The Department of Infrastructure,

Transport, Regional Development,

Communications and the Arts,

GPO Box 594

Canberra ACT 2601

Re: the Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023

SUBMISSION AGAINST THE LEGISLATION

Introduction

A UN report from 2022 states internet shutdowns: "**affect freedom of expression and access to information – one of the foundations of free and democratic societies and an indispensable condition for the full development of the person**.7 I**t is a touchstone for all other rights guaranteed in the International Covenant on Civil and Political Rights** 8

and other human rights instruments. Any restriction on freedom of expression constitutes a serious curtailment of human rights.9"[1] (emphasis added) Censorship of social media will have the same effect.

The Australian Attorney-Generals Department states: "When working on a measure that restricts freedom of expression, you should ask yourself whether the measure can be justified under the permitted grounds for restriction, whether it will be effective to achieve the desired ends, whether it impinges on freedom of expression to a greater degree than is necessary and whether there are less restrictive means of achieving the desired ends...The right in article 19(2) protects freedom of expression in any medium, for example written and oral communications, the media, public protest, broadcasting, artistic works and commercial advertising. The right protects not only favourable information or ideas, but also unpopular ideas including those that may offend or shock (subject to limitations)."[2]

Seeking to restrict unpopular ideas to the government has been shown to cause harm because:

1. Government is not always correct
2. Relying on experts has been shown to be deeply problematic because experts are prone to many pressures such as: bias, Conflicts of Interest (COI), pressures from stakeholders and to be just plain wrong, as discussed in this submission.

The proposed legislation will impede the exchange of ideas necessary for the advancement and betterment of humanity, and knowledge. To accept the ideas approved by one set of people as the only acceptable views, to censor everyone else, will create an even more pronounced system where corporations can prosper at the expense of and control the people and progress is impeded.

"**Constructive criticism is essential to scientific progress. Allowing a comfortable place for heterodox ideas is one crucial means of ensuring such progress in psychology.** A variety of social psychological (e.g., groupthink, derogation of outsiders) and institutional (e.g., citation bias, white hat bias) processes may impede such heterodoxy. I outline 5 reasons that psychology should embrace unpopular and controversial ideas...**If left unchecked, ideological uniformity can be a recipe for a plethora of well-known social-psychological processes commonly associated with the suppression of dissent, such as conformity** (Asch, 1956) **and groupthink (J**anis, 1972)**, pluralistic ignorance (**O'Gorman, 1986), **group polarization** (Myers & Lamm, 1976), **and ostracism and condemnation of those who deviate unduly from group norms** (Schachter, 1951)."[3] (emphasis added)

The proposed legislation will make government and corporations <u>unaccountable</u> leading to tyranny and injustice for the average member of the community.

Centralisation of "knowledge" and decision making, destroys the mechanisms of error correction, leaving room for: acting in ignorance, many forms of corruption and misleading the public as has been done so many times previously.

As Justice Frankfurter said in 1957: "**Dogma and hypothesis are incompatible**", yet we have a situation where not only have we been subjected to dogma during the time of Covid-19 and Governments and other organisations have by various means shut down access to the means to explore new hypothesis. In the Main Stream Media MSM we have only been hearing the narrative from the

[1] https://documents-dds-ny.un.org/doc/UNDOC/GEN/G22/341/55/PDF/G2234155.pdf?OpenElement

[2] https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/human-rights-scrutiny/public-sector-guidance-sheets/right-freedom-opinion-and-expression

[3] https://psycnet.apa.org/fulltext/2020-28599-001.pdf

pharmaceutical industry and some public health bureaucrats.

"The value-based, systematic, and iterative use of inquiry as a means to promote valued outcomes of behaviours and help people prevent errors and foster awareness of uncertainty, assumptions, risk factors, and the significance of decisions or actions. A strong questioning attitude should reflect an interest in representing problems, purpose seeking of questions and answers, recognition of the importance of questioning, and awareness of the risks associated with complexity, complacency, and uncertainty."[4]

An article on writing Critical Thinking Reports (CTR) finds: "Writing CTRs is a potentially powerful pedagogical (teaching) tool".[5]

Research shows that the most meaningful learning takes place when students are challenged to address an issue in depth.[6]

The amendment in its current form does not define misinformation or disinformation thus making it a very broad area where one person or group can decide what must be censored and the proposed fines are so enormous that every company will want to avoid them. We will be in the realm where I will not be able to tell the story from my childhood of a cat we adopted and called Tom, Tom became pregnant and gave birth to kittens so we called her Mrs Tom. The story could be problematic with gender identification sensitivities. The number of areas where such potentially enormous fines would severely impede business as usual for any social media company.

I recently posted a photo of a (possibly photoshopped), circular rainbow, which is a thing, on my facebook page, it was "factchecked" and the photo hidden from view, with the following advise: "Independent fact-checkers say that the photo or image has been edited in a way that could mislead people, but not because it was shown out of context. You can choose whether to see it." I need say no more on the levels of ridiculousness that have been achieved.

We are not getting the information we need from the Main Stream Media MSM so we must turn to alternative means of communication.

As the censorship over the last years has mostly been in areas of medicine (the area I worked in as a Registered Nurse/Midwife), and science this will be the focus of my discussion.

Rarely is there consensus in science and medicine, this climate of differing opinions and views has generally given rise to discussion and exchange of views which helps to drive the community towards further knowledge and achievement. The discussion on the safety of the approach to the treatments for Covid-19, has been silenced in most places which are accessible to many health professionals and much of the public.

Questioning something does not make you"Anti" anything, nor does it make you a conspiracy theorist, a "sceptic" or a "denier". The aim of such labelling is that those who are characterised become "pariahs"- someone who is outcast, a person who is avoided, despised or rejected, and ignored.

Scientists and treating doctors usually come together and discuss patterns they are seeing so they can work out if what they are seeing is a signal of effects from a treatment.

The attempt to silence these discussions by name calling such as "Anti-vaxxer" or "Conspiracy Theorist", and the writing of 'Hit pieces" which do nothing to address the argument but defame the

[4]https://www.igi-global.com/book/handbook-research-culturally-aware-information/41795

[5]https://pubmed.ncbi.nlm.nih.gov/32875120/

[6]https://onlinelibrary.wiley.com/doi/abs/10.1002/sce.20328

person for their point of view, is a red flag to many in the community which causes them to search deeper for the truth. It is a display lack of ability to address the issue/s at hand.

A look at Wikipedia (which has funding from Merck and The Bill and Belinda Gates Foundation[7]- an investor in pharmaceuticals and vaccines in particular) as an example, labels many highly credentialed doctors and scientists who do not agree with the government and Pharma narratives with the above pejoratives. Many have been banned, shadow banned, deplatformed, fact checked unreasonably, for stating facts and time has exposed the truth to the wider community, examples are given later in the discussion.

Consensus Medicine

Authorities repeatedly told us they were following the best available science, which was untrue as discussed later, that there was consensus, also untrue. Authorities censored and ignored more than 17,000 doctors and scientists who questioned the approach of authorities, using in depth and up to date science and experience.[8]

Medicine is littered with examples of consensus based medicine that were wrong. Some examples are to be found in the article 25 Times Medical Consensus Had To Be Rethought[9]

There is still discussion around consensus, Dr Neil deGrasse Tyson has has recently stated: "I'm only interested in consensus".[10]

Past Professor at UCI School of Medicine and director of the Medical Ethics Program at UCI Dr Aaron Kheriarty stated in response to Dr deGrasse Tysons' comment: "***Science is an ongoing search for truth & such truth has little to do with consensus. Every major scientific advance involves challenges to a consensus. Those who defend scientific consensus rather than specific experimental findings are not defending science but partisanship***".[11] (emphasis added)

The American Board of Internal Medicine (ABIM), recently notified Dr. Pierre Kory and Dr. Paul Marik that their certifications will officially be revoked: "The charge? Spreading "false or inaccurate medical information." The committee concluded that the published peer-reviewed, clinical, and observational data that create the foundation of FLCCC protocols, educational materials, and public statements are not so-called "consensus-driven scientific evidence...Interestingly, the "consensus" cited by the ABIM includes several studies that have been largely disproven or questioned for their glaring flaws, conflicts of interest, or poor design as well as a National Public Radio story that had to be corrected for false reporting...The ABIM is doing this to us and other doctors who didn't follow what the committee is calling 'consensus' as a way to scare others into silence," said Dr. Marik. "Following the ABIM's 'consensus' will only deprive patients of important treatments that have saved lives all over the world.""[12] FLCCC- Front Line COVID-19 Critical Care Alliance

Lack of consensus among medical professionals can be confusing for patients and their families

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[7]https://wikimediafoundation.org/about/2018-annual-report/donors/#section-2

[8]https://doctorsandscientistsdeclaration.org/

[9]https://covid19criticalcare.com/25-times-medical-consensus-had-to-be-rethought/

[10]https://brownstone.org/articles/scientific-consensus-a-manufactured-construct/

[11]https://twitter.com/akheriaty/status/1645937691920568320?s=43&t=K7yxC7_YmO0qqpXj0mVeTw

[12]https://flccc.substack.com/p/flccc-doctors-plan-to-fight-board

because most people do not have the basic knowledge to search through literature and find reasons why medical professionals may have differing opinions.

It is rare that a medical professional will be able to justify their (usually) authoritatively stated opinion by providing the evidence base behind that opinion, so it is difficult to assess the best course of action. We usually just decide to place our trust in the person we respect the most, because: we like them, they have higher qualifications, they communicate well, they come highly recommended, we find them reassuring and probably many other reasons, rarely to do with the actual evidence around what they are recommending. As a midwife one of the most common complaints from new mothers was the lack of consensus surrounding the recommendations of midwives. But without differing opinions there is no growth, no correction of error.

There is often resistance to updating recommendations based on new and emerging evidence, which leads to guidelines becoming quickly outdated and not reflecting the latest advances in science. Studies have shown that even after claims have been dis-proven in the medical literature, they often persist for years and even decades before they are changed.

In a time which was proclaimed an emergency which by definition is a situation where the knowledge base is emergent, or new, thus there can be as yet, no expert opinion or knowledge, we were told to trust the "experts", bureaucrats who may have had a medical degree but had not treated a patient for many years, decades for many of them and who had never treated a patient with Covid-19.

To question authorities in science and medicine in this time, is to risk ones job, career, license to practice and funding for further research. Positive change occurs due to people questioning and coming up with new ideas. How can positive change be affected in the absence of alternative ideas and free discussion. AHPRA rules[13] [14] have effectively silenced doctors from expressing views other than the government approved narrative even if the doctors have valid science to back their statements. Doctors are unable to give informed consent because they are not allowed to say anything negative about Covid-19 treatments and vaccines and doctors do NOT have all the information available to give informed consent. Most people have had a legal right to Informed Consent[15] and a second opinion of a medical treatment in Australia and most other countries. The process of Informed Consent is complex due to many factors including:

1. communication difficulties, i.e. patients often don't understand medical professionals,[16] [17]
2. ability and/or willingness of the patient to understand
3. time constraints
4. exhaustion and burnout[18]
5. complex situations
6. lack of knowledge[19]
7. abuse of power[20]

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[13]file:///home/nabeelah/Downloads/Ahpra---Position-statement---COVID-19-vaccination-position-statement.PDF

[14]Downloads/Ahpra---Position-statement---COVID-19-vaccination-position-statement.PDF

[15]https://www.safetyandquality.gov.au/sites/default/files/2020-09/sq20-030_-_fact_sheet_-_informed_consent_-_nsqhs-8.9a.pdf

[16]https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04969-w

[17]https://bmjopenquality.bmj.com/content/6/1/u207103.w3042

[18]https://pubmed.ncbi.nlm.nih.gov/30193239/

[19]https://pubmed.ncbi.nlm.nih.gov/10137588/

[20]https://pubmed.ncbi.nlm.nih.gov/11874258/

8. medical professionals lie to patients[21] [22] [23]

In the words **"we must trust in the recommendations of experts"** is to not recognise the experience of front line doctors, medical researchers, nurses, midwives, allied health professionals, patients and their relatives and consumer groups etc who challenge doctors and experts and the treatments they recommend daily, thereby in many cases saving lives and preventing harm; nor do I recognise a commitment to the scientific process which Government Covid-19 recommendations are supposed to be relying upon. **Scientific process is to question, challenge and discuss the research**. **What I recognise in this statement is the narrative from the pharmaceutical industry and conflicted public health bureaucrats.**

Many had our right to consent taken away over the last three years, by misinformation from governments and government bodies.

The World Health Organisation WHO are still saying that: "COVID-19 vaccines have proven to be safe, effective and life-saving."[24] As shown later this is not correct, some would call it mis/disinformation. The system is broken and does not work in favour of the patient/populace.

Johns Hopkins University professor Dr. Marty Makary blasted the **US federal government** during the House Select Subcommittee on the Coronavirus Pandemic's first hearing early in 2023, accusing it of being "**the greatest perpetrator of misinformation**".

"Misinformation that Covid was spread through surface transmission; that vaccinated immunity was far greater than natural immunity; That masks were effective.

Now we have the definitive Cochrane review. What do you do with that review? Cochrane is the most authoritative evidence body in all of medicine and has been for decades. Do you just ignore it and not talk about it?

That myocarditis was more common after the infection than [after] the vaccine. Not true, it is 4-28 times more common after the vaccine.
That young people benefit from a booster, misinformation. Our two top experts on vaccines quit the FDA in protest over this particular issue, pushing boosters in young, healthy people. The data was never there. That's why the CDC never disclosed hospitalization rates among boosted Americans under age 50.
That vaccine mandates would increase vaccination rates. The George Mason University study shows that it didn't. It did one thing, it created "Never-Vaxxers" who are now not getting the childhood vaccines they need to get.
Over and over again, we've seen something that goes far beyond using your best judgement with the information at hand. We've seen something that is unforgivable, and that is the weaponization of medical research itself. The CDC putting out their own shoddy studies, like their own study on natural immunity looking at one state for two months, when they had data for years on all 50 states. Why did they only report that one sliver of data? Why did the salami slice the giant database? Because it gave them the result they wanted.
The same with the masking studies. The data has now caught up in giant systematic reviews,

[21]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2736034/
[22]https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-020-00528-9
[23]https://www.namd.org/journal-of-medicine/2894-doctors-are-trained-to-lie.html
[24]https://www.who.int/news-room/feature-stories/detail/vaccine-efficacy-effectiveness-and-protection

and **public health officials were intellectually dishonest. They lied to the American people**."[25] (emphasis added)

The Australian government and most other governments around the world have perpetrated the same misinformation.

Government Censorship over the Last Three Years

The Department of Home Affairs DOHA asked Tech platforms to review content relating to "terrorist and violent extremist" related referrals, which was to do with Covid 19 related content. The DOHA purview does not include public health. Anyone disagreeing with the government is being called a "terrorist and violent extremist". We are being labelled terrorists and violent extremists for speaking the truth, which has frightening implications in how we may be treated by law enforcement and Security Agencies.

In Senate Hearings on 22 May 2023, DOHA representatives told Senator Antic that the OCIA **under the Scott Morrison Government, the Department was given the directive to, "lean in on Covid dis-and misinformation.**" A copy of the OCIA was provided in the FOI response, **every page but the cover was redacted**.[26] Secretary of the Department, Michael Pezzullo AO, told Senator Antic that DOHA did receive funding to monitor social media posts related to Covid on behalf of the Department of Health (DOH). The funding for the Online Content Incident Arrangement (OCIA) was set to end on 30 June 2023.In Senate Hearings on 22 May 2023, DOHA representatives told Senator Antic that the OCIA **under the Scott Morrison Government, the Department was given the directive to, "lean in on Covid dis- and misinformation.**" A copy of the OCIA was provided in the FOI response, **every page but the cover was redacted**.[27]

[25]https://townhall.com/tipsheet/leahbarkoukis/2023/03/02/marty-makary-testimony-n2620112?utm_source=substack&utm_medium=email

[26]https://blog.canberradeclaration.org.au/wp-content/uploads/2023/06/Fa-221200629-Document1-Released.pdf

[27]https://blog.canberradeclaration.org.au/wp-content/uploads/2023/06/Fa-221200629-Document1-Released.pdf

Australian Government
Department of Home Affairs

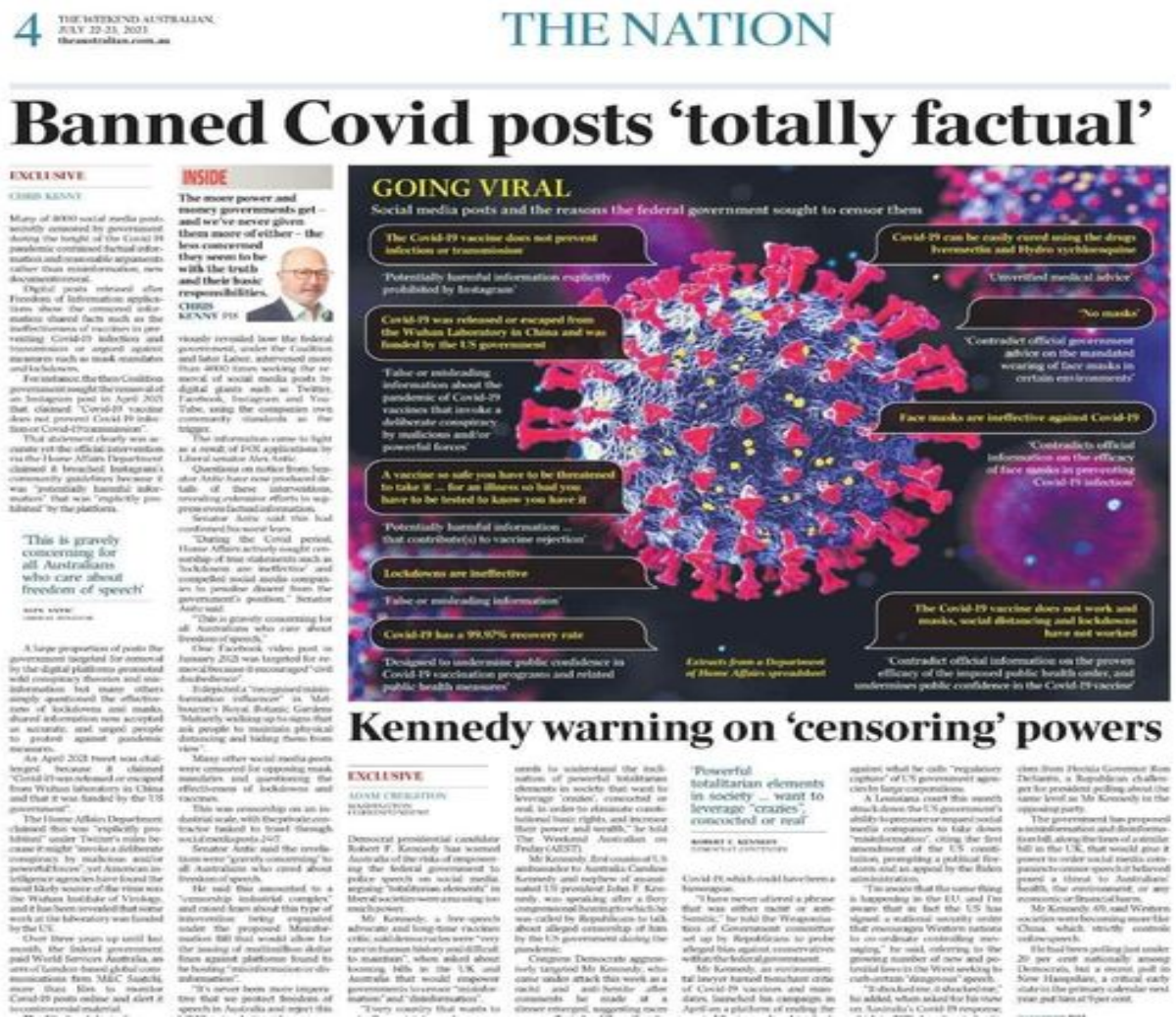
Freedom of Information Request - FA 22/12/00629

9,423 terrorist and violent extremist related referrals were made to digital platforms to review content against their own terms of service by the Department of Home Affairs for the period 1 January 2017 to 15 December 2022.

4,213 COVID-19 related content referrals were made to digital platforms to review content against their own terms of service by the Department of Home Affairs for the period 1 January 2017 to 15 December 2022.

In total, the Department of Home Affairs has made 13,636 referrals to digital platforms to review content against their own terms of service, for the period 1 January 2017 to 15 December 2022.

Interestingly on July 21 2023, the Weekend Australian published a report saying Banned Covid Posts were "totally factual"[28]



4 THE WEEKEND AUSTRALIAN JULY 22-23, 2023 theaustralian.com.au

THE NATION

Banned Covid posts 'totally factual'

EXCLUSIVE

CHRIS KENNY

Many of 4000 social media posts secretly censored by government during the height of the Covid-19 pandemic contained factual information and reasonable arguments rather than misinformation, new documents reveal.

Digital posts released after Freedom of Information applications show the censored information shared facts such as the ineffectiveness of vaccines in preventing Covid-19 infection and transmission or argued against measures such as mask mandates and lockdowns.

For instance, the then Coalition government sought the removal of an Instagram post in April 2021 that claimed "Covid-19 vaccine does not prevent Covid-19 infection or Covid-19 transmission".

That statement clearly was accurate yet the official intervention via the Home Affairs Department claimed it breached Instagram's community guidelines because it was "potentially harmful information" that was "explicitly prohibited" by the platform.

'This is gravely concerning for all Australians who care about freedom of speech'

A large proportion of posts the government targeted for removal by the digital platforms promoted valid conspiracy theories and misinformation but many others simply questioned the effectiveness of lockdowns and masks, shared information now accepted as accurate, and urged people to protest against pandemic measures.

An April 2021 tweet was challenged because it claimed "Covid-19 was released or escaped from Wuhan laboratory in China and that it was funded by the US government".

The Home Affairs Department claimed this was "explicitly prohibited" under Twitter's rules because it might "invoke a deliberate conspiracy by malicious and/or powerful forces", yet American intelligence agencies have found the most likely source of the virus was the Wuhan Institute of Virology, and it has been revealed that some work at the laboratory was funded by the US.

Over three years up until last month, the federal government paid World Services Australia, an arm of London-based global communications firm M&C Saatchi, more than $6m to monitor Covid-19 posts online and alert it to controversial material.

INSIDE

The more power and money governments get – and we've never given them more of either – the less concerned they seem to be with the truth and their basic responsibilities.

CHRIS KENNY P16

viously revealed how the federal government, under the Coalition and later Labor, intervened more than 4000 times seeking the removal of social media posts by digital giants such as Twitter, Facebook, Instagram and YouTube, using the companies own community standards as the trigger.

The information came to light as a result of FOI applications by Liberal senator Alex Antic.

Questions on notice from Senator Antic have now produced details of these interventions, revealing ordinance efforts to suppress even factual information.

Senator Antic said this had confirmed his worst fears.

"During the Covid period, Home Affairs actively sought censorship of true statements such as 'lockdowns are ineffective' and compelled social media companies to penalise dissent from the government's position," Senator Antic said.

"This is gravely concerning for all Australians who care about freedom of speech."

One Facebook video post on January 2021 was targeted for removal because it encouraged "civil disobedience".

It depicted a "recognised misinformation influencer" in Melbourne's Royal Botanic Gardens "blatantly walking up to signs that ask people to maintain physical distancing and hiding them from view".

Many other social media posts were censored for opposing mask mandates and questioning the effectiveness of lockdowns and vaccines.

This was censorship on an industrial scale, with thepirate.com tracker tasked to crawl through social media posts 24/7.

Senator Antic said the revelations were "gravely concerning" to all Australians who cared about freedom of speech.

He said they amounted to a "censorship industrial complex" and raised fears about this type of intervention being expanded under the proposed Misinformation Bill that would allow for the issuing of multimillion dollar fines against platforms found to be hosting "misinformation or disinformation".

"It's never been more imperative that we protect freedom of speech in Australia and reject this

Kennedy warning on 'censoring' powers

EXCLUSIVE

ADAM CREIGHTON

WASHINGTON CORRESPONDENT

Democrat presidential candidate Robert F. Kennedy has warned Australia of the risks of empowering the federal government to police speech on social media, arguing "totalitarian elements" in liberal societies were amassing too much power.

Mr Kennedy, a free-speech advocate and long-time vaccines critic, said democracies were "very rare in human history and difficult to maintain", when asked about looming bills in the UK and Australia that would empower governments to censor "misinformation" and "disinformation".

"I very recently [had] wants to

'Powerful totalitarian elements in society ... want to leverage "crazies", concocted or real'

ROBERT F. KENNEDY

CONSERVATIONIST

seeds to understand the inclination of powerful totalitarian elements in society that want to leverage 'crazies', concocted or real, in order to eliminate constitutional basic rights, and increase their power and wealth," he told The Weekend Australian on Friday (AEST).

Mr Kennedy, first cousin of US ambassador to Australia Caroline Kennedy and nephew of assassinated US president John F. Kennedy, was speaking after a fiery congressional hearing in which he was called by Republicans to talk about alleged censorship of him by the US government during the pandemic.

Congress Democrats aggressively targeted Mr Kennedy, who came under attack this week as a racist and anti-Semite after comments he made at a climate emergency supporting many

against what he calls "regulatory capture" of US government agencies by large corporations.

A Louisiana court this month struck down the US government's ability to pressure or request social media companies to take down "misinformation", citing the first amendment of the US constitution, prompting a political firestorm and an appeal by the Biden administration.

"I'm aware that the same thing is happening in the EU, and I'm aware that in fact the US has signed a national security order that encourages Western nations to co-ordinate controlling messaging," he said, referring to the growing number of new and proposed laws in the West seeking to curb certain "dangerous" speech.

"It shocked me, it shocked me," he added, when asked for his view on Australia's Covid-19 response;

cises from Hecksia Governor Ron DeSantis, a Republican challenger for president polling ahead of the same level as Mr Kennedy in the opposing party.

The government has proposed misinformation and disinformation bill, along the lines of a similar bill in the UK, that would give it power to order social media companies to censor speech it believed posed a threat to Australians' health, the environment, or any economic or financial harm.

Mr Kennedy, 69, said Western societies were becoming more like China, which strictly controls online speech.

He had been polling just under 20 per cent nationally among Democrats, but a recent poll in New Hampshire, a critical early state in the primary calendar next year, put him at 9 per cent.

In the UK a secretive government unit

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worked with social media companies in an attempt to curtail discussion of controversial lockdown policies during the pandemic. The Counter-Disinformation Unit (CDU) was set up by ministers to tackle supposed domestic "threats", and was used to target those critical of lockdown questioning the mass vaccination of children.[29]

In Texas a college professor with an exemplary record has been fired for teaching "biological facts", another form of censorship.[30]

Banks and companies like Pay Pal have cut off accounts and funds of people who make public statements or protests they may disagree with.[31] [32] This is another form of censorship.

There seem to have been incidences of people being jailed for making statements/organising protests about Covid-19 treatments and /or policies, making them political prisoners.[33]

Swiss Cardiologist, Dr. Thomas Binder, MD. studied medicine at the University of Zurich, has a PhD in immunology and virology with a specialisation in internal medicine and cardiology. He has 34 years of experience in diagnostics and therapy of respiratory infections in hospitals and in intensive care units, along with a private practice for 24 years. Dr Binder tells us, after stating his views on Covid-19 policy a complaint was made by two colleagues, he was: "brutally confronted by a total of 60 armed police officers including 20 officers with the Kantonspolizei Aargau's anti-terrorism unit, ARGUS. After examining Dr. Binder's blog posts, social media posts, and emails, police realized Dr. Binder was not a threat and had no history of mental illness. As a result, police did not issue an arrest warrant. Instead, officers sent an emergency doctor to evaluate Dr. Binder's mental health status, and he was diagnosed with "Corona Insanity," and then placed in a psychiatric unit."[34]

The following quotes from the presiding Judge Terry A. Doughty[35] in his injunction the US court win against the government suppression of free speech through their pressure on social media companies,

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[29]https://www.telegraph.co.uk/news/2023/06/02/counter-disinformation-unit-government-covid-lockdown/?fbclid=IwAR0KU7d8BKOGSJ68OmTXB4CcGiGE6JF_JBYa-Wbvtc7gQ7Lmz3cGsgoigLs

[30]https://www.wnd.com/2023/07/prof-fired-teaching-factual-science-now-takes-action/?utm_source=Email&utm_medium=wnd-breaking&utm_campaign=breaking&utm_content=breaking&ats_es=80b1d02152ffdd0731ec772432d75b25&ats_ess=74f053790ea4d25fd743f8a18aa08a78e610775783f6fb78a6f49a0fb1cdf829

[31]https://www.forbes.com/sites/siladityaray/2022/02/23/canada-begins-to-release-frozen-bank-accounts-of-freedom-convoy-protestors/?sh=7c1d15736364

[32]https://articles.mercola.com/sites/articles/archive/2023/07/27/chase-shuts-down-bank-accounts-at-mercola.aspx

[33]https://thenationaltelegraph.com/national/tamara-lich-is-canadas-first-political-prisoner

[34]https://childrenshealthdefense.eu/eu-affairs/dr-thomas-binder-interview-how-psychology-was-weaponized-to-suppress-truth-in-the-age-of-covid/

[35] https://twitter.com/AaronSiriSG/status/1676372767388864512

Judge Doughty likened the Biden administration to an "Orwellian Ministry of Truth":[36]

1. "Freedom of speech and press is the indispensable condition of nearly every other form of freedom."
2. "'Whoever would overthrow the liberty of a nation must begin by subduing the free acts of speech." Benjamin Franklin
3. "Once a government is committed to the principle of silencing the voice of opposition, it has only one place to go, and that is down the path of increasingly repressive measures, until it becomes a source of terror to all its citizens and creates a country where everyone lives in fear." Harry S Truman

Censorship is Bad specially when it is wrong.

Informed Consent

Informed consent has been a right in most countries for many years. It should involve full disclosure of the risks and benefits of any drug, procedure or test all of which usually contain some risk. In fact from my nearly 20 years as an RN/RM it is difficult to find any of the above that do not contain risk. The public usually interprets the statement "safe and effective" to mean almost 100% safe and effective, but this is rarely the case. What safe and effective actually means is that the treatment, procedure or test has been deemed to be generally so Each person responds differently to any treatment or test, so we can never truly know the extent of risk or benefit. As consumers we have always had the right to refuse a treatment and get a second opinion, because as we know doctors frequently have differing opinions. Sadly too many people undergo recommendations from medical professionals without question because:

1. they do not wish to cause offence
2. a second opinion may involve too much expense and/or travel
3. medical professionals frequently speak in an authoritative manner giving the impression that their recommendation is "the" best option, even though as discussed their information may be incorrect due to mis/disinformation from:
    a. industry
    b. training pre or post qualification
    c. standards of care that are not up to date with the current research

Medical professionals in my experience usually want what is best for the patient and are unaware of all the extent of the corruption and misguidance that occurs in their industry.

