, whether through health care professionals or by the "Great Physician" directly.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

EVIDENCE THAT THE VACCINES ARE CAUSING GREAT HARM

Initial questions:

- *How can a vaccine be said to be "safe and effective" over the long term with only a few months of clinical trial data and NO long-term studies?*
- *If you believe that the COVID vaccines are safe, even without any data or knowledge of long-term effects, what scientific evidence is your belief based on?*

The COVID-19 "vaccines" are the "most dangerous biological medicinal product rollout in human history" [5].

That is a statement by Dr. Peter McCullough, MD, MPH, a renowned internist, cardiologist and epidemiologist, and a former Professor of Medicine. His conclusion is supported by many thousands of other doctors and medical scientists worldwide, as evidenced by Declarations of several groups representing tens of thousands of such professionals [6]. He is the most published doctor in his field in history, editor of a major journal in cardiovascular medicine, former editor of another journal, and was president of a major medical society for five years. When COVID broke out, he devoted all of his academic efforts to this topic. He has an academic medicine practice and spends about half of his time treating patients.

Dr. McCullough has been one of the most outspoken critics of the government's "no early treatment" policy and other hospital protocols. Like many other doctors, he has successfully treated and consulted on behalf of thousands of COVID patients with early treatment using a combination of drugs, including ones the CDC and FDA have suppressed and labelled as dangerous and ineffective. He also co-authored a best-selling book, *The Courage to Face COVID-19: Preventing Hospitalization and Death While Battling the Bio-Pharmaceutical Complex,* published in May 2022. It chronicles his journey to prevent as many COVID hospitalizations and deaths as possible, and his success in doing so.

When someone with his credentials makes a statement like the one above, should we not all pay attention? His 19-minute testimony at a Texas State Senate hearing explains why we should [7]. He led a team that was the first to publish a comprehensive outpatient COVID treatment protocol for doctors, entitled "*Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 Infection".* It appeared in the August 2020 *American Journal of Medicine* [8].

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

If anyone should enthusiastically support the continued administration of the COVID vaccines, you would think it would be Dr. Robert Malone, MD. He is a vaccinologist and one of the original inventors of the mRNA platform used in the Pfizer and Moderna COVID shots. He received his first dose of the Moderna shot in April 2021, "long before the FOIA Japanese pre-clinical trial data that had so many red-flags and irregularities, long before we learned of all the issues with the clinical trials, and long before the VAERS and adverse events began to be known" [9]. After almost dying following his second dose, he said: "I could never imagine that clinical data would be corrupted and even falsified - as we now know it was". He has since become one of the most vocal opponents of these injections, especially for children.

Doctors McCullough and Malone both realized early on after the vaccine rollout that something was not right about these shots, but it has taken many others much more time. This report is only necessary as there are many others who have yet to see the data and other important information such as that provided in this series.

Another physician who has changed his thinking about this debate is UK cardiologist Dr. Aseem Malhotra. In September 2022 he published a paper entitled "Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine - Part 1" [10]. He received the 2-dose primary series of the COVID shots shortly after the rollout, and publicly promoted the shots for quite awhile based on what the health care community was being told about their safety and effectiveness. However, his own father, also a physician in excellent health, unexpectedly suffered cardiac arrest and died six months following his own COVID vaccinations. What Malhotra found "particularly shocking and inexplicable" about his father's death was that two of his major arteries showed severe blockages, one 90% and another 75%. After doing much research himself, he said:

> "I have slowly and reluctantly concluded contrary to my own initial dogmatic beliefs, Pfizer's mRNA vaccine is far from being as safe and effective as we once thought".

In July 2022, Dr. Brian Lenzkes, MD read reports that three young physicians at hospitals in Mississauga (Ontario, Canada) all died within a 3-day period just days after their 4th COVID shot. A fourth physician who worked nearby died while out for a run. After reading that news, he tweeted on July 15, 2022: "We are past the point of being able to walk away and say 'That is strange' to ourselves and walk on". He asks: ***"How many more 'coincidences' will people accept? These shots need to be pulled"*** [11].

Shortly after that tweet, three more Canadian doctors died following COVID shots, bringing the total to seven within two weeks [12]. None of these were elderly doctors. One was a triathlete and another was a marathon runner. The latest one was only 26 years old. On August 28, 2022, it was reported that the Canadian doctors who have been dying since 2021 are much younger than in previous years [13]. According to the Canadian Medical Association data, the vast majority of Canadian doctors who died in 2019 and 2020 were elderly, mostly age 80 or older. Very few were younger than 60 [14]. The CMA listed 246 deaths in 2020, and 393 in 2021. In 2020, before the vaccine rollout started, the death rate

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

among Canadian doctors under 50 years of age was only about 6 per year [15]. However, after the latest mandated COVID booster, *6 doctors under 50 died within only 15 days!* That was calculated to represent 23X more deaths, or a 2,300% increase in all-cause mortality of Canadian doctors under 50 compared with the pre-rollout 2020 data [15].

This series is to help health care professionals answer Dr. Lenzkes' question for themselves: ***"how many more "coincidences" will you accept of many relatively healthy people dropping dead for no apparent reason very soon after receiving a COVID shot?*** Those who believe the shots are safe and effective usually base their opinion on what they have been told by the medical industrial complex. ***But do they know what they are NOT being told, and WHY****?* Part 1 has already revealed the massive coordinated campaign of lies and censorship of all those who dare to contradict the official narrative. As you continue reading through this series, the "whys" behind the lies and censorship will become increasingly clear.

Safety Concerns Through the Eyes of Former Pharmaceutical Company Employees

Before more safety data and information is presented, the comments of two former pharmaceutical company employees will help to set the stage. They exemplify the concerns of unvaccinated persons all over the world. One was also speaking on behalf of himself and co-workers at Syneos Health, a large pharmaceutical company that employs representatives for various Johnson & Johnson drugs (though not for the COVID vaccines). They were fired for refusing the shots [16]. One employee said:

> "'A lot of us were questioning the shots because they didn't go through the proper safety and efficacy studies that are traditionally required for all medications . . . For there not to be safety and efficacy data with these COVID shots, many of us wanted to wait' ... 'The government said do this; it is in your best interest and you can go back to normal,' a former employee said. 'As time has gone on, we've seen, obviously, these are not actual vaccines that inoculate you and give you immunity. And there are a lot of reports of—and people that we know personally—who have been injured from these shots, so there's a good percentage of us that never got them. As data continued to come in, we were not going to get them…"'

Another employee said it is "a matter of not living in fear", because so many people were living in fear "through what the media is telling them, and it's just unfortunate that more people don't actually do some research." That employee said:

> "'I know that COVID has taken people's lives just like the flu has, and pneumonia, and other viruses. ***But I'm not going to inject myself with something that has no long-term data***. ***I'm not comfortable being an experiment for these pharmaceutical companies, and COVID has such a high percentage of survival rate that there's no need for me to.'"*** (emphasis added)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

MECHANISMS OF INJURY FROM THE COVID SHOTS

Several mechanisms of injury from the COVID shots have been identified. Dr. Sherri Tenpenny, MD has listed more than 40 of them and has broken them down into 4 main groups [17]: 1) acute reactions; 2) illness/damage caused by the spike protein; 3) illness/damage caused by the anti-S-antibody; and 4) illness/damage caused to the immune system.

An excellent article about various mechanisms of injury is *"The Many Ways the COVID Vaccines May Harm Your Health"* by Dr. Joseph Mercola. It is based on his May 2022 interview with Dr. Stephanie Seneff (of MIT's Computer Science and Artificial Intelligence Lab) and Dr. Judy Mikovits. Dr. Mikovits says the various mechanisms "have synergistic effects when it comes to dysregulating …immune systems. 'It's just an explosion of a nightmare of crippling every area of your immune response'" [18]. That same article links to the interview transcript and an excellent report co-authored by Seneff entitled "*Worse Than the Disease: Reviewing Some Possible Unintended Consequences of mRNA Vaccines Against COVID-19*" [19].

Dr. James A. Thorp, an Ob-Gyn and maternal fetal specialist and a contributing author of this series, has presented various mechanisms of injury with respect to pregnant women and women of reproductive age in a peer-reviewed medical journal paper entitled "*Patient Betrayal: The Corruption of Healthcare, Informed Consent and the Physician-Patient Relationship*" [20]. Thorp focuses on three major etiopathophysiological mechanisms, including a dramatic vaccine-induced inflammatory effect, the adverse effects from the spike protein and the major damage done to the immune system, including the formation of auto-immune diseases.

In April of 2022, Thorp reviewed 1,366 peer-reviewed studies, and published a series documenting severe morbidities and mortalities after the COVID-19 shots, with a hyperlink to a table of all of the studies organized by topic [21]. He estimates that as of early Septermber 2022, there are almost 2,000 such studies. In the 32-year history of the Vaccine Adverse Event Reporting System (VAERS), no other vaccine has generated more than 50 such publications, according to Thorp. That is a factor of nearly 40 to 1. There is another similar list that includes 1,250 such papers [22]. *What does that suggest to you about the serious effects of the COVID shots?*

***Doctors: are you looking for and recognizing vaccine-related injuries in your practice**? Or are you attributing them to COVID or another cause, or even listing the cause as "unknown"?*

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2.
G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

VACCINE INJURY AND DEATH DATA

VAERS and Data Comparisons

VAERS was designed to be the government's "early warning" system, to warn of possible dangers once a vaccine has been rolled out. The COVID vaccine data have been sending many warning signals of significant adverse reactions to the shots since shortly after the rollout. But the warnings have gone unheeded and even denied. In the past, such as with respect to the swine flu and rotavirus vaccines, when certain numbers of injuries and deaths were reported after people took certain drugs, the government paused to investigate or stopped the vaccine campaign. ***However, in the case of the COVID shots, instead of pausing or stopping the campaign, the government doubled-down and imposed mandates.*** It has even authorized the shots for children as young as 6 months old and continues to promote them as safe and effective. It has done so despite the pleas of many doctors, scientists, attorneys, and other experts all over the world to stop administering these shots because of the great damage they have wrought. ***Why would the government do that?***

CDC Admissions of Withholding of Data, Failing to Monitor VAERS and False Reporting

On February 20, 2022, in an article entitled "The C.D.C. Isn't Publishing Large Portions of the Covid Data It Collects", the *New York Times* reported: "Two full years into the pandemic, ***the agency leading the country's response to the public health emergency has published only a tiny fraction of the data it has collected,*** *several people familiar with the data said"* (emphasis added). One reason given by a CDC spokesperson for not releasing the data was that it might be misinterpreted. *Does the CDC think that health care professionals are not smart enough to interpret the data? Or might they be afraid that the alleged "misinformation spreaders" might expose the fact that the government's own data seriously undermine their official narrative?* Another reason given was that they needed to make sure the data was accurate. *How much more time do they need?* VAERS is supposed to be an "early warning system." ***How can it provide early warnings if the data are delayed for many months or more than a year?***

Another problem is that the CDC has been continually claiming that the COVID vaccines have been subject to the "most intense safety monitoring program in U.S. history" [23]. However, a recent admission reveals that not to be true. The CDC's own *Briefing Document* on procedures for monitoring VAERS for safety signals states that it "will perform PRR data mining on a weekly basis or as needed" [24]. According to Josh Guetzkow, PhD, a senior lecturer in the Department of Sociology & Anthropology and the Institute of Criminology at the Hebrew University of Jerusalem, "PRRs", or "proportional reporting ratios", are the "lynchpin" of the CDC's VAERS monitoring system [25]. This method compares the proportions of various types of adverse events reported for a new vaccine to those reported for an older, established vaccine. A safety signal is triggered if the reporting rate associated with a new vaccine is much higher for certain adverse events compared to the older one. A safety signal would then trigger an investigation.

However, an article by Guetzkow published in 2022 [25] reports that the CDC's response to a FOIA request about its monitoring of VAERS contained a serious admission: **"no PRRs were conducted by**

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

CDC. **Furthermore, data mining is outside of the agency's purview".** ***How can that be when its own Standard Operating Procedures document cited above says it would "perform PRR data mining on a weekly basis or as needed"?*** Gueztkow also noted that CDC officials had repeatedly claimed they had not seen any safety signals in VAERS. The above response by the CDC appears to explain why – ***they were not even looking!*** When Guetzkow did the PRR calculations himself, the safety signals were there. What makes the CDC's failure even more egregious is that, according to Gueztkow, the CDC had automated the PRR calculations years earlier, so all it had to do was press a button. ***How many unnecessary deaths and serious injuries resulted because the CDC withheld important safety data and failed to "press a button"?***

In an article dated September 10, 2022, it was reported that the CDC initially denied that it had made any such calculations, but later acknowledged that it had, starting in February 2021 [26]. However, according to that article, the CDC later admitted that it did not start performing PRRs *until March 2022.* ***What seems to be the CDC's problem here?***

As if that were not bad or confusing enough, the same article also reported that ***the FDA was refusing to release documents relating to a similar data mining process*** (for Empirical Bayesian data) ***that it was supposed to have been performing at least bi-weekly,*** according to the same Standard Operating Procedures document cited above. With regard to a request made by *The Epoch Times* in July 2022 for documents relating to those calculations, the September 10 article reported that the FDA's response was: **"it would not provide any of the analyses, even in redacted form"** (emphasis added). Draw your own conclusions.

In August 2022, it was reported that the CDC is also now "admitting it gave false information about reports of adverse events following COVID vaccine surveillance, including inaccurately saying it conducted a certain type of analysis more than one year before it actually did" [27]. The CDC says it is now issuing corrections after revisiting many FOIA requests. While it claims the false information was not intentional, the truth has come too late for many.

Might all of these various problems with the CDC be explained at least in part by the CDC's huge conflict of interest? In 2017, intellectual property expert Mark Blaxill researched the patent ownership of various vaccines. His research showed that as of that time, the CDC **had an ownership interest in 56 vaccine patents** [28]. The Children's Health Defense organization (CHD) further reports that the CDC "buys and distributes $4.6 billion in vaccines annually through the Vaccines for Children program, which is over 40% of its total budget" [29]. The same CHD report also quotes UCLA Professor of Medicine Jerome R. Hoffman as saying: "most of us were shocked to learn the CDC takes funding from industry… It is outrageous that industry is apparently allowed to punish the CDC if the agency conducts research that has potential to cut into profits". The FDA has similar conflicts of interest. According to the FDA website, in 2021 it received 46% of its budget from "industry user fees" [30]. It is further reported in a *JAMA* article that in 2018, the amount collected by the FDA in user fees paid 80% of the review personnel's salaries [31]!

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2.
G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

VAERS Reporting Requirements and Compliance

The law requires reporting of all "serious adverse events" (SAEs) to VAERS by all healthcare providers who administer COVID-19 vaccines, and those who become aware of such events, "regardless of whether the reporter thinks the vaccine caused the AE" [32]. "Serious adverse events" as defined by the FDA include death, life-threatening AEs, hospitalization or prolongation of existing hospitalization, persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, congenital anomalies/birth defects and certain other problems. Healthcare providers are also "encouraged" to report "any additionally clinically significant AEs following vaccination, even if they are not sure whether the vaccine caused the event".

Despite the legal reporting requirement, many health care workers have said that no one in their hospitals has been reporting adverse events following COVID vaccines [33]. Some have said that staff are not told they need to, or are not trained how to make a report. *Might many have been too intimidated by their superiors and too fearful of what might happen to them if they submitted a report? Why would top hospital staff discourage their personnel from submitting a report required by federal law? Should they not be* ***encouraging compliance*** *in order to provide more accurate safety data that would benefit everyone?* Perhaps the problem is explained by the testimony of a military physician-whistleblower, LTC Theresa M. Long, MD, MPH, FS, under oath in the Seals 1 v. Austin court case, when she kept answering questions posed by lead counsel by saying that she had been ordered not to answer. When Judge Merryday demanded to know who was ordering her not to testify, she disclosed that she was ordered by her command not to testify about any military data. She also testified that she feared for the life and safety of her family and children [34].

If you have your "juror" hat on, do you think an intelligent person like this doctor would dare make such a statement under oath in court if it were not true? Think of all the huge risks to her own career and her family she was taking. ***If her testimony is true, what are we to make of any statement coming from the Biden administration concerning the safety and effectiveness of these shots?***

Comparisons with Previous Vaccine Reports

It is well-known that AEs are ***grossly under-reported.*** However, before considering what an appropriate under-reporting factor (URF) might be, consider the following two tables reflecting important data comparisons. Table 1 is similar to a table in the beginning of Part 1, except that the COVID vaccine column is updated to show much more recent numbers prior to this publication. It compares the number of VAERS reports following COVID vaccines with all other vaccines combined over the 30-year period prior to the COVID vaccine rollout.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Table 1. VAERS data (for only the U.S.): Comparing adverse event (AE) reports following COVID-19 shots for the first 20 months with the COMBINED TOTAL of AEs reported for ALL other vaccines over the 30 yr. period prior to COVID vaccine rollout [35].
(NOTE: no *under-reporting* factor has been applied)

VAERS DATA as of July 29, 2022 (For the U.S. only)	**30 yrs. 1990-2020 for all other vaccinations COMBINED,** prior to COVID Vax rollout (U.S. only)	**COVID-19 vaccines in 20 months (**U.S. only)
Adverse reactions	754,900	851,369
Life threatening events	9,903	12,954
Hospitalizations	38,790	66,332
Deaths	5,241	13,894
Permanent disabilities	12,804	14,536

Table 2 below reveals the degree of changes between *average monthly* COVID-19 vaccine VAERS numbers from rollout through the end of 2021 and the average monthly numbers for the first 7 months of 2022, through July 29 [35]. Notice the huge decrease in the monthly averages of every category of serious AEs between the 2021 and the 2022 data.

Table 2. Comparison of monthly averages of VAERS reports following COVID-19 vaccines (*for the U.S. only)* from rollout in mid-December, 2019 thru Dec. 31, 2021 (12.5 mos.) and January 1 thru July 29. 2022 (7 mos.).

VAERS reports by category (for the U.S. only)	**Column 1** COVID-19 Vax thru 12/31/2021	**Column 2** COVID-19 Vax from rollout thru 7/29/2022	Total reported in 2022 only (Col. 2 minus Col.1)	Monthly average rollout thru 12/31/2021 (12.5 mos.)	Monthly average 1/1/2022 - 7/29/2022 (7 mos.)
Adverse reactions	715,857	851,369	135,512	57,269	19,359
Life threatening events	11,066	12,954	1,888	885	270
Hospitalizations	46,755	66,332	19,577	3,740	2,797
Deaths	9,778	13,894	4,116	782	588
Permanent disabilities	11,413	14,536	3,123	913	446

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Keep in mind that the above numbers are raw data. There has been no under-reporting factor applied. While some may suggest that the large decreases in the monthly average show that the vaccines were proving to be either more effective or less dangerous (or both) in 2022, the rest of the data and other information in this Part 2 do not support that suggestion. Rather, these significant decreases suggest serious irregularities in VAERS, including an excessive lag time in publication by VAERS, and factors resulting in even significantly fewer reports of deaths and other AEs being submitted to VAERS. The latter would mean that the appropriate under-reporting factor should be higher.