"...it is surprising that **scientists and public health researchers remain unaware of the role of industry in shaping science policy to favour industry interests of profits and decreased regulation rather than public health interests.**..scientists need to learn to recognise when genuine commitments to research integrity are being hijacked to advance

[36]https://lawandcrime.com/first-amendment/orwellian-ministry-of-truth-trump-appointed-judge-smacks-down-biden-administrations-anti-disinformation-efforts/

industry agendas."[37] (emphasis added)

There have been many cases of Government and Government bodies subverting the right to Informed Consent, frequently involving those less able to speak for themselves. The following list is a small sample of the many dozens of experiments worldwide. The act of classifying documents for decades keeps knowledge of these experiments from the public for many years. The list is a display of the evil approved by governments that can be perpetrated by a small number of people. For the safety of the general populace such power must be held in check:

1. In Australia Aboriginal people were subject to medical experiments on how they experienced pain and where body measurements and blood samples were forcibly taken. The experiments were motivated by a system of scientific racism and were carried out by researchers from the University of Adelaide.[38]
2. The Alberta Eugenics Board (Canada) enabled the involuntary sterilisation of individuals classified as mentally deficient and indigenous women. [39] [40]
3. The Tuskegee Syphilis study was performed by the CDC (US) over a period of 40 years during which time penicillin came into being but it was not used to cure the African American men, the study design was not altered to allow for this, nor was the study discontinued leaving the men untreated to pass on the Syphilis to their wives and children (at birth) some 27 years after they could have been cured.[41]
4. For around 20 years mentally disabled children were infected with viral hepatitis. The research was supposed to help find a vaccine. The children were intentionally infected and their parents weren't informed. Instead they were told the children were receiving vaccinations. This all went down at the Willowbrook State School, New York.[42]
5. MK-ULTRA – a CIA project "crammed full of illegal activity". The purpose of the project was to weaken minds and explore the world of mind control. "a project to find ways for the CIA to seize control of the minds of other people".[43]

   "Over 100 experimental projects were set up under MK-Ultra. The project titles included phrases like "aspects of magicians' art useful in covert operations" or "sleep research" and "behavioural modification those working on MK-Ultra experiments, often under extreme secrecy, would push ethical boundaries in the name of national security...unbeknownst to the Sydney university staff and students, documents recently retrieved by the ABC confirm that Professor Orne was receiving funding from the secretive intelligence program MK-Ultra, which was in turn funded by the CIA…The project came to Australia via Professor Orne, in relation to the paper published with Professor Orne as first author the ABC found: "On the first page, the authors acknowledges the contribution of the Human Ecology Fund, a secretive organisation

[37] https://tobaccocontrol.bmj.com/content/28/1/1?ijkey=35e8ee558d718314296089f6008cf0966b6a7117&keytype2=tf_ipsecsha

[38] https://en.wikipedia.org/wiki/Unethical_human_experimentation

[39] https://en.wikipedia.org/wiki/Alberta_Eugenics_Board

[40] https://www.jccf.ca/abuse-of-government-power-an-historical-perspective-on-medical-coercion-in-canada/

[41] https://www.cdc.gov/tuskegee/timeline.htm

[42] https://timeline.com/willowbrook-the-institution-that-shocked-a-nation-into-changing-its-laws-c847acb44e0d

[43] https://www.history.com/mkultra-operation-midnight-climax-cia-lsd-experiments

used by the CIA to provide grants to social scientists and medical researchers investigating questions of interest to the MK-Ultra program."[44]

6. the US, in 1942 the government created the Manhattan Engineer District, with the goal was of producing an atomic weapon. The US were already fully aware of the dangers of radium, medical staff were put in charge of protecting the workers. What they didn't understand were the effects plutonium, uranium, and polonium had on the human body. So they began injecting reasonably healthy patients in hospitals and military medical facilities with plutonium and uranium.[45]
7. During the cold war radiation experiments expanded and included releasing radioactive elements over US cities, feeding radioactive chemicals to mentally disabled children and 800 pregnant women being administered radioactive iron in the 1940s at Vanderbilt university.[4647]
8. The Fenfluramine Study: in the 1990's, medical researchers gave a banned diet drug, Fenfluramine, to dozens of black and Hispanic boys aged 6-10 to see whether the drug would predict the likelihood of them becoming criminals as adults.[48]

A March 2020 article from Nature magazine states: "people trust the government's health advice. A rush into potentially risky vaccines and therapies will betray that trust and discourage work to develop better assessments."[49]

Trust in official health advise is currently very low.[50]

It is imperative that we are able to question and criticise the government. Governments and experts routinely get it wrong.

It is not our Governments purview to control the people.

Government "should be neither despotic nor over-bureaucratic...It should support civil society and its multiplicity of voices and activities."[51]

Government are sometimes required to vote on a bill they do not have time to read such as the 2018 the : "2,232-page omnibus bill to fund the government was literally impossible to both fully read and comprehend in the limited time between release and vote. The bill, largely written in secret and by congressional leadership, was only publicly released and given to most members about 18 hours before the vote. Even if you could read one page per minute, it would have taken about 37 hours to read the whole thing...the near-darkness under which politicians must decide whether to approve or vote down what are often extremely consequential pieces of legislation."[52]

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[44]https://www.abc.net.au/news/2021-08-05/how-a-cia-mind-control-program-came-to-australia/100308002

[45]https://sgp.fas.org/othergov/doe/lanl/pubs/00326640.pdf

[46]https://ahrp.org/1945-1947-vanderbilt-university-nutrition-study-exposed-820-pregnant-women-to-tracer-doses-of-radioactive-iron/

[47]https://allthatsinteresting.com/us-government-radiation

[48]https://pubmed.ncbi.nlm.nih.gov/12816124/

[49]"Don't rush to deploy COVID-19 vaccines and drugs without sufficient safety guarantees" https://www.nature.com/articles/d41586-020-00751-9

[50]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9060815/

[51]http://australiancollaboration.com.au/pdf/FactSheets/Role-government-FactSheet.pdf

[52]https://govtrackinsider.com/members-literally-dont-have-enough-time-to-read-some-bills-before-a-vote-is-held-

The following is a discussion of the issues surrounding the idea of censorship with relation to the official response to the Covid-19 and the medical issues relating to it. The issues described below show why any form of restricted speech, especially by government is never a force for good.

Corruption in Medicine and the Regulatory and Health Agencies that Govern Policy

A Journal of American Medical Association study looked at the potential for good and harm in the role of public health: "A central dilemma in public health is reconciling the role of the individual with the role of the government in promoting health. On the one hand, governmental policy approaches—taxes, bans, and other regulations—are seen as emblematic of "nanny state" overreach. In this view, p**ublic health regulation is part of a slippery slope toward escalating government intrusion on individual liberty**. On the other hand, regulatory policy is described as a fundamental instrument for a "savvy state" to combat the conditions underlying an inexorable epidemic of chronic diseases. Proponents of public health regulation cite the association of aggressive tobacco control, physical activity, and nutritional interventions with demonstrable increases in life expectancy."[53] (emphasis added)

"**Corruption is embedded in health systems**...Corruption limits access to health services and debilitates all dimensions that determine good health systems performance: equity, quality, responsiveness, efficiency, and resiliency, and also affects outcomes and lives.[1]5 29 31 Corruption also causes demotivation and burnout of human resources. It i**s the "cancer of our health systems**.[4]"[54] (emphasis added)

"...**it is surprising that scientists and public health researchers remain unaware of the role of industry in shaping science policy to favour industry interests of profits and decreased regulation rather than public health interests...scientists need to learn to recognise when genuine commitments to research integrity are being hijacked to advance industry agendas.**"[55] (emphasis added)

As the following paper says "reversals in medical practice occur regularly" this means by definition that **at the time of reversal the original practice was deemed wrong** e.g. opioid prescribing. "The great challenge is that advances in medical practice and health policy may be making their way separately, and with little coordination, they may clash at the level of the practising primary care physician, leading to health policies that promote outdated standards and impede clinical practice. To avoid this collision, **we need to ensure that primary care physicians have an avenue to inform policymakers of healthcare system inefficiencies and barriers to providing high-quality care**...The pace of change in medical practice has been rapid, with frequent advances and reversals...**Reversals in medical practice also**

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[53]https://jamanetwork.com/journals/jama/article-abstract/1731672

[54] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32527-9/fulltext?dgcid=raven_jbs_etoc_email

[55]https://tobaccocontrol.bmj.com/content/28/1/1?ijkey=35e8ee558d718314296089f6008cf0966b6a7117&keytype2=tf_ipsecsha

occur regularly, requiring significant changes in standards of care, workflow, and decision-making."[56] (emphasis added) To censor those who are practising medicine on the front lines medicine and science will lead us to maintain the status quo of practice that is too often erroneous.

"Half of what we are going to teach you is wrong, and half of it is right. Our problem is that we don't know which half is which."[57] Professor Charles Sidney Burwell dean of Harvard School of Medicine 1935-1949

"**90 percent of what you will learn over the next four years will be wrong in a couple of decades from now**"[58] Med page Today on medical education.

"There is a phrase in medical education which often gets aired at the welcoming lecture to medical school: "**50% of what we teach you over the next five years will be wrong, or inaccurate. Sadly, we don't know which 50%**."[59] British Medical Journal.

Forty percent **(40%)of the articles in the *New England Journal of Medicine* that tested standards of care resulted in reversals in clinical practice protocols**, whereas thirty eight percent (38%) reaffirmed current practice.[60]

A report by Professor Lee Goldman on: "autopsies found class 1 errors, defined as principal causes of death that were missed by clinicians and for which treatment likely would have impacted survival, in ≈10% of cases."[61]

The effects of pressure to publish may be seen most clearly in the increase in scientific fraud.[62] As researchers say "publish or perish".

"...all too often the main reason for a piece of research seems to be to lengthen a researcher's curriculum vitae...there **may be greater danger to the public welfare from statistical dishonesty than from almost any other form of dishonesty**".[63] Bailer MD PhD "Bailar's laws of data analysis"

"Evaluation of the scientific quality of research papers often falls to statisticians. Responsible medical journals invest considerable effort in getting papers refereed by statisticians; however, few papers are rejected solely on statistical grounds.[14] Unfortunately, many journals use little or no statistical refereeing - **bad papers are easy to publish.**"[64] Bailer MD PhD "Communicating with a scientific audience" (emphasis added)

"What should we think about a doctor who uses the wrong treatment, either wilfully or through ignorance, or who uses the right treatment wrongly (such as by giving the wrong dose of a drug)? Most people would agree that such behaviour was unprofessional, arguably unethical, and certainly unacceptable. What, then, should we think about **researchers** who use the

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[56] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441682/

[57] https://hms.harvard.edu/about-hms/office-dean/past-deans-faculty-medicine

[58] https://www.kevinmd.com/2019/09/most-of-what-you-learned-in-medical-school-is-wrong-and-thats-ok.html

[59] https://blogs.bmj.com/pmj/2014/05/30/50-of-what-you-are-taught-is-wrong/

[60] https://pubmed.ncbi.nlm.nih.gov/23871230/

[61] https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.033236

[62] https://www.bmj.com/content/310/6994/1547.full

[63] https://doi.org/10.1002/cpt1976201113

[64] https://www.bmj.com/content/308/6924/283#ref-13

wrong techniques (either wilfully or in ignorance), use the right techniques wrongly, misinterpret their results, report their results selectively, cite the literature selectively, and draw unjustified conclusions? We should be appalled. Yet numerous studies of the medical literature, in both general and specialist journals, have shown that all of the above phenomena are common.[1 2 3 4 5 6 7]**"**[65] DG Altman best known for his work on improving the reliability and reporting of medical research. (emphasis added)

Medical professionals are downstream of:-

1. the epistemic corruption of medicine[66]

"When a knowledge system importantly loses integrity, ceasing to provide the kinds of trusted knowledge expected of it, we can label this ***epistemic corruption*****.** Epistemic corruption often occurs because the system has been co-opted for interests at odds with some of the central goals thought to lie behind it. There is now **abundant evidence that the involvement of pharmaceutical companies corrupts medical science.**..much of the corruption of medical science via the pharmaceutical industry happens through grafting activities: Pharmaceutical companies do their own research and smoothly integrate it with medical science, taking advantage of the legitimacy of the latter...**if a pharmaceutical company funds a trial, the chances of results and conclusions in that company's favor are increased.**"[67] (emphasis added) "Epistemic Corruption, the Pharmaceutical Industry, and the Body of Medical Science" published by the *Cambridge University Press* in 2021

Jureidini et al. (2016) established that the ghost-management of the research allowed company employees to publish efficacy and safety conclusions that were inconsistent with what the trial data could support.[68]

The pharmaceutical industry corrupts medical science and the medical literature. *Ghost-Managed Medicine* by Sergio Sismondo explores a spectral side of medical knowledge, based in pharmaceutical industry tactics and practices."Most agents for drug companies aim to tell the truth, but the truths they tell are drawn from streams of knowledge that have been fed, channelled and maintained by the companies at every possible opportunity. Especially because those companies have concentrated influence and narrow interests, c**onsumers and others should be concerned about how epistemic power is distributed – or 'political economies of knowledge' – and not just about truth and falsity of medical knowledge.**"[69] (emphasis added)

"**it is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgement of trusted physicians or authoritative medical guidelines.** I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the *New England Journal of Medicine*."[70] Marcia Angell past editor of the *NEJM* (emphasis added)

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[65] https://www.bmj.com/content/308/6924/283

[66] https://journals.sagepub.com/doi/full/10.1177/14778785211029516

[67] https://www.frontiersin.org/articles/10.3389/frma.2021.614013/full

[68] https://content.iospress.com/articles/international-journal-of-risk-and-safety-in-medicine/jrs717

[69] https://openbookcollective.org/books/book/504/

[70] https://www.bmj.com/content/346/bmj.f3830/rr/652673

Stanford Professor, John Ionnidis found **"methodological biases in studies have been associated with overestimates of the efficacy of test treatments"**, in his study entitled "***Why Most Published Research Findings are False***" [71]

> Prof Ionnidis had the following to say in a report to David Sacket the "father of Evidence Based Medicine EBM: "As **EBM became more influential, it was also hijacked to serve agendas different from what it originally aimed for. Influential randomized trials arelargely done by and for the benefit of the industry. Meta-analyses and guidelines** have become a factory, mostly **also serving vested interests. National and federal research funds are funnelled almost exclusively to research with little relevance to health outcomes.** We have supported the growth of principal investigators who excel primarily as managers absorbing more money. Diagnosis and prognosis research and efforts to individualise treatment have fuelled recurrent spurious promises. **Risk factor epidemiology** has excelled in salami-sliced data-dredged articles with gift authorship and has become adept to **dictating policy from spurious evidence**. **Under market pressure, clinical medicine has been transformed to finance-based medicine. In many places, medicine and health care are wasting societal resources and becoming a threat to human well-being.**"[72] (emphasis added)
>
> I another review he wrote: "evidence-based medicine is paying the price of its success: having become more widely recognized, **it is manipulated and misused to support subverted or perverted agendas that are hijacking its reputation value.** Sometimes the conflicts behind these agendas are so strong that one worries about whether the hijacking of evidence-based medicine is reversible. Nevertheless, **evidence-based medicine is a valuable conceptual toolkit and it is worth to try to remove the biases of the pirates who have hijacked its ship.**"[73]
>
> A paper looking at what Professor Giovanni Fava describes as the "considerable limitations" of Evidence Based Medicine EBM he states: "EBM does not represent the scientific approach to medicine: it is only a restrictive interpretation of the scientific approach to clinical practice. EBM drives the prescribing clinician to an overestimated consideration of potential benefits, paying little attention to the likelihood of responsiveness and to potential vulnerabilities in relations to the adverse effects of treatment."[74]

2. distorting influences of their education[75]

Medical and nursing schools and related fields (i.e. their education and research) are partly funded and influenced by pharmaceutical companies, and industry[76] [77] [78] therefore the information they are taught can be influenced by the same corrupt drug trials[79] "**Faculty members or their institutions, such as medical schools or teaching hospitals, may also hold shares of patents and thereby**

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[71] "Why Most Published Research Findings are False" http://10.1371/journal.pmed.0020124

[72] https://pubmed.ncbi.nlm.nih.gov/26934549/

[73] https://pubmed.ncbi.nlm.nih.gov/28532611/

[74] https://pubmed.ncbi.nlm.nih.gov/28532614/

[75] https://content.time.com/time/health/article/0,8599,1883449,00.html

[76] http://10.1136/medethics-2013-101343

[77] https://doi.org/10.1503/cmaj.109-4563

[78] https://ehtics.harvard.edu/

[79] https://www.nature.com/articles/d41586-022-00835-8

derive financial benefit from the use of particular drugs, devices, or tests...Support from pharmaceutical and medical device manufacturers for CME, (Continuing Medical Education) **which has quadrupled over the past decade, accounts for more than half of the $2.4 billion that is spent annually on CME**"[80] (emphasis added)

3. what gets published in the journals they read[81]

"Companies can control information about their products by selectively publishing or suppressing data and even by changing the standards used to evaluate research..Investigative journalism continues to expose cases where financial interests have contributed to patient harm..."[82]

"These articles can influence doctors and policy makers in their decisions on public health. Therefore the **articles have marketing potential**..."[83]

Industry has a lot of influence over what is published in medical journals because the journals rely on revenue from Pharma advertising. It is not uncommon for articles on a new drug may be ghost written by someone who has not seen the data and/or does not understand it, and a spin put on data to promote a drug: "..a substantial percentage of medical journal articles (in addition to meeting presentations and other forms of publication) are ghost managed, allowing the pharmaceutical industry considerable influence on medical research, and marking that research a vehicle for marketing"[84]

"**The biggest problem is that industry sponsored studies produce more favourable results creating biased evidence that overplays benefits and downplays harms.**"[85]

Journal editors are becoming increasingly aware of the extent of the fraud in medical research, several past editors of high impact/prestigious journals have written books on the corruption, which most doctors are unaware of.

In her book *The Truth About Drug Companies* Marcia Angell former editor of the New England Journal of Medicine NEJM say**s Medical journals: are "primarily a marketing machine**" and of **co-opting "every institution that might stand in its way**."[86] (emphasis added)

Richard Horton former editor of the Lancet wrote: "**Journals have devolved into information laundering operations for the pharmaceutical industry**".[87]

Editors of *PLoS Medicine* have declared that they will not become "part of the **cycle of dependency…between journals and the pharmaceutical industry**"[88] (emphasis added)

The process of retracting published articles : "is inconsistent and often ambiguous, with more than half of..

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[80] https://doi.org/10.1161/CIRCULATIONAHA.109.869636

[81] https://ahrp.org/medical-journals-complicit-in-corruption-of-medicine/

[82] https://www.bmj.com/content/365/bmj.l1706

[83] https://dx.doi.org/10.4103%2F0973-1229.33006

[84] https://dx.doi.org/10.1371%2Fjournal.pmed.0040286

[85] https://www.bmj.com/commercial-influence

[86] https://www.goodreads.com/book/show/5057.The_Truth_about_the_Drug_Companies

[87] https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020138#pmed-0020138-b2

[88] https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0010022

sources."[89]

> "**many articles cite retracted publications, with the majority of these references occurring before the retraction.** However, very few publications assess the impact of the retracted citations, even though the findings of many might be altered, at least in part, by removal of the retracted citation."[90] (emphasis added)

The Lancet and *The New England Journal of Medicine* (*NEJM*) retracted two high-profile papers after outcry from the medical and scientific community due to obvious fraud, the authors declined to make the underlying data for both available for an independent audit: "...an examination of the **most recent 200 academic articles published in 2020 that cite those papers, *Science* found that more than half—including many in leading journals—used the disgraced papers to support scientific findings and failed to note the retractions.**"[91] These incidents show up the peer review system and beg the question of how the studies got past the editors.

Prof Peter Gøtzsche stated: "The medical publishing system is broken. There are far too many financial connections between big publishers and big pharma," he said. "The system doesn't ensure that solid research which goes against financial interests can get published without any major obstacles."[92]

"In 2015, the *Medical Journal of Australia* (MJA) sacked its editor-in-chief Professor Stephen Leeder after he rebuked the decision by its owner – the Australian Medical Association – to outsource the journal's sub-editing and production to an external publishing company, Elsevier. All but one member of the MJA's editorial advisory committee resigned in solidarity. Several years earlier 2000-2005, Elsevier was exposed for publishing six "fake" journals that were sponsored by drug companies and made to look like peer-reviewed medical journals, without disclosing the sponsorship...In 2018, all 10 senior editors of the open-access journal *Nutrients* resigned. The editor-in-chief Prof Jon Buckley, of the University of South Australia, alleged that the publisher pressured them to accept increasingly more scientific publications of "mediocre quality and importance" for financial reasons — an allegation the publisher denied."[93]

4. Influence through payments from industry

The **interaction between drug reps and doctors, generally influences a doctors prescribing habits sometimes "irrationally**"[94]

A 2020 systematic review shows that payments to physicians influence prescribing.

"The association between industry payments and physician prescribing was consistent across

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[89] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0258935

[90] https://pubmed.ncbi.nlm.nih.gov/33557605/

[91] https://www.science.org/content/article/many-scientists-citing-two-scandalous-covid-19-papers-ignore-their-retractions

[92] https://michaelwest.com.au/while-their-ads-are-prevalent-drug-companies-and-medical-journals-will-remain-uneasy-bedfellows/?utm_source=substack&utm_medium=email

[93] https://www.the-scientist.com/the-nutshell/elsevier-published-6-fake-journals-44160

[94] http://dx.doi.org/10.1136/bmjopen-2017-016408

all studies that have evaluated this association. Findings regarding a temporal association and dose-response suggest a causal relationship."[95]

"Industry funds most medical research and much continuing medical education. Many clinical experts are paid by the industry to be 'key opinion leaders'. In Australia an average of 608 industry-sponsored events for clinicians are held each week, with food and drink provided at over 90%."[96]

"...a third of the trials in the New England Journal of Medicine are funded by industry with almost another half having mixed funding that includes a drug company. Editors know well that they may be able to sell a million dollars worth of reprints of such an article, with a profit margin of perhaps 70%. In other words publishing that one paper will lead to $700 000 on the bottom line. Very few actions in business provide such a substantial profit from so little. Deciding whether to publish such a paper provides a stark conflict of interest because editors have to think a lot about money."[97]

> "...key recommended steps towards independence—such as prohibiting free meals, excluding conflicted authors from guidelines, and ending industry influenced medical education—have not been taken. These practices are still widespread despite continuing evidence of distorting impacts on research and practice. A 2010 cross sectional review found that the **views of "key opinion leaders" strongly correlate with their sponsor's interests...inadequate regulation, aggressive marketing, and a research establishment and medical profession still firmly entangled with industry.**"[98] (emphasis added)
>
> The Open Payments transparency initiative found **an association between receipt of just one promotional meal and higher prescriptions of the sponsors' drugs**.[99]
>
> A 2017 Cochrane review has confirmed that sponsored clinical trials tend to find more favourable outcomes about sponsors' products.[100]

Interactions between cancer physicians and the pharmaceutical industry may create conflicts of interest that can adversely affect patient care. In a study of Australian Oncologists by Pharmaceutical policy expert from the University of Sydney Barbara Mintzes et al stated: "We also assessed factors associated with accepting payments from industry and the amount received, and opinions on policies and industry influence...**Almost half**...**46.1% felt that there was a positive relationship between cancer physicians and industry. Most...76.0% interacted with industry at least once a month, and 67.7%...**had received non research payments from industry previously**, with a median value of 2,000 Australian dollars over 1 year. **Most respondents believed that interactions could influence prescribing while simultaneously denying influence on their own prescribing...70.2%**...**Physicians were more likely to accept industry payments when they deemed sponsorship of clinicians**

[95]https://doi.org/10.7326/M20-5665

[96]https://bmjopen.bmj.com/content/7/6/e016701

[97]https://blogs.bmj.com/bmj/2010/11/02/richard-smith-on-editors-conflicts-of-interest/

[98]https://www.bmj.com/content/365/bmj.l1706

[99]https://www.cms.gov/openpayments

[100]https://pubmed.ncbi.nlm.nih.gov/28207928/

for conferences...honoraria for advisory board membership more acceptable...or when they had higher belief in industry influence over own prescribing ."[101] (emphasis added)

Most doctors believe the information they get from industry is helpful to them.[102] [103] [104]

When interviewed doctors questioned the objectivity of the industry but they continue to consider the information from drug reps factually correct while they feel unable to separate credible from misleading information.[105]

Research shows doctors are not able to separate correct and misleading information, which is not surprising when they are mostly supplied with misleading information.[106] [107]

Dr Jerome Kassirer former editor of the *NEJM*, argues that the industry has deflected the moral compasses of many physicians. His book *On the Take* documents with well-referenced examples, how conflicts of interest, primarily financial in nature, have infiltrated all areas of the profession. He argues that the corrupting influence of money is now so entrenched that the medical profession alone may not be able to save itself from rank commercialism".[108]

Discussing *On the Take* Joseph B. Martin, M.D., Ph.D., Dean of the Faculty of Medicine, Harvard University "This important book provides a thoughtful, well-documented, and ultimately devastating exposé of the pervasive relationships between health care corporations, researchers and practising physicians. Every patient should be familiar with the conflicts of interest that affect the care they receive, and this book explains those conflicts with often frightening clarity. The time has come for full disclosure." --Dr. John W. Rowe, M.D., Chairman and CEO, Aetna, Inc. "On the Take paints a disturbing portrait of a medical system twisted by unseen and pernicious conflicts of interest"[109]

A study looking at whether physicians treating haemophilia were: "unduly influenced by payments from pharmaceutical companies". The study found "High payments, especially among individuals who have responsibility over the success of hemophilia centers and clinics, may result in competition with the interest of the patients at these centers and clinics."[110]

5. The politicisation of medicine and science

"**Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health.1 Politicians and industry are responsible for this opportunistic embezzlement.** S**o too are scientists and**

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[101] https:www.researchgate.netpublication359418185_Australian_Cancer_Physicians_and_the_Pharmaceutical_Industry_A_Survey_of_Attitudes_and_Interactions

[102] https://pubmed.ncbi.nlm.nih.gov/12509373/

[103] https://pubmed.ncbi.nlm.nih.gov/10647801/

[104] https://pubmed.ncbi.nlm.nih.gov/7715044/

[105] https://pubmed.ncbi.nlm.nih.gov/12509373/

[106] https://pubmed.ncbi.nlm.nih.gov/7091173/

[107] https://pubmed.ncbi.nlm.nih.gov/17455990/

[108] https://www.booktopia.com.au/on-the-take-jerome-p-kassirer/book/9780195300048.html

[109] https://www.booktopia.com.au/on-the-take-jerome-p-kassirer/book/9780195300048.html

[110] https://www.medrxiv.org/content/10.1101/2023.03.07.23286934v1

health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency".[111] *British Medical Journal BMJ* article (emphasis added)

Study leader of a 2013 John Hopkins paper Hamilton Moses III, M.D stated: "**Health care has become so politicized that rational discussions based on valid information have become impossible**"[112]

The European Public Health Alliance stated: "The politicisation of pharmaceuticals is unprecedented. **Pharma CEOs pick up the phone and talk directly to EU heads of state and governments. Companies are elevated to key political interlocutors, with disproportionate clout and little accountability**. **During the EU COVID-19 vaccines procurement process, the EU has found itself repeatedly dependant on companies' business plans**."[113] (emphasis added)

6. Overwork and the need to maintain a huge body of knowledge which continuously needs updating

In an effort to save time doctors often only read abstracts and conclusions[114] [115], paying more attention to the conclusion,[116] in their favoured journals which do not always align with the data and text in the rest of the study.

"Industry sponsored studies also had less concordance between results and conclusions than non industry sponsored studies."[117]

"Despite many years of warnings, inappropriate interpretations of RCT results are widespread in the most prestigious medical journals."[118]

> A *Science Direct* Review entitled Do not make clinical decisions based on abstracts of healthcare research: A systematic review looking at: "abstracts' reporting quality and abstracts' consistency with the full text", Found: "Abstracts across all healthcare areas presented poor reporting quality and were inconsistent with the full texts, with results and conclusions as the most inconsistent sections."[119]
>
> "The abstracts were incomplete, with evidence of spin and inconsistent with the full text."[120]
>
> "interpretation of abstracts was affected by spin. The 'abstracts with spin' group

[111] https://www.bmj.com/content/371/bmj.m4425

[112] https://www.hopkinsmedicine.org/news/media/releases/politicization_of_health_care_preventing_real_changes_to_out_of_control_system_researchers_suggest

[113] https://epha.org/the-politicisation-of-pharma-and-medicines-policies-in-europe/

[114] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495716/

[115] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1484781/

[116] https://bmjopen.bmj.com/content/6/3/e010565

[117] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8132492/

[118] https://bmjopen.bmj.com/content/9/9/e024785

[119] https://www.sciencedirect.com/science/article/abs/pii/S0895435621001128

[120] The abstracts were incomplete, with evidence of spin and inconsistent with the full text.

considered the intervention more beneficial than the without spin".[121]

[121]https://ascopubs.org/doi/full/10.1200/JCO.2014.56.7503

A scoping review found: “abstracts are frequently inconsistent with full reports”.[122]

7. Bullying, Intimidation and Hierarchical Models of Deference

[122]https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-017-0459-5

Healthcare has a very strong hierarchy. "Hierarchical leadership can have a drastic impact on health care outcomes by affecting staff morale, which subsequently affects patient safety."[123] Junior staff too often live in terror of more senior colleagues which impacts on their ability to effectively communicate. It is sometimes difficult if not impossible to get past a senior colleague who blocks a medical professional from giving a necessary care by the senior staffs:

1. lack of knowledge
2. not supporting the junior staff
3. not providing the necessary equipment

The national Medical Board of Australia (MBA) Medical Training Survey released in February 2022 confirm 35% experienced or witnessed bullying, harassment and/or discrimination, including racism. Those who were impacted suggest senior medical staff are the most culpable.[124] [125]

"Disrespectful behavior, including bullying and aggression, directed toward colleagues and learners diminishes their vigilance and willingness to share concerns or ask for help and threatens team performance.11, 12 Disrespectful behavior contributes to errors, patient dissatisfaction, and preventable adverse outcomes.12, 13, 14, 15, 16 Patients who receive care from surgeons...(who indulge in disrespectful, abusive behaviour) are more likely to experience complications (eg, surgical site infections, cardiac arrest, septic shock, and stroke).16, 17"[126]

One study showed **r**udeness had adverse consequences on the diagnostic and procedural performance of the team members.[127]

Uncivil behaviour in the medical work environment negatively effects vigilance, diagnosis, communication and patient management even though participants were not aware of these effects.[128]

Unfortunately it is common practice from those who own hospitals, health care leadership, other professionals, and Pharma to attack a new perspective.[129] [130] The culture of bullying and intimidation in medicine, and academia, puts **pressure on professionals not to speak up and to let mistakes and misdemeanours slide**.[131]

8. Changing Dynamics in Decision Making

Healthcare organisations from hospitals to GP practices are now run by people with an MBA, over forty years ago when I was a student nurse, healthcare was run by experienced doctors, whose focus was on patient care, (even thirty years ago small hospitals were run, in my experience in Victoria, by the local GP's). People with an MBA even if they are doctors, have more of a focus on money, this effects policy and protocols.