The Under-Reporting Factor

According to Steve Kirsch, medical philanthropist, COVID researcher and Executive Director of the Vaccine Safety Research Foundation (VSRF), the CDC (as well as the FDA and other government officials) either cannot or will not reveal what they believe is a reasonable under-reporting factor (URF) for vaccines (at least not as of October 2021) [36]. But the URF has been estimated by several independent researchers and statisticians to vary from a factor of about 10 or 20 (very conservatively) up to 100 or more to 1 [37]. The oft-cited Harvard study done in 2010 concluded that "fewer than 1% of vaccine adverse events are reported" to VAERS [38]. That would translate into a URF of ***100x*** the numbers showing in VAERS. An analysis done by the VSRF Executive Director Steve Kirsch and his team in 2021 concluded that a reasonable URF estimate for serious AEs was 41 [39]. This figure was arrived at in nine different ways, and the article in the last cited reference explains how that URF was calculated. However, depending on various factors, that estimate could increase. In fact, in May 2022, Kirsch stated that "the URF [of 41] was calculated for the 'very best case' event, so any practical URF should be higher than 41" [40]. Dr. Jessica Rose, Ph.D., a Canadian researcher with a Bachelor's Degree in Applied Mathematics, a Master's in Immunology, a Ph.D. in Computational Biology and two Post-Doctoral degrees, one in Molecular Biology and one in Biochemistry [41], estimated in January 2022 that a reasonable URF for VAERS reports of spontaneous abortions is 118 [42]. (See her article for her calculation method.)

Kirsch has been accused of being a "superspreader" of COVID misinformation. But ***is*** he? ***Do you know Steve's story*** [43]*?* He is a former, highly successful Silicon Valley tech entrepreneur and an engineer with two degrees from MIT. He was double-vaxxed by March 2021. Shortly after, he started hearing stories from friends about their relatives who had suffered permanent disabilities or even died after getting the shots. This prompted him to investigate. The more he looked into it, the more appalled he was by what he saw. He then began an aggressive pursuit of the truth about the COVID shots. He has been devoting himself to researching COVID issues since about mid-2021 and founded the Vaccine Safety Research Foundation. He does many data analyses, as well as interviews of vaccine injury victims, physicians and other experts relating to COVID vaccine safety issues. Kirsch also has repeatedly challenged others to come forward to debate him or to disprove his calculations if they are so sure he is spreading misinformation. There have been no takers so far.

Albert Benavides is perhaps the most knowledgeable VAERS expert in the world, with over 26 years of experience as a professional systems data analyst and auditor. He believes that a more accurate URF for VAERS (as of August 2022), is much higher than 41 [44]. This is because of new data since Kirsch did

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2.
G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

his original calculations, such as the reports from life insurance companies and increases in all-cause mortality, as well as other factors. Benavides believes that the early Harvard study (concluding that less than 1% of adverse reactions were reported to VAERS) was probably more correct, and today may even be a conservative estimate. Therefore, he supports the 118 URF for spontaneous abortions cited by Rose above. In fact, he suggests that the current death count in VAERS (as of August 2022) could be doubled and then multiplied by Kirsch's URF of 41 to arrive at a more reasonable estimate [45]. Despite the differences in the various estimated URFs over the past year or so, whether it is 41 or over 100 does not change how the government, the manufacturers and the major media should have been responding to the warning signals from VAERS that have been blaring since January of 2021.

Some of the other reasons cited by Benavides as to why even a URF of 41 is now much too low include the following: 1) there has been an excessive lag time in the publication of the data by VAERS – several months, even up to a year, even though the VAERS website says it takes about 4-6 weeks to publish; and 2) the fact that since 2011, VAERS only publishes the *original* reports regarding a particular person, not any updated reports [45]. That means, for example, if an original VAERS report showed only a serious injury, but the person later died from the injury, that death would ***not*** show up in the published VAERS death numbers, even if an updated report had been filed to reflect that death had occurred. Given the huge number of original reports of adverse events, **857,343 as of August 12, 2022 just for the U.S. alone** [46], **and only 14,061 reported U.S. deaths as of that dat**e, it is highly likely that a significant number of the AEs later had a death outcome. The published figure for U.S. deaths alone is ***less than half*** of the ***total*** deaths published in VAERS, and the number of AE reports for the U.S. represents only about 60% of the total in VAERS [46].

Benavides also provided other evidence that suggests VAERS is being purposely "throttled" by the FDA and CDC. He described it as various kinds of data manipulation, including deletion of deaths and other severe adverse event reports, "bundling" of deaths into single cases, and hiding vital pieces of data in the reports that make searches much more difficult, among many other tactics.

Causality

A VAERS report *alone* may not be enough to *prove* causality, but some factors even by themselves are highly indicative of causation. When taken together, they reveal very compelling evidence of causation. Steve Kirsch has stated: "Those who believe the FDA mantra that you cannot use VAERS to determine causality, should start by reading this editorial: *If Vaccine Adverse Events Tracking Systems Do Not Support Causal Inference, then 'Pharmacovigilance' Does Not Exist*" [39]. One key takeaway from the editorial Kirsch cites is the amount of time it takes for vaccine-injury victims to get a ruling on causality in the U.S. National Vaccine Injury Compensation Program [47]. In some cases, the author notes, the debates between the experts go on for over 10 years! He then contrasts that with how quickly it was determined that adverse events in the clinical trials were not connected to the vaccine. Since the rollout, that is still the case with many physicians. ***How have they determined so quickly that their patients' conditions are NOT vaccine-related?***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

A close time proximity of a reaction to the time of injection makes causality much more likely. In addition, the person reporting the event must have had a good reason to believe it was vaccine-related. Otherwise, why bother? Knowingly filing a false report is punishable by huge fines and possible imprisonment. According to Dr. Peter McCullough, 60-80% of VAERS reports are submitted by health care providers (which can be verified by reading the reports) [48] and that reflects a fairly high likelihood of causation in the reports actually submitted. The sheer numbers of adverse events all occurring so soon after vaccination is also strong evidence of a causal link. The fact that Pfizer had to hire at least 1,800 more full-time employees just to handle AE reports starting in the 1st quarter 2021 very shortly after the vaccine rollout [49] is more strong evidence of causation. In addition, a study done in 2021 found that in only 14% of the deaths reported to VAERS following COVID vaccinations could the vaccine be ruled out as a causal factor in the reports studied. That means that it likely was a causal factor in 86% of the deaths studied [50].

Using VAERS Data for Comparisons

Since AEs have *always* been under-reported, the VAERS data are still valid for purposes of comparisons, trends and warnings. These data still offer an "apples to apples" comparison. The main problem with VAERS data is in trying to determine ***actual*** numbers or ***more accurate estimates*** of AEs because of the vast under-reporting and the various forms of data manipulation by the government. Consider the CDC's VAERS data presented in the opening pages of Part 1 of this report comparing even just ONE year of COVID data with that of ALL other vaccines COMBINED over the previous 30 years, and the updated data in this section.

Do you consider it "misinformation" for Dr. Peter McCullough to conclude on the basis of that data that the COVID vaccines are "the most dangerous biological medicinal product rollout in human history"? Given that those data show that the number of deaths reported in only 1 year for COVID vaccines was ***almost 2X*** the total number of deaths following ALL other vaccines COMBINED over the previous 30 years, *is that "misinformation"?* What about the other data comparing the ***average annual*** number of adverse events and deaths reported in VAERS ***over the last 10 years*** with 1 year of COVID data showing increases of 1,800% and 6,000%, respectively? ***How is it "misinformation" if a person is simply reporting the government's own data and then making an obvious comparison?***

Total Number of American Deaths and Other AEs

See the following Table 3 applying the Kirsch team's now rather low URF of 41, and Benavides' suggested URF of 100, based on the reported VAERS updated adverse event and death counts for the U.S. alone as of September 12, 2022 [51]. The CDC continues to claim that "reports of death after COVID-19 vaccination ***are rare"*** [23]. What seems relatively "rare" is how many are actually reported and published in VAERS. ***How do you explain such a huge discrepancy?***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Table 3. Estimated actual number of Deaths and other Adverse Events for the U.S. only through Sept. 12, 2022 using URFs applied to VAERS data.

VAERS: U.S.-only data after COVID shots	Totals from rollout in Dec. 2020 thru Sept. 12, 2022	Applying a URF of 41	Applying a URF of 100
Adverse events	867,527	Many millions	Many millions
Deaths	14,528	**595,648**	**1,452,800**

1976 Swine Flu Vaccine Comparison

You may remember the 1976 swine flu crisis. The government initiated a vaccination campaign in October that year, but the campaign was ended shortly thereafter in December 1976 due to the number of adverse events. That number was massively less than the number of AEs from COVID-19. Dr Peter McCullough has reported that the number of deaths at the time the campaign was ended was only 25 [52]. The *60 Minutes* program had a whole episode about this in late 1979 [53]. In 1976, the government warned that swine flu could turn into a killer outbreak nationwide. They encouraged every adult and child to get a vaccine to prevent a pandemic. *Sound familiar?* More than 40 million did so. The moderator reported that by far the greatest number of claims from these swine flu shots were for neurological damage, or even death. A very important admission about this on the CDC website [54] includes the following statement as to why that vaccine was stopped after only a couple months:

> "In 1976 there was a ***small increased risk*** of a serious neurological disorder called Guillain-Barré Syndrome (GBS) following vaccination with a swine flu vaccine. The increased risk was approximately 1 additional case of GBS for every 100,000 people who got the swine flu vaccine. When over 40 million people were vaccinated against swine flu, federal health officials decided that ***the possibility of an association of GBS with the vaccine, however small, necessitated stopping immunization until the issue could be explored."*** (emphasis added)

In that vaccination campaign, just the "possibility, however small" of an association with a disease as serious as GBS "necessitated stopping immunization until the issue could be explored". The numbers of reported adverse reactions, deaths and serious injuries are exponentially higher with the COVID shots***. Why is it that in 1976 only a "small number" of GBS cases was enough to stop the vaccine campaign, but as of the summer of 2022, when more than 800,000 adverse events and more than 14,000 deaths had been reported to VAERS in the U.S. alone*** [55]***, the government is not only still encouraging the shots, but even mandating them for various groups?***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Here we are, two years later, with countless more deaths and serious injuries than in 1976, and government officials are doing NOTHING even to pause, much less to stop the vaccine campaign. The fact that the FDA has now authorized these shots for young children as young as 6 months old should seriously concern every parent and grandparent. See the section below on why doctors all over the world have warned governments *not to give these shots to children*.

Dr. Peter McCullough has extensive experience with drug review boards, including vaccines. In an interview with renowned podcaster Joe Rogan in December 2021, McCullough stated many important facts. Here is a short summary by Dr. Joseph Mercola of a few of those points [56]:

> *"Historically, any drug with five unexplained deaths gets a black box warning. At 50 unresolved deaths, it's pulled from the market altogether.* None of that happened here. *To this day, the FDA and CDC claim not a single death is attributable to the COVID shots,* even as the reported death toll is nearing 20,000[12] (including international reports), *with half of them occurring within 48 hours of the injection. Eighty percent occur within a week post-injection.*
>
> *"That is simply unheard of*. The temporal association is stronger than anything we've seen before. McCullough also cites research concluding that *in 86% of cases, there was no other explanation for the death other than the COVID shot."*

Where was the black box warning with these shots? ***According to the data*** [57]***, a death count of 50 was reached by January 2021, in the month following the rollout. Why was no action taken way back then?***

The FDA's Attempt to Delay up to 75 Years to Release Pfizer Documents

Four days after the Pfizer/Comirnaty vaccine received was reported to have been fully approved by the FDA in August of 2021, a group of health care professionals made a Freedom of Information Act request to the FDA. It sought documents the FDA relied on for that approval [58]. The group requested expedited processing based on the urgency of the matter for those who were facing vaccine mandates. ***The FDA refused the expedited processing on the ground that there was "no compelling need that involves an imminent threat to the life or safety of an individual"*** [58]. *Ask any of the countless injured health care personnel, military members, pilots and others subjected to the mandates if they agree with that.* The FDA proposed a timeline to release 500 documents per month. At that rate, given the estimated total pages, it would have taken 75 years to produce all of the documents! Fortunately, the court gave the FDA only eight months. The Plaintiff's attorney said that the FDA's position is even more inexcusable because:

> "The FDA licensed the Pfizer vaccine … just 108 days after Pfizer started producing the records to the agency. During that period, the FDA asserts it conducted an intense, robust, and thorough analysis … to assure the public that the Pfizer vaccine was safe and effective. Yet, when asked to share those documents with the public, the FDA claimed it needed over 20,000 days" [59].

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

In addition, the attorney noted that the FDA has over 18,000 employees and a budget of $6.5 billion, yet it tried to tell the judge that it had limited resources to produce the documents any faster.

***If the vaccines are as safe and effective as they claim, why would the FDA seek to drag out the release of documents for up to 75 years? Should they not be eager to prove the basis for that claim sooner rather than later*?**

Pfizer Data Showing Adverse Events Through 2/28/21

One of the earliest documents released by the FDA about its review of Pfizer documents was entitled *5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021* [60]. It covered the first 90 days after the vaccine rollout. The report was delivered to the federal government on April 30, 2021, so they had at least "constructive knowledge" of its contents by that date. However, it was not made available to the public until late in 2021, about seven months after the government received it. Dr. Jessica Rose, Ph.D., the highly-credentialed Canadian scientist and researcher cited above, reviewed this document. She pointed out that the number of adverse events reported to VAERS for this time frame (regarding the Pfizer products) was 84,770, "*literally twice the N [number] reported by Pfizer in their report"* [61]. Putting that big discrepancy aside and just using the numbers in the Pfizer report, the data should still have sent signals concerning safety based on what was known just 3 months after rollout.

Dr. Daniel Nagase, a Canadian emergency room doctor, explained some highlights of that document [62]. Table 4 shows the breakdown of the recovery status of the 42,086 adverse events reported in the first few months after the rollout. Note that the total of the three categories of people who had not fully recovered represent nearly 31% of the total number of AEs. Potentially a significant number of the cases where the recovery status was unknown may also have been unresolved. That would increase the percentage of unresolved cases even more. ***These data were known by Pfizer and the government in early 2021, yet there was no response by either.***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Table 4: Select Data from Pfizer's *5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021 (since the December 2020 rollout)* [60]

Total # of adverse events 1st 3 mos.	**Column A** Not recovered	**Column B** Recovered with Sequelae	**Column C** Deaths	**Total of Col. A, B & C**	**Recovery status "unknown"**
42,806	11,361	520	1,223	13,104	9,400

Appendix 1 in that 30-page Pfizer *5.3.6 Cumulative Analysis* has almost 9 full pages listing nearly 1,300 kinds of "special interest adverse events" identified with their vaccine in the first *three months.* This was one of the documents Pfizer used to get its Comirnaty product license application approved by the FDA in August, 2021, despite the adverse event data just presented. Yet page 28 of the report says that "Pfizer performs frequent and rigorous signal detection on BNT162b2 [COVID vaccine] cases," and their conclusion was:

> "The data do not reveal any novel safety concerns or risks requiring label changes and support a favorable benefit risk profile of to the BNT162b2 vaccine. Review of the available data for this cumulative PM experience, confirms a favorable benefit: risk balance for BNT162b2."

It makes one wonder who was reviewing this data, what standards they were applying and what their motives were to ignore blaring safety signals!

EFFECTS OF COVID-19 SHOTS ON PREGNANT WOMEN

According to one of this report's contributing authors, Ob-Gyn and maternal-fetal specialist Dr. James A. Thorp, giving the COVID shots to pregnant women is an egregious violation of the "golden rule" of pregnancy. That rule is: *experimental drugs and new substances should never, ever be given to a pregnant or lactating woman.* Thorp explains the basis for this "rule:"

> **"**It is now widely known and understood that the COVID-19 "vaccine," which is an experimental gene therapy, works by inducing inflammation. Yet, inflammation in the developing embryo and fetus is a hallmark for permanent damage, malformation, death, placental insufficiency, and potentially life long chronic diseases in the offspring, including severe immunological disturbances, disruption of the TOL7 and TOL8 receptors on cell membranes" [20].

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Thorp has also stated that the recommendation of this vaccine for pregnant women by the American Board of Obstetrics and Gynecology "may well be the greatest disaster in the history of obstetrics" [20]. In contrast, at least as of August 2022, the UK government issued a Summary of the Public Assessment Report for the Pfizer vaccine in the UK which specifically states that "sufficient reassurance of safe use of the vaccine in pregnant women *cannot be provided at the present time"* and also that *"women who are breastfeeding should not be vaccinated*" [63]. However, other UK government website pages offer contrary advice, stating: "COVID-19 vaccination is strongly recommended for pregnant and breastfeeding women" [64].

Pregnancy Outcome Data from the Pfizer Report Ending February 28, 2021

Dr. Thorp, Dr. Nagase and Dr. Rose, as well as many others, were quite alarmed at what was revealed in the "Missing Information" section of Pfizer's *5.3.6 Cumulative Analysis* document (cited above) about pregnancy outcomes of women who were vaccinated during the first three months of the rollout. The data on page 12 of that report show there were 270 pregnancies, but "no outcome was provided for 238" of them, for reasons which the report does not explain [60]. *What happened to those 238?*

For the remaining 32, about which some pregnancy outcome information was provided, the data were presented in a very sloppy and confusing way. In addition, the report includes more than one set of different descriptions and inconsistent numbers of various adverse events that do not add up, and of those 32, the outcome was listed as "pending" for 5 of them. Moreover, according to Ob-Gyn specialist Dr. James A. Thorp, the terms that obstetrical clinicians use are poorly understood by other physicians and health care providers, as well as by those who submit reports to VAERS and write the Pfizer documents. Nevertheless, the best that Thorp is able to discern from the Pfizer report writer's struggle with appropriate terminology are the following:

124 of 270 pregnant women reported "adverse events" (46%)
75 of those 270 women reported "serious adverse events" (27%)

Pregnancy Outcomes: (based on the 32 for whom some information was provided)
1 "normal outcome" (1/32 or 3%)
25 miscarriages (listed as "abortion spontaneous") (25/32 = 78% miscarriage rate)
1 "foetal death" (1/32 = 3%)
TOTAL deaths: 25 miscarriages + 1 foetal death = 26/32 = 81%

According to the CDC, a typical miscarriage rate is about 11-16% [65]. Therefore, regardless of what the outcomes of the 5 pending pregnancies were, the deaths so greatly outnumber the "normal outcomes" that there is no rational basis upon which anyone could conclude that these shots are safe for pregnant women. Nonetheless, despite the alarming rates of miscarriage and total death outcomes and ***only 1 known normal outcome,*** Pfizer's conclusion to this summary of "Missing Information" was: ***"There were***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

no safety signals that emerged from the review of these cases of use in pregnancy…." [60]. The FDA and CDC totally ignored the blaring safety signals and allowed Pfizer to get away with a blatantly dishonest conclusion.

More Recent Pregnancy Data

In a study intended to evaluate vaccine safety during pregnancy, Shimabukuro et al followed outcomes in 3,958 vaccinated pregnant women between mid-December 2020 and the end of February 2021 [66]. During the two-and-a-half month period, 827 women completed their pregnancy of which 712 (86.1%) were live births and 115 (13.9%) were pregnancy losses. Of the pregnancy losses, 104 were spontaneous abortions, the vast majority of which (92.3%) occurred before 13 weeks of gestation. Upon review of the data, however, 700 (84.6%) of women were not vaccinated until the third trimester, and therefore should not have been included in the calculation of spontaneous abortions. That is because spontaneous abortions (or miscarriages), by definition, only include deaths of the baby during the first 20 weeks.

Based on their misleading calculations, they pegged the spontaneous abortion rate at 12.6% (104/827), right in line with the CDC's typical range of 11-16% [65], when, in fact, it was actually 82% (104/127). According to Dr. James Thorp, this astonishing miscarriage rate is equivalent to the efficacy of the so-called abortion pill, RU486, which carries an FDA black box warning to alert consumers to major drug risks. And yet Shimabukuro et al. concluded there were no obvious safety concerns.

Thorp also characterizes these results as disinformation, plain and simple, and cannot be written off as an accident. He noted that there were 21 named authors on the study, 8 of whom were physicians, including three Ob-Gyn specialists, and others with expertise in public health and epidemiology. It is inconceivable, he suggests, that an error of this magnitude could escape the scrutiny of such a stellar cast. *How could it have been overlooked by the NEJM editorial staff and reviewers unless by intention?* Provocatively, he notes, all 21 authors report affiliations with either CDC or the FDA. And *NEJM*, the flagship journal of the medical-industrial complex, has taken a strong pro-vax stance that can hardly be called objective. Thorp states that Shimabukuro's thinly-veiled attempt to downplay the risks of COVID-19 vaccines and mitigate vaccine hesitancy is yet another research scandal laden with conflicts of interest and intent to deceive. He also suggests that this paper by Shimabukuro et al. is "eerily similar" to the *Pfizer 5.3.6 Cumulative Analysis* report discussed above, causing him to wonder if Pfizer may have had a hand in "ghost-writing" this *NEJM* article.

Thorp, Price and Deskevich, et al performed a retrospective cohort study by using VAERS database from January 1, 1998 to June 30, 2022. It was published September 28, 2022 [67]. The obstetrical complications after the COVID-19 vaccines were compared to those after Influenza vaccines. There were substantial increases in menstrual abnormalities, miscarriage, fetal malformations, fetal chromosomal abnormalities, fetal cystic hygroma, fetal growth restriction, fetal cardiac abnormalities, fetal cardiac arrhythmia, fetal cardiac arrest, placental thrombosis, fetal growth restriction, fetal vascular mal-perfusion, oligohydramnios, abnormalities of fetal surveillance and fetal deaths. All of these abnormalities were clinically and statistically significant and in fact were corroborated by multiple completely independent sources worldwide.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Table 5 below [68], also reported in Part 1, is similarly alarming. It compares pregnancy losses reported to VAERS following COVID shots over 20 months vs. flu shots over 32.5 years. This evidence flies in the face of Shimabukuro's claim that the vaccines are safe during pregnancy.

Table 5. Nearly 168 X the annual average # of pregnancy losses were reported to VAERS following COVID-19 vaccines in 20 months than reported after flu shots in the past 32.5 years. (The following *are the raw data before any under-reporting factor is applied)* (p value < 0.0001)

As of August 9, 2022 by type of pregnancy loss	**FLU VACCINE** Total pregnancy losses since 1990 (over 32.5 years)	**COVID-19 VACCINE** Total pregnancy losses in 20 months (1.66 years)
Miscarriages (spontaneous abortions) (in 1st 20 wks)	396	3,723
Fetal deaths (after 20 wks.)	90	458
TOTAL pregnancy losses – both types	**486**	**4,181**
Average/yr. of miscarriages	12	2,242
Average/yr. of fetal deaths	2.77	276
TOTAL average/yr. for both pregnancy loss types	**15**	**2,518**

Imagine what the real number must be when an under-reporting factor is applied. Applying the URF of 118 suggested by Albert Benavides and Jessica Rose would yield a staggering total of ***over 493,000 pregnancy losses in the first 20 months after the COVID vaccine rollout.*** Even using Kirsch's much lower "best scenario" conservative URF of 41 would yield a total of 171,400 pregnancy losses following COVID shots. *Is even the lower of these numbers acceptable?*

Dr. Daniel Nagase, the Canadian physician quoted earlier, reports some startling statistics for stillbirths [69]. He stated in late 2021 that a worker in a birthing center in Vancouver reported 13 stillbirths in a 24-hour period. In Waterloo, Ontario, he stated that they used to see only about 5 or 6 stillbirths per year, or about one every two months. In contrast, there were 86 stillbirths between January and July of 2021. The article reporting this information also reported that all 86 women had been vaccinated, but Dr. Nagase has shared with the authors that the vaccination status data came to him from a person who had received it from a nurse [70].

Additionally, the information on the package inserts from the "approved" version of the Pfizer/ Comirnaty COVID shot said: ***"'Available data on COMIRNATY administered to pregnant women are insufficient to***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

inform vaccine-associated risks in pregnancy' (Section 8.1)". It also said data was not available about the effects of the shots on breastfed infants or milk production/excretion [71]. ***Despite all of the above, and Pfizer's admission that the data were not sufficient to advise about vaccine risks in pregnancy and breastfeeding, why are pregnant women being advised that these shots are safe for them?***

ADVERSE EVENTS AMONG THE MILITARY FOLLOWING COVID-19 INJECTIONS

Some of the most devastating data come from the military. It appears that the military is being decimated by these shots. Examine the data and draw your own conclusions.

Attorney Todd Callender [72] currently represents several military whistleblowers in connection with the COVID vaccine mandates and other vaccine-related issues. He filed the first lawsuit against the US Department of Defense, the Health and Human Services Department and the FDA in August 2021. That case was Robert v. Austin, [73] which sought to stop the "vaccine" mandates in the DOD. Among other results, the suit has led to the DOD backing off from implementing its proposed involuntary immunizations in which unwilling servicemembers would have been physically restrained against their will and injected with the COVID shots. On November 18, 2022, he argued the case in the 10th Circuit Court of Appeals.

Callender has provided much information to the authors about what these courageous service members have stated in various public documents, such as declarations and affidavits signed under oath, or in various public forums [74]. They speak about what their experience has been in seeking to carry out their duties as health care professionals in the military in light of directives that conflict with the ethics of their profession. Much of what he has shared is rather eye-opening. It should raise serious concerns and questions in the minds of every American as to how the military is being run, and why military leaders are ignoring the data and advice of their own health care professionals in matters that are having devastating adverse impacts on the entire military.

Data From the Military Database

The following data from the Defense Medical Epidemiology Database (DMED) was provided by four military whistleblowers currently represented by Callender. This database is arguably the most accurate epidemiology database in the country, because the DOD uses a single electronic medical records system for all service members. The DMED allows health care providers to perform queries of ICD codes to look for emerging health trends among active-duty military personnel from 1990 until the present.

As told by Callender, the initial searches and compilation of the data below were done by LTC Theresa M. Long, MD, MPH, FS, an Aerospace and Occupational Medicine Specialist and US Army Flight Surgeon who has served in the US Army since 1991. The problems she and other doctors were seeing in their own patients led her to research emerging trends across the entire DOD using ICD codes that had a pathophysiologic basis for disease or adverse events attributable to the concentration of the spike protein as outlined in Pfizer's Biodistribution Study. (That study is discussed further below in the chapter "Dangers of the Spike Protein.")

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

For example, Dr. Long was seeing an increase in pituitary brain tumors, and Pfizer's Biodistribution Study clearly showed concentration of the pathogenic spike protein in the pituitary. Her data was independently verified by other whistleblowers: LTC Peter Chambers, D.O., MAJ Sam Sigoloff, D.O., and Public Health Officer 1LT Mark Bashaw. All have made sworn declarations of their findings. They did queries for hundreds of ICD codes from 2016-2021, comparing 2021 to the previous 5-year average for various health conditions.

At a hearing on January 24, 2022 conducted by Senator Ron Johnson, the whistleblowers' DMED data was presented by attorney Tom Renz [75]. That same day Senator Johnson sent a letter to Defense Secretary Lloyd Austin directing him to "preserve all records referring, relating, or reported to the Defense Medical Epidemiology Database (DMED) [76]." At that hearing, Sen. Johnson reported that he was aware that the DMED's data regarding myocarditis "had been doctored already," substantially, since the time the data had been collected several months earlier [77].

Based on whistleblowers' declarations, Senator Johnson sent another letter February 1, 2022, to Secretary Austin setting forth the whistleblower data found in the DMED database [78]. After noting that diagnoses for ***neurological conditions had increased 10X over the 5-year average, from 82,000 to 863,000 (a 1,000% increase***), Johnson listed the increases over that same 5-year average in several other conditions. See Table 6.

Table 6. Percentage of increases over the previous 5-year average (2016-2020) in several diseases among military members after COVID vaccine rollout, as of December 2021, reported by Sen. Ron Johnson to Defense Secretary Lloyd Austin in February 2022.

Condition or Disease	Percentage of increase
Hypertension	2,181%
Diseases of the nervous system	1,048%
Neurological problems	1,000%
Malignant neoplasms of esophagus	894%
Multiple sclerosis	680%
Malignant neoplasm of digestive organs	624%
Guillain Barré	551%
Breast cancer	487%
Malignant neoplasms of thyroid and other endocrine gland	474%
Female infertility	472%
Pulmonary embolism	468%
Migraines	452%
Ovarian dysfunction	437%
Testicular cancer	369%
Tachycardia	302%

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Other whistleblower data reported by Daniel Horowitz include [79]:

Myocardial infarction	269% increase
Bell's palsy	291% increase
Congenital malformations (in children of military personnel)	156% increase

In the VAERS report form there is a special box to check if the report is being made regarding a service member, which allows people to query and compile VAERS reports on service members. Given the military's use of a single electronic medical records system, these VAERS reports are the most easily verifiable vaccine adverse events reports. According to Todd Callender, to date, the DOD has not notified their health care providers or the general public of the frequency, severity and nature of VAERS reports made on service members [80].

Despite Senator Johnson's request for the DMED data to be preserved, *Politifact* reported on January 28 that the DOD was claiming that the data for the five baseline years was wrong, due to a "glitch in the database," and that it was being taken offline to correct it. The data for *2021,* however, according to a DOD spokesperson, was "up to date" [81]. Sen. Johnson sent yet another letter on February 8, 2022 to Secretary Austin, referring back to his earlier letter and warning of January 24, that the database should be preserved [82]. He further expressed concern about the alterations mentioned in the *PolitiFact* article: "Specifically, a DoD spokesperson reportedly told *PolitiFact* that the data in DMED 'was incorrect for the years 2016-2020.'"

In a sworn Declaration, 1LT Mark Bashaw stated that on January 31, 2022, a week after Sen. Johnson's roundtable hearing:

> "I went into DMED, and the data had been changed for 2016-2020. I have excel spreadsheets and live video of running the numbers in DMED, both before and after Senator Johnson's roundtable, which are evidence proving the alteration of the data" [83].

If there had been a glitch in the database for those 5 baseline years, how is it that no one caught such serious errors for several years? The problem with the "glitch" theory, according to Callender, is that the prevalence of problems like pulmonary embolisms, strokes, and neurodegeneration in our young healthy military population (18 to 55-year-olds) would be several times higher than the national average (for 18 to 95- year-olds) for the last 5 years and went unnoticed for 5 years, despite a $42 million surveillance system [74]. Since 1LT Bashaw says they have evidence of what the numbers were before the DOD's alterations, it would be quite interesting to see what might happen with this in a court of law.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

In light of the above data, it is rather disturbing to read the following in LTC Long's March 9, 2022 Declaration (p. 6) [84]:

> "the weekly COVID-19 update briefs, were shockingly devoid of information regarding vaccine adverse events in the DOD or nationwide. … despite the military publishing some of the first research regarding the risk of myocarditis and pericarditis after COVID vaccination, up-to-date information on emerging trends were not presented."

Other Information

There is much other information publicly shared by the whistleblowers concerning how the military has handled COVID vaccine-related issues that would probably surprise, if not shock, most Americans [74]. Todd Callender describes LTC Long as "the right person in a critical position at a defining moment in history." He added that her assignment as a surgeon at Ft. Rucker "proved to be an epidemiologist's gold mine," as she was tasked with doing a monthly review of the health of about 4,000 young 20 to 30-year-old pilots, aircrew members and soldiers. She observed a noticeable increase in rare and unusual medical problems for this age and population after the COVID vaccines were introduced. Callender quotes a statement by LTC Long:

> "In fifteen years of taking care of soldiers, I have never seen this litany of debilitating and potentially deadly medical conditions that included strokes or TIAs, pericarditis, myocarditis, erratic heart rates, arrhythmias, rapid onset and progression of various cancers, … suppression of the immune system, unprovoked blood clots in the splenic and portal vein, avascular necrosis of the hip requiring total hip replacement, liver dysfunction, menstrual irregularities, and miscarriages".

LTC Long made many attempts to discuss her findings and grave concerns with her command, but they would not listen to her warnings. On November 4, 2021, prior to the January 24, 2022 hearing mentioned above, she was called to testify before Senator Ron Johnson's subcommittee. She stated that ***only 12 active-duty service members at that time had actually died of COVID***, and made the following statement: **"I believe the COVID vaccine is a greater threat to soldiers' health and medical readiness than COVID itself."** In later hearings, she noted that the DOD had testified that only 23 (out of 1.4 million) active-duty members and 93 (out of 2.4 million) members in the total force had died of COVID. ***Do you believe these numbers justify a mandate of a new experimental drug with no long-term safety tests for such a large group?***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

She also commented on how the military was pressing forward to separate more than 200,000 servicemembers who had rejected the vaccine, stating that removing them from the military for that reason had the same impact as losing them in battle, noting the military had never lost so many in a few months.

At an Army Senior Preventative Medicine Leadership course, LTC Long dared to question the "logic of risking the health of the entire fighting force on a vaccine they only had two months of safety data on when they had only lost 12 active duty servicemembers to COVID." In what Callender described as "a stunning revelation," a senior medical leader commanded LTC Long to get as many soldiers as possible vaccinated, saying that he needed her to do that in order "to get enough data points to determine ***if*** the vaccine was safe." ***Had not the government assured us all before then that they had already determined it was safe?***

LTC Long also testified on other issues, such as the military leaders' use of threats and coercion to get servicemembers vaccinated, in violation of the Nuremberg Code. Callender also shared how LTC Long had pointed out "the glaring breakdown in risk communication," the failure of leadership to tell servicemembers of the known risks of the shots, and how "whistleblower doctors across the country who dared to raise concerns were demonized, censored, silenced, reprimanded and retaliated against."

At the end of her March 9 Declaration, LTC Long asks several penetrating questions, including: ***"Why did the DOD leadership risk the entirety of its fighting force in a grand, dangerous, and deadly experiment in violation of its own laws, policies, procedures, and mandate given that the risk of death among the military population from Covid-19 was a .0038% chance***?" [84]. That is a question we should all be asking.

Regarding the other three whistleblowers identified above [74], Callender commented that LTC Peter Chambers was currently receiving treatment for a serious adverse reaction to the shot, but was boldly speaking out on the issues to make people aware of vaccine injuries within the military. MAJ Sam Sigoloff, "for the crime of doing his job," was suspended and removed from clinical care duties. He was later investigated on "trumped up concerns into his medical practice" and subjected to other unjust treatment, as explained more fully in the transcript of Callender's comments [74].

1LT Mark Bashaw was also retaliated against for doing his job. He was "restricted from his place of duty," had his security access to certain health facilities suspended, threatened with imprisonment and "convicted" in a court-martial, though he was sentenced to no further punishment. Callender explained that "the judge even recommended to the commanding general to drop the findings of the court martial in whole." Instead, the judge initiated proceedings for involuntary separation of 1LT Bashaw from the military, but this soldier continues to fight against this lawlessness.

An article in late March 2022 reported about a case seeking an injunction against the military vaccine mandate [34]. Four military medical doctors, including LTC Long and LTC Chambers, testified in support

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

of the injunction, but the Department of Defense offered no witnesses in any of the three hearings that had been held up to that time, despite the judge urging the DoD to do so. *Why not? What was the DoD afraid of?*

Comments by the plaintiffs' attorney Mat Staver of Liberty Counsel, answer that question. He told reporter Daniel Horowitz that the information the DoD had been presenting in court is "'outdated, wrong and would really be subject to dismantling under cross examination'". He also stated that cross examination of his witnesses "only made their case stronger". Not only that, but the judge told the DoD lawyers that they had "a frail case", and were "acting as though they were above the law" [34].

Perhaps the most alarming testimony came from LTC Long in response to questions posed by her attorney where she repeatedly stated that she had been ordered not to answer. That included questions about the DMED database [34].

Her attorney then asked if the information she was ordered to withhold was "relevant and helpful for the court and the public to know." When she said "yes," and the attorney asked why, she explained:

> "'**I have so many soldiers being destroyed by this vaccine**. Not a single member of my senior command has discussed my concerns with me … I have nothing to gain and everything to lose by talking about it. I'm OK with that because ***I am watching people get absolutely destroyed.'"***

The DoD's conduct speaks volumes: 1) ignoring a military doctor's concerns about the serious injuries from the shots, and ordering her not to talk about vaccine injuries; 2) seeking to court-martial a preventive medicine officer for doing his job of reporting health risks based on the military database; 3) altering data after being advised by a U.S. Senator to preserve the evidence; and 4) ordering a witness to withhold information. There are additional legal issues concerning the mandates (not covered in this series) that reveal other potentially serious liability problems for military leadership. By the time you finish Part 4 of this series, you will understand what is behind the DoD's actions.

DATA FOR THE AGE 65 AND OLDER DEMOGRAPHIC

Data compiled by a whistleblower from the CMS database (Center for Medicare and Medicaid Services) was provided to attorney Thomas Renz. It shows that among *the Medicare population alone*, as of mid-2021, only half a year after the vaccine rollout, there were ***over 50,000 deaths within 14 days of the 1st or 2nd shot*** [85]. Compare that number with the VAERS number as of August 12, 2022, *more than a year later*, which showed only 14,081 U.S. deaths for ALL age groups following the COVID shots. Somebody's numbers are way off. Analyzing data directly from the CMS database, the whistleblower found that 555 people dropped dead the day of the first shot. Among those who survived long enough to get the 2nd shot, another 329 died the same day they got that one. The day after each shot, another 1,137 and 1,023

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

died, respectively. With the exception of day 11 after the 2nd shot, each day within the first 14 days after either the 1st or 2nd shot, the number of deaths increased steadily.

Renz stated in an interview with Stew Peters that ***because those 50,000 deaths all occurred within 14 days of injection, they were all counted as deaths of "unvaccinated" persons. That is because of the CDC's very misleading definition of "vaccinated"*** [86]. To be counted as vaccinated for purposes of death and hospitalization data, according to the CDC, a person had to have had all recommended shots more than 14 days earlier. (See more about this 14-day definition below). Renz pointed out that the government database showed that among COVID deaths in the age group of 65-years and over, **60% were among fully vaccinated people.** The interviewer added that his staff checked the source of that data a bit later and found that **the figure had increased to 70%.** The question arises, however, whether all of the deaths reported as COVID were actually COVID deaths, or whether they may have been vaccine-induced deaths.

Another study of this older group was done by Dr. Ronald N. Kostoff, Ph.D. and his team using the VAERS data [37]. (This article was later retracted, but see the brief discussion below about the reasons for the retraction.) The number of deaths for this demographic at that time in VAERS was substantially smaller than the numbers from the CMS database, due to the different ways the data is collected for those databases. They did "a non-traditional *best-case scenario* pseudo-cost-benefit analysis of the COVID-19 inoculations for the 65+ demographic in the USA". ***The results refute FDA findings that the benefits of these shots outweigh the risks:***

> "… our ***extremely conservative*** estimate for risk-benefit ratio is about 5/1. In plain English, ***people in the 65+ demographic are five times as likely to die from the inoculation as from COVID-19 under the most favorable assumptions!"*** (emphasis added)

The article even goes so far as to suggest a URF that is consistent with that of VAERS expert Albert Benavides discussed above:

> "Thus, based on the deaths reported in VAERS following COVID-19 inoculation, and assuming the inoculation-related deaths are reported in the same ratio as expected deaths, the actual number of deaths strongly related to the COVID-19 inoculation should be scaled up by factors of 100 - 200."