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[123] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8683790/

[124] https://www1.racgp.org.au/newsgp/professional/bullying-reported-by-over-a-third-of-medical-train

[125] https://medicaltrainingsurvey.gov.au/

[126] https://journalofethics.ama-assn.org/article/whose-responsibility-it-address-bullying-health-care/2021-12

[127] https://pubmed.ncbi.nlm.nih.gov/26260718/

[128] https://pubmed.ncbi.nlm.nih.gov/31152113/

[129] "Barriers to Speaking Up About Patient Safety" https://doi.org/10.1097/pts.0000000000000334

[130] "A qualitative study of speaking out about patient safety concerns in intensive care units" https://dx.doi.org/10.1016%2Fj.socscimed.2017.09.036

[131] "Systemic review of academic bullying in medical settings: dynamics and consequences" http://10.1136/bmjopen-2020-043256

Insurance companies and International Classification for Disease ICD codes effect treatment, for example how long someone can stay in hospital after a particular surgery, is set within rules and guidelines. Previously healthcare professionals had latitude to practice Medicine as not only a science but as an art. "...major factors such as concern, sympathy, compassion, assurance and other humane qualities of the doctor, which can be termed the art of medicine, are of much importance in practising medicine. Diagnosing disease and choosing the best treatment certainly requires scientific knowledge and technical skills in health care professionals. But only this much won't do."[132] The ability to see the patient and their circumstances as individual, because everyone reacts differently to a treatment or test, is being stripped away. Medical professionals are largely under the impression that standards of care, rules and guidelines must be obeyed sometimes to the detriment of a particular patient. Few will step outside protocols and guidelines and advice from regulatory agencies because they are afraid of losing their job, their license or of legal action. After the many years of study, hard work, sacrifice and a huge debt for their education it is not surprising many are hesitant to practice medicine as an art.

9. Groupthink

Groupthink occurs when individuals in cohesive groups fail to consider alternative perspectives because they are motivated to reach a consensus which typically results in making less-than-desirable decisions. "For example, if a medical team member observes that the working diagnosis does not explain all of the patient's symptoms, but does not mention this concern to the medical team due to the assumption that the group's thought process and diagnostic decision must be correct, this group would be exhibiting groupthink."[133]

> "Groupthink is a theory that describes when highly cohesive groups exhibit premature consensus seeking (i.e., premature closure on the group level) that leads to poor decision making"[134]
>
> "Groupthink could occur at all levels of the hierarchy in health organisations, from front line clinical teams to senior managers and leaders of the organisation."[135] A situation where a team member does not voice their doubts due to fear of bullying, ` pressure from the hierarchy of the hospital or their professional association; patient safety may be undermined or threatened.[136] A problem I saw many times in my time as an RN/RM.

10. A Broken Peer Review System

"...**the system of peer review is biased, unjust, unaccountable, incomplete, easily fixed, often insulting, usually ignorant, occasionally foolish, and frequently wrong."[137] "<u>The ethics of scholarly peer review: a review of the literature</u>**" (emphasis added)

"...**we have little evidence on the effectiveness of peer review, but we have considerable evidence on its defects. In addition to being poor at detecting gross**

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[132]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3190445/

[133]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9972224/#R26

[134]https://espace.library.uq.edu.au/view/UQ:734003

[135]https://academic.oup.com/intqhc/article/26/6/606/2886593

[136]https://qualitysafety.bmj.com/content/qhc/26/11/859.full.pdf

[137]https://onlinelibrary.wiley.com/doi/pdf/10.1087/20110109

defects and almost useless for detecting fraud it is slow, expensive, profligate of academic time, highly subjective, something of a lottery, prone to bias, and easily abused."[138] (emphasis added)

"The problem is that today's peer review is a broken process. **Too often, errors slip through, and they can go uncorrected for years. Even if they are eventually exposed, that's often long after other researchers or clinical trials have relied upon them.**"[139] (emphasis added)

"The method lacks standardization and objectivity."[140]

Peer reviewers do not necessarily see the raw data[141]: "...authors were unable to provide raw data to their articles when requested, raising doubts about the authenticity and credibility of the data being presented for publication...data was "too beautiful to be true"...**published work is also notorious for its lack of reproducibility.**"[142] (emphasis added)

> "Because **all the authors were not granted access to the raw data and the raw data could not be made available to a third-party auditor**, we are unable to validate the primary data sources underlying our article,"[143]

11. The Systemic Corruption of the Medical Industry

This is described in the following pages

Why Regulation Fails

"The CDC is a political organization as much as it is a public health organization".[144] Dr Samuel Scarpino PhD, Complex systems analyst and Managing Director at the Rockefeller Foundation.

"Most regulatory agencies do not...undertake their own assessment of individual patient data, but rather rely on summaries prepared by the drug sponsor. The TGA, for example, says it conducts its covid-19 vaccine assessments based on "the information provided by the vaccine's sponsor." According to a FOI request from last May, the **TGA said it had not seen the source data from the covid-19 vaccine trials. Rather, the agency evaluated the manufacturer's "aggregate or pooled data." The TGA does not have the individual participant level data sets pertaining to the covid-19 vaccine trials,[17] which are held by**

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[138]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1420798/

[139]https://www.wired.com/2014/12/pubpeer-fights-for-anonymity/

[140]https://pubmed.ncbi.nlm.nih.gov/10999090/

[141]https://academia.stackexchange.com/questions/13615/as-a-reviewer-how-much-raw-data-or-code-should-you-request

[142]https://www.fdamap.com/peer-reviewed-publications-mostly-lack-raw-data.html

[143]https://www.science.org/content/article/two-elite-medical-journals-retract-coronavirus-papers-over-data-integrity-questions?adobe_mc=MCMID%3D05618196129874961791789336915530810795%7CMCORGID%3D242B6472541199F70A4C98A6%2540AdobeOrg%7CTS%3D1691632700

[144]https://scarpino.github.io/

the vaccine manufacturer.[18]"[145] (emphasis added)

The TGA allows itself to be influenced by other regulatory agencies, which also do not necessarily have access to the original trial data. "The TGA is also working very closely with international regulators to harmonise regulatory approaches, share information and where it speeds up evaluation, collaboratively review new treatments."[146]

The Global Corruption Report on Corruption and Health says, of the **FDA approval** of the Vioxx and Bextra, on pp 88-89 :"**10 of the panel members had financial ties to both companies.** (Merck and Pfizer)...The FDA decision will affect millions of people as well as the enormous profits of two major pharmaceutical companies...these examples are worrisome with respect to their effect on patient care and cannot be condoned from an ethical construct, none constitutes either fraud or overt corruption. None is punishable by legal means and any sanction would have to come from state or professional organisations, but these bodies rarely impose any"[147] (emphasis added) This last statement begs the question of the lack of accountability and liability of people who are making decisions which can cause harm to many people.

Prugger et al published a study in the BMJ in 2021 stating: "**Expedited approval pathways have been increasingly used over the past 30 years to bring new medicines to market.** The basic premise has been to give patients earlier access to medicines, **often achieved by relying on less robust forms of evidence at the time of approval,** such as showing efficacy against surrogate endpoints rather than patient outcomes.1

Expedited approvals are often coupled with requirements to conduct post-authorisation studies to confirm that the medicines safely provide the anticipated benefit. But a long history of concerns has emerged about the wisdom of shifting clinically important efficacy and safety assessments from before to after authorisation.*1234* **Post-authorisation studies often fail to deliver—lots of studies are never started, many take years longer than planned, and some fail to confirm pre-authorisation results. Evidence on relevant outcomes often remains inconclusive for several years,***567* **and post-authorisation safety events are seen more frequently for drugs with expedited approval.***8* **Regulators only rarely sanction companies for not adhering to post-authorisation study requirements, and drugs are only**.8 **rarely withdrawn."**[148] (emphasis added) Surrogate endpoint- a clinical trial endpoint used as a substitute for a direct measure of how a patient feels, functions, or survives.

A report looking at the fast tract approval processes of the FDA and the TGA done by the Austalian National University ANU notes in reference to the post marketing data collection: "...the **data is collected rather haphazardly making epidemiological evaluation particularly difficult**. Further, whilst acute adverse reactions are likely to be reported, it is **unlikely that long-term adverse effects, or those that occur as an increase in already common conditions, will be detected by this mechanism**...the FDA has few options, short of withdrawing marketing approval, available to force sponsors to carry out their post marketing commitments. Whilst this is a substantial threat in theory, in practice, the **FDA is unlikely to withdraw approval unless a medicine is shown to be unsafe through adverse event reporting which as we have seen is difficult to evaluate. It would appear likely that the TGA is in a similar**

[145]https://www.bmj.com/content/377/bmj.o1538

[146]https://www.tga.gov.au/products/covid-19/covid-19-treatments/covid-19-treatments-information-consumers-and-health-professionals

[147]"Global Corruption Report 2006" https://images.transparencycdn.org/images/2006_GCR_HealthSector_EN.pdf

[148]https://www.bmj.com/content/375/bmj-2021-067570

situation in these respects. The report goes on to say that because industry is paying for the approval system there are: "...**concerns that industry may be able to exert undue influence over the FDA, compromising its objectivity and independence in product approvals.** One reasonable conclusion, especially in light of recent scandals such as Vioxx, is that **the FDA may be compromising safety and efficacy concerns in order to meet demanding targets for approval times and that this may be the result of a cosiness between the FDA and industry.**"[149] (emphasis added)

Withdrawal of drugs post marketing shows where the regulatory agencies got it wrong and the lack of follow up is noted below.

Post-marketing withdrawal of 462 medicinal products because of adverse drug reactions[150] are explained in the paper with this self explanatory title.

A data base, updated annually, found on pubmed, at the time of writing, has 578 drugs which have been discontinued or withdrawn from market. They say: "Adverse drug reactions (ADRs) not only account for market withdrawals but also for changes in labels or introduction of new black-box warnings for prescription drugs".[151] A black-box warning means the drug can cause serious injury or death.

Withdrawal of medication due to deaths and injuries not detected in Phase 3 clinical trials, can take decades.

"...in 47% of cases more than 2 years elapsed between the first report of a death and withdrawal of the drug, and the interval between the first report of a death attributed to a medicinal product and eventual withdrawal of the product has not improved over the last 60 years...**These results suggest that some deaths associated with these products could have been avoided.**"[152] (emphasis added)

When groups of people are excluded from a drug trial the following issues occur.

"**If certain groups of people are not included** then,when **doctors** prescribe for them, they **have little or no information about what kind of side effects may occur**. That typically means a lack of knowledge of how the drug will behave in people who are taking other medications, who have other chronic conditions, or who may not metabolise the drug in a well understood manner, i.e., children or the elderly. Clinical trials typically enrol, at most, about 5,000 patients and, therefore, any **side effect, serious or trivial, that occurs in fewer than about 1 in 1,700 people will not necessarily be observed. There have been a number of documented instances where pharmaceutical companies failed to provide mortality data to the FDA in a timely manner minimizing the appearance of a mortality risk and producing an apparent decrease in the danger associated with the drug** [6,7]."[153] (emphasis added)

Previous vaccine rollouts have gone wrong, causing significant harms.[154] [155] [156]

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[149]https://law.anu.edu.au/sites/all/files/users/u9705219/236-ch_fasp.pdf

[150] "Post-marketing withdrawal of 462 medicinal products because if adverse reactions: A systemc review of the world literature" doi: 10.11186/s12916-016-0553-2

[151]"WITHDRAWN--a resource for withdrawn and discontinued drugs" https://doi.org/10.1093/nar/gkv1192

[152]https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-015-0270-2

[153]https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-015-0270-2

[154]"Dengue vaccine fiasco leads to criminal charges for researcher in the Philippines" https://www.science.org/content/article/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines

1. Polio vaccine- Cutter incident (live virus)\
2. Polio vaccine- Simian virus
3. Swine Flu Vaccine- Guillain Barre Syndrome
4. Hepatitis Vaccine- MS
5. Rota virus Vaccine- Instussusception
6. Meningococcal Vaccine- Guillain Barre Syndrome
7. Hib Vaccine- recall
8. H1N1 Vaccine- Narcolepsy
9. Rotovirus Vaccine- Porcine Circovirus
10. HPV Vaccine- recall

Whistleblowers are actively discouraged

While there is legislation to protect whistle blowers the question of **whether the "accountability agencies are achieving the objectives of the legislation. The fundamental conclusion is that they are not.**"[157] (emphasis added)

Researchers, Universities and journalists have been threatened by Pharmaceutical companies[158] [159] [160]with:

1. threatening phone calls
2. a presence in cars near the whistle blowers home at night
3. pictures sent in the mail of a researchers daughter leaving school
4. reprisals threatening the loss of everything, their family, friends and job
5. legal action when researchers published negative findings from a clinical trial having refused to let the company insert its own misleading analysis
6. There are frequently negative impacts on: career, family, mental and physical health.

   Speaking out can attract retaliation from within the organisation[161]

   Retaliation can lead to people leaving their current role with refrains from management of : "You're not a team player".[162] [163] This leads to the issue of groupthink.

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[155] "Narcolepsy Following Pandemrix in Europe" https://www.cdc.gov/vaccinesafety/concerns/history/narcolepsy-flu.html

[156] "Historical Vaccine Safety Concerns" https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html

[157]https://ses.library.usyd.edu.au/bitstream/handle/2123/7904/l_annakin_2011_thesis.pdf?sequence=1

[158]https://www.amazon.com/Dispensing-Truth-Companies-Dramatic-Fen-Phen/dp/0312253249

[159]https://www.taylorfrancis.com/books/mono/10.4324/9780203597712/corporate-crime-pharmaceutical-industry-routledge-revivals-john-braithwaite

[160]https://www.nejm.org/doi/full/10.1056/NEJMsa044115

[161]

https://www.researchgate.net/publication/357358741_The_Costs_and_Labour_of_Whistleblowing_Bodily_Vulnerability_and_Post-disclosure_Survival

[162]https://www.bmartin.cc/pubs/02whistle01.html

> Isolation by colleagues, restricted access to organisational systems and oppressive working conditions including micro-management can lead to a desire to resign. "**Your life will be forever changed; friends and family will question your actions if not your sanity, your peers will shun you, every relationship you treasure will be strained to the breaking point.**"[164]

In the book *Whistleblowers Broken Lives And Organizational Power t*he author Alford describes: "..."**broken lives"** sums up what happens to most whistle blowers...Alford covers the issue of organisational power from several angles. In a chapter titled "Organized thoughtlessness," he \diagnoses the bureaucratic organisation as a place where no one is supposed to think for themselves. This can be called the "rule of the living dead, those who no longer exist as actors [people with willpower] because they can no longer bear to think about what they are doing. More than a few whistleblowers talked about their bosses and co-workers as dead, or zombies."[165]

"Sometimes they just don't seem human,' said one whistleblower of his co-workers. 'I think people must kill a part of themselves to remain part of the system'." (p. 119)."[166] (emphasis added)

The Litany of some of the CDC *Errors* During the Pandemic Response

The CDC have put out a several studies *"***pushing a series of scientific results that are severely deficient. This research is plagued with classic errors and biases, and does not support the press-released conclusions that often follow. In all cases, the papers are uniquely timed to further political goals and objectives; as such, these papers appear more as propaganda than as science.** The CDC's use of this technique has severely damaged their reputation and helped lead to a ***growing divide*** in trust in **science by political party**."[167] (emphasis added)

The CDC put out a graphic to say that masks are effective based on a study put out in the MMWR, which was so bad it was basically torn apart by UCSF Professor Vinay Prasad. The MMWR is describes by Dr Prasad as: "the CDC's pet journal; It is getting widely tweeted and cited, and that is unfortunate. The paper is entirely, irredeemably flawed. Its flaws are so evident that it should not have been published nor promoted."[168]

To promote masking in schools the CDC released a study in November 2020. Dr Vinay Prasad states: "In short, **the CDC's study was not capable of proving anything and was highly misleading, but it served the policy goal of encouraging cloth mask mandates.**"

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[163]https://link.springer.com/article/10.1007/s10551-005-0849-1

[164]https://www.penguinrandomhouse.com/books/575202/the-corporate-whistleblowers-survival-guide-by-tom-devine-and-tarek-f-maassarani/

[165]https://www.booktopia.com.au/whistleblowers-c-fred-alford/book/9780801487804.html

[166]https://www.bmartin.cc/pubs/02whistle01.html

[167]"How the CDC Abandoned Science" https://www.tabletmag.com/sections/science/articles/how-the-cdc-abandoned-science

[168]"Masks still don't work even though the CDC (via a MMWR paper) is trying really hard to convince you that they do" https://mail.google.com/mail/u/0/#search/vinay+prasad/FMfcgzGmtrGhzczcngTVdhwfnltQRNGg

Rochelle Walensky, previous CDC director, tweeted that masks were 80% effective in November 2022, as Dr Prasad comments in this video[169]: "this is not even possible to be true."

Dr Prasad calls out Dr Walensky on her comment that vaccines were safe for young children and that **"we haven't seen anything yet"[170] in relation to myocarditis in children,** this statement was made after **the CDC's own numbers show** that as of Dec 10th 2022, 7,141,428 doses have been administered to children 5-11 there were 3,233 reports to VAERS, among them **14 reports of myocarditis, 8 of them meeting the CDC working case definition of myocarditis with more under review.** This is early in a passive surveillance system, so there was the expectation that there would be more reports following. Dr Prasad states **either she didn't know or she was lying on an important issue, he describes it as a huge blunder and unacceptable**.[171]

There has been widespread criticism about the lack of transparency from the CDC, because they have not released a lot of their data on Covid-19, rates among many cohorts/groups of people, separated into their shared characteristics such as age. We have heard several "noble Lies" from them, through the pandemic. According to an investigation by the New York Times the CDC has only published: "a tiny fraction of the data".[172] The CDC expressed a concern that the data only represents 10% of the population, but they have been relying on the same level of sampling to track influenza for years.

A study published in the MMWR in November 2021 was reported in a tweet[173] by Dr Walensky to find: "unvaccinated people who had COVID-19 recently were 5 times more likely to test positive for COVID-19 than people who were recently fully vaccinated."[174] The conclusions from the study on hospitalised patients was criticised by Harvard Medical School professor Martin Kulldorff, an epidemiologist and biostatistician and, Dr. David Dowdy, associate professor of epidemiology at the Johns Hopkins Bloomberg School of Public Health. "...the CDC study isn't designed to answer the question of whether vaccine immunity or natural immunity is superior. There is both a relationship between being vaccinated/recovered and Covid hospitalization and a relationship between being vaccinated/recovered and non-Covid hospitalization," Kulldorff continues. "Rather than evaluate the first one, which is of intense interest for health policy, the CDC study evaluates the contrast between the two, which is not particularly interesting."[175]

A preprint study from Israel found: "that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization".[176] [177] It has long been accepted that natural immunity supersedes vaccine immunity.

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[169] https://www.youtube.com/watch?v=6jisNUWX7hc

[170] "CDC Director Rochelle Walensky: No concerns about myocarditis with nearly 5 million children vaccinated" https://southernillinoisnow.com/2021/12/10/cdc-director-rochelle-walensky-no-concerns-about-myocarditis-with-nearly-5-million-children-vaccinated/

[171] https://www.youtube.com/watch?v=vpwSYQelMEg

[172] "The C.D.C. Isn't Publishing Large Portions of the Covid Data It Collects" https://www.nytimes.com/2022/02/20/health/covid-cdc-data.html

[173] https://twitter.com/CDCgov/status/1454133448893992971?ref_src=twsrc^tfw|twcamp^tweetembed|twterm^1454196846868537344|twgr^|twcon^s3_&ref_url=https%3A%2F%2Fd-109144004055519845 3.ampproject.net%2F2201262038001%2Fframe.html

[174] "Laboratory-Confirmed COVID-19 Among Adults hospitalised with COVID-19-Like Illness with Infection-Induced or mRNA Vaccine-Induced SARS-CoV-2 Immunity – Nine States, January-September 2021" http://dx.doi.org/10.15585/mmwr.mm7044e1

[175] "Experts identify potential bias in CDC natural immunity study" https://weartv.com/amp/news/coronavirus/experts-identify-potential-bias-in-cdc-natural-immunity-study

[176] "Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections" http://10.1101/2021.08.24.21262415

[177] https://ncrc.jhsph.edu/research/comparing-sars-cov-2-natural-immunity-to-vaccine-induced-immunity-reinfections-versus-breakthrough-infections/

Bad science is too often relied upon by authorities, such as this paper,[178] saying Covid increases the risk of diabetes in children, quoted by the CDC and placed on their website.

Jeffrey Flier, former Dean of Harvard Medical School commented: "As a long standing diabetes researcher, I join my Harvard Public Health colleague in calling out the severe flaws in this CDC report claiming COVID increases diabetes risk in kids. **Would never pass peer review in this form. CDC must do better.**" (emphasis added)

On June 11, 2021, the CDC published a study claiming a rise in hospitalisation in the 12-15 year age group, one month after the FDA granted the EUA for the same age group. The release of the study sparked widespread media coverage. The absolute rates were actually very low as had already been stated by Stanford University of Medicine in May 2021.[179] Eventually at the end of December 2021 Dr Fauci, head of the US National Institute of Allergy and Infectious Disease (NIAID) speaking on MSNBC said: "some of the children currently being treated at medical facilities were hospitalized **with COVID as opposed to "because of COVID."**"[180] (emphasis added)

The CDC make statements for which they cannot supply any evidence when asked in FOIA requests as shown in the following chart:[181]

CDC Claim	ICAN Request	CDC Response
"MYTH: COVID-19 vaccines cause variants. FACT: COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19."	"All documents sufficient to support that COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19."	"A search of our records failed to reveal any documents pertaining to your request because COVID-19 vaccines do not create or cause variants."
"MYTH: COVID-19 vaccines cause variants. FACT: … COVID-19 vaccines can help prevent new variants from emerging. New variants of a virus happen because the virus that causes COVID-19 constantly changes through a natural ongoing process of mutation (change)."	"All documents sufficient to support that the immunity conferred by COVID-19 vaccines does not contribute to virus evolution and the emergence of variants."	"A search of our records failed to reveal any documents pertaining to your request."
"MYTH: COVID-19 vaccines cause variants. FACT: … High vaccination coverage in a population reduces the spread of the virus and helps prevent new variants from emerging."	"Documents sufficient to show that COVID-19 vaccines are not driving the emergence of any variants that are resistant to the immunity provided by COVID-19 vaccines."	"A search of records by the National Center for Immunization and Respiratory Diseases and the Emergency Operations Center failed to reveal any documents pertaining to your request."

A very well executed study from the University of California show many of the CDC "Statistical and Numerical Errors Made by the US Centers for Disease Control and Prevention During the COVID-19 Pandemic". As they say in the paper A" basic prerequisite for making informed

[178] https://www.cdc.gov/

[179] https://med.stanford.edu/news/all-news/2021/05/covid-19-hospitalizations-among-kids-likely-overcounted.html

[180] https://www.newsweek.com/fauci-children-hospital-covid-omicron-1664676

[181] https://icandecide.org/press-release/cdc-admits-once-and-for-all-it-has-no-basis-for-its-claim-that-covid-19-vaccines-do-not-cause-variants/

policy decisions is accurate and reliable statistics, even during times of uncertainty. Our investigation revealed 25 instances of numerical or statistical errors made by the CDC."[182]

"Experts"

As American physicist and Nobel Prize winner Feynman said "**Science is the belief of ignorance of experts**"[183]

We rely on "experts" alone at our peril. Experts frequently have a narrow focus and miss many concepts and problems around the whole picture that needs to be considered.[184] [185]

Health research is frequently wrong.[186] [187]

According to a paper published in the Medical Journal of Australia MJA one in seven medical diagnoses are wrong causing harm to thousands each year.[188]

Over half of surveyed clinicians report making a diagnostic error at least once or twice a month[189]

Too often health policy is based on science is not relevant to the needs of healthcare, or policy makers do not regard the science.[190] [191]

"The public expects national drug regulators to complete research...in their ongoing efforts to protect patients from undue harm. But **too often, the FDA saw and continues to see the pharmaceutical industry as its customer-a vital source of funding for its activities-and not as a sector of society in need of strong regulation**."[192] (emphasis added)

A review of the Infectious Disease Society of America (IDSA) found that 50% of guideline recommendations were made without any trials evidence in support and were termed "Expert opinion only."[193]

Conflicts of Interest

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[182]https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4381627
[183]https://en.wikiquote.org/wiki/Richard_Feynman
[184]https://www.sciencedaily.com/releases/2018/07/180713111931.htm
[185]https://www.forbes.com/sites/forbeshumanresourcescouncil/2021/03/12/generalists-versus-specialists-the-winner-doesnt-take-it-all/?sh=1d9cf01d5e63
[186]https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020124
[187]https://blogs.bmj.com/bmj/2021/07/05/time-to-assume-that-health-research-is-fraudulent-until-proved-otherwise/
[188]https://onlinelibrary.wiley.com/doi/10.5694/mja2.50771
[189]https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0005/305843/Diagnostic-Error-Learning-Resource-for-Clinicians.pdf
[190]"Evidence based policy: proceed with care Commentary: research must be taken seriously" https://doi.org/10.1136/bmj.323.7307.275
[191] "Can scientists and policy makers work together" http://dx.doi.org/10.1136/jech.2004.031765
[192]"Vioxx the implosion of Merck, and aftershocks at the FDA https://doi.org/10.1016/s0140-6736(04)17523-5
[193]https://academic.oup.com/ofid/article/8/2/ofab033/6105287

The UK's pandemic response relied heavily on scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture covid-19 diagnostic tests, treatments, and vaccines.[194]

Commenting on the UK government's award of a £75m (€84m; $99m) contract for one million antibody tests to a business Jolyon Maugham, director of the Good Law Project, said, "**However amazed you are by this bestiary of incompetence, you're not amazed enough**. This was a £75m contract, let without competition, on the basis of profoundly flawed research."[195]

The Global Corruption Report on Corruption and Health says, of the FDA decision to let the drugs Vioxx and Bextra stay on the market was influenced by financial ties to industry- pp 88-89:"**10 of the panel members had financial ties to both companies. (Merck and Pfizer)**...**The FDA decision** will affect millions of people as well as the enormous profits of two major pharmaceutical companies...these examples are worrisome with respect to their effect on patient care and **cannot be condoned from an ethical construct, none constitutes either fraud or overt corruption. None is punishable by legal means** and any sanction would have to come from state or professional organisations, but these bodies rarely impose any."[196] This last statement begs the question of the lack of accountability and liability of people who are making decisions which can cause harm to many people.

Standards of Care are Set by Consultation

Standards of care are based "on the best evidence available at the time of development", as the best evidence available can change it is necessary to have a free exchange of ideas and discussion is absolutely necessary and must never be restricted by any entity.

"The Australian Commission on Safety and Quality in Health Care produces clinical care standard to support the delivery of appropriate care for defined conditions. Each **clinical care standard is based on the best evidence available at the time of development**. **Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian,** when applying information contained within a clinical care standard. **Consumers should use the clinical care standard as a guide to inform discussions with their healthcare professionals about the applicability of the clinical care standard to their individual condition**. There may be revisions to the clinical care standards from time to time...**Following public consultation, the Commission reviews all comments and uses**

[194]https://www.dailymail.co.uk/news/article-8776339/Test-tsar-770-000-shares-firm-sold-13million-pointless-antibody-screening-kits.html

[195]https://www.bmj.com/content/371/bmj.m4427?ijkey=051359764524ed31c7ab3ff083acb05096108218&keytype2=tf_ipsecsha

[196]"Global Corruption Report 2006" https://images.transparencycdn.org/images/2006_GCR_HealthSector_EN.pdf

this analysis to finalise the draft clinical care standards." (emphasis added)"[197] This document provides guidance, not only on consultation and informed consent and also on the changes which happen regarding care standards. Public consultation requires awareness within the community and public discussion, restricting discussion on social media is to restrict information required for positive change. If an opinion or "evidence' is incorrect it can be disregarded in the consultation phase.

Information From the Pharmaceutical Industry, is Almost Never to be Trusted

Pharma have been repeatedly convicted of criminal charges[198] [199] [200] when they have mislead government, doctors and the regulatory agencies and the general public, and been guilty of fraud. They have been fined many Billions of dollars over and over again because they have hidden data, manipulated studies, engaged in fraudulent marketing and bribed doctors among other things, and even though these crimes are continually repeated, rarely do Pharma executives go to jail.