The Kostoff article was later retracted at the request of the Founding Editor Prof. Lawrence H. Lash. Its findings were alleged to be "unreliable" due to "inappropriate bias in multiple ways". After reading the specific allegations mentioned, it appears that this retraction was made simply because the article is contrary to the official narrative, and that the reasons cited actually reveal "inappropriate bias" ***on the***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

part of the retractor. For example: "The use of … the key terms 'inoculation' and 'vaccination' diverges from common use… indicating clear evidence of bias". This is referring to statements in the article similar to ones in Part 1 of this series as to why the COVID shots are not true "vaccines" – because they do not meet the traditional or legal definitions of a vaccine. For that reason, Kostoff and his team used the word "inoculations" instead. This terminology change was alleged to show bias. ***However, based on the traditional and legal definitions presented in Part 1, is it not actually the CDC's definition and use of the word "vaccine" that "diverges from common use?"***

Another point of alleged "bias" dealt with alleged misinterpretation of CDC data. Interestingly, the statements in question were ***statements on the CDC's own website****, but they happen to reveal an "inconvenient truth" that greatly undermines the official narrative.* This is another example of the serious bias of the so-called "fact-checkers" and why they need to be fact-checked themselves.

DANGERS OF GIVING COVID VACCINES TO CHILDREN

Thousands of doctors all over the world have strongly warned against giving the COVID shots to children, and data for children who have received the shots reveals why. Dr. Daniel Nagase, the Canadian doctor cited earlier, analyzed the Pfizer report of data through February 28, 2021 with respect to children [62]. He noted 34 instances where children under 12 were given this injection between December 2020 and February 28, 2021. *Dr. Jessica Rose's first question was: why were any children under 12 even given this injection, since it had not been authorized for them at that point* [60]*?* Of those 34, twenty-four had serious side effects, and of those, 13 had not resolved, 16 had resolved or were resolving, and 5 were unknown. Thirteen of 34 had a non-resolving side effect, which is almost 40%. In Dr. Nagase's opinion, the data in Pfizer's own report shows why ***these injections absolutely should not be given to children***. He elaborated further with regard to the very serious and damaging effects that mRNA can have in the cells of children who are still developing.

Remember the information from the casket manufacturer referred to in Part 1 who said that their business actually ***decreased*** by about 60% in 2020 [87]. He has also stated that for the first time in their company's 30+ year history, they have started to get *bulk orders* for child caskets. He stated that before the vaccine rollout, they would get about 1 child casket order for every 5 full-sized ones. After the vaccines started being given to children, he estimated that the ratio changed to about 2 child casket orders for every 5 full-size orders. However, the increase he reported in a different interview in July 2022, in terms of actual numbers, is even more chilling. He first noted that "all casket sales are up dramatically in the last two years" (since 2021) because "something is happening that is causing an unprecedented amount of deaths". When he was asked how many caskets were in a bulk order (referring to child caskets), his response was: "If we went through an average of, say 50-60 a year, the last order was 200 and the next order after that was 250." He added: "We've now basically sold 5 years' worth of stock in 7 months" [88]. (That statistic is even worse than that if the total of those last two orders, 450, were both in the last 7 months, rather than just 250.) ***And yet we are told that these shots are safe and effective for children as young as 6 months old.***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

The results of a CDC survey of more than 13,000 infants and toddlers was released September 1, 2022. They showed that more than 55% of the children had "systemic reactions" (reactions beyond the injection site) following their first Pfizer COVID shot, and almost 60% had such a reaction to their second dose of Moderna. Six (6) percent (or about 780) of the children were reported to be "unable to do normal activities" after their second dose [89].

At least one state has refused to go along with the official federal level recommendations. A Guidance statement issued by the State of Florida in March 2022 recommended *against* COVID vaccines for healthy children and adolescents ages 5 through 17. It later extended this recommendation against COVID vaccines to infants and children under 5 after an EUA had been granted for that age group [90].

An article dated September 2022 reports various statistics based on official data from Europe for children following authorization of the COVID shots for children ages 5-11 and 12-15 [91]. All showed alarming increases in excess deaths following the vaccine rollouts, compared with baseline averages from previous years. The vaccine rollouts for 12–15-year-olds was May 28, 2021 (week 22) and Nov. 25, 2021 for 5–11-year-olds. Among the many statistics and charts reported in that article are:

- **691% increase in excess deaths of children 0-14,** starting week 22 of 2021 up to week 33 of 2022 (total of 1,856) compared with the average (234.75) from week 22 in 2017 up to week 33 of 2021.
- **381% increase in excess deaths among children in the 1st 33 weeks 2022** (total 841) compared with the annual average of 174 excess deaths for the 1st 33 weeks in baseline years 2018-2021

An interview with Dr. Claire Craig, a diagnostic pathologist, has exposed the manipulation in the clinical trial data underlying the FDA's recent authorization of Pfizer's COVID shots for the 6-months through 4-year olds [92, 93]. There were originally 4,526 children in this trial, but 3,000, or 2/3 of them did not make it to the end. *Why not? What happened to them?* That unanswered question alone, according to Dr. Craig, should have rendered the trial results that the FDA relied on null and void, until there was a satisfactory answer to that question. *If it was because most of them had serious adverse reactions, think of how that would skew the results if they were not accounted for in the final data, and how that would affect parents' decisions for their children*.

If parents knew how this approval came about, it is doubtful they would want their children to get these shots. There was much in this trial that shocked her. It seems that Pfizer ignored many trial data that were not in its favor. In all, ***she said they ignored 97% of it!*** In the end, she reported, they focused on 3 vaccinated children who got COVID and 7 in the placebo group. It was on that basis, she said, the vaccine was deemed effective.

Dr. Eric Rubin is an adjunct professor of immunology and infectious diseases at Harvard University and editor-in-chief of the *New England Journal of Medicine*. He also sat on the FDA advisory committee that decided 17-0 to recommend approval of the Pfizer COVID vaccine for 5–11-year-olds. During a committee meeting, he made the statement: "We're never going to learn how safe this vaccine is unless we start giving it" [94]. ***Is that an admission that the clinical trials were essentially useless and could not establish***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

that the vaccines were safe as the public was being told?

The "fact-checker" *Politifact* tried to explain that comment was taken out of context by many alleged "misinformation spreaders". Rubin acknowledged that with regard to youth, they [the committee members] were more concerned about side effects, because the benefit of the vaccine for youth was not as large as with adults. ***He noted that the side effect they were concerned about was myocarditis, which studies showed there was an increased risk of, particularly in male adolescents.*** However, he said that according to the CDC, myocarditis cases "have tended to be clinically mild."

Rubin's statement was made in late October, 2021 and FDA authorized the Pfizer shots for 5–11-year-olds shortly thereafter. As of April 1, 2022, data show a **17,495% increase** in the monthly average for "carditis" cases in children under 18 after COVID vaccinations, compared with monthly averages of "carditis" cases published in VAERS from all other vaccines over 30 years [95]. VAERS data for the period from December 14, 2020, to July 29, 2022 reveals 1,292 reports of myocarditis and pericarditis for the 12–17-year-old age group following COVID vaccination, of which 1,145 involved the Pfizer shots [96].

Remember that a URF needs to be applied to get a much more accurate estimate of the number of cases. Steve Kirsch's older and much more conservative estimated URF of 41 would yield almost 53,000 cases, as of July 29, 2022. The higher URF that Benavides believes is more accurate, given additional factors since Kirsch's original URF calculations, would mean that there are about 129,200 cases.

Table 7 shows data published in VAERS for 5-11 and 12-17 year old from Dec. 14, 2020 to July 29, 2022, as reported by the Children's Health Defense organization just for the U.S. (and U.S. territories and 'unknown"), and what a more realistic number would be if a URF of only 41 were applied [97].

Table 7. VAERS data, Dec. 14, 2020 to July 29, 2022 for 5-17-year-olds (for the "U.S., Territories or Unknown")

Type of AE	5-11 yr. old	12-17 yr. old	Total	If a URF of 41 is applied
Total AEs reported	12,379	32,910	45,289	1,856,849
AEs reported as serious	315	1,850	2,165	88,765
Deaths	9	45	54	2,214
Myocarditis/pericarditis	24	658*	682	27,962
Bloodclotting disorders	47	165**	212	8,692

* Pfizer shots accounted for 645 of the 658. ** Pfizer shots account for all 165

According to cardiologist Dr. Peter McCullough, a 2022 preprint study in Thailand [98] of 13-18-year-olds was the first prospective cohort study, one which the FDA had asked the manufacturers to do, but they did not, nor did any of the major universities [99]. It was left to come first out of Thailand. This study

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

showed that 18% of 301 teens who were healthy and showed no abnormal symptoms after their first Pfizer dose *had an abnormal EKG after their second dose* [96]. McCullough also noted that the study showed that 29% of the teens had some cardiovascular symptoms [99]. In addition, 3.5% of the young men in the study "developed myopericarditis or subclinical myocarditis, two were hospitalized and one was admitted to the ICU for heart problems" [96]. McCullough was alarmed by the data suggesting that so many vaccinated children could be developing heart issues. Dr. Tracy Høeg, MD, PhD, an epidemiologist, described the study as "'unique & impressive because of the extensive workup both pre and post vaccination…'" [96]. Those workups included EKGs, echocardiograms and cardiac enzymes to determine if any changes occurred in the participants' cardiac conditions.

McCullough was especially concerned about the study's finding that some have heart damage without even knowing it because they had no symptoms yet [100]. He was concerned because heart damage causes scarring which is a "setup for an abnormal heart rhythm", and that, in turn, can lead to cardiac arrest. "The reason why myocarditis is so important in children is that when there's superimposed adrenaline and noradrenaline in exercise, it is the trigger for cardiac arrest". McCullough added that could also explain why so many athletes have collapsed or died on the field. (See the section on athlete data below).

McCullough had other important insights about myocarditis from this study. In one interview he did around the time that Washington, DC had announced a vaccine mandate for children, he lamented that some of those children were "going to sustain heart damage and they don't know it. And they'll only find out later if it results in sudden death or heart failure" [99].

He also noted that the baseline rate for myocarditis, before COVID, was 4 cases/million, and that the CDC has said that after the vaccines were introduced, it rose to 62/million. The CDC website accessed in mid-September, 2022 [23] states that for the period from December 2020 – August 2021, "CDC scientists found that rates of myocarditis were highest following the second dose of an mRNA vaccine among males in the following age groups:

- 12–15 years (70.7 cases per one million doses of Pfizer-BioNTech)
- 16–17 years (105.9 cases per one million doses of Pfizer-BioNTech)"

McCullough went on to say that Kaiser-Permanente has said the rate is about 500/million, but now, after this first prospective study in Thailand, McCullough said the ***rate for myocarditis is probably about 25,000 cases/million*** [99]. That will include a large number of children.

Strong Warnings Against the Shots for Children

Surprisingly, even the World Health Organization stated in January of 2022 that children under 12 "should not be routinely vaccinated" against COVID, noting the lack of safety and efficacy data [101]. It advised governments to hold off giving these vaccines to children on the grounds there was no safety and efficacy data to support their use for that group.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Dr. Robert Malone, one of the original inventors of the mRNA technology, has also emphatically warned against children getting the COVID vaccines [102]. He gave three main reasons:

"The first is that a viral gene will be injected into your children's cells. This gene forces your child's body to make toxic spike proteins. These proteins often cause permanent damage in children's critical organs, including their brain and nervous system, their heart and blood vessels, including blood clots, their reproductive system and this vaccine can trigger fundamental changes to their immune system. The most alarming point… once these damages have occurred, they are irreparable."

"The second thing you need to know about is the fact that this novel technology has not been adequately tested. We need at least 5 years of testing/research before we… understand the risks. Harms and risks from new medicines often become revealed many years later. Ask yourself if you want your own child to be part of the most radical medical experiment in human history."

"One final point: the reason they're giving you to vaccinate your child is a lie"... children represent no danger to their parents or grandparents. It's actually the opposite… there is no benefit … to be vaccinating your children against the small risks of the virus, given the known health risks of the vaccine that as a parent, you and your children may have to live with for the rest of their lives. The risk/benefit analysis isn't even close."

Rome Declaration

As of January 18, 2022, over 17,000 physicians and scientists all over the world had signed the Rome Declaration [103]. That group recognized "the imminent threat to humanity brought forth by current Covid-19 policies". It stated the following conclusions with regard to children:

1) There were "negligible clinical risks of SARS-CoV-2 infection" among healthy children
2) The long-term effects of the shots could not be determined;
3) Children risked severe adverse events from these shots. "Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children."
4) "Healthy unvaccinated children are critical to achieving herd immunity."

Ninety-three Israeli doctors sent "a joint letter of protest calling to refrain from administering Covid-19 vaccines to children". The doctors said: "***Do not rush to vaccinate children as long as the full picture is not clear. Coronavirus disease does not endanger children…***" [104]. They also wrote:

> *"… it cannot be ruled out that the vaccine will have long-term adverse effects that have not yet been discovered at this time, including on growth, reproductive system or fertility. Children should be allowed a quick return to routine; the many tests and broad isolation cycles should be stopped, and no separation between the vaccinated and unvaccinated should be created…"*

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2.
G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

The Canadian COVID Care Alliance wrote a guide to help parents decide about the shots for their kids. It then appealed to the government: ***"****The Canadian government should … immediately halt the mass vaccination program of children and adolescents until such time as these studies are conducted and the uncertainties about the potential pathogenicity of the spike protein can be addressed"* [105]. The Kostoff study [37] discussed above (the one that was retracted), entitled "*Why are We Vaccinating Children Against COVID-19?"* advises that **"mass inoculation of children 12–15 years old based on the trials … cannot be justified on any cost-benefit ratio findings".** It appears that the younger the child, the higher the rate of adverse reactions.

Despite all the warnings, Anthony Fauci has suggested that kids 2 to 5 years old should probably get a regimen of three COVID shots [106]. **And the FDA has now authorized children as young as six-month old babies to get the COVID shots** [107]**. *Parents and doctors, are you okay with this?***

ADVERSE IMPACTS ON ATHLETES

One of the most telling pieces of evidence is the staggering number of young healthy athletes collapsing after the COVID vaccine rollout, mostly during training or competitions, even though they are among the most fit and healthy people in society. The International Olympic Committee studied data from 1966 to 2004 and found an average of 29 deaths per year worldwide of athletes under 35 years old [108]. However, between the COVID vaccine rollout and the end of July 2022, at least 1,249 athletes have collapsed, of whom 847 have died [109]. In the vaccine's first 20 months (1.66 years), that is an annual average of 510 athlete deaths, which is an increase of nearly 18X or 1,800%.

As much as many doctors only pay attention to data from randomized double-blinded, placebo-controlled clinical trials, athletic coaches who get paid to observe the performance of their athletes are in a position to know when their athletes are not performing up to their own previous levels, and how they compare with other athletes. Their observations, together with their knowledge of each athlete's "baseline" performance, can serve a similar purpose as VAERS, as an early warning system that something is not right. This is especially true if there are similar declines in performance among multiple athletes around the same time, and the common denominator among them was that they all had received the COVID vaccine, while unvaccinated athletes suffered no such declines.

In her book, *Neither Safe Nor Effective: The Evidence Against the COVID Vaccines*, Dr. Colleen Huber reports on her interviews with two sports coaches who each worked with a group of 20 student athletes [110]. Fifteen were high school age and the rest were younger. The students had spoken openly and freely about their vaccination status, and how they felt after receiving the shots. Half were vaccinated, and half were not. The coaches had to speak under conditions of anonymity, for obvious reasons. The coaches found the following with regard to the vaccinated students:

- None of the vaccinated students were competing at their own previous levels, and were even worse than in 2020.
- None demonstrated their previous endurance during exercise drills.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

- Recovery times were longer than before, and longer compared to the unvaccinated students.
- Most or all complained of one or more of the following: "a) chest pain; b) dizziness; c) seeing stars; d) feeling faint; and e) shortness of breath";
- "Unvaccinated girls are now beating vaccinated boys in a competition, whom they could not do well against last year".
- Several of the above symptoms were still being observed in all of the vaccinated student athletes several months after the shots.

Unvaccinated students did not experience any of the above symptoms or declines in their performance or endurance, but continued to improve. According to Huber, the above information came solely from spontaneous remarks by the students themselves, with no prompting from the coaches as to the symptoms they were experiencing.

OTHER INFORMATION RELATED TO SAFETY

DANGERS OF THE SPIKE PROTEIN

It is well-known that mRNA vaccines produce spike proteins. The way mRNA vaccines are supposed to work is explained on the CDC website [111]: "mRNA vaccines use mRNA created in a laboratory to teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies". The CDC website also says that scientists estimate that the spike protein might stay in the body up to a few weeks, and that the spike protein is "harmless". However, both of these claims have been shown not to be true, as discussed below.

Before the discussion of the various dangers of the spike protein, consider some important comments by Dr. Michael Yeadon, a former Pfizer V.P and chief scientist, about the manufacturers' choice of the spike protein as a primary feature of these "vaccines". In an interview in June 2022 [112], Yeadon explained why it was a poor choice on which to base the COVID shots: 1) It was known to be toxic; 2) It produced an inferior immune response compared with other parts of the virus; 3) It mutates too rapidly to be very effective; and 4) It is also "similar to a variety of human proteins, which can trigger your body to mount an inappropriate immune response against your own proteins. In other words, it can cause autoimmune disease". He said that about 90% of the immune response a person gets from natural COVID infection is in response to other parts of the virus, not the spike protein. To sum it up, Yeadon said that the choice of the spike protein "violated all of the accepted rules for creating a safe and effective product". Yet the scientists chose it anyway.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

The America's Frontline Doctors group, which has been in the forefront of providing early treatment using proven highly effective protocols, prepared a report entitled *"Identifying Post-Vaccination Complications and Their Causes: An Analysis of COVID-19 Patient Data".* It states:

> "There are two major neurological concerns related to the COVID vaccines. These are the spike proteins and the lipid nanoparticles which carry the mRNA into the cell. They are both capable of passing through the 'blood-brain barrier' which typically keeps the brain and spinal cord completely insulated from entrants into the body. There simply has not been enough time to know what brain problems and how often a brain problem will develop from that. There is concern amongst many scientists for prion disease (neurodegenerative brain disease)."
>
> "Traditional vaccines do not pass through the blood-brain barrier. Crossing the blood-brain barrier places patients at risk of chronic inflammation and thrombosis (clotting) in the neurological system, contributing to tremors, chronic lethargy, stroke, Bell's Palsy and ALS-type symptoms. The lipid nanoparticles can potentially fuse with brain cells, resulting in delayed neuro-degenerative disease. And the mRNA-induced spike protein can bind to brain tissue 10 to 20 times stronger than the spike proteins that are (naturally) part of the original virus" [113].

An article entitled *"The Killer in the Bloodstream: the 'Spike Protein'"* (published in June 2021) sheds more light on this subject [114]. It summarizes the findings of a study by the Salk Institute [115]:

> "Salk researchers and collaborators show how the protein damages cells, ***confirming COVID-19 as a primarily vascular disease*** … SARS-CoV-2 virus damages and attacks the vascular system … on a cellular level… scientists studying other coronaviruses have long suspected that the spike protein contributed to damaging vascular endothelial cells, but this is the first time the process has been documented….
>
> … the spike protein alone was enough to cause disease. … 'If you remove the replicating capabilities of the virus, it still has a major damaging effect on the vascular cells, simply by virtue of its ability to bind to this ACE2 receptor, the S protein receptor…'"

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Dr. Byram Bridle is a viral immunologist and associate professor at University of Guelph, Ontario who was awarded a government grant for research on COVID vaccine development. In an interview in May 2021, Dr. Bridle explained that he was very much pro-vaccine, but that he and others had just discovered some new pieces of information that enabled them to understand the problems they were seeing after the COVID vaccines. He explained [116]:

> ***"One of these is that the spike protein, on its own, is almost entirely responsible for the damage to the cardiovascular system, if it gets into circulation***. Indeed, if you inject the purified spike protein into the blood of research animals they get all kinds of damage to the cardiovascular system, and it can cross the blood-brain barrier and cause damage to the brain."

He said that at first, they were not concerned about that because they were injecting into the shoulder muscle. They assumed that just like with traditional vaccines, these vaccines would also stay in the shoulder, though some of the protein would go into the lymph nodes to activate the immune system. But then he and other international collaborators obtained a copy of the biodistribution study for Pfizer by Japanese researchers [116]. He said it was the first time that scientists had been able to see where the mRNA vaccines actually go in the body after injection. They discovered their assumption was wrong about the vaccine staying in the shoulder. Actually, the spike protein gets into the blood and circulates over several days after vaccination. The big danger is that "the lipid nanoparticles containing the mRNA accumulate in almost every organ of the body, ***particularly the ovaries***" [117]. Bridle acknowledged: ***"We made a big mistake. We didn't realize it until now… that by vaccinating people we are inadvertently inoculating them with a toxin.*** In some people this gets into the circulation; and when that happens, in some people it can cause damage, especially to the cardiovascular system".

According to Dr. Michael Yeadon, *the manufacturers have known since at least 2012 that the lipid nanoparticles circulate all over the body and accumulate in the organs, especially in the brain and ovaries* [118]. *When did the CDC and FDA first know this? Where are their warnings to the public and to medical professionals?*

Another issue is that no one knows how long it actually stays in the body and continues manufacturing spike protein. Yeadon describes the lack of proper testing to determine this ahead of time as a "catastrophic failure" on the part of the regulatory agencies [119]. One study shows that it was still present at the end of a 15-month long study [120]. According to Dr. Paul Alexander, that "means that if each injection that introduces spike will result in spike and components remaining in the blood for 15 months, then by that timeline, it will take many years to clear spike out of the blood stream. How would the body or does the body react to this? Was our immune system set up for this [121]"?

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Particular Concerns About the Spike Protein's Effects on Fertility

Many doctors have become concerned about the biodistribution study's findings, ***especially with regard to fertility in both women and men.*** Yeadon notes that no reproductive toxicology studies were done [122]. He had expressed concern to European officials about potential effects on fertility even before the vaccine rollout: "It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as ***otherwise infertility of indefinite duration could result in vaccinated women***" [123]. Then after the rollout, "doctors continued speaking out, particularly when reports of miscarriages and problems seen by fertility clinics where individuals who got the shot had *eggs and sperm that were no longer viable"* [117].

Yeadon [123], Dr. James Thorp and others have warned that **no women of reproductive age should be given these shots.** Thorp explains the reason for this concern is that females have all the gametes they will ever have for life before they are even born, unlike males who can produce millions of sperm per hour throughout their lives. If the ovaries are damaged in any way, that will affect fertility. Dr. Robert Malone expressed the additional concern that *reproductive risks do not always appear in the first generation,* and Dr. Bridle asked: ***"will we be rendering young people infertile"?*** [117].

THE DESTRUCTIVE IMPACT OF THE VACCINES ON THE NATURAL IMMUNE SYSTEM

One of the biggest issues is evidence that the COVID shots are shutting down and destroying the natural immune system. In order for the lipid nanoparticles (LNPs) and mRNA to survive and not be attacked and inactivated by the recipients' immune system, the vaccine needed to suppress the host's immune system. According to this series' contributing authors, Dr. Deborah Viglione and Dr James A. Thorp, the vaccines are affecting both the innate and adaptive immune system [124, 125]. Some of the known effects so far are: a substitution of uridine for uracil in the bases of the mRNA [126], suppression of Toll Like Receptors [127], reduction of CD8 and CD4 T-cells with a vaccine induced acquired immunodeficiency syndrome (VAIDS) [125, 128], increased NF-kB, a reduction of type 1 interferon [129], reduction in B- cell response [125, 128], a reduction of p53 expression [130], and reductions in TNF alpha, and IL1 [129].

Earlier versions of the Moderna website (accessible only through the "Wayback Machine" at www.archive.org) [131] explain that the immune system must be "evaded" for the mRNA to work properly:

> "We need to get the mRNA into the targeted tissue and cells while evading the immune system. If the immune system is triggered, the resultant response may limit protein production and, thus, limit the therapeutic benefit of mRNA medicines." (emphasis added)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Pathologist Dr. Ryan Cole confirms that toll-like receptors 3,4,7 and 8 are being "down-regulated after the shots" [132]. Cancers have been "taking off like wildfire" because the lipid nanoparticles are shutting down certain pattern receptors, so cancer cells face no opposition [133].

Attorney Todd Callender, who is also CEO of a large insurance group, has been working with medical and scientific experts who have concluded that the vaccines are destroying people's immune systems [134]. He points to the huge percentages of increases in 2021 in all-cause mortality and morbidity, especially among the military who are the most fit people. As one who is in the "morbidity" business, he says there is only one explanation for this: *their immune systems are being destroyed*. In fact, he also states that "a person's natural immune system has to be disarmed" for the LNPs to deliver their contents, as explained above. An article in *The Exposé* in May 2022 explains more about this very disturbing problem:

> "Governments worldwide have been quietly publishing data for months on end that strongly suggests the Covid-19 injections cause extensive damage to the natural immune system, causing recipients to develop a new form of Acquired Immunodeficiency Syndrome".
>
> "Now, new data, recently published by the UK's [ONS], indicates that it only takes approximately 4 to 5 months after Covid-19 vaccination, for so much damage to have been done to the immune system that it can, unfortunately, lead to death… [135]"

The Executive Director of the Vaccine Safety Research Foundation, Steve Kirsch, has received data from a whistleblower at HHS (Health and Human Services) that confirm a 5-month interval from vaccination to death for many people, as mentioned in *The Exposé* article just quoted. In his newsletter dated September 1, 2022, Kirsch noted that it has previously been thought that most people who died from the shots died within the first two weeks after vaccination. It is still true that many are dying very quickly. However, according to his information from the whistleblower, Kirsch states that "most of the deaths from the vaccine are happening an average of 5 months from the last dose [or] the second dose. It may be getting shorter the more shots you get but there are arguments both ways (since there can be survivor bias)". He adds that may be why life insurance companies saw a huge spike in all-cause mortality in the 3rd and 4th quarters of 2021. (That is discussed more in Part 3). Kirsch also observed that the 5-month delay was "also consistent with death reports where people are developing new aggressive cancers that are killing them over a 4 to 6 months period". This lag time between the last vaccination and death, he notes, is why the causal connection to the vaccine is more difficult to see. However, this correlation appears when an analysis is done on the intervals between dates of death and dates of vaccination and a huge spike at the 5-month mark appears.

In an interview Kirsch did with pathologist Dr. Ryan Cole, Cole stated that in many cases, the damage done by the shots can only be seen microscopically and therefore does not show up on standardized

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

tests [136]. That is another reason why medical examiners and other doctors miss the vaccine's causal connection. Information about how to detect vaccine-caused death through autopsies is presented in Part 3.

Kirsch also reports of other mounting evidence that a person's natural immune system is being further weakened with each shot:

> "The numbers in the Denmark study described below are now confirmed by government data from Germany showing that *vaccinated people are 8X more likely to develop Omicron than unvaccinated people.* This is not surprising since a paper from Germany showed the same thing: the more you vaccinate, the worse it gets.
>
> "*…The longer you stay on the vaccine treadmill, the harder to get off in the future and the easier you'll make it for the virus.*
>
> *"In short, we've been lied to about the vaccine. It is protecting you less and less over time. While you may get a benefit for earlier variants, the benefit for other variants (and likely other diseases) is going to be negative. In short, you are getting a short term benefit against Delta, but at the expense of a degradation of your overall immunity to everything else*" [137].

Dr. Geert Vanden Bossche, DVM, Ph.D. (Virology), is an experienced vaccine developer who has worked with the Bill and Melinda Gates Foundation and the Global Alliance for Vaccine Immunization (GAVI). Since 2020, he has been warning that *these injections would destroy the immune system,* making the vaccinated population vulnerable for every new variant of the disease, not to mention other diseases. He said:

> "Mass vaccination campaigns *during* a pandemic of highly infectious variants fail to control viral transmission. *Instead of contributing to building herd immunity, they dramatically delay natural establishment of herd immunity. This is why the ongoing universal vaccination campaigns are absolutely detrimental to public and global health…*
>
> "People … who are not knowledgeable in the fields of immunology, virology, vaccinology and evolutionary biology/epidemiology are, therefore, not a good source for information or advice...
>
> *"The mass vaccination hype will undoubtedly enter history as the most reckless experiment in the history of medicine*" [138, 139].

Dr. Deborah Viglione explains that one of the issues causing this is called original antigenic sin. The immune system is being hijacked to only recognize the Wuhan version of the spike protein which no longer exists. Therefore, it is not recognizing the new variants. What is even more concerning is that the

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2.
G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

immune system may be so tied up looking for the Wuhan virus that it no longer recognizes other viruses such as the flu. The same thing is true of the new Omicron variant (bivalent) shots, as those variants no longer exist, so they are expired vaccines also.

Another problem with the COVID shots is antibody dependent enhancement (ADE). This is an over-reaction of the immune system when a vaccine recipient is actually challenged with the virus. According to Viglione, Thorp and many other doctors, this causes a worse illness and cytokine storm [140, 141]. This was a huge cause of death in the earlier animal trials of coronavirus vaccines. This is also postulated as a cause of the increased hospitalization and death rate that is reported now in the vaccinated versus the unvaccinated population that contracts COVID.

Another potential problem is the possibility of "immune exhaustion". Dr. Ryan Cole explains that this poses a real threat for people who continue to receive boosters [142, 143]. The immune system can become so over-stimulated to a degree that it just "gives up" and is unable to fight other infections and cancer.

How long will these immune system changes last? The earlier version of Moderna's website cited earlier implies that the immune system is only being temporarily evaded just long enough for the lipid nanoparticles to deliver their contents. However, the scientific data is showing that these changes are ongoing and there is huge concern for long-term autoimmune disease. In January 2022, Dr. Ryan Cole stated that "we don't know how long the immune system is suppressed after the shots, and how long these receptors are shut off because those studies aren't done", at least not as of that point in time [144].

THE "FUTURE FRAMEWORK" – NEW FORMULATIONS WITHOUT NEW CLINICAL TRIALS

It is important to be aware of the FDA's new strategy for approving newly reformulated COVID vaccines that was given the green light in late June 2022 – *without any new clinical trials.* Dr. Toby Rogers, PhD, an expert on regulatory capture and Big Pharma corruption. addresses the problem that Pfizer and Moderna had been facing:

> "their COVID-19 shots do not stop infection, transmission, hospitalization, nor death from the SARS-CoV-2 virus. Everyone knows this ... Pfizer and Moderna are making about $50 billion a year on these shots and they want that to continue. So they need to reformulate the shots… these shots don't work so it's not clear what it will take to get them to work. This is a problem because reformulated shots mean new clinical trials and new regulatory review by the FDA" [145].

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Based on the devastating data surrounding the original COVID shots, the manufacturers might have had a problem surviving that scrutiny. However, because of the strong desire to have newly reformulated shots out by September of 2022, the FDA decided in late June 2022 to follow a new strategy referred to as the "Future Framework". Rogers explains how the Future Framework scheme was proposed to work:

> ***"all future Covid-19 shots – regardless of the formulation -- will automatically be deemed 'safe and effective' without additional clinical trials, because they are considered 'biologically similar' to existing shots"*** [145]. (emphasis added)

Instead, the reformulated COVID shots would be tested on a small number of mice. One article published on August 22, 2022 reports:

> "Pfizer noted that it only had efficacy data … from mice. ***In eight mice***, the BA.4/5 bivalent booster generated about a 2.6-fold increase in neutralizing antibody levels against the BA.4/5 subvariants compared with the companies' current booster. The companies presented that mouse data to the FDA in June" [146].

There is the data – 8 mice. And that is only *efficacy* data, *not safety* data. There was no safety data. Apparently, according Rogers, the plan is to watch for safety signals ***after*** the products are released into the marketplace, "using a safety system no one has ever heard of while ignoring the system that has existed for 32 years that is showing a massive safety signal right now" [147]. Moreover, what little efficacy data there was, it was only short-term. We know from earlier efficacy data in humans that it was short-lived and ultimately disastrous. *Is there any reason to expect these new formulations would be any different, given how quickly mutations occur?*

Toby Rogers watched the FDA meeting in late June at which the decision was made to go ahead with this new approach. He stated that he may have been the only one who noticed the note in the bottom corner of a presentation slide that the "immunogenicity data" was based on the 8 mice. The same organization that published the above August 22 report also had an email confirmation from Pfizer that "it hadn't collected any new preclinical efficacy data since then". John Moore, a New York immunologist, expressed his opinion: "For the FDA to rely on mouse data is just bizarre … Mouse data are not going to be predictive in any way of what you would see in humans" [148]. Dr. Peter McCullough agrees, and describes the FDA's new approach as "wide open malfeasance and corruption" [99].

Pfizer/BioNTech announced on August 22 that they had just submitted their new drug application to the FDA, for EUA of its new bivalent Omicron BA.4/BA.5 vaccine under this new framework [149]. The new formulation "contains mRNA encoding the original SARS-CoV-2 spike protein", as well as the "spike

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

protein of the Omicron CA.4/BA.5 variant". ***Why would they include encoding for the original Wuhan strain since that was already long past?*** Those who support the expedited process justify it on the basis of their belief that the original COVID vaccines are safe and effective, and that there is no time to wait for human clinical trials [148]. The latter point actually shows why a vaccine was never an appropriate intervention in the first place, as discussed in Part 1. It also is a clear rejection of the "rule" often voiced by Dr. Peter McCullough that it is always about ***safety first*** – "safety, safety, safety".

Rogers also commented that before his fight to try to stop the FDA from approving these shots, "the FDA pretended to be a regulatory agency". However, what became clear to him by late June, when the FDA decided to start implementing the Future Framework, was the following:

> "the FDA absolutely does not care about science nor health. Furthermore we discovered that the FDA has been laundering Moderna and Pfizer's data for them throughout the Emergency Use Authorization process. And now the FDA is abandoning clinical trials altogether in connection with Covid-19 shots. What an extraordinary admission of failure on their part. ***We now know that the FDA is NOT a regulatory agency. The FDA is the data laundering branch of the Pharma cartel"*** [147]. (emphasis added)

Is it perhaps way past time to re-visit the assumptions that a vaccine is even necessary in the first place, and that no therapeutic treatments are available? Is it not time to wake up to the reality that the regulatory agencies have been captured by Big Pharma, and what that means for public health as well as the future of the entire health care system?

The more the medical industrial complex keeps pushing COVID boosters, the more everyone should be asking ***why,*** and ***who is really benefitting*** from these endless shots. ***Doctors, do you believe you can honestly advise your patients that any of the reformulated COVID shots are safe and effective without any clinical trials? If so, are you prepared to defend that position with solid data from sources that have no conflicts of interest?***

In turning now to look at many of the serious irregularities and manipulations that have characterized the regulatory process in connection with the COVID shots, consider how the "Future Framework" strategy puts Big Pharma profits ahead of public health. Make a mental checklist of the many kinds of corrupt practices that the manufacturers will be able to get away with much more easily now without having to do any clinical trials.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

PFIZER DATA REVEAL OTHER IRREGULARITIES IN MANUFACTURING, REPORTING AND CLINICAL TRIALS

Many other Pfizer documents have been released that reveal various safety-related concerns as well as issues showing lack of disclosure or misrepresentations of important information. For example, an article in *TrialSiteNews* reported as early as May 2021 that regulatory documents show that Pfizer either did not conduct certain routine testing prior to launching the COVID vaccines, or they did not do them properly [150]. EMA documents stated: "'No traditional pharmacokinetic or biodistribution studies have been performed with the vaccine candidate BNT162b2.'" Upon reviewing EMA's evaluation, Dr. Robert Malone "was particularly surprised that the dossier of regulatory documents indicates allowance for use in humans based on non-GLP PK and Tox studies relying on formulations which are significantly different from the final vaccine". The same article also reported that "Pfizer did not follow industry-standard quality management practices during preclinical toxicology studies during vaccines, as key studies did not meet good laboratory practice (GLP). The full panel of industry-standard reproductive toxicity and genotoxicity studies were apparently also not performed".

Documents Show Misrepresentations of Serious Adverse Event Classifications

An article in *The Defender* dated June 21, 2022 [151], focused on 80,000 pages of Pfizer documents released on June 1 which included a large number of case reports. The documents "reveal a trend of classifying almost all adverse events – and in particular severe adverse events (SAEs) – as being 'not related' to the vaccine". Among other things, these events included acute respiratory failure, cardiac arrest, brain abscess, adrenal carcinoma and chronic myeloid leukemia. The article claims "This isn't believable. It's completely unrealistic, especially when serious events occur in multiple participants". "Many participants also dropped out or were excluded from the trial due to serious side effects involving the heart, cardiovascular system, cancer, stroke, hemorrhage and neurological impacts". Most Level 3 adverse events were also declared to be unrelated to the shot. One document had a table labelled "Potential side effects of BNT162b2" which shows myocarditis as a "rare" potential side effect, but defined "rare" as affecting "between 1 in 1,000 and 1 in 10,000 people" [152]. *Do you consider that "rare"?*

The case of Maddie de Garay is a classic example of Pfizer's dismissal of certain adverse reactions as being serious. Maddie was a healthy 12-year old when she enrolled in the 12-15 year old Pfizer clinical trials. According to a letter from attorneys to government officials [153], within 24 hours of Maddie's second dose, she suffered "crippling, scream-inducing pain" that landed her in the ER. She had severe chest and abdominal pains that she said felt like "[her] heart was being ripped out through [her] neck". She was hospitalized three times over the next few months. She has been confined to a wheelchair, has to be tube fed and suffers many other life-changing symptoms: "gastroparesis, erratic blood pressure, erratic heart rate, memory loss, brain fog, dizziness, fainting, seizures, verbal tics, motor tics, loss of feeling from her waist through her toes, muscle weakness, drastic and adverse changes in her vision, urinary retention, loss of bladder control, and the start of and severely irregular menstrual cycles". ***How did Pfizer report this in their clinical trial documents to the FDA*?** "Functional abdominal pain".