"Illegal conduct and fraud by pharmaceutical companies puts the public health at risk, corrupts medical decisions by health care providers, and costs the government billions of dollars," said Tony West, Assistant Attorney General for the Civil Division. "This civil settlement and plea agreement by Pfizer represent yet another example of what penalties will be faced when a pharmaceutical company puts profits ahead of patient welfare."[201]

There are doubts regarding the integrity of the Pfizer Covid-19 vaccine trial.[202] while the article outlining the poor practices involved was "factchecked". "Editors at The BMJ ...urge parent company Meta to reconsider its investment in and approach to fact checking overall following other examples of incompetence. The BMJ editors: "find the "fact check" performed by Lead Stories to be "inaccurate, incompetent and irresponsible"..Cochrane, the international provider of high quality systematic reviews of the medical evidence, has experienced similar treatment by Instagram (also owned by Meta)...delegated responsibility (of factchecking) to people incompetent in carrying out this crucial task."[203] Defense attorneys argued that even if protocol violations occurred, the case should not move forward because the federal government was aware "but still granted emergency authorization to Pfizer's vaccine." Pfizer attorneys implicated the US Department of Defence."[204] The Pfizer motion to dismiss argued that no: "fraud had occurred and no fraud could have occurred because **none of the U.S government DoD contracts required valid clinical trials or evidence of safety or efficacy as a condition for payment.**" (emphasis added)

A 2017 Cochrane review has confirmed that sponsored clinical trials tend to find more favourable

[197]https://www.safetyandquality.gov.au/standards/clinical-care-standards/about-clinical-care-standards/principles-care
[198] https://www.corp-research.org/merck
[199]https://violationtracker.goodjobsfirst.org/parent/pfizer
[200]https://www.corp-research.org/astrazeneca https://doi.org/10.20529/IJME.2013.049
[201]https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history
[202]https://www.bmj.com/content/375/bmj.n2635
[203]https://www.bmj.com/company/newsroom/facebook-urged-to-act-over-incompetent-fact-check-of-bmj-investigation/
[204]https://thehighwire.com/editorial/terrified-of-discovery-massive-implications-in-pfizer-whistleblower-case/

outcomes about sponsors' products.[205]

Research contracts often include clauses that give the funder the final say on whether the research is published[206] A review of the Cochrane database: "has shown that **pharmaceutical industry sponsored studies overestimate the efficacy and underestimate the harm of their treatments,** even when controlling for methodological biases".[207] (emphasis added)

In relationship to authors of Clinical Practice Guidelines the authors of this paper relate: "Several authors have described significant **contact between the pharmaceutical industry and academic researchers,1 faculty physicians,2 community physicians,3 residents, 4and medical students.** 5More importantly, these types of **interactions have been shown to influence prescribing patterns,6 stimulate requests for addition of drugs to hospital formularies,2 result in favorable publications7 and research articles,8, 9 and be related to the lack of publication of unfavorable articles.**"[208] (emphasis added)

Industry has a lot of influence over what is published in medical journals because the journals rely on revenue from Pharma advertising. It is not uncommon for articles on a new drug may be ghost written by someone who has not seen the data and/or does not understand it, and a spin put on data to promote a drug: "These **articles can influence doctors and policy makers in their decisions on public health. Therefore the articles have marketing potential**..."[209] (emphasis added)

"..a substantial percentage of medical journal articles (in addition to meeting presentations and other forms of publication) are ghost managed, **allowing the pharmaceutical industry considerable influence on medical research, and marking that research a vehicle for marketing**"[210] (emphasis added)

The write up for Gerald Posner's *PHARMA* book describes **Pharma** as: **"a powerful industry that sits at the intersection of public health and profits. *PHARMA* reveals how and why American drug companies have put earnings ahead of patients."[211]**

"…the results of **independent science don't always shine a favorable light on corporate products and practices. In response, some corporations manipulate science and scientists to distort the truth about the dangers of their products,** using a set of tactics made famous decades ago by the tobacco industry. We call these tactics the Disinformation Playbook."[212] (emphasis added) Details of how and when this has been done by some corporations are detailed in the noted website. Arthur Sackler who made a fortune in Pharma sales while pioneering a model for an integrated industry. He controlled every aspect from:

⓾ advertising

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[205] https://pubmed.ncbi.nlm.nih.gov/28207928/

[206] Beyond financial conflicts of interest: Institutional oversight of faculty consulting agreements at schools of medicine and public health" https://doi.org/10.1371/journal.pone.0203179

[207] "Industry sponsorship and research outcome" http://10.1002/14651858.MR000033.pub2

[208] "Relationships Between Authors of Clinical Practice Guidelines and the Pharmaceutical Industry" http://10.1001/jama.287.5.612

[209] "Medical Ghost-Writing" https://dx.doi.org/10.4103%2F0973-1229.33006

[210] "Ghost Management: How Much of the Medical Literature Is Shaped Behind the Scenes by the Parmaceutical Industry? https://dx.doi.org/10.1371%2Fjournal.pmed.0040286

[211] https://www.booktopia.com.au/pharma-gerald-posner/book/9781501151897.html?source=pla&gclid=CjwKCAiA6Y2QBhAtEiwAGHybPSYG8JI4PuL2C-joo4GdGbQte95twVMOVHs-i4YsQHTfbPWh6V2wChoCHlkQAvD_BwE

[212] "The Disinformation Playbook" https://www.ucsusa.org/resources/disinformation-playbook

- journals
- "charities"
- advocacy groups
- education of doctors
- lobbying of government
- commission based salesmen
- infiltration into the insurance system
- opening the revolving doors between the FDA and Pharma executives.

Josh Mittelorf, in his article on The Book PHARMA GREED AND LIES, AND POISONING OF AMERICA another book by Gerald Posner which is partly about about the Sackler families activities in Pharma. Mittelorf says:

More information on the "playbook" can be seen in the documents, testimonies and depositions from the tobacco and sugar industries.

"Truth Tobacco Industry Documents (formerly known as Legacy Tobacco Documents Library) was created in 2002 by the UCSF Library. It was built to house and provide permanent access to tobacco industry internal corporate documents produced during litigation between US States and the seven major tobacco industry organizations and other sources. These internal documents give a view into the workings of one of the largest and most influential industries in the United States.

Food Industry Documents100 documents were added to the USRTK Food Industry collection today. **These documents** were acquired by US Right to Know (USRTK) during their ongoing investigations **into the influence of large food and beverage companies on academic partnerships and government regulatory processes around sugary beverages and obesity, among other topics.**"[213] (emphasis added)

A quote from Judge Gladys Kessler in her opinion from the court case against the tobacco industry: "[This case] is about an industry, and in particular these [tobacco companies], that survives, and profits, from selling a **highly addictive product which causes diseases that lead to a staggering number of deaths per year, an immeasurable amount of human suffering and economic loss, and a profound burden on our national health care system. [The tobacco companies] have known many of these facts for at least 50 years or more.** Despite that knowledge, **they have consistently, repeatedly and with enormous skill and sophistication, denied these facts to the public, the Government, and to the public health community.**"[214]

"Billions of dollars in fines and lawsuits for wrongful death were just a cost of doing business."

"...**a third of the trials in the New England Journal of Medicine are funded by industry with almost another half having mixed funding that includes a drug company.** Editors know well that they may be able to sell a million dollars worth of reprints of such an article, with a profit margin of perhaps 70%. In other words publishing that one paper will lead to

[213]https://www.industrydocuments.ucsf.edu/tobacco/

[214]https://www.tobaccofreekids.org/assets/content/what_we_do/industry_watch/doj/FinalOpinionSummary.pdf

$700 000 on the bottom line. Very few actions in business provide such a substantial profit from so little. **Deciding whether to publish such a paper provides a stark conflict of interest because editors have to think a lot about money."**[215] (emphasis added)

"Prescribe's assessments provide a reliable external benchmark to assess the current use of medicines in Australia. **Sixteen "drugs to avoid", judged to be more harmful than beneficial based on systematic, independent evidence reviews, are in substantial use in Australia. These results raise serious concerns about the awareness of Australian clinicians of medicine safety and efficacy.** Medicines safety has become an Australian National Health Priority. Regulatory and reimbursement agencies should review the marketing and funding status of medicines which have not been shown to provide an efficacy and safety at least similar to alternative therapeutic options."[216] (emphasis added)

A University of Sydney research scientist, Professor Barbara Mintzes, expert in pharmaceutical policy and a lead member of an international WHO and Health Action International (HAI) project said there had been a global trend towards weakening evidence standards for new medicines. The changes had broadly made it easier for new drugs to get on to the market. [217]

University of Adelaide policy analyst and psychiatric epidemiologist, Dr Melissa Raven, said there was also evidence that pharmaceutical companies engaged the masked use of supposedly "grassroots" consumer groups to lobby for a particular drug. "They use those consumer organisations particularly for the really emotive issues, like a life-saving drug for teenagers with cancer".[218]

Research contracts often include clauses that give the funder the final say on whether the research is published[219] A review of the Cochrane database "has shown that pharmaceutical industry sponsored studies overestimate the efficacy and underestimate the harm of their treatments, even when controlling for methodological biases".[220] Methodological biases in studies have been associated with overestimates of the efficacy of test treatments[221]

Perhaps if Pharma had liability from vaccines they would spend some time and money on safety and find ore efficacious vaccines. As far as I know the medical industry is the only large industry who run their own safety and efficacy trials, without independent review, they **have no liability for COVID-19 vaccines** (or effectively any other vaccine), **thus removing any financial incentive to make their products safe.**
We would not buy a car tested only by the manufacturer, with captured regulatory agencies approving their products, especially in such a systemically corrupt industry. [222]

Information on how Pharma executives profited is to be found in this US Senate report detailing the Billions made by many executives and the enormous increase in Pharma company

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[215]https://blogs.bmj.com/bmj/2010/11/02/richard-smith-on-editors-conflicts-of-interest/

[216]https://link.springer.com/content/pdf/10.1186/s40545-021-00346-3.pdf

[217]https://www.nps.org.au/australian-prescriber/articles/policing-the-promotion-of-prescription-medicines-the-new-medicines-australia-code-of-conduct#r4

[218]https://dingo.news/voice/dr-nick-coatsworth-medical-spin-doctor-by-mick-lawless/

[219]Beyond financial conflicts of interest: Institutional oversight of faculty consulting agreements at schools of medicine and public health" https://doi.org/10.1371/journal.pone.0203179

[220]"Industry sponsorship and research outcome" http://10.1002/14651858.MR000033.pub2

[221]"Why Most Published Research Findings are False" http://10.1371/journal.pmed.0020124

[222]https://www.sanders.senate.gov/wp-content/uploads/Pharma-Exec-Compensation-Report.pdf

profits.

“Factcheckers” are funded by industry

Independent factcheckers are not independent, they are funded by organisations who have a bias.[223] The factcheckers are not necessarily scientists or medical professionals and they do not have the expertise to “factcheck” highly credentialed and well regarded scientists, professors and researchers.[224]

The provided link[225] contains a discussion of Reuters, FactCheck.org and FullFact, for instance the James C Smith, Chairman of the Board of Thompson Reuters (a major “factchecker”) sits on the board of Pfizer. Dr Vinay Prasad comments that fact checkers “have declared a point of view and their position “gives them the chance to extinguish ideas that oppose their own.”[226]

The British Medical Journal BMJ was “fact checked” by facebook on their article on the fraud in the Ventavia trial for the Pfizer vaccine.

Dozens of files from the whistle blower were checked prior to publication, the story was thoroughly vetted, yet facebook threw up a “missing context” label, they did not find any factual errors in the article, but to fact check something is to throw doubt in peoples minds. The BMJ comment was: “The significance of the British Medical Journal story is that it showed how easily reporting that is true can be made to look untrue or conspiratorial.”[227]

“Lead Stories, is partly paid through a partnership with Ticktock, a social media platform run by a Chinese company that owes its allegiance to the Chinese Communist Party (CC). TikTok currently is being probed by U.S. officials as a national security threat. Moreover, the organization that’s supposed to oversee the quality of fact-checkers is run by Poynter Institute, another TikTok partner.”[228] In 2015 the Gates Foundation "granted" $382,997 to Poynter Institute for Media Studies. With a purpose "To improve the accuracy in worldwide media of claims related to global health and development" https://gatesfoundation.org/about/committed-grants/2015/11/opp1138320… 2015: Fact-Checking Network Created– Poynter https://poynter.org/ifcn/[229]

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[223]https://twitter.com/pbhushan1/status/1406094097404727297

[224]https://www.theblaze.com/op-ed/horowitz-facebooks-independent-fact-checker-on-vaccines-is-funded-by--you-guessed-it?s=03

[225]https://threadsirish.substack.com/p/who-fact-checks-the-fact-checking?r=tyqw8&utm_campaign=post&utm_medium=email

[226]“Facebook: A Worthy Judge of Medical Info?- The social media giant's fact-checkers are plucked from a constellation of Twitter stars” https://www.medpagetoday.com/opinion/vinay-prasad/91526?s=03

[227]“The British Medical Journal Story That Exposed Politicized "Fact-Checking" https://taibbi.substack.com/p/the-british-medical-journal-story

[228]https://www.theepochtimes.com/facebook-fact-checker-funded-by-chinese-money-through-tiktok_3610009.html

[229]https://www.gatesfoundation.org/about/committed-grants/2015/11/opp1138320

Google granted $13+ million to "fact checker" Factchecknet[230] who works with Poynter who is funded (in part) by The Washington Post, an entity Factchecknet would have to fact check.

The many times factcheckers got it wrong are discussed in more detail later.

"Politifact and *USA Today* (run by the Poynter Institute and Gannett, respectively—both of which have received funds from the Gates Foundation) have even used their fact-checking platforms to defend Gates from "false conspiracy theories" and "misinformation," like the idea that the foundation has financial investments in companies developing COVID vaccines and therapies. In fact, the foundation's website and most recent tax forms clearly show investments in such companies"[231]

Media

Looking at the question of can we trust the Main Stream Media MSM to tell us the truth about what we are seeing and to inform us of all the issues around a narrative or incident; the answer is an overwhelming NO.

Nearly thirty years ago my first husband (who was not a journalist), worked with a man who had previously been a subeditor on a major Melbourne newspaper, who we'll call Fred. Fred told us that most of the stories in the paper were made up, journalists did not have time to research and were often told which stories to write and the slant on which a particular story must be told. My first husband worked for a small paper after this and found the same issue, We saw this when we were involved in the revival of rescued swimmers off Carlton River near our house. Young Surf Life Savers put their own lives at risk to rescue those people, going into the water in a storm with frequent lightening. *The Mercury,* Hobart's Newspaper took a photo of two men who had not been involved in any way and told us they were heroes for their rescue efforts. A few days later they told a story of a woman (who we knew and her son, who were on the beach at the time, another made up story but very heart wrenching and sensational. In journalism they say if a story "has legs" it continues, and "if it bleeds, it leads". Since that time there seems to have been a major injection of funds from Billionaires, who have other financial interests and that affects the reporting we see today.

An investigative article looking into media funding written in 2020 looking into Media funding by Billionaires states: "..grants the Gates Foundation had made through the end of June and found more than $250 million going toward journalism. Recipients included news operations like the BBC, NBC, Al Jazeera, ProPublica, *National Journal*, *The Guardian*, Univision, Medium, the *Financial Times*, *The Atlantic*, the Texas Tribune, Gannett, *Washington Monthly*, *Le Monde*, and the Center for Investigative Reporting; charitable organizations affiliated with news outlets, like BBC Media Action and the New York Times...In some cases, recipients say they distributed part of the funding as subgrants to other journalistic organizations—which makes it difficult to see the full picture...**Twenty years ago, journalists scrutinized Bill Gates's initial foray into philanthropy as a vehicle to enrich his software company, or a PR exercise to salvage his battered reputation following Microsoft's bruising antitrust battle with the Department of Justice. Today, the foundation is most often the subject of soft profiles and glowing editorials describing its good works...During the pandemic, news outlets have widely looked to Bill Gates as a public health expert on COVID—even though Gates has no medical training and is not a public official…**News about Gates

[230]https://blog.google/outreach-initiatives/google-news-initiative/how-google-and-youtube-are-investing-in-fact-checking/?utm_source=tw&utm_medium=social&utm_campaign=og&utm_content=&utm_term=

[231]https://www.cjr.org/criticism/gates-foundation-journalism-funding.php

these days is often filtered through the perspectives of the many academics, nonprofits, and think tanks that Gates funds. Sometimes it is delivered to readers by newsrooms with financial ties to the foundation...The full scope of Gates's giving to the news media remains unknown because the foundation only publicly discloses money awarded through charitable grants, not through contracts."[232] The article also looks into funding by other Billionaires many of whom have investments in Covid-19 measures, the web is complex.

"...through donations from the Bill & Melinda Gates Foundation shows The Guardian has received a cool $12,951,391 in support."[233]

Bill Gates media contributions to media and his connections to powerful politicians and bureaucrats has landed Bill Gates on *Forbe's* list of the most powerful people in the world, due to his level of influence.[234] I have singles out Bill Gates because he is well known but there are many more Billionaires behind the scenes who are also in the Eugenics movement such as George Soros, William Buffet, David Rockefeller, Eli Broad, Ted Turner, Oprah WInfrey, Michael Bloomberg and others, According to a 2009 Wall Street Journal article titlled: ***"Billionaires Try to Shrink World's Population".*** [235]

The Trusted News Initiative TNI was set up in late 2020:[236] "Is a British Broadcasting Corporation (BBC) led organization which **has been actively censoring eminent doctors, academics, and those with dissenting voices that contravene the official COVID -19 narrative. Anything contrary to this narrative is considered disinformation or misinformation and will be deleted, suppressed or de-platformed. Misinformation and disinformation are considered anything not aligned with the World Health Organization and/or the regional Public Health Authority-approved "truth".** In the case of the USA – that "truth" is established by Anthony Fauci, the CDC and the FDA. The TNI uses advocacy journalism and journals to promote their causes. The Trusted News Initiative is more than this though..The known TNI partners include: Associated Press, AFP; BBC, CBC/Radio-Canada, European Broadcasting Union (EBU), Facebook (whose founders fund article being written for the The Atlantic), Financial Times, First Draft, Google, The Hindu, Microsoft, New York Times, Reuters, Reuters Institute for the Study of Journalism, Twitter, You Tube, The Wall Street Journal, The Washington Post."[237] (emphasis added)

A look at the Index of Main stream Media Ownership[238] shows that Vanguard and Blackrock have shares in much of the media, they also have shares in Pharma and many other industries.

The combined global assets of Vanguard and Blackrock are more then $15 Trillion, which is more than ¾ of the US gross domestic product (GDP) and more than 3x the German GDP. Blackrock have more than $9.5 trillion in assets as of July 2021, while Vanguard have more than $7 trillion in assets as of January 2021. The two companies are each the largest stockholder in the other company.[239] It is difficult to ascertain who is behind the two companies. Blackrock and Vanguard own a large investment interest in most large corporations, including social media companies, main stream media

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[232] https://www.cjr.org/criticism/gates-foundation-journalism-funding.php

[233] https://geopolitics.co/2021/11/21/how-bill-gates-bankrolls-the-guardian-that-claims-not-backed-by-billionaires/

[234] https://www.forbes.com/powerful-people/list/#tab:overall

[235] https://www.wsj.com/articles/BL-WHB-1322

[236] https://www.bbc.com/mediacentre/2020/trusted-news-initiative-vaccine-disinformation

[237] https://mail.google.com/mail/u/0/#search/tni/FMfcgzGmvLMFxJLtpTzMRhGBmpbfqcpp

[238] https://projects.iq.harvard.edu/futureofmedia/index-us-mainstream-media-ownership

[239] https://money.cnn.com/quote/shareholders/shareholders.html?symb=BLK&subView=institutio

and pharmaceutical companies.[240]

Early in the Pandemic process we were repeatedly told that the lab leak theory was a conspiracy theory by the MSM and Tech giants, authorities, anyone who disagreed was ridiculed, deplatformed, demonetised. A BMJ article stated: "...scientific journals were complicit in helping to shout down any mention of a lab leak...It's very clear at this time that the term 'conspiracy theory' is a useful term for defaming an idea you disagree with"[241] Still now a google search is littered, specially in the earlier results with articles about the zoonotic origin idea. Now we are allowed to discuss the idea and it no longer considered a conspiracy theory.

The FBI the US Energy Department and The Republican chairs of the House Intelligence Committee and a select subcommittee on the pandemic jointly say they have gathered information in favor of the lab leak hypothesis.[242] It appears documents have been destroyed which could provide the proof of a lab leak. Former CDC director Robert Redfield has said "Covid-19 more likely was a result of an accidental lab leak than the result of a natural spillover event"[243] Yet the Wikipedia entry on the origin of Covid-19 as of 6-8-2023 says: "Most scientists agree that...the virus is likely derived from a bat-borne virus transmitted to humans in a natural setting.[11] Many other explanations, including several conspiracy theories, have been proposed.[12][13][14] Some scientists and politicians have speculated that SARS-CoV-2 was accidentally released from a laboratory. This theory is not supported by evidence."[244]

On 28-7-2023 *The Weekend Australian* published an article entitled: Covid cover-up: how science was silenced discussing the long story which includes of the emails between Fauci and other scientists and how they produced the Proximal Origins paper,[245] deliberately misleading the public, they clearly stated, some publicly and some in emails, they believed the origin was from a lab, but they wrote a correspondence paper, published by *Nature Medicine* declaring it was obviously of zoonotic origin. The paper was widely cited and MSM around the world published stories on its findings *Nature Medicine* has still not retracted the obviously fraudulent paper.

The Wall Street Journal are claiming in an article published on 17-7-2023 that "Covid-19 Censorship Proved to be Deadly", the subtitle says "Government and social-media companies colluded to stifle dissenters who turned out to be right."[246]

Google is the most popular search engine. Google directs queries to Wikipedia more often then it directs to it traffic to its "own properties": "prevalence of Wikipedia exceeds the level at which Google shows its own properties...Wikipedia shows up in the top 10 of the search results more than 50% of the time."[247] properties- intellectual properties

Students are instructed not to use Wikipedia for their study, it used to have a reputation for reliable

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[240] "How a Company Called BlackRock Shapes Your News, Your Life, Our Future" https://commonreader.wustl.edu/how-a-company-called-blackrock-shapes-your-news-your-life-our-future/

[241] https://www.bmj.com/content/374/bmj.n1656

[242] https://www.abc.net.au/news/2023-06-24/no-evidence-to-support-wuhan-lab-leak-theory-us-intelligence-say/102519874

[243] https://www.nbcnews.com/politics/congress/house-republicans-highlight-covid-lab-leak-theories-hearing-virus-orig-rcna73007

[244] https://en.wikipedia.org/wiki/Origin_of_COVID-19

[245] https://www.nature.com/articles/S41591-020-0820-9

[246] https://www.wsj.com/articles/covid-censorship-proved-to-be-deadly-social-media-government-pandemic-health-697c32c4

[247] https://blogs.perficient.com/2015/09/23/google-still-loves-wikipedia-more-than-its-own-properties/

information bur it is now a source of "Fake News".[248] Yet a published study from researchers out of Cornell University, and Maynooth University CSAIL, concluded that judges in Ireland are using Wikipedia articles to help inform their decisions.[249] Another paper showed the same, "judges' application of the law is influenced by the same internet forces that shape other professional domains."[250]

In 2018, Dr Neil Thompson,Visiting Professor at Harvard and Assistant Professor at MIT looked at proving the causal role that Wikipedia plays in shaping knowledge and behaviour by looking at how it shapes academic science. It turns out that adding scientific articles, in this case about chemistry, changed how the topic was discussed in scientific literature, and science articles added as references to Wikipedia received more academic citations as well.[251]

"Speaking on Greenwald's 'System Update' podcast, Sanger discussed how the site he helped found in 2001 Sanger stated "**Wikipedia is secretly owned and operated by the CIA to wage "information warfare" on the public, the site's co-founder, Larry Sanger.** Sanger discussed how the site he helped found in 2001 has become "**an instrument of "control" for the Deep State alphabet agencies, among which he counts the CIA, FBI, and other US intelligence agencies.**"[252]

248

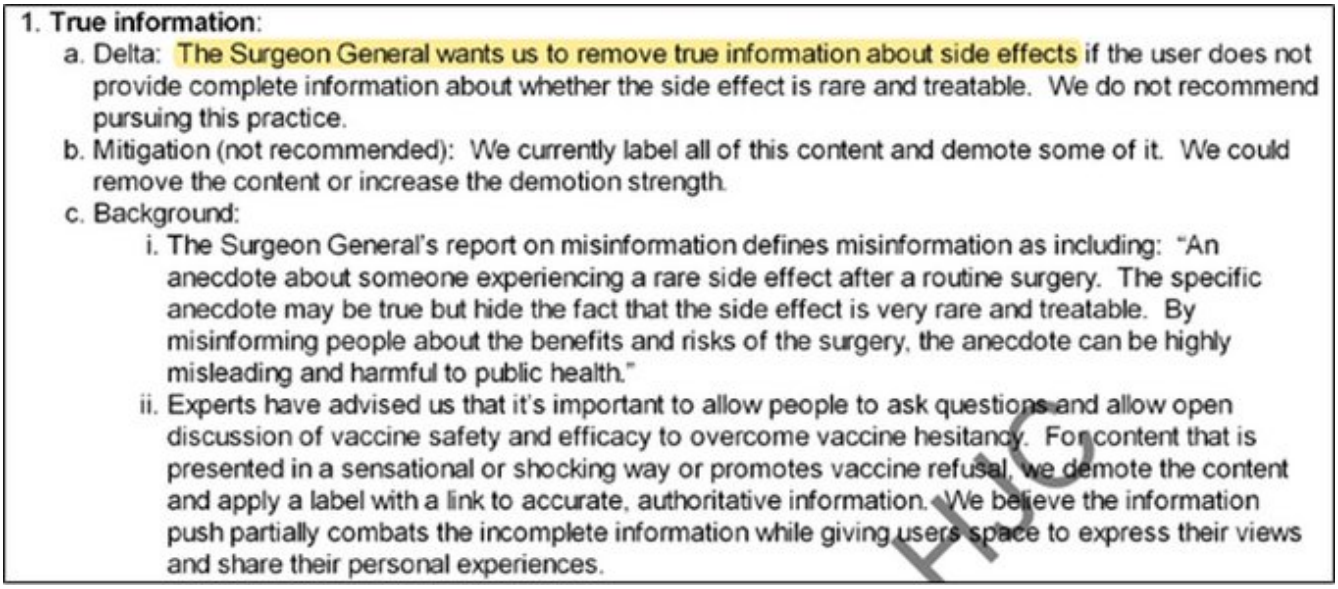
249https://www.breitbart.com/tech/2020/08/05/where-fake-news-is-born-how-wikipedia-spreads-hoaxes/

250https://deliverypdf.ssrn.com/delivery.php?ID=172086089029002066122118096001069000059080034086059056072087067074118111074095104027060049049026019123051106005105065115011072111025007016051092117011082084009123032081012103078005114020082115025099097019086083068088067114101102106077066064011115064&EXT=pdf&INDEX=TRUE

251https://phys.org/news/2017-10-power-wikipedia-science.html

252https://dainikbidyaloy.com/2023/08/03/wikipedia-editor-admits-we-are-run-by-the-cia/?amp=1

US Rep. Jim Jordan has published, on twitter a series of recently subpoenaed documents, which reveal that Facebook bowed to the Biden White House's pressure to remove posts, in what are referred to as the facebook files.[253] One example below.



1. **True information**:
   a. Delta: The Surgeon General wants us to remove true information about side effects if the user does not provide complete information about whether the side effect is rare and treatable. We do not recommend pursuing this practice.
   b. Mitigation (not recommended): We currently label all of this content and demote some of it. We could remove the content or increase the demotion strength.
   c. Background:
      i. The Surgeon General's report on misinformation defines misinformation as including: "An anecdote about someone experiencing a rare side effect after a routine surgery. The specific anecdote may be true but hide the fact that the side effect is very rare and treatable. By misinforming people about the benefits and risks of the surgery, the anecdote can be highly misleading and harmful to public health."
      ii. Experts have advised us that it's important to allow people to ask questions and allow open discussion of vaccine safety and efficacy to overcome vaccine hesitancy. For content that is presented in a sensational or shocking way or promotes vaccine refusal, we demote the content and apply a label with a link to accurate, authoritative information. We believe the information push partially combats the incomplete information while giving users space to express their views and share their personal experiences.

Regulatory and Advisory bodies are Influenced by Political Pressure and Largely Funded Funded by Industry

"**Regulatory capture describes the phenomenon in which regulators (e.g. medical agencies) protect the interests of the companies they regulate rather than the public.**"[254] (emphasis added)

The Global Corruption Report on Corruption and Health says, of the FDA approval of Vioxx and Bextra pp 88-89 :"**10 of the panel members had financial ties to both companies. (Merck and Pfizer)**...The FDA decision will affect millions of people as well as the enormous profits of two major pharmaceutical companies...these examples are worrisome with respect to their effect on patient care and cannot be condoned from an ethical construct, none constitutes either fraud or overt corruption. None is punishable by legal means and any sanction would have to come from state or professional organisations, but these bodies rarely impose any."[255] This last statement begs the question of the lack of accountability and liability of people who are making decisions which can cause harm to many people.

Two senior FDA officials, Dr Marion Gruber, former Director and Dr Philip Krause former Director

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[253]https://twitter.com/Jim_Jordan/status/1684957660515328001

[254] Regulatory Capture in Pharmaceutical Policy Making: The Case of National Medicine Agencies Related to the EU Falsified Medicines Directive https://doi.org/10.1007/s40290-019-00277-0

[255]"Global Corruption Report 2006" https://images.transparencycdn.org/images/2006_GCR_HealthSector_EN.pdf

and Deputy Director, Office of Vaccine Research and Review, resigned over political pressure to approve Covid-19 booster shots, they co authored a paper published in the Lancet, disputing the need for boosters.[256]

A University of Sydney research scientist, Barbara Mintzes, an expert in pharmaceutical policy, said there had been a global trend towards weakening evidence standards for new medicines. The changes had broadly made it easier for new drugs to get on to the market.

"Prescribe's assessments provide a reliable external benchmark to assess the current use of medicines in Australia. **Sixteen "drugs to avoid", judged to be more harmful than beneficial based on systematic, independent evidence reviews, are in substantial use in Australia. These results raise serious concerns about the awareness of Australian clinicians of medicine safety and efficacy.** Medicines safety has become an Australian National Health Priority. Regulatory and reimbursement agencies should review the marketing and funding status of medicines which have not been shown to provide an efficacy and safety at least similar to alternative therapeutic options."[257]

A BMJ analysis Evaluating covid-19 vaccine efficacy and safety in the post-authorisation phase found: "Expedited approval pathways have been increasingly used over the past 30 years to bring new medicines to market. The basic premise has been to give patients earlier access to medicines, often achieved by relying on less robust forms of evidence at the time of approval, such as showing efficacy against surrogate endpoints rather than patient outcomes.1

Expedited approvals are often coupled with requirements to conduct post-authorisation studies to confirm that the medicines safely provide the anticipated benefit. But a long history of concerns has emerged about the wisdom of shifting clinically important efficacy and safety assessments from before to after authorisation.*1234* **Post-authorisation studies often fail to deliver—lots of studies are never started, many take years longer than planned, and some fail to confirm pre-authorisation results. Evidence on relevant outcomes often remains inconclusive for several years,*567* and post-authorisation safety events are seen more frequently for drugs with expedited approval**.*8* **Regulators only rarely sanction companies for not adhering to post-authorisation study requirements, and drugs are only rarely withdrawn**.2"[258] (emphasis added) Surrogate endpoint- a clinical trial endpoint used as a substitute for a direct measure of how a patient feels, functions, or survives.

The CDC have put out a several studies "...pushing a series of scientific results that are severely deficient. This research is plagued with classic errors and biases, and does not support the press-released conclusions that often follow. **In all cases, the papers are uniquely timed to further political goals and objectives; as such, these papers appear more as propaganda than as science.** The CDC's use of this technique has severely damaged their reputation and helped lead to a growing divide in trust in **science by political party**."[259]

The Informed Consent Action Network (ICAN) sent a FOI request asking for communications between the White house, Facebook, Google and YouTube. Among other communications, they received an email[260] sent by Facebook's then Public Policy Manager, which announced the following information:

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[256]"Considerations in boosting COVID-19 vaccine immune responses" https://doi.org/10.1016/S0140-6736(21)02046-8

[257]https://link.springer.com/content/pdf/10.1186/s40545-021-00346-3.pdf

[258]"Evaluating covid-19 vaccine efficacy and safety in the post-authorisation phase" https://doi.org/10.1136/bmj-2021-067570

[259]https://www.tabletmag.com/sections/science/articles/how-the-cdc-abandoned-science

[260]https://www.icandecide.org/wp-content/uploads/2022/01/Page-35.pdf

"a new initiative, the "**Alliance for Advancing Health Care," between Facebook and several major companies and organizations, including Merck, the Vaccine Confidence Project, the Sabin Vaccine Institute, and the CDC Foundation."**[261] (emphasis added) Significantly, **one of the CDC Foundation's corporate partners is Pfizer.**[262]

Dr Prasad commented, on the CDC's booster recommendations: "in recent weeks the agency's director has started to push for more doses at these ages. Against the advice of an FDA advisory committee, Rochelle Walensky has moved forward with recommending boosters for 12- to 15-year-olds. This view differs from WHO guidance and that of other countries...when it comes to vaccination, the CDC has a single policy: All Americans should get three doses, regardless of age or medical conditions. **This is not science as such, but science as political propaganda.**"[263] (emphasis added)

A data base, updated annually, found on pubmed, at the time of writing, has 578 drugs which have been discontinued or withdrawn from market. They say: "Adverse drug reactions (ADRs) not only account for market withdrawals but also for changes in labels or introduction of new black-box warnings for prescription drugs".[264] Black-box warning- the drug can cause serious injury or death.

All science research is prone to biases, and flaws, but some have grievous flaws making them useless or worse. Sometimes these papers are used to push a narrative by politicised health agencies, otherwise called propaganda.[265] [266]

Many people who decide vaccination policy in Australia have conflicts of interest with Pharma.[267]

An article in the Intercept[268] explains the ties many of Bidens "inner circle" have ties to Pharma creating potential conflicts of interest. There has been a lot of political pressure from Biden and his administration for vaccine mandates, and for the FDA to approve booster shots.

"Ten years ago WHO changed its financial policy and allowed private money into its system, instead of only funding from the member states. WHO has since been extremely successful in raising funds and is now receiving **more than half of its yearly budget from private sources. Bill Gates has for example given more than one billion dollars to the WHO**. The new system of private funding of WHO has brought WHO much closer to the pharmaceutical industry...the results from the Cochrane reviews, which most researchers regard as a much more reliable source of information on medicine than the data coming from the pharmaceutical industry itself, clash harshly with the recommendations of WHO in its drug directories. The Cochrane meta-analyses have systematically found less effect and more harm from the pharmaceutical drugs than the pharmaceutical industry does, when it documents its own products, also when the industry's own data is used [8]...**an intimate cooperation between the pharmaceutical industry and WHO was exposed; a large number of people from the industry had been placed in secret advisory groups in WHO**

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[261] https://mail.google.com/mail/u/0/#search/in%3Asent+ican/FMfcgzGmtrQvSzwnFjDFlhwHxwwtZzsv

[262] https://www.cdcfoundation.org/search/content?keys=Pfizer&page=1

[263] https://www.nejm.org/doi/10.1056/NEJMoa2113017

[264] "WITHDRAWN--a resource for withdrawn and discontinued drugs" https://doi.org/10.1093/nar/gkv1192

[265] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(00)87917-9/fulltext

[266] https://www.psychologytoday.com/us/blog/extraordinary-people/201710/propaganda-masqueraded-pharmaceutical-marketing

[267] https://imoparty.com/Conflicts-of-Interest-in-Vaccination-Policies

[268] "BIDEN'S INNER CIRCLE MAINTAINS CLOSE TIES TO VACCINE MAKERS, DISCLOSURES REVEAL" https://theintercept.com/2021/03/24/covid-vaccine-stocks-biden-conflict/

close to the Chinese director Margaret Chan.
[1,2,17,18,26-32,34,36,38,41,43,44,54-56,59]."[269]

The World Health Organisation (WHO) is now largely funded by industry and interested parties. The **funding comes with an agenda according to Dr Margaret Chan previous director of the WHO.**

The following chart from 2018-2019 of WHO funding shows the combined contributions of the Bill and Melinda Gates Foundation and the Global Alliance for Vaccines and Immunisations GAVI add up to $902 Million, which makes **Gates foundations the WHO's biggest contributor**.

Top 15 contributors to the WHO programme budget 2018-2019

[269]https://www.avensonline.org/wp-content/uploads/JIMT-2378-1343-02-0004.pdf?utm_source=substack&utm_medium=email

As a percentage of the total WHO budget and in absolute spending

1	USA	15.9 %	$893M
2	**Bill & Melinda Gates Foundation**	**9.4%**	$531M
3	UK	7.7%	$435M
4	**GAVI Alliance**	**6.6%**	$371M
5	Germany	5.2%	$292M
6	**UNOCHA**	**3.4%**	$192M
7	Japan	3.2%	$182M
8	**Rotary International**	**2.5%**	$143M
9	**World Bank**	**2.4%**	$133M
10	European Commission	2.3%	$131M
11	**National Philanthropic Trust**	**1.9%**	$108M
12	**CERF**	**1.5%**	$87M
13	Norway	1.5%	$86M
14	China	1.5%	$86M
15	Kuwait	1.2%	$70M

Table: jg Source: WHO Get the data

Politicians/Political Parties Receive Funding from Industry

A report in the Guardian said: "Big pharmaceuticals have a significant financial stake in the way government behaves, particularly in decisions or policy affecting medicine pricing or approval processes for new drugs…A former federal health department secretary, Stephen Duckett, now a leading health researcher at the Grattan Institute, said the **pharmaceutical industry was "extremely powerful" and exerted significant influence on government**...An earlier report by Duckett found the **pharmaceutical industry was often given extraordinary access and influence over individual policies**. In one example industry lobby groups were in the room as the federal government developed its therapeutic pricing policy, a policy aimed at stopping the government wasting money on over-priced drugs. "It's all very well for the **industry groups**, the stakeholders, to be consulted," he said. "But in this particular case, not only were

they consulted, but they **basically held the pen and designed the policy.**"[270] (emphasis added)

Duckett published a report that found Australians were paying about $500 million too much each year for generics (off patent drug).[271] Some 72 separate pharmaceutical businesses engage paid lobbyists to influence government decisions and policy, represented by 29 separate lobbying firms, many of which have former ministerial or political advisers as staff.[272] [273]

In 2020 Pharma made 1.27 trillion dollars. Not a single penny went into teaching us how to get healthier, indicating that our health is not their priority. The major political parties in Australia and the US among others receive Millions of dollars from Pharma. Pharma spend more than any other industry on lobbying Governments. In the US Pharma spent an average of $233 Million a year lobbying the federal Governments also contributing hundreds of Millions of dollars on presidential and congressional candidates and committees and state candidates and committees. "**Contributions were targeted at senior legislators in Congress involved in drafting health care laws and state committees that opposed or supported key referenda on drug pricing and regulation.**"[274] (emphasis added)

IN 2018 The Guardian reported that: "Big pharmaceutical players are one of the big buyers of lobbyist services. We identified almost 70 pharmaceutical or health companies currently engaging lobbyists. One of the firms specialising in this area is opr Health, a broader Health communications consultancy that is registered to lobby, and has a separate public affairs business, Parker and Partners. It boasts a former health minister among its staff."[275]

An ABC report from 2019 entitled: Why the Pharmacy Guild is the most powerful lobby group you've never heard of[276] says: "It's been called the most influential lobby group in Australia, and some believe it has the power to bring down a government if it really flexed its muscle..."They've been extraordinarily effective in influencing government policy funding and regulatory decisions over a long period of time," says Jennifer Doggett, chair of the Australian Health Care Reform Alliance. "They're probably regarded as the most influential force in the health system. They have ... been able to maintain a funding and regulatory regime which privileges and protects them from competition in a way no other sector has been able to achieve."

Medical Associations, Universities and Conflict of Interest (COI)

"Financial relationships between the leaders of influential US professional medical associations and industry are extensive, although with variations among the associations. The

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[270] "Pharmaceutical industry donates millions to both Australian political parties" https://www.theguardian.com/business/2018/sep/25/pharmaceutical-industry-donates-millions-to-both-australian-political-parties

[271] "Cutting a better drug deal" https://grattan.edu.au/report/cutting-a-better-drug-deal/

[272] https://www.theguardian.com/australia-news/2018/sep/16/in-the-family-majority-of-australias-lobbyists-are-former-political-insiders

[273] https://www.australiannationalreview.com/health/pharmaceutical-industry-donates-millions-to-both-australian-political-parties/

[274] "Lobbying Expenditures and Campaign Contributions by the Pharmaceutical and Health Product Industry in the United States 1999-2018" 10.1001/jamainternmed.2020.0146

[275] https://www.theguardian.com/australia-news/ng-interactive/2018/sep/19/lobbying-in-australia-how-big-business-connects-to-government

[276] https://www.abc.net.au/news/2019-06-20/pharmacy-guild-lobby-wields-great-political-power/11217028

quantum of payments raises the questions about independence and integrity."[277]

The Australian Journal of General Practice published an article in March 2020 discussing the payments received by leaders of the Professional Medical Associations. The article stated the findings from the publicly available industry transparency records: "raise concerns about industry influence on clinical practice and policy."[278]

The British Medical Journal Article states that a: "major task of medical societies is the development of guidelines, where the possibility for COI is both direct and indirect. Guidelines can be directly supported by industry wherein a financial gift is given specifically to support their development, albeit without editorial control or representation on the guideline writing committee. Alternatively, guidelines may have indirect support from industry by virtue of the fact that panel members have benefited from research support and/or payment of activities on advisory boards or as consultants… During the 1980's, the relationship between industry and academia intensified...Recently, there have been concerns about industry supporting an even larger component of research funding...".[279]

The American College of Obstetricians and Gynaecologists COG which has over 60,000 members received a series of grants from the CDC including over 11,000,000 US by the CDC for preventative health services.[280] An article entitled FOIA Reveals Troubling Relationship between HHS/CDC & the American College of Obstetricians and Gynecologists stated: "...there was a catch. As the name of the grants indicates – documents obtained in a Freedom of Information Act (FOIA) request show that ACOG's receipt of COVID-19 grant money was conditioned on ACOG yielding substantial control over the projects which were to be funded by the grants to the CDC.31 Receipt of the grant money was also contingent on ACOG's full compliance with CDC guidance on COVID-19 infection and control.32...If it sounds like government capture of ACOG – it is. Even more disturbing, CDC is surreptitiously working *through* ACOG, exploiting ACOG's authority and sway, to influence not only doctors and patients – but a host of others – including public health entities and "partner organizations."[281] "[282]
As can be seen in the article the ACOG changed its guidance on pregnant women receiving the Covid-19 vaccines from leaving the choice up to the women whether to receive the Covid-19 vaccine to recommending the vaccines for pregnant women, despite very troubling research showing significant harms to pregnant women after receiving the Covid-19 vaccines.[283]
An article entitled Pushing COVID-19 Shots in Pregnancy: The Greatest Ethical Breach in the History of Medicine,[284] outlines several sources of troubling information regarding vaccinating for Covid-19 during pregnancy, including Government data sets..

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[277]"Financial ties between leaders of influential US professional medical associations and industry: cross sectional study https://doi.org/10.1136/bmj.m1505

[278]"Pharmaceutical industry payments to leaders of professional medical associations in Australia: Focus on cardiovascular disease and diabetes." doi: 10.31128/AJGP-08-19-5041

[279]"Professional medical societies: do we have any conflict of interest with industry?" https://doi.org/10.1007/s00134-018-5304-8

[280]https://www.usaspending.gov/search/?hash=2b9bbf7349e6c520a55164cbe34c6321

[281]

[282]https://www.americaoutloud.news/foia-reveals-troubling-relationship-between-hhs-cdc-the-american-college-of-obstetricians-and-gynecologists/

[283]https://europepmc.org/article/PPR/PPR591421

[284]https://www.americaoutloud.news/pushing-covid-19-shots-in-pregnancy-the-greatest-ethical-breach-in-the-history-of-medicine/

A Critical Look at Official Responses from Health Agencies

It has been officially recognised that our health has an effect on the way we respond to disease. We know the comorbidities that make us more prone to serious disease from Covid-19.

The authors of a study looking at the risk of people with cardio metabolic disease who get Covid-19 state: "Our new research on obesity, diabetes, and COVID-19 suggests 63% of US hospitalizations for COVID may have been prevented, due to less severe illness, if we had a metabolically healthy population,"[285]
Metabolic diseases such as obesity, cancer and diabetes are recognised to be caused by diet and lifestyle choices.[286]
It was a golden opportunity to educate and encourage the general population to become healthier, which was not taken.

Cancer causes nearly 10 million deaths globally.[287]
Diabetes kills 1.5 million people a year globally,[288]
Cardiovascular disease kills 17.9 million people a year globally.[289]

If health authorities were really concerned for our health, wouldn't we have been to advised to bolster our immune systems and general health with improving our lifestyle choices, even before Covid-19 started.

The following is a list of areas where we have been censored for being correct and asking questions.

Natural Immunity

Our immune system that works in flawless complex harmony (given the chance), it is **so complex the experts barely understand it**. There are many parts to our immune system such as the microbiome. "Microbiome and the immune system are constantly shaping each other"[290] Most of us, including medical professionals and many scientists including vaccinologists are still working with the basic understanding of the :

1. Innate immune system, our first line of defence, it includes our mucous membranes, and our skin, there are many components to the system which work slightly differently to the
2. Adaptive immune system which takes on the need to restore balance if a pathogen or toxin gets past the innate system.

There is a great deal of synergy between the innate and adaptive immune system, and defects in either

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[285] "Coronavirus Disease 2019 Hospitalizations Attributable to Cardiometabolic Conditions in the United States: A Comparative Risk" https://doi.org/10.1161/JAHA.120.019259

[286] https://www.mayoclinic.org/diseases-conditions/metabolic-syndrome/symptoms-causes/syc-20351916

[287] https://www.who.int/news-room/fact-sheets/detail/cancer

[288] "Diabetes" https://www.who.int/news-room/fact-sheets/detail/diabetes

[289] "Cardiovascular diseases" https://www.who.int/health-topics/cardiovascular-diseases#tab=tab_1

[290] https://www.sciencedirect.com/science/article/pii/S2452231718300095

system can provoke illness or disease, such as inappropriate inflammation, autoimmune diseases, immunodeficiency disorders, hypersensitivity reactions or allergies and cancers.
Children have a very strong innate immune system, much more so than adults, as we know the immune system wanes with age. The strength of the innate immune response is the reason the vast majority of children are able to deal so well with Covid-19. They generally have very mild cases of the disease, which also means they are less likely to spread Covid-19.
If we give this vaccine to children we are are not only bypassing the innate immune response, we are introducing something into their body which can change their immune systems in ways we do not fully understand. We are also potentially exposing them to the many harms that have been described in this essay, and unknown consequences we are not yet aware of.

Authorities have been telling us, until recently that vaccine immunity was superior to natural immunity, maintaining everyone needs to be vaccinated (an increasing number of times) regardless of whether they have previously had Covid-19 and are naturally immune.

Natural immunity is at least as effective as vaccine immunity.[291] [292] [293]

Dr Anthony Fauci is on record telling us in reference to influenza: "the most potent vaccination is getting infected yourself"[294] Scientific evidence has not changed since his statement.

There are 160 plus studies on natural immunity being superior.[295]
There are a great many more repeat infections among vaccinated individuals. A *NEJM* piece which cites 16 studies shows that **children who had Covid and were subsequently vaccinated, were much more likely to get reinfected than their peers who also had Covid, and were NOT vaccinated.** In fact their study showed that the **immunity gained from vaccination waned within 20 weeks and the vaccinated children were left with no immunity**.[296]

Masks

There is no reliable science to recommend the wearing masks.
Two clinical RCT's on masks which were relied on by authorities around the world to mandate mask wearing had glaring problems:
- The Denmark study was methodologically sound but showed no significant effect of masks[297]
- The Bangladesh study: -
    1. included unblinded participants to self-report symptoms before testing
    2. used an antibody test with a very low sensitivity
    3. there was unclear generalisation from the specific context
    4. participants in the control and treatment arms were handled in different ways that are linked to factors established to be strongly associated to infection and severity with viral respiratory diseases, in particular, and to individual health in general
    5. the confidence interval of the relative risk (RR) corresponded to no effect.[298] [299]

[291] https://doi.org/10.1136/bmj.n2101

1. [292]https://jamanetwork.com/journals/jama/fullarticle/2788894

[293]https://www.medrxiv.org/content/10.1101/2022.07.06.22277306v1

[294]https://www.youtube.com/watch?v=CH2wnifxCgc

[295]https://brownstone.org/articles/research-studies-affirm-naturally-acquired-immunity/

[296]https://www.nejm.org/doi/full/10.1056/NEJMc2209371?query=featured_home

[297]https://pubmed.ncbi.nlm.nih.gov/33205991/

[298]https://denisrancourt.ca/entries.php?id=106

[299]https://www.science.org/doi/10.1126/science.abi9069

The effectiveness of masks when used by the general population is lacking even in the Cochrane database which analyses systematic reviews.[300] [301]

A pitfall of studies using artificial laboratory conditions with a simulation character that is not equivalent to situations or environments typical of daily life.[302]

Evidence suggests that SARS-CoV-2 may be also transmitted via faecal and fomite (inanimate object) transmission between infected individuals and others.[303]

There is a high risk of improper handling when the mask is used by the general population and by children[304]

170 studies that outline the ineffectiveness and harms of masks.

Harms of masks [305]

1. Elevated blood carbon dioxide level is an important cornerstone of the so-called Mask-Induced Exhaustion Syndrome (MIES)[306]
2. According to experimental studies, masks act like nebulisers and produce finer aerosols in percentage terms. Such smaller particles fly further and also float around the room longer than the larger aerosol particles released by people without masks.[307]
3. Masks become contaminated with viral particles, increasing the amount of virus particulate in the air.[308]
4. There is a high risk of improper handling when the mask is used by the general population and by children, giving rise to increased spread of pathogens.[309]
5. Children and pregnant women are a special subgroup more susceptible to potential negative environmental factors (e.g. toxins) because the protective/conjugative mechanisms in early life tissues are less well developed.[310]
6. Masks frequently led to breathing problems in 100 school children between 8 and 11 years of age especially during physical exertion.[311]

Lockdowns

The traditional model of quarantine the infected and protecting those at risk from a pathogen which has been part of the Pandemic Plan for Australia along with many other countries was abandoned in favour of locking down the whole population, with no evidence the measure would be effective. In fact "the odds of indoor transmission was very high compared to outdoors"[312] Yet we were locked indoors with in some cases only one hour a day to go out for exercise, parks were locked up, people

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[300] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub5/full

[301] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub6/full

[302] https://journals.asm.org/doi/10.1128/mSphere.00637-20

[303] https://f1000research.com/articles/10-231/v2

[304] https://journals.lww.com/ccmjournal/Abstract/2010/02000/Protecting_healthcare_workers_from_pandemic.40.aspx

[305] https://www.cell.com/heliyon/pdf/S2405-8440(23)01324-5.pdf

[306] https://www.mdpi.com/1660-4601/18/8/4344

[307] https://www.nature.com/articles/s41598-020-72798-7

[308] https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-019-4109-x

[309] https://journals.lww.com/ccmjournal/Abstract/2010/02000/Protecting_healthcare_workers_from_pandemic.40.aspx

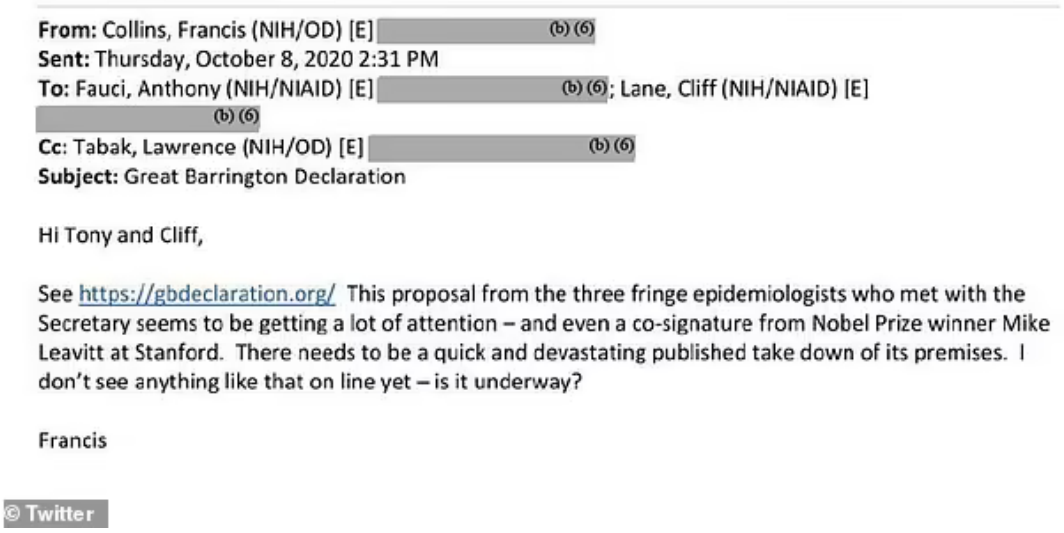
[310] https://ehp.niehs.nih.gov/doi/10.1289/ehp.00108s113

[311] https://www.mdpi.com/1660-4601/17/11/3935

[312] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7798940/

were arrested when alone on a beach, none of these measures were evidence based but they had an enormous negative impact.

The Great Barrington Declaration[313] written by three eminent Professors from Harvard, Stanford and Oxford Universities in infectious disease epidemiology and public health science has 925,000+ signatures. The declaration argues that lockdown of populations at large is harmful, and the vulnerable should be protected- "Focused Protection'. They state "we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection." The Declaration was attacked by many including Dr Francis Collins head of the NIH who in his famous email to Dr Anthony Fauci said "there needs to be a quick and devastating published takedown of its premises."



From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Thursday, October 8, 2020 2:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E]
(b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Great Barrington Declaration

Hi Tony and Cliff,

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

Francis

© Twitter

Dr Fauci's response was to send Dr Collins two op-eds from magazines, but there was no established science.
A meta-Analysis on lockdown "The results of our meta-analysis support the conclusion that lockdowns in the spring of 2020 had little to no effect on COVID-19 mortality."[314]

Harms From Lockdowns

1. Johns Hopkins study on lockdowns conclude the following: "**lockdowns during the initial phase of the COVID-19 pandemic have had devastating effects.** They have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining liberal democracy. These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are marginal at best. Such a standard benefit-cost calculation leads to a strong conclusion: **lockdowns should be rejected out of hand as a pandemic policy instrument.**" [315] (emphasis added)
2. It has been well documented by studies in the past that periods of pandemics and quarantine often lead to an increase of psychological distress, depression, self harm,

[313]https://gbdeclaration.org/

[314]https://portal.research.lu.se/en/publications/a-literature-review-and-meta-analysis-of-the-effects-of-lockdowns

[315]https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf

suicidal ideation and violence.[316] [317] [318]

3. The WHO and Lancet have reported a 38% increase in alcohol consumption in India, with the latest data showing a per capita consumption of 5.9 litres/year. [319] [320]
4. The lockdown also posed a risk for an increase in alcohol consumption and relapse in previously abstinent individuals.[321]
5. A study looking at an Emergency Department of a Teaching Hospital shows the increase in self harm and violence.[322]
6. A damning report from the UN in 2020 announced we are "reversing decades of progress on poverty, healthcare and education...the worst human and economic crisis of our lifetime" from what they refer to as Covid 19, however; reading the report it is clear the real issue is the official response to Covid-19.[323]
7. Oxfam published a report[324] on the disruption to the supply chain of food caused by lockdowns. They say we are looking at the possibility of 121 million more people pushed to the brink of starvation, diminishing aid and mass unemployment.
8. *The Times* newspaper in the UK published an article discussing research that found that lockdowns had worsened children's social and emotional skills [325]
9. The Brownstone institute has put together more than 400 studies on the harms of lockdowns, in the accompanying article they say: "The benefits of the societal lockdowns and restrictions have been totally exaggerated and the harms to our societies and children have been severe: the harms to children, the undiagnosed illness that will result in excess mortality in years to come, depression, anxiety, suicidal ideation in our young people, drug overdoses and suicides due to the lockdown policies, the crushing isolation due to the lockdowns, psychological harms, domestic and child abuse, sexual abuse of children, loss of jobs and businesses and the devastating impact, and the massive numbers of deaths resulting from the lockdowns that will impact heavily on women and minorities."[326]
10. Millions of tons of fresh produce has been destroyed around the world[327]
11. An additional 6.7 million children under the age of 5 could suffer from wasting (immediate,visible and life threatening form of malnutrition), according to UNICEF[328]

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[316] https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf

[317] https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children

[318] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7158942/

[319] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8574082/#bb0065

[320] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8574082/#bb0060

[321] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8574082/#bb0070

[322] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8574082/

[323] https://www.un.org/development/desa/en/news/sustainable/sustainable-development-goals-report-2020.html

[324] "The hunger virus: how COVID-19 is fuelling hunger in a hungry world" https://www.oxfam.org/en/research/hunger-virus-how-covid-19-fuelling-hunger-hungry-world?cid=aff_affwd_donate_id78888&awc=5991_1644489664_bddd3606b3ed5bc76724f3704cc9d0cc

[325] https://www.thetimes.co.uk/article/uk-lockdown-affect-children-school-education-covid-pandemic-0v6mzkjrz?fbclid=IwAR0kQGavIN2kg-EKL5FOLfp2cTmzL20nULFpWU7_UCI-nBo86fUIobH7xmY&s=03

[326] https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/?utm_source=substack&utm_medium=email

[327] "The Saddest, Bitterest Thing of All.' From the Great Depression to Today, a Long History of Food Destruction in the Face of Hunger" https://time.com/5843136/covid-19-food-destruction/

[328] "UNICEF: An additional 6.7 million children under 5 could suffer from wasting this year due to COVID-19" https://www.unicef.org/press-releases/unicef-additional-67-million-children-under-5-could-suffer-wasting-year-due-covid-19#:~:text=NEW YORK%2C 27 JULY 2020,19 pandemic%2C UNICEF warned today.

While not connected to Lockdowns its of interest that: "The increase in hand sanitiser poisonings in the pandemic is in line with the global incidence. In United Kingdom alone, sanitizer poisonings reported to the National Poisons Information Service (NPIS) increased by 157%. Similar rises have been noted in other European countries and the United States of America as well [22]."[329]

Hand washing is much more effective than hand sanitisers. It seems the concentration of alcohol in hand sanitisers is a little like the three bears story; not too much, not too little but just the right amount is required for effectiveness.[330]

[329]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8574082/#bb0060

[330]https://www.abc.net.au/news/2020-04-02/coronavirus-hand-sanitiser-may-not-be-effective/12110170

Covid 19 Vaccines are neither Safe or Effective

We have been told that the "benefits of these vaccines far outweigh the risks" as there is no rigorous collection of data as the general population would expect and as there are no long term safety studies we do not know the full answer to this question. There are over 1,000 published papers[331] detailing the harm being done.

Paediatric Cardiologist Dr Dr. Kirk Milhoan warned in late 2022: "As a physician who vows to do no harm, my opinion is that we should NOT mandate harm!"[332]

The BMJ article discussing the NNTV "The Number Needed To Vaccinate (NNTV) = 256, which means that **to prevent just 1 Covid-19 case 256 individuals must get the vaccine;** the other 255 individuals derive no benefit, but are subject to vaccine adverse effects"[333]
In another calculation the NNTV for the Pfzier-BioNTech and Moderna vaccines are 142 and 88, respectively."[334]

The FDA's risk benefit analysis for Pfizer's EUA application for children ages 5-11 violates many of the principles in the CDC's guidance document[335] they must follow. Not calculating the NNTV was just one of them.

New variants such as Omicron change that number, it seems to have changed significantly. Effectiveness is very short lived and wanes quickly.[336] [337]

The UK Health Security Agency said in its report 31 December 2021; "Among those who had received 2 doses of AstraZeneca, there was no effect against Omicron from 20 weeks after the second dose. Among those who had received 2 doses of Pfizer or Moderna, effectiveness dropped from around 65 to 70 percent down to around 10 percent by 20 weeks after the second dose."[338]

Risk stratification assessment (assessment of and treatment of the high risk groups) is not being

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[331] https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal/

[332] https://www.himalayaustralia.com.au/2022/12/17/pediatric-cardiologist-milhoan-warns-covid-vaccine-causes-serious-damages-to-heart/

[333] "Covid-19: Vaccine candidate may be more than 90% effective, interim results indicate" https://doi.org/10.1136/bmj.m4347

[334] "Outcome Reporting Bias in COVID-19mRNA Vaccine Clinical Trials" https://doi.org/10.3390/medicina57030199

[335] "Guidance for Health Economics Studies Presented to the Advisory Committee on Immunization Practices (ACIP), 2019 Update https://www.cdc.gov/vaccines/acip/committee/economic-studies.html

[336] "Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study" https://doi.org/10.1101/2021.12.20.21267966

[337] "Effectiveness of COVID-19 vaccines against the Omicron (B.1.1.529) variant" https://khub.net/documents/135939561/430986542/Effectiveness+of+COVID-19+vaccines+against+Omicron+variant+of+concern.pdf/f423c9f4-91cb-0274-c8c5-70e8fad50074

[338] UK Health Security Agency Report 31 December 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1045619/Technical-Briefing-31-Dec-2021-Omicron_severity_update.pdf

employed by health agencies to better target intervention. No other vaccine has been rolled out to everyone, even the flu vaccine.

From October 2021 there were at least 71 studies & reports showing that the mRNA Covid -10 vaccines were "ineffective, harmful, deep into negative efficacy".[339]

A systematic review on serious harms of the COVID-19 vaccines is summarised by one of the authors Dr Maryanne Demasi:

"Many of the studies we reviewed were of very poor quality and published in journals that failed to identify fundamental errors.