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

What is equally reprehensible is that doctors who examined Maddie afterwards made a diagnosis of "functional neurological syndrome". They concluded that Maddie's problems were all in her head and not a vaccine injury, even though her symptoms started within 24 hours of her second dose, and she had previously been a healthy child. In an August 2022 interview, Maddie's parents shared how they felt "abandoned" and "left high and dry" as they desperately tried to get help for Maddie [154]. ***Imagine if that had happened to your child.***

Serious Issues Revealed in Leaked Emails

In 2020, a cybersecurity breach resulted in the leak of many emails and other documents revealing interactions between the European Medicines Agency (EMA – Europe's "FDA") and Pfizer in November 2020. That was just a few weeks before Pfizer was granted its EUA from the FDA and the regulators in the UK and Europe granted their corresponding authorizations. Several major issues were revealed.

One of the EMA's major objections was the integrity of the mRNA, as reflected in wide variation between batches [155]. That variation is also reflected in the Paardekooper/Team Enigma research findings of huge inconsistencies across batches, as discussed below, but their research was based on the number of serious adverse events associated with each particular batch *after the rollout*, *not on pre-rollout* findings. This issue from a pre-EUA and pre-rollout perspective was the subject of review by Alexandra "Sasha" Latypova, a former pharmaceutical and biotech industry executive who "spent 25 years in pharmaceutical research and development working with more than 60 companies worldwide to submit data to the FDA on hundreds of clinical trials" [156]. She was asked to give a witness statement about this issue, based on the leaked documents from the EMA [155].

In addition to noting the "excessive variations" in the safety profiles between batches, she attests to the following in her affidavit:

1. "The modified RNA (mRNA) which is the active substance of Pfizer's vaccine BNT162b2 is allowed to vary in its integrity by up to 50% in the finished product.

2. "Product impurities in the form of truncated mRNA, untranslated DNA and other unknown nucleic acid constructs have been allowed in the finished product in unspecified quantities".

She also noted that these impurities were found only several days before it gained authorization to be released to the public. Pfizer and BioNTech had repeatedly stated that efficacy of their product was dependent on the "quantity of sufficiently intact mRNA" and "even a minor degradation" could have a "severe" effect on performance. Furthermore, she noted changes that were made in the manufacturing process to scale up:

> "[they] were performed without re-validation of the manufacturing process or re-running the preclinical and clinical studies to confirm comparability on safety and efficacy characteristics of the product. Importantly, these changes resulted in a substantial drop in the integrity of key active ingredient – mRNA … in each manufactured batch. This was identified by the regulatory reviewers at EMA and FDA, and EMA specifically recorded this as a Major Objection #2, i.e. a regulatory flag that required a resolution prior to the product approval."

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

That issue was discussed at a meeting between EMA and Pfizer on November 26, 2020 as evidenced in one of the documents Latypova reviewed. She says that they apparently resolved this objection "by arbitrarily lowering the acceptance criteria for %mRNA integrity". The UK gave its authorization on December 2, the FDA on December 11 and the EMA on December 21 [157]. Her affidavit also says:

> "An extremely wide variation of the integrity of the active substance in bulk material (batch) of the product and abundant presence of uncharacterized impurities means that batches of different formulation… are being produced. This variation is further amplified when the bulk material is filled in small quantities into vials. Each batch of Pfizer product contains approximately 300,000 vials…"

Latypova also noted that: "Both the regulators and Pfizer to date have not disclosed the acceptable ranges for the key ingredients of the vaccine product, neither in bulk product nor in a vial (as dispensed), and claim 'commercial secrets' that prevent them from doing so". Latypova's third finding expresses other serious concerns:

3. "As a result of the reckless widening of quality acceptance criteria for the integrity of active ingredient in manufacturing batches, there is a great variation in resulting formulations of final product as dispensed in vials. Furthermore, the contents of the vials are cut by hand into multiple doses by untrained and unsupervised vaccinators who are working outside of the Good Manufacturing Practice compliance."

Who are the people doing that task, and is such "hand-cutting" a common practice in the production of other pharmaceuticals? She concluded:

> "the evidence presented in my statement shows that Pfizer's manufacturing quality acceptance criteria permit for an extremely large variation of the key ingredient (up to 50%) and allow for a substantial presence of uncharacterized impurities. This can be deemed as product adulteration…"

Other analyses of the EMA documents on this issue of mRNA integrity and the inconsistency between batches reveal a lack of serious concern by at least some regulators. An article by investigative journalist Sonia Elijah in *TrialSiteNews.com* [164] revealed the following information. A November 24, 2020 email from Veronika Jekerle, PhD, Head of EMA's Office of Pharmaceutical Quality Office, states that most of the member states shared "a number of [remaining] major concerns that impact the benefit/risk of the vaccine (efficacy/safety) most notably the comparability issue around the % mRNA integrity". Jekerle sent another email on November 24 stating that-

> "FDA/HC [Health Canada]/EMA agreed that alignment on specifications % mRNA integrity are key in order **to avoid that one regions [*sic*] gets all the suboptimal material**…" (emphasis added)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

However, around the same time, Elijah reports, Marco Cavaleri, then the EMA's Head of Biological Health Threats and Vaccines Strategy, stated in an email that "the issue on the mRNA content not perceived as major". He also stated: "unclear if GCP [Good Clinical Practice] inspections ever done… but no major interest from FDA". Sonia Elijah then referenced one of her own previous articles stating that the FDA had inspected only 1% of Pfizer's trial sites. *It appears that the FDA was not very concerned about the manufacturers' compliance with safety standards and practices for this novel experimental drug.*

Whistleblower Report of Clinical Trial Irregularities

Major problems with Pfizer's clinical trials that affected the quality of the trial data, and the company's knowledge of those problems, were reported by whistleblower Brook Jackson. Jackson served briefly as a regional manager for Ventavia, one of Pfizer's clinical trial contractors during Phase 3 of its COVID-19 vaccine trials. She had over 15 years of experience in clinical research coordination and management as of September 2020 when she went to work for Ventavia. She was responsible for overseeing three trial sites in Texas involving over 1,000 participants. Jackson told *The BMJ* [158] that during her work with Ventavia, among other unacceptable actions she witnessed:

> "the company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer's pivotal phase III trial. Staff who conducted quality control checks were overwhelmed by the volume of problems they were finding."

Though she repeatedly reported the problems to her superiors, they did nothing. In a meeting she had with two company directors, the *BMJ* article reports that "a Ventavia executive can be heard explaining that the company wasn't able to quantify the types and number of errors they were finding when examining the trial paperwork for quality control." One executive said: "In my mind, it's something new every day…We know that it's significant". The next morning, September 25, 2020, Jackson contacted the FDA by phone, warning about unsound practices she experienced at Ventavia. She then sent the FDA an email explaining her concerns. That afternoon Jackson was fired.

After Jackson left Ventavia, several others either left or were also fired, including one of the Ventavia officials in the meeting referred to above. He told Jackson: "everything that you complained about was spot on". Another former employee commented to the *BMJ* about the data Ventavia generated for Pfizer, saying: "'I don't think it was good clean data… It's a crazy mess'". Before Jackson left, she gathered evidence of the problems. She has since filed a lawsuit against Ventavia, Pfizer and another entity for violations of the False Claims Act [159].

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Other Major Wrongdoing Pervades Clinical Trials

Others have analyzed the many shortcomings of the COVID vaccine clinical trials, as well as the clinical trial process in general. Sasha Latypova has also analyzed documents related to the clinical trials. In one article, she discusses various "deficiencies, omission, and gaps, which were very obvious but were never questioned by the regulators or health authorities". She pointed to the lack of safety studies which were either standard or mandatory and the "scientific dishonesty in those studies which were performed are so obvious and glaring that they cannot be attributed to the incompetence of the manufacturers and regulators" [160]. She points to a "complete breakdown of the regular process of drug development and approval".

An article entitled *"How Vaccine Trials Routinely Rig the Results*", published July 8, 2022, provides an analysis by Dr. Joseph Mercola of the overall problem of how clinical trials can be manipulated [161]. An article on the *Chemical Violence* website made the following comment about the Future Framework discussed above: "While many examples of rigged vaccine trials had been recorded over the years, the future framework served as an extreme expansion and formalization of the scheme" [162].

MODERNA IMPROPRIETIES

Moderna has its share of improprieties as well. An August 2021 article [163] reported that a whistleblower from a company that works with Moderna in handling its adverse reaction reports had made a screenshot of an internal company document. It showed that *Moderna had received 300,000 reports of adverse reactions within a 3-month period.* Moderna is legally required to submit all such reports to VAERS, but that figure was said to "dwarf" the number showing in VAERS for any 3-month period up to that point. *Why were these not reported to VAERS? How many more reports does Moderna need before it detects a warning signal?*

Even worse are allegations from Sasha Latypova, the former pharmaceutical and biotech industry executive quoted above. In an article entitled *"FDA Colluded with Moderna to Bypass COVID Vaccine Safety Standards, Documents, Reveal",* Latypova reveals results of her review of 699 pages from the HHS of "studies and test results 'supposedly used by the FDA to clear Moderna's mRNA platform-based-mRNA 1273, or Spikevax" [156]. In Latypova's opinion, the documents suggest that the FDA and Moderna "colluded to bypass regulatory and scientific standards used to ensure products are safe". She said:

> "It is evident that the FDA and NIH [National Institutes of Health] colluded with Moderna to subvert the regulatory and scientific standards of drug safety testing…
> "They accepted fraudulent test designs, substitutions of test articles, glaring omissions and whitewashing of serious signs of health damage by the product, then lied to the public on behalf of the manufacturers."

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2.
G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

In an earlier op-ed in *TrialSiteNews* [164], she summarized her findings as follows:

1. "Moderna's nonclinical summary contains mostly irrelevant materials.
2. Moderna claims that the active substance mRNAs of Spikevax does not need to be studied for toxicity and can be replaced with any other mRNA without further testing.
3. Moderna's nonclinical program consisted of studies of other unapproved mRNAs and only one non-GLP toxicology study of mRNA-1273 (active substance of SPIKEVAX).
4. There are two separate Investigational New Drug numbers for mRNA-1273: one held by Moderna, the other – by DMID (NIH), representing a serious conflict of interest.
5. The vaccine-induced antibody-enhanced disease was identified as a serious risk and was not excluded by Moderna due to absence of positive control and unvalidated methods used.
6. FDA and Moderna lied about reproductive toxicology studies in public disclosures and product labeling".

In elaborating on the first finding, she said that about "80% of materials included in the package are for other mRNA products unrelated to Sars-Cov-2 or covid illness. The entire package is haphazardly organized, possibly on purpose, to make it harder to read and interpret". She also stated:

> "Curiously, the approved Moderna SPIKEVAX label does not contain any information regarding the concentration of the product supplied in the vials.
>
> "Finally, all documents are poorly and often incompetently written. There are numerous hypothetical statements unsupported by any data, proposed theories, admissions of using unvalidated assays, and repetitive paragraphs throughout. Quite shockingly, this represents the entire safety toxicology assessment for an extremely novel product that has gotten injected into millions of arms worldwide."

With regard to her second finding above, she analogized to two trucks, one carrying food and one carrying explosives, with the companies taking the position that the two are the same thing. In other words, she says: "Ignore the cargo, focus on the vehicle. The claim is preposterous". This appears to be the same reasoning behind the FDA's decision in late June 2022 to follow the "Future Framework" strategy for new formulations of the COVID "vaccines," discussed earlier. That new approach allows the manufacturers to gain approval or authorization of their "reformulated" products *without any new clinical trials* [162]. However, what Latypova discusses next raises serious questions about the validity and wisdom of the Future Framework as applied to COVID vaccines.

Latypova also presents the manufacturers' claim: "If mRNA works once, it will work many times". But she also noted that the European regulatory reviewers of Pfizer's mRNA product stated that it was the

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

"modified mRNA" that was the new chemical entity, not just the lipid envelope. She also stated that "All new chemical entities must undergo rigorous safety testing before they are approved as medicinal products in the United States, Europe and the rest of the world". On the basis of the documents she had seen so far, Latypova concluded:

> "the manufacturer's claim is not supported by any real data; no studies are cited showing that all toxicity of the product resides with the lipid envelope and none with the "payload" of the type and sequence of mRNA delivered to various tissues and organs."

Latypova also noted that the FDA had been providing guidance documents for cellular and gene therapies since 1998, so there already existed a large body of information about testing requirements for this class of product prior to the COVID vaccines.

> "These materials documented many serious risks, including death, potential to promote cancer, uncontrollable expression of proteins, genotoxicity, reproductive harm, and potential for transmission through 'shedding,' among many others. The manufacturers and regulators both were expected to anticipate these risks and design testing programs to exclude or fully characterize them."

She also said that "Pharmacokinetics (Biodistribution) were not studied with the SPIKEVAX mRNA-1273". Also: "No metabolism, excretion, pharmacokinetic drug interactions, or any other pharmacokinetic studies for mRNA-1273 were conducted. There were no safety pharmacology assessments for any organ classes such as cardiovascular, CNS, liver, spleen, etc."

With regard to Latypova's 5th finding, she notes that Moderna had never brought an approved drug to market before. She pointed out the company's history of many failed products: "Notably, its mRNA-based vaccines were associated with the antibody-dependent enhancement phenomenon". Yet, she says, Moderna apparently "dismissed this extremely significant risk without a proper study design". There is more information in that same *TrialSiteNews* article about Latypova's other findings from the Moderna documents. But the above should be more than enough to raise serious concerns about the basis on which Moderna's Spikevax mRNA-1273 product cleared the FDA's review.

THE PROBLEMS ARE NOT LIMITED TO PFIZER AND MODERNA

Although the vast bulk of evidence in this series has focused on the Pfizer and Moderna vaccines, since theirs have been the most widely administered in the U.S., other COVID vaccine manufacturers and their COVID products present similar issues and have been prone to various problems. First, it should be noted

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

that although other COVID vaccines use a different delivery system than the mRNA technology used by Pfizer and Moderna, they also are injecting genetic materials [165]. Therefore, those who received COVID vaccines made by other companies should not think that they are safe from all of the problems reported with respect to the mRNA shots.

Johnson & Johnson received its EUA on February 27, 2021. Only six weeks later, on April 13, the FDA and CDC recommended a pause in its administration "to investigate six reported cases of TTS [thrombosis with thrombocytopenia syndrome], and to help ensure that health care providers were made aware of the potential for TTS…" [166]. It is commendable that they paused to investigate only six cases of one condition, but the huge question that raises is: ***why was J & J singled out for 6 cases of TTS while reports of thousands of deaths and many more thousands of other serious conditions following Pfizer's and Moderna's COVID vaccines were apparently ignored and their vaccines were not paused in the U.S.?*** From an attorney's perspective, that looks extremely suspicious. On April 23**,** following what it called "a thorough safety investigation", according to the FDA website, the FDA and CDC lifted the pause, even though 7 more cases of TTS had been reported by then, out of about 8 million doses. They asserted that the benefits still outweighed the risks for those 18 and older.

A couple months later, in July 2021, the J & J shot was "dealt another blow" when about 100 cases of the rare autoimmune disorder, Guillain-Barre syndrome (GBS) were reported, out of 12.5 million doses. Of those, 95 were serious, and one died [167]. Interestingly, as pointed out earlier, it was several cases of that disorder which led to the complete stoppage of the 1976 swine flu campaign, which the CDC at that time said was necessary based only on "***the possibility of an association of GBS with the vaccine, however small***" [54]. The FDA then put a warning on the J & J product, suggesting there was an increased risk of GBS *up to 42 days after vaccination*. As the data reported earlier in Parts 1 and 2 of this series show, there have been exponentially more reports of blood clotting, Guillain-Barre and many other serious problems, *including death,* following Pfizer and Moderna injections. ***Why were they not subjected to the same scrutiny as J & J?***

In its May 5, 2022 announcement to limit the use of the J&J vaccine to certain persons, the director of FDA's Center for Biologics Evaluation and Research stated that their action "demonstrates the robustness of our safety surveillance systems and our commitment to ensuring that science and data guide our decisions." An updated analysis on TTS, also reported in the FDA's May 5, 2022 announcement, shows that there was a total of 60 confirmed TTS cases reported to VAERS through March 18, 2022, including 9 cases resulting in death.

If they are truly committed to letting science and data guide their decisions, why has there been no pause of either Pfizer's or Moderna's COVID vaccines? What should we make of these glaring inconsistencies in the FDA's treatment of the various COVID vaccine manufacturers? It should also be noted that they acknowledged the possibility of a causal link between GBS and the vaccine even if symptoms might not show up for 42 days. *However, they have been very quick to conclude there was no causal link between the vaccines and other serious symptoms, including deaths, that have occurred within only hours, days or even a few weeks of injection.* ***Why is that?***

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

J&J has been plagued by serious manufacturing problems as well. A House of Representatives subcommittee did an investigation of the problems at the Emergent BioSolutions plant that was producing both the J&J and AstraZeneca COVID vaccines. It presented its findings and a more detailed history of the manufacturing problems in a May 2022 Staff Report [168]. That report reveals poor quality control and a variety of GMP (Good Manufacturing Practices) compliance failures, as well as high turnover among its staff and inadequate training and experience of its employees. It also revealed a general lack of capabilities to handle this anticipated production. In early 2021, employees at the plant accidentally cross-contaminated up to about 15 million doses of the J & J vaccine with an ingredient from the AstraZeneca vaccine, which was being produced at the same plant [169]. The FDA shut the plant down in April 2021, but allowed it to resume production in August 2021, even though the FDA had not made an on-site inspection at the plant since July 2021, according to the May 2022 Staff Report. However, the report also stated that the FDA "had not cleared" any J & J batches since production resumed in August 2021. ***But why would it have allowed production to resume without an on-site inspection?***

The report also revealed that a total of about 400 million doses had to be terminated or thrown out due to various problems. The company's CEO "blamed the factory's problems on the complexity of scaling up production quickly on two different vaccines" [170]. The plant stopped manufacturing in February 2022. In August 2022, it was reported that about 135 million more doses of J & J's vaccines (that had been manufactured before the shutdown) would have to be destroyed due to quality problems [171], but that might also have had to do with their expiration date.

J & J's COVID vaccine was also being produced in a plant in the Netherlands. However, in February 2022 it was reported that in late 2021, J & J had temporarily shut down that plant, reportedly because it was working on another experimental vaccine unrelated to COVID. J & J said it had millions of doses in its inventory to fulfill its orders [172]. A spokesperson refused to deny or confirm the temporary shutdown. *Why would they refuse to do that? What is going on with J & J?* Needless to say, these problems do not instill confidence.-

OTHER EVIDENCE THAT RAISES CONCERNS ABOUT SAFETY

Huge Differences in the Numbers of Adverse Events Across Different Batches

The issue of the large variation of the mRNA prior to the EUA being granted was discussed above in the affidavit of Sasha Latypova in the section about revelations in the Pfizer documents. One of the points she also referred to were other researchers' findings of huge differences in the numbers of reported adverse events, including deaths, between different batches from the same manufacturer after the vaccines were rolled out, at least in the early batches. Normally the number of adverse events reported is fairly consistent from batch to batch from any given manufacturer. However, this was not the case with the COVID vaccines, according to an analysis done by a researcher from the UK named Craig Paardekooper that was confirmed by an international group called Team Enigma [173, 174]. Their research used the VAERS data to analyze the number of deaths and other adverse reactions reported after COVID-19 vaccinations according to lot numbers.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

The data for the COVID-19 vaccines showed huge spikes for many of the lots. According to Sasha Latypova, also a member of Team Enigma, it was initially thought that about 90% of adverse events were coming from only 5% of the lots, based on raw VAERS data at the end of 2021 [175]. However, after further research and the Team's discovery of data manipulation by the CDC, the exact percentage of lots responsible for almost all of the adverse event reports cannot be determined. Nevertheless, Latypova says, it is still fair to say that only a small percentage of lots had a very high proportion of adverse event and death reports, while other lots appeared to have many fewer reports in VAERS. After reviewing the initial reports of this huge discrepancy, former Pfizer V.P. and scientist Dr. Michael Yeadon said: "This information about different safety profiles of different 'lots' is completely without precedent" [176]. Although the revised percentage may be higher than when he made that statement, his statement most likely still holds true because the relative size of the discrepancy still exits. He concluded that this could only be deliberate because drug manufacturers know how to produce consistent products. Yeadon also called for an immediate stop to these shots, suggesting that a failure to do so is a test of the integrity of the manufacturers and the regulators.