1. To date, the most methodologically rigorous systematic review of SAEs was conducted by Fraiman et al, which re-analysed trial data from two pivotal randomised trials of the mRNA vaccines (Pfizer & Moderna), including SAEs from the websites of the FDA and Health Canada. The risk of an SAE following vaccination exceeded the risk of hospitalisation from covid-19.
2. The adenovirus vector vaccines increased the risk of venous thrombosis and thrombocytopenia. (Authorities have responded by suspending the use of AstraZeneca's vaccine across many European countries, and in the US, regulators have advised restricted use of Janssen's vaccine).
3. The mRNA-based vaccines increased the risk of myocarditis, with a mortality of about 1-2 per 200 cases. It was more common in younger males.
4. We found evidence of serious neurological harms, including Bell's palsy, Guillain-Barré syndrome, myasthenic disorder and stroke, which are likely due to an autoimmune reaction from mRNA and adenoviral vector vaccines.
5. Severe harms, i.e. those that prevent daily activities, were underreported in the randomised trials.
6. Severe harms were very common in studies of fully vaccinated people receiving boosters (3rd dose), and in a study of vaccination of previously infected people (i.e. those with naturally acquired immunity).
7. Drug regulators and other authorities have been very slow in following up signals of serious harms.
8. Given the difficulties of accessing regulatory data, obfuscations, and documented underreporting, we find it likely that there are other serious harms of the covid-19 vaccines, than those uncovered so far.

[339] https://brownstone.org/articles/16-studies-on-vaccine-efficacy/

9. Population-wide recommendations for covid vaccination and boosters ignore the negative benefit to harm balance in low-risk groups such as children and people who have already recovered from covid-19 (natural immunity)."[340]

The British Medical Journal published a letter describing serious problems in the Pfizer trial,[341] after a Regional Director at Ventavia, who were doing the research for Pfizer, supported by several other employees reported:

1. the falsification of data
2. not following up and testing participants who reported problems
3. unblinding participants
4. mislabelling of specimens

The Regional Director reported the issues to the FDA and Pfizer but neither have done an investigation or audit of the company. Pfizer has hired the company to do further research.
The TGA say, of their provisional approval process they assess: "...the nature of preliminary clinical data, evidence of a plan to submit comprehensive clinical data, and the clinical need."[342]

The TGA originally gave Provisional approval for the Covid19 vaccines so only they assessed preliminary data with a plan to submit comprehensive data. *Moderna's* Spikevax has since gained full approval on 22-4-2023 and Pfizer's Comirnaty gained full approval on 13-7-2023, after millions of doses were given.

The TGA Provisional approval process for the Covid19 vaccines onlyassessed preliminary data with a plan to submit comprehensive data.[343] *Moderna's* Spikevax has since gained full approval on 22-4-2023 and Pfizer's Comirnaty gained full approval on 13-7-2023, after millions of doses were given. For the Provisional approval they did not do their own "stringent" and "rigorous" assessment of safety, or look at independent research, but relied largely on industry research.[344] There are serious questions around the way the trials were conducted.[345] [346] Trials were ongoing for all the Covid vaccines making them investigational products, they did not complete their full trials.[347] [348] [349] The trials were unblinded meaning the control/placebo arm of unvaccinated people were offered the vaccines after only six months. "collection of long-term safety data is of paramount importance to ensure the safety and efficacy of the vaccines."[350]

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[340]https://maryannedemasi.substack.com/p/serious-harms-of-the-covid-19-vaccines

[341]"How significant is the Ventavia scandal?" https://doi.org/10.1136/bmj.n2953

[342]"COVID-19 vaccine approval process" https://www.tga.gov.au/covid-19-vaccine-approval-process

[343]"COVID-19 vaccine approval process" https://www.tga.gov.au/covid-19-vaccine-approval-process

[344]"A history of pharma fraud and the TGA", 'An IMOP investigation into claims that vaccines undergo stringent assessment by TGA" https://imoparty.com/

[345]"How significant is the Ventavia scandal" https://doi.org/10.1136/bmj.n2953

[346]"More Harm than Good" https://www.canadiancovidcarealliance.org/

[347]https://clinicaltrials.gov/ct2/show/NCT04516746

[348]https://clinicaltrials.gov/ct2/show/NCT04470427

[349]https://clinicaltrials.gov/ct2/show/NCT04760132

[350]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8264198/

The Therapeutic Goods Administration TGA are 94%-96% funded by the industry they regulate[351]

[351]https://www.bmj.com/content/377/bmj.o1538

From: **TGA Info** <info@tga.gov.au>
Date: Tue, 20 Sep 2022 at 10:39 am
Subject: TGA funding enquiry [SEC=OFFICIAL] CCEMS:01420001859
[redacted]

Dear [redacted]

Thank you for your email of to the Therapeutic Goods Administration (TGA).

The TGA is a part of the Department of Health and Aged Care. The TGA's annual budget is approximately $210 million, 94% of which is funded through fees and charges collected from sponsors and manufacturers of therapeutic goods, as mentioned in our phone call. A small appropriation is provided by the Government to meet the costs of certain fee free services, such as patient's access to unapproved therapeutic goods through the Special Access Scheme and registration of orphan drugs, and other activities where cost recovery is not appropriate.

The TGA fees and charges are set in accordance with the Australian Government Charging Framework and are prescribed in the Therapeutic Goods legislation. The fees and charges are reviewed regularly, at least annually, to ensure appropriate level of cost recovery. Changes to fees and charges are done only after consultation with peak therapeutic industry bodies and through a release of a public consultation paper. As required under the Australian Government Cost Recovery Guidelines, the TGA publishes its Cost Recovery Implementation Statement (CRIS) on its website which is updated regularly. The CRIS provides information on how the TGA implements and cost recover its regulatory activities.

The TGA's current CRIS and Fees and Charges are available on the TGA website.

Kind regards

[redacted]

TGA Contact Centre
Regulatory Assistance Section
Regulatory Engagement Branch

Phone: 1800 020 653 Fax: 02 6203 1605
Email: info@tga.gov.au

For the Provisional approval they did not do their own "stringent" and "rigorous" assessment of safety, or look at independent research, but relied largely on industry research.[352] There are serious questions around the way the trials were conducted.[353] [354] Trials were ongoing for all the Covid vaccines making them investigational products, they did not complete their full trials.[355] [356] [357] The trials were unblinded meaning the control/placebo arm of unvaccinated people were offered the vaccines after only six months. "Collection of long-term safety data is of paramount importance to ensure the safety and efficacy of the vaccines."[358]

FDA's guidance document in June 2021 required that participants be followed for covid-19 outcomes

[352] "A history of pharma fraud and the TGA", 'An IMOP investigation into claims that vaccines undergo stringent assessment by TGA" https://imoparty.com/

[353] "How significant is the Ventavia scandal" https://doi.org/10.1136/bmj.n2953

[354] "More Harm than Good" https://www.canadiancovidcarealliance.org/

[355] https://clinicaltrials.gov/ct2/show/NCT04516746

[356] https://clinicaltrials.gov/ct2/show/NCT04470427

[357] https://clinicaltrials.gov/ct2/show/NCT04760132

[358] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8264198/

for "as long as feasible, ideally at least one to two years" for censurer applications.[359]

Dr Peter Dosh on the Covid vaccine trials said in 2020: "According to the protocols for their studies, which they released late last week, a vaccine could meet the companies' benchmark for success if it lowered the risk of mild Covid-19, but was **never shown to reduce moderate or severe forms of the disease, or the risk of hospitalization, admissions to the intensive care unit or death.** To say a vaccine works should mean that most people no longer run the risk of getting seriously sick. That's not what these trials will determine."[360] (emphasis added)

"Sheldon Toubman, a lawyer and FDA advisory panel member, said that **Pfizer and BioNTech had not proved that their vaccine prevents severe covid-19**. The FDA says all we can do is suggest protection from severe covid disease; we need to know that it does that,..The FDA invited Steven Goodman, associate dean of clinical and translational research at Stanford University, for a recommendation that could balance the right of volunteers to find out whether they were in the placebo arm and the simultaneous need to preserve scientific data...Goodman wants all companies to be held to the same standard and says they **should not be allowed to make up their own rules about unblinding.** He told *The BMJ* that, while he was "very optimistic" about the vaccines, **"blowing up the trials" by allowing unblinding "will set a de facto standard for all vaccine trials to come." And that, he said, "is dangerous."**[361] (emphasis added)

[359]https://www.fda.gov/media/139638/download

[360]https://www.nytimes.com/2020/09/22/opinion/covid-vaccine-coronavirus.html

[361]https://www.bmj.com/content/371/bmj.m4956

A paper published in April 2023 showed the bivalent vaccine was not effective for new strains of covid-19: "The bivalent COVID-19 vaccine given to working-aged adults afforded modest protection overall against COVID-19 while the BA.4/5 lineages were the dominant circulating strains, afforded less protection when the BQ lineages were dominant, and **effectiveness was not demonstrated when the XBB lineages were dominant.**"[362]

Mandatory vaccination relies on the premise that the vaccines stop transmission, with rhetoric that this is a "pandemic of the unvaccinated", increasing amount of evidence is pointing out that this is **not** the case.[363] [364] Transmission between vaccinated and unvaccinated people are not significantly different.[365] There are a lot of real world situations where transmission has occurred between 100% vaccinated individuals, for example cruise ships and the Antarctica scenario where 100% vaccinated, but 2/3rds have Covid. Professor Sir Andrew Pollard who lead the Oxford (AstraZeneca) vaccine team said "We don't have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility and I suspect the virus will throw up a new variant that is *even better* at infecting vaccinated individuals"[366] A scenario that has happened repeatedly with other respiratory viruses over many many years.

"If hospitalizations and deaths were almost exclusively occurring in the unvaccinated, why would booster shots be necessary? Or why would statistics be so different in the UK? Where most COVID hospitalizations and deaths are among the fully vaccinated?"[367] Dr Peter Doshi

[362]https://academic.oup.com/ofid/article/10/6/ofad209/7131292?utm_source=substack&utm_medium=email

[363]"COVID-19 stigmatising the unvaccinated is not justified" https://doi.org/10.1016/S0140-6736(21)02243-1

[364]https://www.riotimesonline.com/brazil-news/modern-day-censorship/we-are-not-in-a-pandemic-of-the-unvaccinated-says-british-medical-journal-editor-peter-doshi/

[365]"Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal study" https://doi.org/10.1016/S1473-3099(21)00648-4

[366]"Delta variant has wrecked hopes of herd immunity, warn scientists" https://www.telegraph.co.uk/news/2021/08/10/delta-variant-has-wrecked-hopes-herd-immunity-warn-scientists/

[367]https://www.youtube.com/watch?app=desktop&v=ZJ3Bam6lr_0

Long term safety trials are done for the very reason that some side effects in medication and vaccines are long term safety issues. Autoimmune diseases and neurological issues are examples of this. One cannot pick up on these issues without doing trials that last for years, drugs typically require 7-10 years. Vaccines or "Biologics" are given a pass on long term safety testing. Some of the childhood vaccines are only tested for a short time such as the Hepatitis B vaccine, Energix-B, safety tested for 4 days.[368]

"There is no substitute currently available for long-term human clinical trials to ensure long term human safety."[369] As we have seen it took decades for the dangers of many drugs and tobacco to be acknowledged.

Harvard drug policy researchers Jerry Avorn and Aaron Kesselheim wrote in the Journal of American Medical Association (JAMA): "**Finding severe rare adverse events will require the study of tens of thousands of patients, but this requirement will not be met by early adoption of a product that has not completed its full trial evaluation**".[370] (emphasis added)

"Today, despite the global rollout of covid-19 vaccines and treatments, the anonymised participant level data underlying the trials for these new products remain inaccessible to doctors, researchers, and the public—and are likely to remain that way for years to come. This is morally indefensible for all trials, but especially for those involving major public health interventions."[371] Editorial from the British Medical Journal (BMJ), January 2022.

A paper looking at past vaccine trials[372] found:

1. ongoing trials are not doing what we need them to do
2. trials are frequently incomplete and "required" follow-up is regularly not done
3. the trial outcomes are not always what the drug companies said they would be
4. there are more likely to be bad outcomes from drugs rushed to market
5. the drugs are not always withdrawn if they need to be

The European Medicines Agency (EMA) say in their risk management plan: "Comirnaty is a vaccine for active immunisation to prevent COVID-19"[373] Yet the Vaccine does not stop us from getting Covid-19. A study published in 2021 sates: "**data about which vaccine(s), if any, can confer sterilizing immunity are unavailable**" (emphasis added) Sterilising immunity- prevents pathogen transmission.

The word immunisation is defined by the Australian Government Department of Health Website: "Immunisation is a simple, safe and effective way of protecting people against harmful

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[368] https://www.fda.gov/media/119403/download

[369] https://pubmed.ncbi.nlm.nih.gov/33000193/

[370] "Regulatory Decision Making on COVID-19 Vaccines During a Pubic Health Emergency" https://doi.org/10.1001/jama.2020.17101

[371] "Covid-19 vaccines and treatments: we must have raw data, now" https://doi.org/10.1136/bmj.o102

[372] "Evaluating covid-19 vaccine efficacy and safety in the post-authorisation phase." http://hdl.handle.net/10713/17450

[373] "Comirnaty Risk Management Plan" https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf

diseases before they come into contact with them. Immunisation not only protects individuals, but also others in the community, by reducing the spread of preventable diseases."[374] The Covid-19 vaccines are; not safe, not effective, they may have initially provided transient protection from disease, they do not reduce the spread of the disease.

As **Pharma have no liability for the Covid Vaccines**,"[375] they have no cause to produce the safest product. We could argue that they have a moral obligation to do so, but, their criminal records and history of causing harm in their reach for profit, indicates this is very unlikely to happen.[376] Moderna has not previously brought a product to market so have a clean slate in the legal system.

Pfizer

The FDA approved Comirnaty (BioNTech - not Pfizer) with a litany of myocarditis studies needing to be done post marketing which should take years. In the undertaking the FDA bypassed their usual process. There was: no briefing booklet, no advisory board and no public citizen comment. With Pfizer having a continuation of the Emergency Use Authorisation, BioNTech (a legally distinct and possibly a medicinally distinct entity, (we don't know because not all the ingredients have been disclosed).

The **Pfizer trial showed evidence it was causing more harm than good**.[377]

The report showed **more people died in the vaccine arm than the vaccine arm**.

Supplementary Appendix[378]

Page 11: Table S4

Deaths in the Vaccine Group		Placebo group
Before unblinding*:	15	14
After unblinding:	5	
deaths total	20	

"…3 participants in the BNT162b2 group and 2 in the original placebo group who receivedBNT162b2 after unblinding died."

*Unblinding- participants who received the placebo were given the opportunity to receive the vaccine, these participants are then referred to as "crossover".

By March 13, 2021 there were

Vaccine	21	Crossover "Placebo" 17

Adverse Events report from Pfizer[379]

Listing the Adverse Events (AE) up to 90 days after the Emergency Use Authorisation was granted- through to 28-Feb-2021, which the regulatory agencies appraised.

Page 6:

- 1,223 deaths

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[374] https://www.health.gov.au/topics/immunisation?language=und&utm_source=immunise_australia_program&utm_medium=redirect&utm_campaign=digital_transformation

[375] "No-Fault compensation for Vaccine Injury-The Other Side of Equitable Access to Covid-19 Vaccines" http://10.1056/NEJMp2030600

[376] https://www.drugwatch.com/manufacturers/

[377] "More Harm Than Good" https://www.canadiancovidcarealliance.org/

[378] https://www.nejm.org/doi/suppl/10.1056/NEJMoa2110345/suppl_file/nejmoa2110345_appendix.pdf

[379] "CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021" https://drive.google.com/file/d/1fsaiicaGE_5jngixp-ndBE8QKrB6XQFT/view

- **over 42,000 Adverse Events Reports** reports describing a total of **158,893 adverse reactions.**

Page 7: Table 1

In the notes under Table 1 they list the most common disorder as "Nervous System Disorders"

with a total of 25,957. (they are referring to physical ailments)

Page 9: Table 3 they list enhanced disease* as a potential risk.

*Vaccine Associated Enhanced Disease (VAED) is the process through which "an individual who has received a vaccine, develops a more severe presentation of that disease when subsequently exposed to that virus, compared with when infection occurs without prior vaccination."[380]

Page 12: Table 6 problems specific to women

Page 30-38: The Appendix from the report lists almost **9 pages** of "**Adverse Events of Special Interest**", no spacing. These are diseases/conditions they deemed possible.

Moderna

Moderna published their trial data[381] in the New England Journal of Medicine NEJM.

Epidemiologist, Dr Jessica Rose wrote her thoughts on the numbers in the supplementary data, of which she says "no one ever really reads, until now".[382]
The following is a reproduction of what she picked up.
Supplementary Appenddix[383], on:
Page 23, Figure S2
Those who "dropped out" of the study due to death after dose 2 (there is no description of why they died)
Placebo - 15
Vaccine - 16

Page 61, Table S21
"Incidence of unsolicited AE's" Adverse Events
Placebo – 4
Vaccine – 12 2.59 times greater
"Incidence of unsolicited severe AE"
Placebo – 31
Vaccine– 83 2.7 times greater, Dr Rose comments this is "statistically significant"

Page 65, Table S24
"Facial paralysis"
Placebo – 3
Vaccine 8 2.66 times greater

Page 66, Table S25

[380]https://mvec.mcri.edu.au/references/vaccine-associated-enhanced-disease-vaed/
[381]"Efficacy of the mRNA-1273 SARS-CoV-2 Vaccine at Completion of Blinded Phase" http://10.1056/NEJMoa2113017
[382]https://jessicar.substack.com/p/i-dont-know-what-to-say
[383]https://www.nejm.org/doi/suppl/10.1056/NEJMoa2113017/suppl_file/nejmoa2113017_appendix.pdf

"Embolic and Thrombotic events"
Placebo – 43) Overall
Vaccine - 47)
Placebo – 15) > or = to 65 years
Vaccine- 21) 1.4 times greater

Page 67, Table S26
"Death Summary"
Placebo - 16
Vaccine - 16

The summary:
"The mRNA-1273 vaccine...an acceptable safety profile".
Many doctors and scientists have commented that this is **not acceptable safety data**. Also of note is that efficacy is waning very quickly.

A recently published study found one in 35 health care workers at a Swiss hospital had signs of heart injury associated with the Moderna Covid-19 vaccine.[384]

Neurological issues

"**SARS-CoV-2 vaccines are not free of side effects and most commonly affect the central or peripheral nervous system ...**CNS disorders triggered by SARS-CoV-2 vaccines include **headache, cerebro-vascular disorders (venous sinus thrombosis [VST], ischemic stroke, intracerebral hemorrhage, subarachnoid bleeding, reversible, cerebral vasoconstriction syndrome, vasculitis, pituitary apoplexy, Susac syndrome), inflammatory diseases (encephalitis, meningitis, demyelinating disorders, transverse myelitis), epilepsy, and a number of other rarely reported CNS conditions. PNS disorders related to SARS-CoV-2 vaccines include neuropathy of cranial nerves, mono-/polyradiculitis (Guillain–Barre syndrome [GBS]), Parsonage–Turner syndrome (plexitis), small fiber neuropathy, myasthenia, myositis/dermatomyositis, rhabdomyolysis, and a number of other conditions. The most common neurological side effects are facial palsy, intracerebral hemorrhage, VST, and GBS**. The underlying pathophysiology is poorly understood, but several speculations have been generated to explain the development of CNS/PNS disease after SARS-CoV-2 vaccination. In conclusion, **neurological side effects develop with any type of SARS-CoV-2 vaccine and are diverse, can be serious and even fatal, and should be taken seriously to initiate early treatment and improve outcome and avoid fatalities.**" [385] (emphasis added)

Healthy children are at very little risk of suffering from Covid[386] but have a higher risk of suffering harm from the vaccines.[387] [388] [389] [390] In such a scenario we would need the vaccines to

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[384]https://onlinelibrary.wiley.com/doi/abs/10.1002/ejhf.2978?utm_source=substack&utm_medium=email

[385]https://www.cpn.or.kr/journal/view.html?doi=10.9758/cpn.2023.21.2.222

[386]"Why is COVID-19 less severe in children? A review of the proposed mechanisms underlying the age-related difference in severity of SARS-CoV-2 infections" https://doi.org/10.1136/archdischild-2020-320338

[387]"Why are we vaccinating children" https://doi.org/10.1016/j.toxrep.2021.08.010

[388]"Guillian-Barre Syndrome Variant Occurring after SARS-CoV-2 Vaccination" https://doi.org/10.1002/ana.26144

[389]"Myocarditis following COVID-19 mRNA vaccination" https://doi.org/10.1016/j.vaccine.2021.05.087

[390]"Severe, Refractory Immune Thrombocytopenia Occurring After SARS-CoV-2 Vaccine"

be extremely safe to have a beneficial risk/benefit ratio.
The SARS-CoV-2 virus rarely causes severe COVID-19 or death in people younger than 19 years of age. A March 19, 2021 COVID-19 Pandemic Planning Scenarios document[391] published by the CDC presented the agency's best estimate of the infection fatality ratio for COVID-19 patients in different age groups. The infection fatality ratio represents the proportion of infected patients who die. In Table 1, of that document, the CDC provided its best estimate infection fatality ratio of 20 deaths per 1 million infections for COVID-19 patients between 0 and 17 years of age. That is a ratio of between 0.00001-0.00002. An infection fatality ratio of 0.00002 means that 99.998% of COVID-19 patients ages 19 and younger are expected to survive.

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R_0*	2.0	2.0	4.0	4.0	2.5
Infection Fatality Ratio †	0-19 years: 0.00002 20-49 years: 0.00007 50-69 years: 0.0025 70+ years: 0.028	0-19 years: 0.00002 20-49 years: 0.00007 50-69 years: 0.0025 70+ years: 0.028	0-19 years: 0.0001 20-49 years: 0.0003 50-69 years: 0.010 70+ years: 0.093	0-19 years: 0.0001 20-49 years: 0.0003 50-69 years: 0.010 70+ years: 0.093	0-19 years: 0.00003 20-49 years: 0.0002 50-69 years: 0.005 70+ years: 0.054
Percent of infections that are asymptomatic§	10%	70%	10%	70%	40%
Infectiousness of asymptomatic individuals relative to symptomatic¶	25%	100%	25%	100%	75%
Percentage of transmission	30%	70%	30%	70%	50%

The CDC's estimate is confirmed by more studies. A July 8, 2021 meta-analysis by researchers in England published in the Lancet[392], found that "SARS-CoV-2 infection in children and young people (CYP) infrequently results in hospitalisation and very rarely causes severe disease and death." A July 13, 2021 meta-analysis by researchers at Stanford University,[393] found that the median infection fatality rate (IFR) among the countries included in the study was 0.0027% for COVID-19 patients between 0 and 19 years of age. An infection fatality rate of 0.0027% means that 99.9973% of COVID-19 patients ages 19 and younger survive.

Boosters, Waning Efficacy and Antibodies

The Centers for Disease Control (CDC) acknowledged the Omicron variant has shown far more cases in fully vaccinated people. Yet health officials continue to push the vaccine mandates, with no evidence that a booster of the same vaccine made for the original virus will be effective against a different variant.

The Israeli experience is showing an increase in antibodies but less effectiveness against Omicron. "Despite a significant increase in antibodies after the fourth vaccine, this protection is only partially effective against the Omicron strain, which is relatively resistant to the vaccine," lead researcher Prof Gili Regev-Yochay, told a media briefing".[394]

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https://doi.org/10.2147/jbm.s307047

[391]https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios-archive/planning-ccenarios-2021-03-19.pdf

[392]https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370(22)00017-7.pdf

[393]https://pubmed.ncbi.nlm.nih.gov/33716331/

[394]https://healthpolicy-watch.news/israel-fourth-covid-booster-ineffective/

Antibodies are used as a surrogate marker to predict a clinical outcome, but to quote Immunologist, Professor Robert Clancy we "**can't relate antibodies to protection**. They help you get an idea of sensitisation but not of protection."[395] (emphasis added)

JAMA published an article in Oct 2021 discussing the problems and lack of accuracy in testing for SARS-CoV-2: "The **SARS-CoV-2 serology tests** that eventually received FDA Emergency Use Authorization (EUA) have demonstrated high sensitivity and specificity, but that accuracy is for detecting antibodies. Their **ability to predict protection against the virus based on those antibodies hasn't been proven**...The problem isn't simply that **the tests weren't designed to assess immunity**, experts told *JAMA*. It's also that the protective antibodies and their thresholds still haven't been fully worked out. What's more, **all antibodies bind but only some neutralize**, and **almost none of the authorized clinical tests distinguish between them.** Although some studies have shown a correlation between levels of binding and neutralizing antibodies, they're still an imperfect match. ...**circulating antibodies don't give a complete picture of SARS-CoV-2 immunity**."[396] (emphasis added)

Binding antibodies- characterised by their inability to prevent infection
Neutralising antibodies- defends a cell from a pathogen or infectious particle

So it is possible to have high levels of antibodies but they are not necessarily protective.

Articles by Reuters, Bloomberg and other news outlets reported the following quote: "**Boosters "can be done once, or maybe twice, but it's not something that we can think should be repeated constantly**," Marco Cavaleri, the EMA head of biological health threats and vaccines strategy, said at a press briefing on Tuesday. "We need to think about how we can transition from the current pandemic setting to a more endemic setting...While use of additional boosters can be part of contingency plans, **repeated vaccinations within short intervals would not represent a sustainable long-term strategy**". The EMA official raised concerns that a strategy of giving boosters every four months hypothetically poses the risk of **overloading people's immune systems and leading to fatigue** in the population."[397]

Exhaustion of the immune system could be from the possibility of:

1. exhaustion of T cells,[398] a process whereby the immune system becomes exhausted and prevents optimal control of infection.
2. suppression of Interferons (IFNs), while much of the literature suggests the immune response between natural infection of SARS-CoV-2 and mRNA vaccination are the same there are studies finding a different story: "t**he immune response to the vaccine is very different from that to a SARS-CoV-2 infection**. In this paper, we present **evidence that vaccination induces a profound impairment in type I interferon signalling, which has diverse adverse consequences to human health**. Immune cells that have taken up the vaccine nanoparticles release into circulation large numbers of exosomes

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[395]https://www.youtube.com/watch?v=FPPnyzvO7J4

[396]"The Flawed Science of Antibody Testing for SARS-CoV-2 Immunity" http://10.1001/jama.2021.18919

[397]"EU drug regulator expresses doubt on need for fourth booster dose" https://www.reuters.com/business/healthcare-pharmaceuticals/eu-drug-regulator-says-more-data-needed-impact-omicron-vaccines-2022-01-11/

[398]"T cell exhaustion" https://doi.org/10.1038/ni.2035

containing spike protein along with critical microRNAs that induce a signalling response in recipient cells at distant sites. We also **identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances potentially have a causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis.**"[399] (emphasis added)

3. Professor Robert Clancy MD, PhD, leading Australian clinical immunologist and a pioneer in the field of mucosal immunology said: in stimulating immune response via Covid-19 vaccination we are stimulating:

    a. protection

    b. suppression

    c. facilitation of infections

    d. autoimmune responses

    We build up with repeated injections; suppression, which makes you prone to infection, how long does that last? If you look at the peanut story it can last years. [400]

We have to get the balance right between the parts of the immune system that are being stimulated. If we over stimulate the suppression of our response to an infection as we are with the Covid-19 injections, our immune system is not able to mount a response to the infection. As Prof Clancy says previous work with desensitising people to peanut allergy indicate that the suppression of our immune suppression could last for years.

A paper which looked at the Pfizer vaccine[401] shows that **the vaccine reprograms both the adaptive and innate immune response. This is immune system dysregulation, explaining why we are seeing resurgences of viral infections and other adverse events.** Previous studies show that the long term innate immune system can be upregulated or downregulated in response to other vaccines such as the BcG and MMR,[402] so this is not a new concept.

In a paper outlining problems caused by the Covid vaccines, including interferon scientists stated; "we call attention to three very **important aspects of the safety profile of these vaccinations. First is the extensively documented subversion of innate immunity**, primarily via suppression of IFN-α and its associated signalling cascade. This **suppression will have a wide range of consequences, not the least of which include the reactivation of latent viral infections and the reduced ability to effectively combat future infections.**" The study goes onto describe other pathways of harm, and later in paper they say: "...We anticipate that implementation of booster vaccinations on a wide scale will make all of these problems only more acute, and it will serve to further erode antiviral immune competence and innate cancer

[399] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012513/

[400] https://www.youtube.com/watch?v=FPPnyzvO7J4

[401] "The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses" https://doi.org/10.1101/2021.05.03.21256520

[402] "Trained Innate Immunity, Epigenetics, and Covid-19" http://10.1056/NEJMcibr2011679

surveillance and protection for the global population subjected to these repeated boosters."[403] (emphasis added) IFN-α- protein which is mainly involved in innate immunity against viral infection.

The World Health Organisation's WHO, Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC) on Jan. 11 2022 warned: "**a vaccination strategy based on repeated booster doses of the original vaccine composition is unlikely to be appropriate or sustainable.**"[404] The expert group, created by the WHO to assess the performance of COVID vaccines, said providing fresh doses of already existing vaccines as new strains of the virus emerge is not the best way to fight a pandemic."[405] They are saying the vaccines against the original strain are not appropriate for the current strain, which will change to yet further strains. Also is the recognised problem of vaccination pushing the virus to produce more virulent and/or more infective strains.[406] [407]

"...the need to probe further to establish whether these vaccines can induce sterilizing immunity...The emergence of SARS-CoV-2 variants could further affect the capability of the available COVID-19 vaccines to prevent infection and protect recipients from a severe form of the disease. These notwithstanding, **data about which vaccine(s), if any, can confer sterilizing immunity are unavailable.**"[408] (emphasis added)

Mandatory vaccination relies on the premise that the vaccines stop transmission, with rhetoric that this is a "pandemic of the unvaccinated", increasing amount of evidence is pointing out that this is **not** the case.[409] [410] Transmission between vaccinated and unvaccinated people are not significantly different.[411] There are a lot of real world situations where transmission has occurred between 100% vaccinated individuals, for example cruise ships and the Antarctica scenario where 100% vaccinated, but 2/3rds have Covid. Professor Sir Andrew Pollard who lead the Oxford (AstraZeneca) vaccine team said "We don't have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility and I suspect the virus will throw up a new variant that is *even better* at infecting vaccinated individuals"[412] A scenario that has happened repeatedly with other respiratory viruses over many many years.

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[403] "Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs" https://www.authorea.com/users/455597/articles/552937-innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-quadruplexes-exosomes-and-micrornas

[404] https://www.who.int/news/item/11-01-2022-interim-statement-on-covid-19-vaccines-in-the-context-of-the-circulation-of-the-omicron-sars-cov-2-variant-from-the-who-technical-advisory-group-on-covid-19-vaccine-composition

[405] https://www.who.int/groups/technical-advisory-group-on-covid-19-vaccine-composition-(tag-co-vac)

[406] "Use of Marek's disease vaccines: could they be driving the virus to increasing virulence?" https://doi.org/10.1586/14760584.4.1.77

[407] "Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens" https://doi.org/10.1371/journal.pbio.1002198

[408] "Sterilizing Immunity against COVID-19: Developing Helper T cells I and II activating vaccines is imperative" https://doi.org/10.1016/j.biopha.2021.112282

[409] "COVID-19 stigmatising the unvaccinated is not justified" https://doi.org/10.1016/S0140-6736(21)02243-1

[410] https://www.riotimesonline.com/brazil-news/modern-day-censorship/we-are-not-in-a-pandemic-of-the-unvaccinated-says-british-medical-journal-editor-peter-doshi/

[411] "Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal study" https://doi.org/10.1016/S1473-3099(21)00648-4

[412] "Delta variant has wrecked hopes of herd immunity, warn scientists" https://www.telegraph.co.uk/news/2021/08/10/delta-variant-has-wrecked-hopes-herd-immunity-warn-scientists/

"If hospitalizations and deaths were almost exclusively occurring in the unvaccinated, why would booster shots be necessary? Or why would statistics be so different in the UK? Where most COVID hospitalizations and deaths are among the fully vaccinated?"[413] Dr Peter Doshi

Spike Protein is Toxic[414] [415] [416]

The CDC have been advising us that the spike protein is harmless, their link to how long do spike proteins last in the body is an opinion piece by Nebraska Medicine, who give no data or evidence and no scientific studies.
The spike protein was engineered with the hope that it should stay in the muscle where it is injected. Initial biodistribution studies (study of where a compound travels to, within the body), have only been done on mice and rats and not humans and they are showing that the vaccine components can travel throughout many parts of the body.[417] Covid-19 vaccination produces many more times the amount of Spike protein than does natural infection and by a different and unnatural route. We do not know the length of time Spike protein is in the body and after vaccination.

Studying patients with Covid-19 authors found that spike protein can last up to 15 months after infection, this is as long as it has been officially studied.[418]

Yuyang Lei et al relate: "we show that S protein alone can damage vascular endothelial cells (ECs) by down regulating ACE2 and consequently inhibiting mitochondrial function."[419]

Speaking of the viral vector vaccines Dr Amid Merchant Deputy Editor in Chief at the British Journal of Pharmacy stated: "viral particles are unlikely to be confined to the muscles at the injection site; they are free to distribute across the body and drain through the lymphatic system; their apparent volume of distribution is likely to be very high...low **levels of virus were still detected after 24 hours of injection in all other tissues (including blood, brain, heart, inguinal lymph node, kidney, liver, lung, gonads, and spleen...**For **COVID-19 mRNA Vaccine (Pfizer or Moderna), the biodistribution studies in animals were not conducted. The surrogate studies with luciferase and solid-lipid nanoparticles (Pfizer) confirm a biodistribution to the liver and other body tissues beyond the administration site. For Moderna, the biodistribution** of mRNA-1647 (encoding CMV (cytomegalovirus) genes) **formulated in a similar lipid nanoparticulate delivery system confirms a biodistribution beyond the injection site, in particular, the distribution to the lymph nodes, spleen and**

413https://www.youtube.com/watch?app=desktop&v=ZJ3Bam6lr_0

414"Toxicity of spike fragments SARS-CoV-2 S protein for zebrafish: A tool to study its hazardous for human health" https://dx.doi.org/10.3892%2Fijmm.2020.4733https://dx.doi.org/10.3892%2Fijmm.2020.4733

415"Superanitigenic character of an insert unique to SARS-CoV-2 spike supported by skewed TCR repetoire in patients with hyperinflammation" https://doi.org/10.1073/pnas.2010722117

416"Be aware of SARS-CoV-2 spike protein: There is more than meets the eye" https://doi.org/10.23812/theo_edit_3_21

417 "AZD1222 (ChAdOx1 nCov-19): A Single-Dose biodistribution study in mice" https://doi.org/10.1016/j.vaccine.2021.11.028

418"Persistence of SARS CoV-2 S1 Protein in CD16+ Monocytes in Post-Acute Sequelae of COVID-19 (PASC) Up to 15 Months Post-Infection" http://10.1101/2021.06.25.449905

419"SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2" https://doi.org/10.1161/CIRCRESAHA.121.318902

the eye was noted." [420]

A group of 56 international scientists wrote in their paper: "The recently identified role of SARS-CoV-2 Spike glycoprotein for inducing endothelial damage characteristic of COVID-19, even in absence of infection, is extremely relevant given that most of the authorized vaccines induce endogenous production of Spike. Given the high rate of occurrence of adverse effects that have been reported to date, as well as the potential for vaccine-driven disease enhancement, Th2-immunopathology, autoimmunity, and immune evasion, there is a need for a better understanding of the benefits and risks of mass vaccination, particularly in groups excluded from clinical trials..**Under the cautionary principle, it is parsimonious to consider vaccine-induced Spike synthesis could cause clinical signs of severe COVID-19, and erroneously be counted as new cases of SARS-CoV-2 infections. If so, the true adverse effects of the current global vaccination strategy may never be recognized unless studies specifically examine this question.** There is **already noncausal evidence of temporary or sustained increases in COVID-19 deaths following vaccination** in some countries (Fig. 1) and **in light of Spike's pathogenicity, these deaths must be studied in depth to determine whether they are related to vaccination.**"[421] (emphasis added)

A former biologist comments: "...**spike could be causing subclinical damage; small amounts of damage to the heart, the brain, the blood vessels, etc., that are barely perceptible, at least in the short term. How can we discount that even a small amount of spike can't lead to permanent damage? Especially if it is possibly persisting for months? We can't. We don't know.**"[422] (emphasis added)

Spike antigen and mRNA from the injections are still evident for at least 60 days in germinal centres of lymph nodes.[423] "Germinal centers of the lymph nodes are dynamic specialized places where high affinity antibodies get manufactured via B cell clonal expansion (more shoes please), somatic hypermutation (making shoes of different sizes) and affinity-based selection (trying on different shoes to see which ones fit you).While we want this to happen in a natural response this becomes problematic for obvious reasons when **foreign antigen or protein is being *self-produced* in vast quantities.**"[424] (emphasis added)

Protein production of spike after vaccination is higher than those of severely ill COVID-19 patients.

The following was part of a letter published in BMJ Opinion from many concerned MD's, scientists and patient advocates: "We also **call on FDA to require a more thorough assessment of spike proteins produced in-situ by the body following vaccination—including studies on their full biodistribution, pharmacokinetics, and tissue-specific toxicities**. We ask the FDA to demand manufacturers complete proper biodistribution studies that would be expected of any new drug and request additional studies to better understand the implications

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[420]"Thrombosis after covid-19 vaccination" https://doi.org/10.1136/bmj.n958

[421]"SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers" https://doi.org/10.22541/au.162136772.22862058/v2

[422]https://joomi.substack.com/p/coming-soon

[423] "Immune imprinting, breadth of variant recognition, and germinal center response in human SARA-CoV-2 infection and vaccination" https://doi.org/10.1016/j.cell.2022.01.018

[424]"Evidence of connection between Severe Adverse Events and mRNA degradation" https://jessicar.substack.com/p/evidence-of-connection-between-severe?r=tyqw8&utm_campaign=post&utm_medium=email

of mRNA translation in distant tissues.
We call on data demonstrating a thorough investigation of all serious adverse events reported to pharmacovigilance systems, carried out by independent, impartial individuals, and for safety data from individuals receiving more than two vaccine doses, in consideration of plans for future booster shots."[425] The petition can be found here.[426].[427]

> Biodistribution- where a drug/Vaccine enter and distribute in tissues and organs.
> Pharmocokinetics- the movement of drug into, through, and out of the body—the time course of its absorption , bioavailability , distribution , metabolism , and excretion .
> Pharmacovigilance- detecting, assessing, understanding and preventing adverse effects and other medicine-related problems.

Letters and petitions have been sent by hundreds of MD's and scientists from around the world to regulatory agencies expressing their concern over the Covid vaccines and the effects, some demanding Letters and petitions have been sent by hundreds of MD's and scientists from around the world to regulatory agencies expressing their concern over the Covid vaccines and the effects, some demanding a cessation of the rollout. Dr Tess Lawrie director of the Evidence Based Consultancy Medicine Limited (previously the lead consulting group to the WHO) has written two letters to the MHRA after reviewing the Yellow Card System (the UK's scheme for reporting adverse drug events) along with many other eminent scientists, doctors and pharmacists **stating that the program must be: "Shut Down: the Covid Vaccines are "not safe for human use"**.[428]

Lipid Nanoparticles LNPs' are toxic

LNPs' are used as an outer shell for the mRNA vaccines for delivering the genetic code of the SARS-CoV-2 spike protein to the body's cells. They can apparently be used in a targeted manner but for the Covid-19 vaccines the LNP is not targeted and is able to go to pretty much every cell in the body.

The toxicity of lipid nanoparticles LNPs' has been known for decades.[429]

"LNPs' inflammatory properties are not site-specific; and show a fast diffusion, dispersion and distribution rate in the (other) tissues."[430]

Dr Vanessa Schmit-Kruger stated: "the lipid nanoparticles get into all cells, not just the muscle cells – it is an error to believe the latter".

"there is no positive correlation between the different vaccine doses, i.e., we see the same effect at 10, 20 and 30 micrograms. Despite this they want to use 30 micrograms as the vaccine dose. Although 30 micrograms has many more side effects than 10 micrograms. The benefits are the same, but the risk is different. This is not scientifically justifiable...The dose only refers to the mRNA. But they are of course wrapped in the LNPs, and the higher the microgram dosage mRNA, the more LNPs you need...We have various avenues whereby

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[425]"Why we petitioned the FDA to refrain from fully approving any covid-19 vaccine this year" https://blogs.bmj.com/bmj/2021/06/08/why-we-petitioned-the-fda-to-refrain-from-fully-approving-any-covid-19-vaccine-this-year/

[426]FDA-2021-P-0786-0001_attachment_1%20(3).pdf

[427]https://downloads.regulations.gov › FDA-2021-P-0786-0001 › attachment_1.pdf

[428]https://ukfreedomproject.org/resources/open-letter-to-dr-june-raine-chief-executive-mhra/

[429]"The systemic toxicity of positively charged lipid nanoparticles and the role of Toll-like receptor 4 in immune activation" https://doi.org/10.1016/j.biomaterials.2010.05.027

[430]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7941620/

toxicity/cell destruction take place. One way is via this here: the cytotoxic T-cell forces the muscle cell into apoptosis. And then we have RNA, which is fundamentally also toxic for the cell from a certain length onwards. And above all – this is particularly important –**the cationic lipid**, it is cationic, i.e. it has a positive charge. And that is **very very toxic**, we have **known that for over 20 years**."[431] (emphasis added)

Apoptosis- programmed cell death

Cytotoxic- toxic to the cells

Dr Ramya Dwivedi PhD in Biotechnology, commented: "Because the vaccine was presumed to be non-inflammatory, these side-effects were taken to be generated from the potent immune response to the vaccine. Therefore, there is a **need for a systemic approach to analyze the inflammatory properties of LNPs and understand their role in the vaccination process.**"[432] (emphasis added)

A study from Tel Aviv University[433] showed that LNP dramatically increased inflammatory markers in mice, inflammatory cytokines were elevated up to 75 times higher in the lipid treatment group than in the controls.

Cytokines- proteins that modulate or alter the immune system response used as markers of inflammation

Thomas Jefferson University did a study of the inflammatory effects of LNP's also in mice: "The LNP inoculated mice developed rapid and visible signs of inflammation with significant elevations of inflammatory cytokines, including the signature ones, Interleukin 1 beta and Interleukin 6. In addition, thousands of genes involved in the inflammatory response were upregulated, including the CXCL series."[434] CXCL attracts immune cells to the site of an injury, and plays an important role in the regulation of immune and inflammatory response. The authors advise further studies, its a little late for billions of the worlds population.

Dr Justus Hope MD states: "Interleukin-1, Interleukin 6, and Tissue Necrosis Factor Alpha (TNF-alpha); these are inflammatory cytokines that are highly associated with disease. Think of the cytokine storm in COVID-19...**They are associated with heart disease, cancer, and premature death. Conversely, longevity is associated with low levels of inflammation.**"[435]

Marc Girardot gives another look at LNP's in an easy to read format.[436]

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[431] http://enformtk.u-aizu.ac.jp/howard/gcep_dr_vanessa_schmidt_krueger/

[432] "Research looks at inflammatory nature of lipid nanoparticle component in mRNA vaccines" https://www.news-medical.net/news/20210315/Research-looks-at-inflammatory-nature-of-lipid-nanoparticle-component-in-mRNA-vaccines.aspx

[433] "The systemic toxicity of positively charged lipid nanoparticles and the role of Toll-like receptor 4 in immune activation" https://doi.org/10.1016/j.biomaterials.2010.05.027

[434] https://dx.doi.org/10.1101%2F2021.03.04.430128

[435] "Lipid Nanoparticles kill 80 percent of mice in PubMed Study" https://www.thedesertreview.com/search/?l=25&sd=desc&s=start_time&f=html&t=article%2Cvideo%2Cyoutube%2Ccollection&app=editorial&q="Lipid+Nanoparticles+kill+80+percent+of+mice+in+PubMed+Study"+++

[436] "What happens to those billions of Lipid NanoParticles you've become host to?" https://covidmythbuster.substack.com/p/what-happens-to-those-billions-of?r=tyqw8&utm_campaign=post&utm_medium=email

Codon Errors

"Codons represent the genetic code that transfers information from genes to mRNA to protein. ... Codon optimization is a process used to improve gene expression and increase the translational efficiency of a gene."[437]

It has previously been accepted wisdom that any genetic mutation that does not alter a protein sequence should have no impact on human health. Recent research has shown that such synonymous DNA changes can trigger disease in a number of ways.[438]

A study from the US National Academy of Sciences found that codon optimisation could affect protein conformation, or how a protein gets its final shape.[439]

"Codon-optimization describes gene engineering approaches that use synonymous codon changes to increase protein production. Applications for codon-optimization include...mRNA therapy, and DNA/RNA vaccines. However, recent reports indicate that codon-optimization can affect protein conformation and function, increase immunogenicity, and reduce efficacy...Codon-optimization strategies for increasing protein expression are based on assumptions"[440] the paper goes on to look at the assumptions, which they show are questionable.

"...codon optimization can lead to alterations in protein conformation and function…. and increase immunogenicity….some of these elements can … alter protein folding, and lead to changes in protein conformation and post-translational modifications."[441] (Vincent P. Mauro)

"...because not all synonymous codon mutations are neutral, codon optimization can lead to alterations in protein conformation and function."[442]

"An unintended consequence of codon optimization is that it disrupts different types of information that overlap coding regions, which can affect local rates of translation elongation, lead to alterations in protein conformation, and increase immunogenicity. The authors say such a problematic process is used because "higher levels of protein expression are required for clinical trials and commercialization, and these expression levels can sometimes be obtained by using (codon optimization)...The changed form could cause immunogenicity, for example,

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[437] "CODON OPTIMIZATION" https://www.genewiz.com/Public/Services/Gene-Synthesis/Codon-Optimization/?sc_device=Mobile

[438] https://www.nature.com/articles/nm1211-1536

[439] "Synonymous codon substitutions perturb cotranslational protein folding in vivo and impair cell fitness" https://doi.org/10.1073/pnas.1907126117

[440] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4253638/

[441] https://link.springer.com/article/10.1007/s40259-018-0261-x

[442] https://pubmed.ncbi.nlm.nih.gov/29392566/

which wouldn’t be seen until late-stage clinical trials or even after approval." (Chava Kimchi Sarfaty, FDA). ”This statement relates to the NORMAL approval cycle. The Covid-19 vaccines went via an accelerated one." [443]

[443]https://link.springer.com/article/10.1007/s40259-018-0261-x

"The data confirm that protein misfolding...is sufficient to cause cardiomyocyte death and heart failure, and can: "cause serious long term damage to human health"[444]

An alteration in the process of protein synthesis has been found to be the cause of the development and growth of some cancers, and other diseases.[445]

Protein misfolding "has been linked with neurodegeneration in Alzheimer and Parkinson disease, and many other pathologies."[446] [447] Including Creutzfeldt–Jakob or Mad Cow disease.

For more in depth understanding of Codon errors, and pseudourodine read this substack[448] by **Ehden Biber** a cybersecurity researcher at the University of London.

The biochemistry we have been gifted with is highly complex and we do not know the many widespread effects of playing/tampering with this gift.

m1Ψ =N1-methylpseudouridine

Uridine is substituted with pseudouridine in the mRNA vaccines, with the idea that it will avoid the immune response to the spike protein.

An NIH article had the following to say about the codon folding "In the context of the COVID-19 vaccine, the relative effects of sequence engineering and m1Ψ incorporation on the immunogenic mechanisms specified above remains to be reported."[449]

immunogenic- capacity to illicit an immune response

In other words we don't know what effect it will have on our immune system, possibly resulting in increased cancers, heart cell death and heart failure, any number of other diseases.

Uridine is used as part of the synthesis of: DNA and RNA, membrane constituents and glycosation which is the attachment of a carbohydrate to a protein via enzymatic action, glycosation occurs in the endoplasmic reticulum.

glycosylation- process wherein a carbohydrate (referred to as glycan) and other organic molecules are combined through the aid of certain enzymes

endoplasmic reticulum (ER) is a large organelle (a subcellular structure with specific jobs) made of membranous sheets and tubules that begin near the nucleus and extend across the cell. The endoplasmic reticulum creates, packages, and secretes many of the products created by a cell.

"Safety pharmacology, genotoxicity and carcinogenicity studies have not been conducted in accordance with the 2005 WHO vaccine guideline."[450]

genotoxicity-damage the genetic information within a cell causing mutations, which may lead to cancer.

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[444]"Protein misfolding and cardiac disease: establishing cause and effect" https://doi.org/10.4161/auto.6502

[445]https://www.sciencedirect.com/science/article/pii/S1044579X22001006

[446]https://www.annualreviews.org/doi/10.1146/annurev-biochem-061516-044518

[447]https://pubmed.ncbi.nlm.nih.gov/28441058/

[448]https://ehden.substack.com/p/coptigate-the-worst-design-flaw-in-human-history-that-is-impacting-your-health

[449]"Modifications in an Emergency: The Role of N1-Methylpseudouridine in COVID-19 Vaccines" https://dx.doi.org/10.1021%2Facscentsci.1c00197

[450]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7161388/

Carcinogenicity- ability to cause cancer

The following abstract is from a mini review on the Pfizer vaccine, published in the *Journal of Antivirals and Antiretrovirals.*[451] "BNT162b2 vaccine against Covid-19 is composed of an RNA having 4284 nucleotides, divided into 6 sections, which bring the information to create a factory of S Spike proteins, the ones used by Sars-CoV-2 (Covid-19) to infect the host. After that, these proteins are directed outside the cell, triggering the immune reaction and antibody production. **The problem is the heavy alteration of the mRNA: Uracil is replaced to fool the immune system with Ψ (Pseudouridine); the letters of all codon triplets are replaced by a C or a G, to extremely increase the speed of protein synthesis; replacement of some amino acids with Proline; addition of a sequence (3'-UTR) with unknown alteration.** These impairments **could cause strong doubts about the presence of codon usage errors**. An eventual **mistranslation has consequences on the pathophysiology of a variety of diseases**. In addition, mRNA injected is a pre-mRNA, which can lead to the multiple mature mRNAs; these are **alternative splicing anomalies, direct source of serious long-term harm on the human health**. In essence, **what will be created may not be identical with protein S Spike: just an error in translational decoding, codons misreading, production of different amino acids, then proteins, to cause serious long-term damage to human health,** despite the DNA is not modified, being instead in the cell nucleus and not in the cytoplasm, where the modified mRNA arrives. However, in this case, the correlation between speed of synthesis and protein expression with synthesis errors, as well as the mechanism that could affect the translation of the sequence remain obscure, many trials have not yet been performed."

The TGA were asked for documents relating to the following questions:the risk of and/or presence of micro-RNA sequences (miRNA)

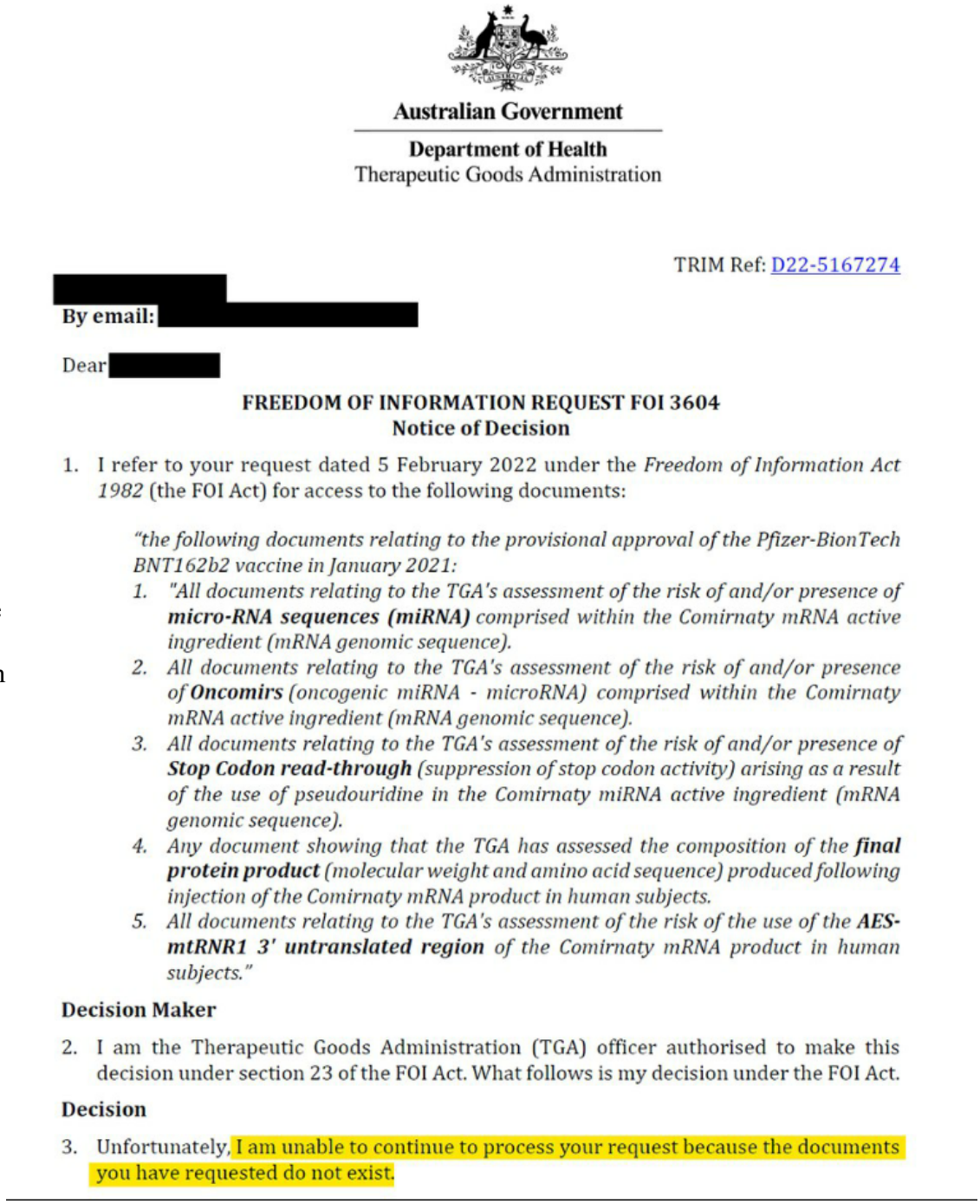
1. miRNA's are small single stranded molecules that function to interrupt or suppress gene expression. They are essential components in many biological processes.
2. The human genome encodes about 2300 miRNA's the risk of and/or presence of Oncomirs (oncogenic miRNA – microRNA)
   oncogenic = causing the development of tumours
3. the risk of and/or presence of Stop Codon read-through (suppression of codon activity) arising as a result of the use of pseudoeurodine the risk of and/or presence of the final protein product (molecular weight and amino acid sequence)
4. the risk of the use of AES mtRNR1 3' untranslated region
5. the risk of the use of AES mtRNR1 3' untranslated region

The following page from the **TGA stating that the documents asked for in a FOI request, "do not exist"** show **they have not considered and/or do not know the answer to the questions asked.** The FOI was specific to the Comirnaty (Pfizer) vaccine.

[451]https://www.researchgate.net/publication/354153084_Mini_Review_Correspondence_to_BNT162b2_Vaccine_Possible_Codons_Misreading_Errors_in_Protein_Synthesis_and_Alternative_Splicing's_Anomalies

RNA Enters the Nucleus of the Cell

It has been shown in vitro that the mRNA vaccine from Pfizer BioNTech enters the nucleus of the cell, and is reverse transcribed into the DNA of human cells (read on). It has not yet been shown that it integrates into the genome.



Australian Government
Department of Health
Therapeutic Goods Administration

TRIM Ref: D22-5167274

[redacted]
By email: [redacted]

Dear [redacted]

FREEDOM OF INFORMATION REQUEST FOI 3604
Notice of Decision

1. I refer to your request dated 5 February 2022 under the *Freedom of Information Act 1982* (the FOI Act) for access to the following documents:

"the following documents relating to the provisional approval of the Pfizer-BionTech BNT162b2 vaccine in January 2021:

1. *"All documents relating to the TGA's assessment of the risk of and/or presence of **micro-RNA sequences (miRNA)** comprised within the Comirnaty mRNA active ingredient (mRNA genomic sequence).*
2. *All documents relating to the TGA's assessment of the risk of and/or presence of **Oncomirs** (oncogenic miRNA - microRNA) comprised within the Comirnaty mRNA active ingredient (mRNA genomic sequence).*
3. *All documents relating to the TGA's assessment of the risk of and/or presence of **Stop Codon read-through** (suppression of stop codon activity) arising as a result of the use of pseudouridine in the Comirnaty miRNA active ingredient (mRNA genomic sequence).*
4. *Any document showing that the TGA has assessed the composition of the **final protein product** (molecular weight and amino acid sequence) produced following injection of the Comirnaty mRNA product in human subjects.*
5. *All documents relating to the TGA's assessment of the risk of the use of the **AES-mtRNR1 3' untranslated region** of the Comirnaty mRNA product in human subjects."*

Decision Maker

2. I am the Therapeutic Goods Administration (TGA) officer authorised to make this decision under section 23 of the FOI Act. What follows is my decision under the FOI Act.

Decision

3. Unfortunately, I am unable to continue to process your request because the documents you have requested do not exist.

In November 2020, Dr Doug Corrigan PhD in Biochemistry and Molecular Biology, said "we are in the realm of knowing there are pathways by which this may happen as described below. We have multiple sources of reverse transciptase in our bodies including:

1. external viruses such as external retroviruses and we have endogenous (hardwired) retroviruses (ERVs), we also have
2. genetic elements in our DNA called LTR-retrotransposons that also encode for reverse transcriptase enzymes. These endogenous reverse transcriptase enzymes can essentially take single-stranded RNA and convert it into double-stranded DNA. This DNA can then be integrated into the DNA in the nucleus through an enzyme termed

DNA integrase.

"**With so many sources of reverse transcriptase, it is quite probable that the RNA introduced into our cells via the vaccine could be reverse transcribed into a segment of double-stranded DNA, and then integrated into our core genetic material in the nucleus of the cell.** A variety of specific conditions need to be present for this to occur, but it is possible if the right convergence occurs. **Biology is messy and not always perfectly predictable, even when the "rules" are known *a priori"***[452] (emphasis added)

The process may only occur in some individuals but it is a possibility[453] and was first discovered by Howard Temin who won the Nobel Prize for Medicine in 1975 for the discovery of the interaction. "Howard Temin and David Baltimore - independently of one another - discovered that viruses with genomes consisting of RNA can also be inserted into host cells' DNA. This takes place through an enzyme known as "reverse transcriptase". The discovery that the information in RNA can be transferred to DNA meant that the generally accepted rule that genetic information was only transferred in one direction - from DNA to RNA, to protein - had to be modified."[454]

A study by MIT and Harvard scientists demonstrates that segments of the SARS-CoV-2 virus itself are most likely becoming a permanent fixture in human DNA[455]

Dr Vanessa Schmidt-Kruger says: "it is theoretically possible that this linearised DNA that is in there as a contaminant could integrate into the host's cell nucleus in a dividing cell, linearised DNA is optimal for integration. Circular DNA is not. DNA from bacteria is circular and is not as easy to integrate. It happens, but not so often. But as soon as you have a situation like we do here, it will happen more often. That is the risk...genes can be switched on and off, upregulated and downregulated, cancer can develop – there are a lot more possibilities. So this contamination definitely has to be reduced. (We cannot assess the probability of the health issues that may occur or how long they may take to eventuate, we may be looking at up to10 or 20 years).

"But against the backdrop of this DNA issue, especially in the case of dividing cells, the question that arises is that it is **probably especially dangerous to vaccinate pregnant women or children, because in those cases the cells are dividing much more than in an adult or a very old person.**..the EMA tells the vaccine manufacturer that the acceptance criteria for the mRNA integrity, the double-stranded RNA and these shortened RNA pieces etc., that all has to be reassessed, and as soon as further data are available they will review it again."[456] (the EMA granted a "conditional marketing authorisation" with these issues unresolved.)