The lack of a consistent safety profile across all batches from the same manufacturer is clear. Therefore, the issue is: ***what caused such a large discrepancy between batches****? Was it due to degradation of the vaccines resulting from the labile nature of the contents in multi-dose vials, or vials having multiple doses administered at different times where the vials were taken in and out of the required very low temperature storage?* Consider whether the discrepancies in adverse reactions might have been due more to what Latypova reported above, about the "extremely wide variation of the integrity of the active substance in bulk material (batch) of the product and abundant presence of uncharacterized impurities [which] means that batches of different formulation … are being produced".

Consider also what Latypova reported about the contents of the vials being "cut by hand into multiple doses by untrained and unsupervised vaccinators who are working outside of the Good Manufacturing Practice compliance". Based on what we know about the manufacturers' conduct in many other aspects of the whole process – many irregularities and improprieties, misrepresentations, lack of compliance, ignoring safety signals, etc. – *is it possible that they might have done something or added something in the preparation or mixing stage that could account for the large numbers of reported AEs and deaths and the large discrepancies between batches?*

To the extent that the excessive variation in the number of Aes between batches is a result of different formulations of the product, has that problem identified by the regulatory agencies been resolved yet? If not, or if we simply do not know, can anyone still say that the vaccines are safe?

Additional Information from Dr. Michael Yeadon

Dr. Michael Yeadon has provided a great deal more key information on the safety issue [109]. Besides having worked for Pfizer, he worked for 32 years in the biopharmaceutical industry years as a biologist, and in immunology, toxicology, and biochemistry, and 10 years in biotech. Therefore, he understands how things are done in the drug industry. He believes the COVID "vaccines" are "very bad products … a fake vaccine, badly developed, badly designed…These ["vaccines"] are what I would call toxic by design".

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

He explained that you cannot just scale up the same process for manufacturing billions of doses as you used to make just tens of thousands of doses for clinical trials. He said it's a "very, very complicated process" that requires you "to start again and develop an industrial scale process". He stated:

> "the idea that they got all those processes set up, stabilized, characterized, inspected, agreed by the regulators is *for the birds*. They did not do these things because it's not possible to do them in under a small number of years, probably at least 5 years. What they claim to have done, consistent manufacture, is impossible, and the regulators know it is impossible."

Yeadon had read the same leaked regulatory interactions between the European Medicines Agency (EMA) and Pfizer that Sasha Latypova based her analysis on. While evaluating Pfizer's EUA application, the technical assessors had 7 major objections. Yeadon said the documents showed that "[Pfizer] did not have control of the processes giving rise to consistent pure material. And they didn't have control of what happened to it".

To put this in context, Yeadon's experience at Pfizer was *that if there was even ONE major objection* in the process, *"heads would roll* because it meant you would not have had a dialogue with the regulators so as to understand what was required by them". He said there is no way 7 major objections could have been resolved in only the few weeks' time before they were conveyed to Pfizer by the EMA and when its conditional marketing authorization was given. That was also the conclusion of several colleagues he had spoken to about this. Therefore, in his opinion:

> "So what they have issued and rolled out …are materials which from batch to batch, vial to vial … they've got no idea what you're actually getting … the average should be pretty much the same, and yet they're so different … it's not the same stuff in each…of the lots. So I would say it's a criminal manufacture, the authorization by the European Medicines Agency and subsequently other global regulators. I think there's criminal level of collusion and fraud to sign off these packages as suitable when absolutely… it's impossible that they were… And none of the normal processes have been followed. And as a result, it ended up with products that are rushed, dangerous, … intrinsically poor and variable quality. And then the moves to inject the population, including mostly people who are not at any risk from the virus. I hope it will tell you, this whole thing is a fraud, the entire thing is a fraud."

Even before emergency authorization, he and others had tried bringing these matters to the attention of the regulators and the media. Their efforts were ignored. ***That, he says, "tells you everything you need to know that it wasn't about public health…"*** **He warned: "we must stay hypervigilant for what else might be coming".** In other words, if the people pushing "vaccines" are not stopped, expect another

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

outbreak of something for which they will try to push even more injections for mass distribution. Indeed, what he said is already happening.

Observations from a Pfizer Whistleblower

In an interview with Brannon Howse, a Pfizer whistleblower who is now a former employee provided information that corroborates Yeadon's statements as well as additional issues [177]. She said that *Pfizer employees themselves are concerned about what they are seeing in the process of manufacturing.* ***If they are concerned, shouldn't we be also?*** The whistleblower said that she and other employees felt very uncomfortable about how these vaccines were being rushed through the process. She had been a manufacturing quality auditor and said that normally, there are ***always*** stoppages along the way – such as for getting signatures before moving on to the next stage, or hold backs (in the quality control process). She said the process ***never*** goes totally smoothly and seamlessly, ***except in the case of these vaccines***. She said "it's like a seamless process, just rushed out the door". People are being asked to sign off on things they normally wouldn't. She added that even vaxxed employees are very uncomfortable with the process they are seeing and are willing to walk away (from their jobs) because they think something is wrong.

She also said that she and other employees were shocked to see the vials of COVID vaccine "glowing". They had never seen this before. She was told by a friend who had worked there for a very long time that the people who work in the mixing department at Pfizer normally know what the ingredients are that they are mixing. But that is not the case with the COVID vaccines. Not being told what all the ingredients are has made Pfizer employees skeptical, she said.

Based on the above information, do you believe the vaccines are safe and should continue to be given? *If so, how many more deaths and serious injuries do you think are "acceptable" to the public before being pulled off the market? Consider that in light of the fact that the government has totally ignored its own standard of 50 deaths associated with a drug as being the threshold for a recall.*

The third part of this 4-part series provides an overview of several issues relating to the effectiveness of the COVID vaccines. It also reveals more ways in which the data and definitions were manipulated to misrepresent the vaccines' true effectiveness. In addition, it briefly addresses the issue of whether the vaccines are causing the variants, and includes reports from other industry sources showing serious impacts following COVID vaccinations. It also covers other evidence of actual vaccine impacts, including the problem of shedding and how vaccine injuries in certain professions have potential harmful impacts for everyone. Finally, it reveals the second of three reasons in response to the question raised in Part 1 for those who may be asking: "*Why haven't I been told this information before?"*

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

Available in Book Format

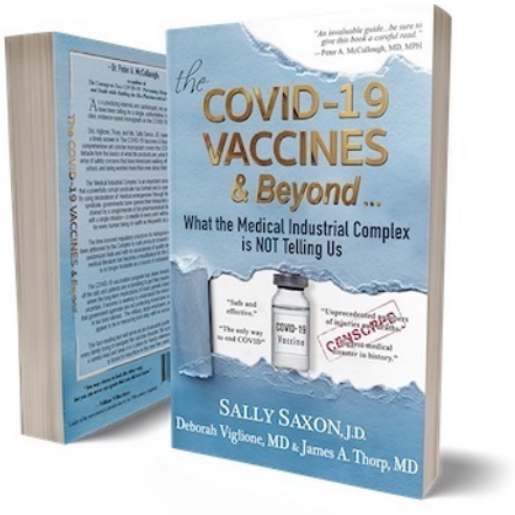
A more comprehensive version of this 4-part online series is available in book format through Amazon under the same title as this series by Sally Saxon, J.D., Deborah Viglione, MD and James A. Thorp, MD.

The book version includes endorsements by several physicians and other experts, as well as additional content about the COVID shots not included in this online series. This is a must read!!!

More information about the book (including the Table of Contents and Preface) is available at www.SallySaxon.com .

The link to the book on Amazon is:

https://www.amazon.com/COVID-19-VACCINES-Beyond-Medical-Industrial/dp/0985818069



REFERENCES

1. One of Kennedy's statements quoted at his funeral service, June, 1968, http://www.tedkennedy.org/ownwords/event/eulogy.html

2. https://www.truthforhealth.org/2022/04/vaccine-injury-treatment-guide-your-roadmap-to-recovery/

3. https://worldcouncilforhealth.org/resources/a-practical-approach-to-keeping-healthy-after-your-covid-19-jab/

4. https://covid19criticalcare.com/covid-19-protocols/i-recover-post-vaccine-treatment/

5. https://naturalnews.com/2021-12-25-covid-vaccines-most-dangerous-biological-product-peter-mccullough.html (Dec. 23, 2021)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

6. www.GlobalCOVIDSummit.org representing 17,000 physicians and medical scientists.

7. Dr. McCullough testimony,
https://www.fulcrum7.com/blog/2021/8/13/a-closer-look-at-dr-peter-mccullough

8. McCullough PA, Kelly RJ, Ruocco G, et al. Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection. *Am J Med*. 2021;134(1):16-22. doi: 10.1016/j.amjmed.2020.07.003; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7410805/

9. https://rwmalonemd.substack.com/p/how-bad-is-my-batch?s=r

10. Malhotra, A. Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine - Part 1. Journal of Insulin Resistance | Vol 5, No 1 | a71 | DOI:
https://doi.org/10.4102/jir.v5i1.71
https://insulinresistance.org/index.php/jir/article/view/71

11. Reported by Steve Kirsch, https://stevekirsch.substack.com/p/will-physicians-ever-speak-out (July 23, 2022)

12. Jim Hoft, https://www.thegatewaypundit.com/2022/08/26-year-old-neurosurgeon-dies-july-making-seven-canadian-doctors-die-two-weeks/ (Aug. 15, 2022)

13. Steve Kirsch, https://stevekirsch.substack.com/p/over-30-deaths-of-young-healthy-canadian (Aug, 28, 2022)

14. https://www.cma.ca/memoriam

15. Steve Kirsch, https://stevekirsch.substack.com/p/doctors-in-canada-are-dying-at-a (Aug. 30, 2022)

16. Beth Brelje, https://www.theepochtimes.com/mkt_app/fired-pharmaceutical-workers-explain-why-they-didnt-get-covid-19-shots_4255408.html (Feb. 3, 2022)
17. Dr. Sherri Tenpenny, *20 Mechanisms of Injury: How COVID 19 Injections Can Make You Sick… Even Kill You (2021),* and *20 More Mechanisms of Injury (2021)*, available at www.DrTenpenny.com

18. Dr. Joseph Mercola, https://www.theepochtimes.com/the-many-ways-in-which-covid-vaccines-may-harm-your-health_4441044.html?utm_source=ai&utm_medium=search (May 2, 2022)

19. S.Seneff, G.Nigh, International Journal of Vaccine Theory, Practice and Research 2(1), May 10, 2021 (updated June 2021), https://ijvtpr.com/index.php/IJVTPR/article/view/23/139

20. Thorp JA, Renz T, Northrup, C, Lively C, Breggin P, Bartlett R, et al. Patient Betrayal: The Corruption of Healthcare, Informed Consent and the Physician-Patient Relationship. G Med Sci. 2022; 3(1): 046-069, https://www.doi.org/10.46766/thegms.medethics.22021403

21. Hyperlink to 1,366 references for COVID-19 vaccine associated complications:
https://www.thegms.co/publichealth/pubheal-rw-22042302-references.pdf

22. https://react19.org/1250-covid-vaccine-reports/

23. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html (last accessed Aug. 12, 2022)

24. https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf, section 2.3.1 (Jan. 29, 2021)

25. Josh Guetzkow, PhD, https://childrenshealthdefense.org/defender/cdc-vaers-covid-vaccine-safety (June 6, 2022)

26. Zachary Stieber, https://www.theepochtimes.com/exclusive-fda-refuses-to-provide-key-covid-19-vaccine-safety-analyses_4722586.html (Sept. 10, 2022)

27. Zachary Stieber, https://www.theepochtimes.com/exclusive-cdc-admits-it-gave-false-information-about-covid-19-vaccine-surveillance_4657836.html (Aug. 11, 2022)

28. Ginger Taylor, https://greenmedinfo.com/blog/examining-rfk-jrs-claim-cdc-owns-over-20-vaccine-patents (Jan. 17, 2017)

29. https://childrenshealthdefense.org/cdc-who/

30. https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-glance (last accessed Sept. 13, 2022)

31. Darrow JJ, Avorn J, Kesselheim AS. FDA Approval and Regulation of Pharmaceuticals, 1983-2018. *JAMA.* 2020;323(2):164–176. doi:10.1001/jama.2019.20288

32. https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html

33. Steve Kirsch interview with nurse, https://rumble.com/vtge32-tawny-buettner-rn-observed-a-10x-increase-in-the-rate-of-myocarditis-after-.html (Jan. 28, 2022)

34. https://ac.news/military-doctor-testifies-she-was-ordered-to-cover-up-vaccine-injuries/\ (March 31, 2022)

35. https://openvaers.com/covid-data (as of July 29, 2022)

36. Steve Kirsch, https://www.trialsitenews.com/a/why-wont-the-cdc-or-fda-reveal-the-vaers-urf (Oct. 25, 2021)

37. Ronald N. Kostoff, PhD, et al, "Why are We Vaccinating Children Against COVID-19?", https://www.sciencedirect.com/science/article/pii/S221475002100161X#bib002 (2021)

38. https://openvaers.com/images/r18hs017045-lazarus-final-report-20116.pdf (2010)

39. Steve Kirsch, Jessica Rose and Matthew Crawford https://www.skirsch.com/covid/Deaths.pdf (updated Dec. 24, 2021)

40. https://stevekirsch.substack.com/p/jackpot-over-500000-killed-by-the?utm_source=email&s=r (May 13, 2022)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

41. https://www.voiceforscienceandsolidarity.org/authors/jessica-rose

42. https://jessicar.substack.com/p/the-true-under-reporting-factor-urf (Jan. 28, 2022)

43. https://stevekirsch.substack.com/about

44. Alberto Benavides interviewed on Zoom by Dr. James A. Thorp, Aug. 4, 2022.

45. Personal correspondence between Albert Benavides and Dr. James Thorp, August 2022

46. https://openvaers.com/covid-data, as of Aug.12, 2022

47. James Lyons-Weiler, Ph.D., Editorial: "If Vaccine Adverse Events Tracking Systems Do Not Support Causal Inference, then "Pharmacovigilance" Does Not Exist," *Science Public Health Policy and the Law*, Volume 3:81–86, https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_4588b37931024c5d98e35a84acf8069a.pdf (Aug. 2021), pp. 82-83

48. Steve Kirsch, https://stevekirsch.substack.com/p/the-great-debate-politifact-vs-the (Feb. 25, 2022)

49. EthanH, "Latest Pfizer document dump shows the company had to hire 2,400 more employees to handle wave of COVID "vaccine" adverse events, https://citizens.news/607699.html (April 6, 2022)..

50. McLachlan, Scott; Osman, Magda, et al, "Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis," https://www.researchgate.net/publication/352837543; DOI:10.13140/RG.2.2.26987.26402 (June 2021)

51. www.openvaers.com, as of Sept. 12, 2022

52. Alex Newman, https://thenewamerican.com/covid-shot-killing-large-numbers-warns-top-covid-doc-peter-mccullough/ (April 27, 2021)

53. https://childrenshealthdefense.org/video/60-minutes-swine-flu-1976-vaccine-warning/ (Aired on *60 Minutes* on Nov. 4, 1979)

54. https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html (last accessed May 6, 2022)

55. https://openvaers.com/covid-data (as of June 24, 2022)

56. Dr. Joseph Mercola, notes of Dr. Peter McCullough's interview by Joe Rogan, "The Most Important Podcast You Can Hear About COVID-19," https://takecontrol.substack.com/p/understanding-covid-19?s=r (Dec. 23, 2021)

57. https://openvaers.com/covid-data/mortality

58. https://phmpt.org/wp-content/uploads/2021/11/091621-Complaint.pdf

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

59. Edward Hendrie, https://greatmountainpublishing.com/2021/11/23/the-fda-took-108-days-to-review-pfizer-documents-before-approving-its-covid-19-vaccine-but-the-fda-wants-to-take-55-years-to-review-those-same-documents-before-releasing-them-to-the-public/ (Nov. 23, 2021)

60. https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf

61. https://jessicar.substack.com/p/pfizer-adverse-event-data (Dec. 5, 2021)

62. Dr. Daniel Nagase interviewed on Strong and Free Truthcast https://rumble.com/vqq3hw-breaking-news-pfizers-own-stats-1200-40000-trial-participants-dead-intervie.html (Dec. 13, 2021)

63. https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/summary-public-assessment-report-for-pfizerbiontech-covid-19-vaccine
(updated Aug. 16, 2922)

64. Norman Fenton, https://www.normanfenton.com/post/breaking-news-uk-government-says-vaccine-not-safe-for-pregnant-or-breastfeeding-women (Aug. 29, 2022)

65. https://www.cdc.gov/media/releases/2021/s0811-vaccine-safe-pregnant.html

66. Shimabukuro TT, Kim SY, Myers TR, Moro PL, Oduyebo T, Panagiotakopoulos L, Marquez PL, Olson CK, Liu R, Chang KT, Ellington SR, Burkel VK, Smoots AN, Green CJ, Licata C, Zhang BC, Alimchandani M, Mba-Jonas A, Martin SW, Gee JM, Meaney-Delman DM; CDC v-safe COVID-19 Pregnancy Registry Team. Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons. N Engl J Med. 2021 Jun 17;384(24):2273-2282. doi: 10.1056/NEJMoa2104983. Epub 2021 Apr 21. Erratum in: N Engl J Med. 2021 Oct 14;385(16):1536. PMID: 33882218; PMCID: PMC8117969.
https://web.archive.org/web/20210630220634/https://pubmed.ncbi.nlm.nih.gov/33882218/

67. Thorp, J.A.; Rogers, C.; Deskevich, M.P.; Tankersley, S.; Benavides, A.; Redshaw, M.D.; McCullough, P.A. COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function. Preprints 2022, 2022090430 (doi: 10.20944/preprints202209.0430.v1).

68. Raw data compiled from VAERS by Dr. James A. Thorp, August 2022.

69. Alicia Powe, https://www.thegatewaypundit.com/2021/12/video-doctor-warns-stillbirths-rampant-among-fully-vaccinated-mothers-launches-investigation/ (Dec. 11, 2021)

70. Personal communication from Dr. Daniel Nagase to Sally Saxon, Nov. 2022

71. Sarah Middleton, https://www.naturalhealth365.com/vaers-reveals-massive-increase-in-fetal-deaths-following-maternal-covid-injection.html (April 19, 2022)

72. Todd Callender is the principal in the law firm Disabled Rights Advocates PLLC and is the CEO of a large health & disability insurance group based in Colorado.

73. Robert v. Austin, Civil Action No. 21-CV-2228 filed Aug. 17, 2021 in the U.S. Federal District Court for the District of Colorado,
https://ia904609.us.archive.org/23/items/gov.uscourts.cod.209086/gov.uscourts.cod.209086.1.0.pdf

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2.
G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

74. Information told to Sally Saxon by Todd Callender, Nov. 2022; https://www.sallysaxon.com/covid-19-vax-military-whistleblower-documents

75. https://renz-law.com/that-will-be-used-to-cover-the-death-of-children-from-the-covid-shot/

76. In a letter dated February 8, 2022 from Sen. Ron Johnson, to Secretary of Defense Lloyd Austin, referring to his January 24, 2022 letter, https://www.ronjohnson.senate.gov/services/files/07514E29-F80B-4EB6-B0F4-D7156A8C5691

77. https://renz-law.com/that-will-be-used-to-cover-the-death-of-children-from-the-covid-shot/

78. Letter dated Feb.1, 2022 to Secretary Lloyd Austin, Dept. of the Defense, https://www.ronjohnson.senate.gov/services/files/FB6DDD42-4755-4FDC-BEE9-50E402911E02

79. DonG, https://ricochet.com/1127182/dmed-is-a-game-changer-on-vaccine-safety/

80. Communication from Todd Callender to Sally Saxon, Nov. 2022

81. https://www.politifact.com/factchecks/2022/jan/31/instagram-posts/numbers-were-based-faulty-data-military-spokespers/ (Jan. 28, 2022)

82. Letter dated February 8, 2022 from Sen. Ron Johnson, to Secretary Lloyd Austin

83. Declaration of 1LT Mark Bashaw in Further Support of Senator Ron Johnson's Investigation into the Safety and Efficacy of COVID-19 Vaccines, March 3, 2022. https://takeactionforfreedom.com/docs/1LT%20Mark%20Bashaw%20Whistleblower%20Declaration.pdf

84. Declaration of LTC Theresa Long, MD, MPH, FA in Further Support of Senator Ron Jonson's Investigation into the Safety and Efficacy of COVID-19 Vaccines (March 9, 2022), https://www.sallysaxon.com/covid-19-vax-military-whistleblower-documents

85. https://renz-law.com/special-notice-regarding-evidentiary-findings-related-to-the-official-renz-law-covid-19-investigation/, pp. 156-157

86. Tom Renz interviewed by Stew Peters, https://www.bitchute.com/video/ETn60yF7CNFt/ (Oct. 4, 2021)

87. Miranda Sellick, https://rairfoundation.com/coffins-for-children-ordered-in-bulk-first-time-in-over-30-years-exclusive-interview/ (July 14, 2022)

88. Mick Haddock interviewed by Stew Peters, https://rumble.com/v1bwqm3-casket-salesman-blows-whistle-child-caskets-being-ordered-in-bulk-never-see.html (July 11, 2022)

89. Margaret Menge, https://www.theepochtimes.com/more-than-half-of-babies-toddlers-surveyed-had-systemic-reaction-after-covid-19-vaccine_4707948.html (Sept. 4, 2022)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

90. https://floridahealthcovid19.gov/wp-content/uploads/2022/10/20221007-guidance-mrna-covid19-vaccines-doc.pdf

91. https://expose-news.com/2022/09/13/urope-children-killed-covid-vaccine/?cmid=bad6ac5f-965f-4b03-8cf2-ed9383ba44f4 (Sept. 13, 2022)

92. Dr. Claire Craig interviewed by Del Bigtree, https://thehighwire.com/videos/how-did-the-covid-vaccine-get-approved-for-kids/ (June 28, 2022)

93. Dr. Claire Craig, https://rumble.com/v1ah75c-dr.-claire-craig-how-the-fda-twisted-the-data-6-month-to-4-year-olds.html (June 29, 2022)

94. Tom Kerthcher, https://www.politifact.com/article/2021/nov/01/context-never-going-learn-how-safe-vaccine-unless-/ (Nov. 1, 2021)

95. https://healthimpactnews.com/2022/17500-increase-in-heart-disease-in-children-following-covid-19-vaccines-this-is-not-rare/ (April 2, 2022)

96. Megan Redshaw, https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-myocarditis-teens-study/ (Aug. 11, 2022)

97. Megan Redshaw, https://childrenshealthdefense.org/defender/17-year-old-died-myocarditis-pfizer-shot-vaers-data/ (Aug. 5, 2022)

98. Mansanguan, S.; Charunwatthana, P. et al. Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents. Trop. Med. Infect. Dis.2022, 7, 196. https://doi.org/10.3390/tropicalmed7080196

99. Dr. Peter McCullough interviewed by Nadera Lopez-Garrity, https://childrenshealthdefense.org/video-post/new-generation-of-covid-19-shots-what-you-must-know-with-dr-peter-mccullough/ (Sept. 5, 2022)

100. Dr. Peter McCullough interviewed by Kim Iverson, https://www.alipac.us/f19/dr-peter-mccullough-discusses-number-vaccinated-children-developing-subclinical-m-398396/ (Aug. 2022)

101. Jack Bingham, https://www.lifesitenews.com/news/children-under-12-should-not-risk-receiving-pfizers-covid-vaccine-who-says/ (Jan. 20, 2022)

102. Meg Ellefson, https://wsau.com/2021/12/16/leading-researcherinventor-of-the-mrna-vaccine-dont-vaccinate-your-children/ (Dec. 16, 2021)

103. https://doctorsandscientistsdeclaration.org/

104. https://www.israelnationalnews.com/news/304124 (April 11, 2021)

105. https://www.lifesitenews.com/wp-content/uploads/2021/06/2021-05-31_-_Guide_to_COVID-19_vaccines_for_parents_-_FINAL.pdf

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

106. Jack Phillips, https://www.theepochtimes.com/fauci-looks-like-children-aged-4-and-younger-will-get-a-three-dose-vaccine-regimen_4240317.html (Jan. 27, 2022)

107. Manas Mishra and Michael Erman, https://news.yahoo.com/u-fda-panel-weighs-covid-110649297.html (June 15, 2022)

108. Bille K, Figueiras D, Schamasch P, Kappenberger L, et al. Sudden cardiac death in athletes: the Lausanne Recommendations. Eur J Cardiovasc Prev Rehabil. 2006 Dec;13(6):859-75. doi: 10.1097/01.hjr.0000238397.50341.4a. PMID: 17143117; https://pubmed.ncbi.nlm.nih.gov/17143117/

109. https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/ (data showing in headline when accessed Aug. 15, 2022)

110. Dr. Colleen Huber, NMD, *Neither Safe Nor Effective: The Evidence Against the COVID Vaccines*, (2022) pp. 79-84

111. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

112. https://media.mercola.com/ImageServer/Public/2022/August/PDF/bivalent-covid-vaccine-pdf.pdf (Aug. 22, 2022)

113. https://americasfrontlinedoctors.org/2/action_alerts/identifying-post-vaccination-complications-their-causes-an-analysis-of-covid-19-patient-data/ (no date)

114. Mike Whitney, https://www.algora.com/Algora_blog/2021/06/13/the-killer-in-the-bloodstream-the-spike-protein (June 13, 2021)

115. SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2" by Yuyang Lei, et al, 31 March 2021, *Circulation Research*.
DOI: 10.1161/CIRCRESAHA.121.318902

116. Neville Hodgkinson, "Vaccine scientist: 'We've made a big mistake", https://www.conservativewoman.co.uk/vaccine-researcher-weve-made-a-big-mistake/ (June 7, 2021)

117. https://www.rodefshalom613.org/2021/06/recently-revealed-japanese-study-shows-covid-vaccines-may-affect-fertility/?utm_source=pocket_mylist

118. https://www.lifesitenews.com/news/pfizer-vp-vaccination-women-is-stupid-infertility/ (Aug. 19, 2021)

119. Dr. Michael Yeadon presentation, https://odysee.com/@Quasar:3/Mike-Yeadon-Testimony-for-the-Grand-Jury:9 (testimony date Feb. 4, 2022)

120. Patterson, Bruce K.; Francisco Edgar B.; Long, Emily; Pise, Amruta; et al, "*Persistence of SARS CoV-2 S1 Protein in CD16+ Monocytes in Post-Acute Sequelae of COVID-19 (PASC) Up to 15 Months Post-Infection,* "bioRxiv 2021.06.25.449905"; doi: https://doi.org/10.1101/2021.06.25.449905

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

121. Dr. Paul Alexander, https://palexander.substack.com/p/spike-protein-and-components-s-1 (Dec. 12, 2021)

122. https://www.thelibertybeacon.com/dr-mike-yeadon-continues-as-a-force-for-truth/ (June 7, 2021)

123. https://www.sott.net/article/445136-Dr-Wodarg-and-Dr-Yeadon-request-a-STOP-of-all-corona-vaccination-studies-due-to-safety-concerns-and-call-for-co-signing-the-petition (Dec. 1, 2020)

124. Fohse, F. Konstantin; Gecklin, Buisranur; Overheul, Gijis J. The BNE162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses. Research Gate May 2021 doi:10.1101/2021.05.03.21256520

125. Seneff S, Nigh G, Kyriakopoulos AM, McCullough PA. Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs. Food Chem Toxicol. 2022 Jun;164:113008. doi: 10.1016/j.fct.2022.113008. Epub 2022 Apr 15. PMID: 35436552; PMCID: PMC9012513.

126. Karikó K, Muramatsu H, Welsh FA, Ludwig J, Kato H, Akira S, Weissman D. Incorporation of pseudouridine into mRNA yields superior nonimmunogenic vector with increased translational capacity and biological stability. Nov;16(11):1833-40. doi: 10.1038/mt.2008.200. Epub 2008 Sep 16.PMID: 18797453

127. Obeid, Elias; Nanda, Rita; et al. Association of downregulation of toll-like receptor 3 (TLR3) expression with aggressive breast cancer (BC). Journal of Clinical Oncology 2013 31:15_suppl, 11035-11035

128. Torres I, Albert E, et al. B- and T-cell immune responses elicited by the Comirnaty® COVID-19 vaccine in nursing-home residents. Clin Microbiol Infect. 2021 Nov;27(11):1672-1677. doi: 10.1016/j.cmi.2021.06.013. Epub 2021 Jun 24. PMID: 34174397; PMCID: PMC8223011.

129. Liu J, Wang J, et al, Comprehensive investigations revealed consistent pathophysiological alterations after vaccination with COVID-19 vaccines. Cell Discovery (2021) 7:99, https://doi.org/10.1038/s41421-021-00329-3

130. Singh N, Bharara Singh A. S2 subunit of SARS-nCoV-2 interacts with tumor suppressor protein p53 and BRCA: an in silico study. Transl Oncol. 2020 Oct;13(10):100814. doi: 10.1016/j.tranon.2020.100814. Epub 2020 Jun 30. PMID: 32619819; PMCID: PMC7324311.

131. https://web.archive.org/web/20220114040737/https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development

132. Dr. Ryan Cole. MD interviewed by Dr. Brian Hooker, https://childrenshealthdefense.org/defender/dr-ryan-cole-shots-hooker/ (May 26, 2022)

133. Dr. Ryan Cole interviewed by Greg Hunter, https://usawatchdog.com/global-cv19-vax-absolute-insanity-dr-ryan-cole/ (June 4, 2022)

134. Todd Callender interviewed by Reiner Fuellmich, https://www.bitchute.com/video/RS3F9kQAoeCD/ (March 2022)

135. https://expose-news.com/2022/05/22/your-gov-confirmed-covid-vaccinated-develop-a-id-s-5-months/ (May 22, 2022)

136. Steve Kirsch, https://stevekirsch.substack.com/p/my-interviews-with-ryan-cole-deb (Aug 13, 2022)

137. Steve Kirsch "New Studies Show That the COVID Vaccines Damage Your Immune System", https://stevekirsch.substack.com/p/new-study-shows-vaccines-must-be (Dec. 24, 2021). The German study referred to is linked in Kirsch's article at https://stevekirsch.substack.com/p/new-study-from-germany-confirms-higher (Nov. 20, 2021)

138. Robin Monotti Gradziadei (Sept 13, 2021) https://nulluslocussinegenio.com/2021/09/13/why-mass-vaccinations-prolong-and-make-epidemics-deadlier-real-vaccine-expert-calls-out-flawed-government-pandemic-strategy/

139. Dr. Geert Vanden Bossche Interview, https://thehighwire.com/videos/a-coming-covid-catastrophe/ (March 11, 2021)

140. Hagemann K, Riecken K, et al. Natural killer cell-mediated ADCC in SARS-CoV-2-infected individuals and vaccine recipients. Eur J Immunol. 2022 Aug;52(8):1297-1307. doi: 10.1002/eji.202149470. Epub 2022 Apr 22. PMID: 35416291; PMCID: PMC9087393.

141. Huisman W, Martina BE, Rimmelzwaan GF, Gruters RA, Osterhaus AD. Vaccine-induced enhancement of viral infections. 2009 Jan 22;27(4):505-12. doi: 10.1016/j.vaccine.2008.10.087. Epub 2008 Nov 18. PMID: 19022319

142. From a presentation by Dr. Ryan Cole, MD, "COVID-19 -Then and Now," at Pensacola, FL (May 19, 2022), as reported by Dr. Deborah Viglione.

143. From a presentation by Dr. Ryan Cole, MD, at the Gateway to Freedom conference, Collinsville, IL (Aug. 25-27, 2022), as reported by Dr. Deborah Viglione.

144. Dr. Ryan Cole, interviewed by Veronika Kyrylenko, https://thenewamerican.com/dr-ryan-cole-covid-vax-damages-your-immune-system/ (Jan. 27, 2022)

145. Toby Rogers, PhD, https://brownstone.org/articles/the-fdas-future-framework-for-covid-vaccines-is-reckless-plan/ (June 22, 2022)

146. Beth Mole, https://arstechnica.com/science/2022/08/with-data-in-mice-pfizer-asks-fda-to-authorize-its-fall-ba-4-5-booster-shot/ (Aug. 22, 2022)

147. Toby Rogers, https://tobyrogers.substack.com/p/the-end-of-covid-19-vaccine-safety (June 29, 2022)

148. Rob Stein, https://www.nprillinois.org/2022-08-18/whats-behind-the-fdas-controversial-strategy-for-evaluating-new-covid-boosters (Aug. 18, 2022)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

149. https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-submit-application-us-fda-emergency-use (Aug. 22, 2022)

150. https://www.trialsitenews.com/a/did-pfizer-fail-to-perform-industry-standard-animal-testing-prior-to-initiation-of-mrna-clinical-trials (May 28, 2021)

151. Michael Nevradakis, Ph.D., "Pfizer Classified Almost All Adverse Events During COVID Vaccine Trials 'Not related to shots'", https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-trials-adverse-events-shots-fda-eua-documents/ (June 21, 2022)

152. Daniel Horowitz, https://www.conservativereview.com/horowitz-what-did-pfizer-know-and-when-3-important-findings-from-recent-document-releases-2657115084.html (April 7, 2022)

153. Letter from attorneys Aaron Siri and Elizabeth A. Brehm, Oct. 22, 2021, to Xavier Becerra (HHS Secretary), Dr. Rochelle Walensky (CDC Director), Dr Janet Woodcock (Interim FDA Commissioner), Dr. Peter Marks and Dr. Tom Shimabukuro (CDC COVID-19 Vaccine Task Force); https://www.sirillp.com/wp-content/uploads/2021/10/Letter-to-Federal-Health-Agencies-Regarding-Maddie-and-Clinical-Trials-for-Children.pdf

154. Segment of Maddie de Garay's parents' interview with Highwire host Del Bigtree (Aug. 11, 2022) in the documentary, *Rigged*, https://thehighwire.com/videos/episode-280-rigged/

155. Sasha Latypova,https://www.trialsitenews.com/a/my-affidavit-on-different-formulations-in-pfizer-vaccine-lots-1b9e4ee9 (June 30, 2022)

156. Megan Redshaw, https://childrenshealthdefense.org/defender/fda-moderna-bypass-covid-vaccine-safety-standards-documents/ (July 12, 2022)

157. Sonia Elijah, https://www.trialsitenews.com/a/what-the-leaked-ema-emails-docs-reveal-major-concerns-with-pfizer-c-19-vaccine-batch-integrity-and-the-race-to-authorise-cdda0ba2 (June 20, 2022)

158. Thacker P D. COVID-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial. *BMJ* 2021; 375 :n2635 doi:10.1136/bmj.n2635; https://www.bmj.com/content/375/bmj.n2635

159. https://www.documentcloud.org/documents/21206071-brook-jackson-lawsuit

160. Sasha Latypova, https://www.trialsitenews.com/a/did-pfizer-perform-adequate-preclinical-safety-studies-for-bnt162b2-cf0c7fc4 (June 28, 2022)

161. https://media.mercola.com/ImageServer/Public/2022/July/PDF/covid-19-vaccine-trials-results-pdf.pdf

162. Mary Villareal, https://www.chemicalviolence.com/2022-07-14-fda-future-framework-allows-bypass-vaccine-testing.html (July 14, 2022)

163. Alex Berenson, "Some Actual news about Moderna adverse event reports," https://alexberenson.substack.com/p/some-actual-news (Aug. 6, 2021)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202

164. Sasha Latypova, https://www.trialsitenews.com/a/modernas-non-clinical-summary-for-spikevax-evidence-of-scientific-and-regulatory-fraud-fd53b4f7#_ftn4 (July 6, 2022)

165. Dr. Peter Breggin, MD and Ginger Ross Breggin, *COVID-19 and the Global Predators: We are the Prey* (2021), pp. 175-178

166. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-limits-use-janssen-covid-19-vaccine-certain-individuals (May 5, 2022)

167. Judy George, https://www.medpagetoday.com/infectiousdisease/covid19vaccine/93537 (July 12, 2021, updated July 13, 2021)

168. Staff Report, Select Subcommittee on the Coronavirus Crisis, Committee on Oversight and Reform, "The Coronavirus Vaccine Manufacturing Failures of Emergent Biosolutions." https://coronavirus.house.gov/sites/democrats.coronavirus.house.gov/files/Coronavirus%20Vaccine%20Manufacturing%20Failures%20of%20Emergent%20BioSolutions.pdf (May 2022)

169. Sharon Lafraniere and Noah Weiland, https://www.nytimes.com/2021/03/31/world/johnson-and-johnson-vaccine-mixup.html (March 31, 2021)

170. https://apnews.com/article/covid-business-health-carolyn-maloney-congress-6e649ca8b24fe238cb76ff49284fd59b (May 10, 2022)

171. https://www.local10.com/news/politics/2022/08/11/jj-covid-vaccine-factory-forced-to-trash-even-more-doses/ (Aug. 11, 2022)

172. Jake Epstein, https://www.businessinsider.com/johnson-and-johnson-to-shut-down-coronavirus-vaccine-production-report-2022-2 (Feb. 8, 2022).

173. Craig Paardekooper, "COVID Vax Variability Between Lots," https://www.bitchute.com/video/4HlIyBmOEJeY/ (Dec. 15, 2021)

174. 211. Ramola D., "Super Toxic Batches and Variability in Vaccines," https://everydayconcerned.net/tag/team-enigma/ (Jan. 11, 2022)

175. Personal communication from Sasha Latypova to Sally Saxon, Nov. 2022.

176. https://dailyexpose.uk/2021/11/01/dr-mike-yeadon-just-when-you-though-things-couldnt-get-any-worse/ (Nov. 1, 2021)

177. Interview by Brannon Howse, https://www.worldviewweekend.com/tv/video/pfizer-whistleblower-melissa-mcatee-vaccine-glowing-and-what-happened-when-she-confronted (Oct. 19, 2021).

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 2. G Med Sci. 2023; 4(1):098-164. https://www.doi.org/10.46766/thegms.pubheal.22092202