A paper published in October 2021,[457] found that **spike protein <u>enters the nucleus of the cell</u>**, they also found evidence that spike protein impairs:

1. the repair of damaged DNA

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[452]https://sciencewithdrdoug.com/2020/11/27/will-an-rna-vaccine-permanently-alter-my-dna/

[453]Telesnitskya, Goff SP. Reverse Transcriptase and the Generation of retroviral DNA. In: Coffin JM, Hughes SH, Varmus HE, editors. Retroviruses. Cold Spring Harbor (NY): Cold Spring Harbor Laboratory Press;1997. PMID: 21433342

[454]https://www.nobelprize.org/prizes/medicine/1975/temin/facts/s

[455]"SARS-CoV-2 RNA reverse-transcribed and integrated into the human genome" https://doi.org/10.1101/2020.12.12.422516

[456]"Hearing #37 http://enformtk.u-aizu.ac.jp/howard/gcep_dr_vanessa_schmidt_krueger/

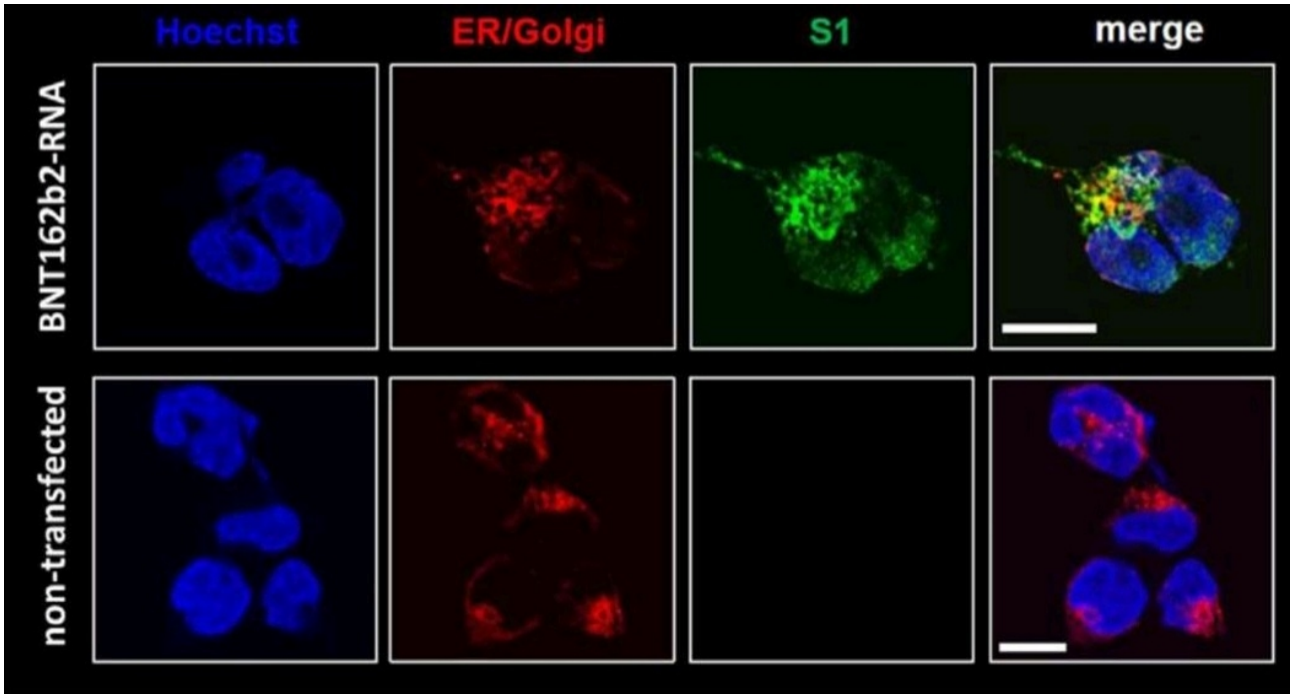
[457]"SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro https://dx.doi.org/10.3390%2Fv13102056

2. the adaptive immunity

The authors state: "**spike proteins are not only enriched in the cellular membrane fraction but are also abundant in the nuclear fraction...Our findings provide evidence of the spike protein hijacking the DNA damage repair machinery and adaptive immune machinery in vitro.** We propose a potential mechanism by which spike proteins may impair adaptive immunity by inhibiting DNA damage repair."

The following image is from the Nonclinical Evaluation Report of Pfizer for the TGA in January 2021.[458] The image is on page 35, where some of the written detail has been redacted (blacked out). This work was done in vitro.

The image shows the use of immunoflorensence staining to demonstrate that the spike protein is produced in the endoplasmic reticulum of the cell. The endoplasmic reticulum has the general function of synthesis, folding, modification, and transport of proteins (spike is a protein).



The top row shows cells which have been injected with the mRNA vaccine. Bottom row cells with no mRNA injected.

1. First column in blue the dye is to find the nucleus of the cell
2. Second column, red to find antibodies attaching to proteins in the endoplasmic reticulum, demonstrates where it is in relation to the nucleus
3. Third column is green to find spike protein
4. Fourth column blue showing the nucleus, yellow is the overlap between the endoplasmic reticulum and antibodies, We can also clearly see a green signal, of the **spike protein inside**

[458]"Nonclinical Evaluation Report" https://www.tga.gov.au/sites/default/files/foi-2389-06.pdf

the nucleus. This is vaccinal spike protein.

There was no comment on the above in the report and it has not generally been noted by any authorities around the world.

To learn more on the report see the video done by Genomics Sequencing Specialist Dr. Mikolaj Raszek.[459]

An in vitro peer reviewed published study, from Lund University, Sweden,[460] has confirmed that the:

1. **spike protein from the PfizerBioNTech (BNT162b2) vaccine is entering human liver cells**
2. **"fast" transcribing of BNT162b2 mRNA into DNA in as little as 6 hours**
3. **nucleus protein of LINE-1 is elevated by BN162b2**

LINE-1 is a reverse transcriptase that comprises about 17% of our genome.

LINE-1 retrotransposons (genetic component that copy and paste themselves into different locations, converting RNA into DNA through reverse transcription), are necessarily active during the initiation and development of the embryo, and aberrantly (departing from the usual course) active during the production and development of tumors.

Too much or too little LINE-1 expression causes development of the embryo: "to come to a halt".[461]

The authors of the Lund University study say: "Our study shows that **BNT162b2 can be reverse transcribed to DNA in liver cell line** Huh7, and this may give rise to the **concern if BNT162b2-derived DNA may be integrated into the host genome and affect the integrity of genomic DNA, which may potentially mediate genotoxic side effects.** At this stage, we do not know if DNA reverse transcribed from BNT162b2 is integrated into the cell genome...We present evidence on fast entry of BNT162b2 into the cells and subsequent intracellular reverse transcription of BNT162b2 mRNA into DNA." (emphasis added)

The study was done on Huh7 cells which is a cell line taken from a liver tumour of a 57 year old man. They are good for using in assays involving viral propagation.

An American study done by scientists from the NAIAD and University of North Dakota School of Medicine posted in September 2022 states: "The intracellular distribution of S mRNA and S protein suggests nuclear translocation...The nuclear translocation of S protein and S mRNA includes both the outer surface and inside of the nucleus...We confirmed that S mRNA translocated into the nucleus."[462] S- Spike

Recent work by Kevin McKernan, previous research lead in the Human Genome project shows that there is contamination of plasmid DNA, which can integrate into our DNA.[463]

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[459]https://www.youtube.com/watch?v=WmeWdc6-mwg&t=1598s

[460]"Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line" https://doi.org/10.3390/cimb44030073

[461]"LINE-1 Retrotransposons Keep Early Embryonic Chromatin in Line" https://epigenie.com/line-1-retrotransposons-keep-early-embryonic-chromatin-line/

[462].https://www.biorxiv.org/content/10.1101/2022.09.27.509633v1.full

[463]https://osf.io/b9t7m/

Kevin McKernan who has specified training in pharmacology, toxicology and biomedical engineering, a former research & development (R&D) lead at the Human Genome Project, has pioneered work in the field of genome sequencing for the last 30 years. McKernan et al looked at expired vials of the Moderna and Pfizer mRNA vaccines and found high contamination rates of plasmid DNA, the work has been replicated on unexpired vaccines.[464] [465]

The study states: "**Line-1 activity is not required due to to dsDNA (double strand DNA) levels in these vaccines**...given that these vaccines exceed the EMA limits...we should revisit the lipopolysaccharide (LPS) levels. Plasmid contamination from E.coli preps are often co-contaminated with LPS. Endotoxins contamination can lead to anaphylaxis upon injection (Zheng et al. 2021)"[466]

"**the possibility that the 72 bp repeat region in SV40 may act as a bi-directional entry site for RNA polymerase B such that promoter sequences linked to the repeat are more efficiently utilised.**..Both monovalent and bivalent Pfizer vaccines contain 2 copies of the 72bp Enhancer in the SV40 promoter."[467]
"**The SV40 virus seen in the polio vaccines was the full 5kb virus. We only have the promoter on these vectors. There are concerns over SV40 promoters integrating into the genome near an oncogene (a gene with the potential to cause cancer)**. SV40 72bp enhancers and promoters Have been observed in both Pfizer monovalent and bivalent vaccines, independently in the US and Europe."

Kevin states: "...anyone who already has SV40 infection may initiate replication of this DNA from their endogenous SV40 Tumor Antigen"[468]

The monkey Simian Virus SV40 has the potential to cause cancer and was in the early oral polio vaccines between 1955 and 1963, there is still controversy in the literature on the topic.[469] There is discussion on social media around the topic of SV40 such as Professor Paul Offit stating "there is not SV40 in any current vaccines", this is not what was claimed and is obscuring the finding without looking into the issue and potential harms.

Plasmids are circular DNA that enable bacteria to exchange information. Scientists use plasmids to produce custom-made proteins by genetically modifying their information. Plasmids are the "production site" of the mRNA used in the Covid-19 injections. Once the DNA templates or plasmids are transcribed into strands of mRNA the injection vials should be filtered out to prevent continuous production of the information. The origin of the used plasmid stem from E. coli bacteria, which is also a part of our intestinal microbiome, suggesting that there is the possibility for plasmid integration into our microbiome.

The World Council for Health commented: "While it was believed that plasmid integration was restricted to bacteria, other researchers observed that **integration could occur in the**

[464]https://twitter.com/P_J_Buckhaults/status/1679294823612727297?s=20&utm_source=substack&utm_medium=email
[465]https://twitter.com/AaronOtsuka/status/1679317230000168960?utm_source=substack&utm_medium=email
[466]https://osf.io/b9t7m/
[467]https://pubmed.ncbi.nlm.nih.gov/6273820/
[468]https://twitter.com/Kevin_McKernan/status/1681472362531651585
[469]https://en.wikipedia.org/wiki/Vaccine_contamination_with_SV40

telophase of cell division. Whether this can now occur with the mRNA injections should be a top priority for all regulatory bodies like EMA and FDA to address. Residual injected DNA can result in so-called type I interferon responses and increase the potential for DNA integration. A so-called **SV 40 promotor also enables the plasmid integration into human cells. A consequence of genomic integration into microbiome cells is that this would ensure the ongoing production of mRNA and, thus, the production of pathogenic viral particles, the spike proteins.**"[470] (emphasis added)

Covid-19 Vaccines as Gene Therapy

The FDA describe gene therapy as: "Gene therapy is a technique that modifies a person's genes to treat or cure disease. Gene therapies can work by...Introducing a new or modified gene into the body to help treat a disease Gene therapy products are being studied to treat diseases including cancer, genetic diseases, and infectious diseases...There are a variety of types of gene therapy products, including:

Viral vectors: Viruses have a natural ability to deliver genetic material into cells, and therefore some gene therapy products are derived from viruses. Once viruses have been modified to remove their ability to cause infectious disease, these modified viruses can be used as vectors (vehicles) to carry therapeutic genes into human cells."**[471]**

The Moderna report to the US Securities and Exchange Commission Commission File Number: 001-38753, states on p 70: "**Currently, mRNA is considered a gene therapy product by the FDA**."***[472]***

Dr Schmit-Kruger commented on the idea that we are being turned into GMO's: "The vaccine itself, even if the DNA – that contamination – were not in it – is still a genetic intervention...the spike protein can be found everywhere in the membrane; it migrates to the surface of the cell so that there are spike proteins everywhere on the surface of the cell. The spike protein was not there at first – it came into being in response to the vaccination and that's why it's called a genetically modified cell...We have therefore become a genetically modified organism. As long as the spike proteins are there and the RNAs, we are GMOs."[473]

Victorian MD and Pharmacist Dr Julian Fidge is seeking an injunction from the Federal Court of Australia to stop Pfizer and Moderna from distributing their mRNA Covid vaccine. Dr Fidge alleges that both the monovalent and bivalent vaccines contain genetically modified organisms GMOs, for which Pfizer and Moderna did not obtain the appropriate licence.

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[470] https://worldcouncilforhealth.substack.com/p/red-line-crossed?utm_source=substack&publication_id=1135210&post_id=117450363&isFreemail=true&utm_medium=email

[471] "What is gene Therapy" https://www.fda.gov/vaccines-blood-biologics/cellular-gene-therapy-products/what-gene-therapy

[472] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm?s=03

[473] "Hearing #37 http://enformtk.u-aizu.ac.jp/howard/gcep_dr_vanessa_schmidt_krueger/

It is a serious criminal offence under the Gene Technology Act 2000[474] to sell or distribute GMO products in Australia without approval from the Office of the Gene Technology Regulator (OGTR). However, Pfizer and Moderna only sought approvals for their Covid vaccine products from the Therapeutic Goods Administration (TGA), which is not authorised to approve GMO products in Australia.

The TGA did not require tests for genotoxicity or carcinogenicity before providing provisional approval and, in the case of Moderna's SPIKEVAX, full registration. These tests would be required for GMO product approval by the OGTR. The TGA do not have the expertise or the equipment required for GMO testing.

> Genotoxicity- the properties of chemicals pertaining to their ability to cause damage to genetic material. This can lead to mutations and, possibly, various types of cancer.
>
> Carcinogeneticity- ability to cause cancer. The process is characterised by changes at the cellular, gentetic, and epigenetic levels and abnormal cell division.

Instructing solicitor for the case Katie Ashby-Koppens said: "These products are GMOs by mechanism, and by contamination." that decades of scientific research show that LNP-mRNA complexes are GMOs that have the capacity to integrate into the human genome.

"The other GMO component named in the case is synthetic DNA contamination. As discussed earlier: "In tests conducted on the mRNA monovalents and bivalents, scientist and genomics expert Kevin McKernan found excessive levels of DNA contamination – anywhere between 18-70 times above legal limits. McKernan's findings are now being verified by other scientists."[475]

The case argues that this suggestive that, once in the nucleus, vaccine mRNA can be transferred and integrated with chromosomal DNA. They are using a mice study funded by the NAIAD published in 2022 found that the mRNA vaccines altered the immune function in mice, they looked at the lowered resistance to Candida albicans which was passed onto their offspring...the mRNA-LNP platform is highly inflammatory.[476] The mice study quotes a review looking at defining the training of immunity which states: Innate immune cells are sensitive to inflammatory signals and respond with **epigenetic** modifications that promote or suppress the subsequent innate immune responses[477].

The NIH National Library of Medicine tells us: "Epigenetic changes are modifications to DNA that regulate whether genes are turned on or off...Errors in the epigenetic process, such as modification of the wrong gene or failure to add a chemical group to a particular gene or histone, can lead to abnormal gene activity or inactivity."[478]

Rebekah Barnett in her article in the *Umbrella News* states: "the TGA maintains that allegations put forward in the case about the potential for mRNA vaccines to alter the recipient's DNA are unfounded. A spokesperson for the TGA told Umbrella News, "COVID-19 vaccines do not alter a person's DNA. The mRNA in the vaccines does not enter the nucleus of cells and is not integrated into the human genome. Thus, the mRNA does not cause genetic damage or affect the offspring of vaccinated individuals."

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[474]http://classic.austlii.edu.au/au/legis/cth/consol_act/gta2000162/index.html#s32

[475]https://umbrellanews.com.au/health/2023/08/covid-vaccines-and-your-dna-what-the-science-tells-us-and-what-it-doesnt/

[476]https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1010830

[477]https://pubmed.ncbi.nlm.nih.gov/32132681/

[478]https://medlineplus.gov/genetics/understanding/howgeneswork/epigenome/

As we have seen previously the TGA has had the information that the vaccines do enter the DNA since January 2021. Barnett quotes Julian Gillespie retired lawyer and former barrister who is involved with the case: "**In science, you have to work by the precautionary principle. Until you know that something is safe after rigorous testing, you must presume that it is not.**" (emphasis added)

The manufacturers know about the potential risk. The regulators know about the potential risk. Yet the regulators do not require that these "vaccines" are tested as gene therapy products.

Myocarditis Pericarditis

Myocarditis is inflammation of the heart muscle. The heart tissue when damaged becomes a scar, giving rise to problems with pumping of blood, heart contraction and it can interfere with the electrical system.

Pericarditis is inflammation of the pericardium or sac like membrane around the heart. It can become constrictive pericarditis - permanent thickening and scarring of the pericardium, which stops the heart beating properly. Pericarditis may cause cardiac tamponade is a dangerous condition, where too much fluid collects in the pericardium, which puts pressure on the heart and causes the blood pressure to drop dramatically, a life-threatening situation.

The two conditions can occur together as we are seeing too often after Covid -19 vaccination.

An internet search comparing the rate of myocarditis post Covid-19 vaccination to Covid-19 is littered with the advice that myocarditis is more common after the disease. Some of the advice is from health organisations and some observational studies and/or studies done using the very narrow CDC definition of myocarditis.

A large Nordic study of 23 million residents revealed that in males aged 16-24 rates of myocarditis were 4-14 times higher after vaccination compared to unvaccinated controls. Information can be found in Table 2.[479]

Dr Peter McCullough, MD, MPH, one of the most cited physicians in the world, an eminent practitioner of internal medicine, a cardiologist and epidemiologist, co-wrote a report with Dr Jessica Rose, Ph.D., virologist and epidemiologist in Canada, called 'A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products:[480] "The main findings of the Myocarditis report:

Hundreds of thousands of individuals have reported adverse events (AEs) using VAERS, the primary focus of this analysis being the serious adverse event (SAE) of myocarditis

[479]https://jamanetwork.com/journals/jamacardiology/fullarticle/2791253

[480]https://www.researchgate.net/publication/355006767_A_Report_on_Myocarditis_Adverse_Events_in_the_US_Vaccine_Adverse_Events_Reporting_System_VAERS_in_Association_with_COVID-19_Injectable_Biological_Products

- ❿ Myocarditis rates significantly higher in male youths between the ages of 13-23.
- ❿ 19 times the expected number of myocarditis cases in the vaccination volunteers over background myocarditis rates for the 12-15-year-old age group.
- ❿ A five fold increase in myocarditis rate was observed after dose 2 as opposed to dose 1 in 15-year-old males.
- ❿ A total of 67% of all myocarditis cases occurred with the Pfizer BNT162b2 vaccine.
- ❿ Cardiac injuries associated with Covid-19 are different from the clinical picture of vaccine-induced 'myocarditis', which has been loosely defined as a mild troponin elevation common to ICU patients of all types.
- ❿ Vaccine-induced myocarditis qualifies as a serious adverse event (SAE) and is often associated with hospitalization in ~90% of cases.

The report highlighted: 'It is vital to recall that children have a negligible risk for COVID-19 respiratory illness, and yet they are a high-risk group for myocarditis with vaccination.' It was published online, ahead of print, on October 1, 2021, and on Elsevier- the world's largest medical publisher. The report passed peer review and was awaiting *Current Problems in Cardiology*, It was published online, ahead of print, on October 1, 2021, and on Elsevier- the world's largest medical publisher. However, on October 15, it was 'temporarily removed' from both Elsevier and the online version of the periodical, without prior notice given to the authors. A week later, Diana Goetz, associate publisher at Elsevier, informed the authors that the paper was to be permanently removed from the site. This news came only five days before the pivotal FDA meeting, to review whether to give approval for the Pfizer vaccine to 5–11-year-olds. It was published online, ahead of print, on October 1, 2021, and on Elsevier- the world's largest medical publisher...Dr McCullough said myocarditis is serious- I'm telling you as a cardiologist..There is clear cut evidence of heart inflammation being far greater than what we'd see with hospitalized". Dr McCullough stated "papers can only be withdrawn according to rules and the publication contract. They can only be pulled down if they're scientifically invalid or have incorrect information-none of these criteria existed in this paper." "Elsevier is illegally attempting to censor this paper- right at the moment when it's needed the most, when the vaccine manufacturer is going to the US FDA and seeking approval for emergency authorisation use for children aged 5-11"..."Dr McCullough informed me that he told America on national TV, back in June, when the CDC and FDA had recorded 200 cases of myocarditis that it was neither rare nor mild. Myocarditis is a SAE (Serious Adverse Event) because "it can lead to either hospitalization, death, disability, or what could have caused death." As of October 15, the case figure has jumped to a shocking 10,304 individuals. He stated, "I think it's disingenuous that our public health officials from the CDC and the FDA have categorized this syndrome as both rare and mild.""[481] Dr McCullough has stated he has had not had anyone confront or challenge him on the findings of the paper.

[481] https://www.trialsitenews.com/a/are-the-scientific-journals-censoring-the-science-part-1-the-removal-of-the-report-on-myocarditis-adverse-events-in-vaers-by-elsevier-and-current-problems-in-cardiology

A study from 2021 found children are more likely to be hospitalised from myocarditis from the vaccine than from Covid-19." After the second dose there was a recorded explosive increase in myocarditis. The study stated, "For boys 12-15 without medical comorbidities receiving their second mRNA vaccination dose, the rate of CAE is 3.7 to 6.1 times higher than their 120-day COVID-19 hospitalization."[482]

The CDC continues to tell us Myocarditis is rare and mild but they use a very narrow definition for their assessments which only started in 2022. excluding some myocarditis sufferers, as does the Korean system.[483] Based on this definition, the CDC can exclude cases of cardiac arrest, ischaemia, and death due to heart problems that occur before one can go to the hospital or obtain a diagnosis. Paediatric Cardiologist Dr. Milhoan said everyone acknowledges COVID-19 vaccines can cause myocarditis, but the debate is over how common it is. The CDC says the condition is rare, but physicians knowledgeable about vaccine-associated myocarditis treating these patients and reviewing the data say that's not the case. "The way the vaccine injury works, the heart often forms a scar that we don't always pick up on our other usual tests. Normally if we study someone with suspected myocarditis, we will get labs that reveal damage to the myocardial cell, such as a troponin level, (protein released into the blood stream indicating heart damage), an EKG to see how the heart looks electrically, an echocardiogram, and a stress test," he said. "But these are often normal in someone with myocarditis following COVID-19 vaccination...Weeks and perhaps months later, these arrhythmias may be provoked by exercise and a hyperadrenergic state—norepinephrine release (the norepinephrine release from your adrenal glands causes a the fight-or-flight response), resulting in collapse and sudden deaths in athletes and others,"
The norepinephrine release is also evident during the waking process which can explain cardiac arrests in the early hours of the morning.
Dr Milhoun brings up the issue that test results which are not necessarily accurate are being used as a surrogate for the actual heart damage and this is used to quantify the number of people with heart damage, and to say its transient. Another issue is the delayed cardiac events- cardiac arrests and deaths which are not being assessed as possible Covid-19 vaccine associated deaths. Another quote from the same article: "There is emerging evidence following mRNA injections that myocarditis is different than other causes and much more common than originally thought or admitted to by the CDC," interventional cardiologist Dr. Jack Askins told The Epoch Times in an email. "Cardiac involvement following mRNA 'vaccination' is approximately 3% according to a recent Swiss Study (not 0.001% as claimed by the CDC)."[484] The Swiss study found **the incidence of myocarditis affects up to 1 in 35 people who have received the mRNA COVID-19 injection, whilst markers which indicate heart injury were present in 1 in 20 people. The study reported the** incidence of elevated cardiac enzymes 3 days after the shots was substantial, at **2.8% (almost 3%),** they

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[482]https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1.full

[483]https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myo-outcomes.html

[484]https://www.theepochtimes.com/health/myocarditis-caused-by-covid-19-vaccine-spike-protein-is-not-detected-by-typical-cardiac-tests-5428438?utm_source=Aomorningbriefnoe&src_src=Aomorningbriefnoe&utm_campaign=Aomb-2023-08-13&src_cmp=Aomb-2023-08-13&utm_medium=Aoemail&est=6AaIXz85K0KqNs%2Fj2whVkJVtDZBt0UCZm%2BryHHmuyymwoUubYgoF5Q1qDMct7zp1xAOliA%3D%3D

also found: **“vaccine-associated myocardial injury occurred significantly more often in women versus men”.**[485]

Myocarditis is more common than previously thought and its affecting women more often than we thought.. From the same Epoch Times article: “Dr. Askins said autopsies have shown spike protein from vaccination in the myocardium of patients who died following COVID-19 vaccination and should be required in all cases where the cause of death is “unknown,” in cases of “sudden adult death syndrome,” or where a sudden death leaves “doctors baffled.”

The study finding free Spike protein in the blood of individuals with heart damage post Covid-19 mRNA vaccination states: “A notable finding was that markedly elevated levels of full-length spike protein (33.9±22.4 pg/mL), unbound by antibodies, were detected in the plasma of individuals with postvaccine myocarditis, whereas no free spike was detected in asymptomatic vaccinated control subjects”.[486]

There has been no testing of the distribution and degradation of Spike protein. A Systemic review investigating causal links between COVID-19 vaccines and death from myocarditis using post-mortem analysis found: “The temporal relationship, internal and external consistency seen among cases in this review with known COVID-19 vaccine-induced myocarditis, its pathobiological mechanisms and related excess death, complemented with autopsy confirmation, independent adjudication, and application of the Bradford Hill criteria to the overall epidemiology of vaccine myocarditis, suggests there is a high likelihood of a causal link between COVID-19 vaccines and death from suspected myocarditis in cases where sudden, unexpected death has occurred in a vaccinated person.”[487]

Cardiologist Dr Peter McCullough MD MPH states: “The consequences of heart failure and cardiac death are unacceptably high with myocarditis. Risks far outweigh any potential benefit with the current Omicron strain. SARS-CoV-2 can always be managed, Spike damage to weakened heart, and other vital organs impossible to mitigate.”[488]

The background rate of myocarditis in children is: “1 per 100,000 children per year, **a 5-fold increase in myocarditis rate was observed subsequent to dose 2 as opposed to dose 1 in 15-year-old males**...These findings suggest a **markedly higher risk for myocarditis subsequent to COVID-19 injectable product** use than for other known vaccines, and this is well above known background rates for myocarditis...**Myocarditis qualifies as an SAE (Severe Adverse Reaction) as it is often associated with hospitalization...after 8 weeks of roll-out into the 12-15 years-old age group, we are at ~19 times the expected number of cases.** Because of the spontaneous reporting of events to VAERS, we can assume that the cases reported thus far are not rare, but rather, just the tip of the iceberg. Again, under-reporting is a known and serious disadvantage of the VAERS system…It is unknown which cells and organs are seeded with mRNA, the cellular half-life of the products, duration of spike protein production, reverse transcription, future regulation, and ultimate disposal of mRNA

[485]https://onlinelibrary.wiley.com/doi/epdf/10.1002/ejhf.2978

[486]https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.122.061025

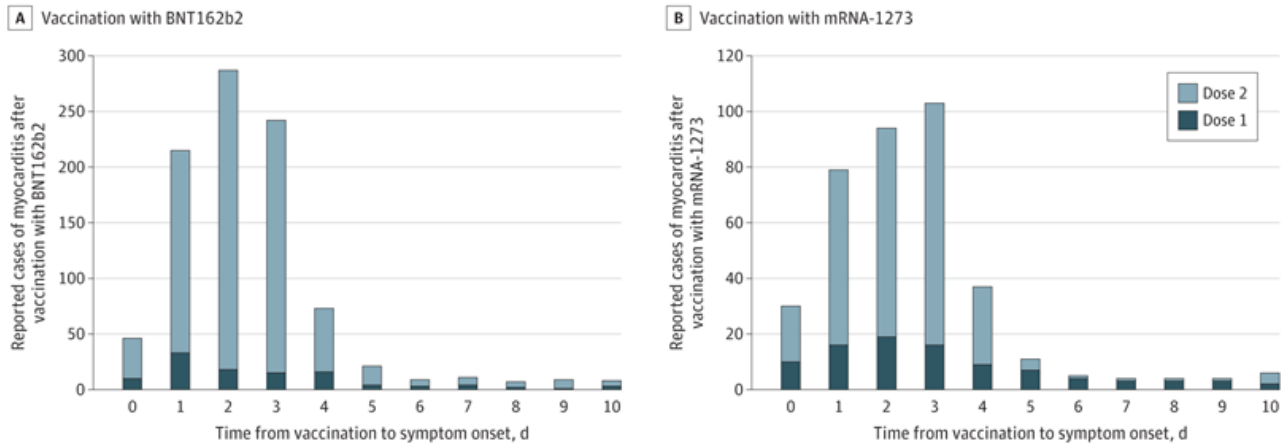
[487]https://www.scienceopen.com/document?vid=eb51c2c9-ff84-46c6-8c93-59c2361ad69f

[488]https://twitter.com/P_McCulloughMD/status/1486472934898253

technology."[489]

Dr Eric Rubin who is on the FDA committee that voted to extend the Emergency Use Authorisation (EUA) of the Pfizer vaccine so it would be available to all children said: "The side effect is myocarditis, an inflammation of the muscle of the heart...cases "have tended to be clinically mild," according to the federal Centers for Disease Control and Prevention...**we're never going to learn about how safe this vaccine is unless we start giving it.** That's just the way it goes. That's how we found out about rare complications of other vaccines like the rotavirus vaccine. And I do think we should vote to approve it."[490]

The following table is from a study published in JAMA, January 2022. The study looked at myocarditis rates after mRNA Covid-19 vaccination. They found the rates of myocarditis increase significantly after the second dose. They found that myocarditis "was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men."[491]



In Australian Senate estimates on 3-8-2023 Senator Rennick asked a Pfizer representative to explain the mechanism of action for heart damage. The rep, could not or would not explain, he said he would take the question on notice.[492]
Myocarditis was a known side effect after SARS vaccinations as, Dr. Paul Offit says there is: "Certainly is a Causal Link Between Vaccination & Myo/Pericarditis no doubt about it...It may be the spike protein mimics one of the proteins on heart muscle cells…if that's true then…you're also inadvertently making immune response to your own heart muscle."[493]
It is of interest to note that as **SARS vaccination is a known cause of myo/percarditis Pfizer and Moderna have not done the research into how it happens, thus they have not tried to mitigate the effect from their products.**
According to a: statement from the Studies Committee of the Portuguese Society of Cardiology: the evidence currently pointing to an association between vaccination against

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[489]"A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Inject able Biological Products"
https://archive.is/o/TKTdf/https://doi.org/10.1016/j.cpcardiol.2021.101011

[490]https://www.youtube.com/watch?v=eZR6dO9KGx8

[491]"Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021" http://10.1001/jama.2021.24110

[492]https://twitter.com/joshg99/status/1687023743934124033

[493]https://twitter.com/NickHudsonCT/status/1684797155083538432

COVID-19 (coronavirus disease 2019) and the onset of inflammatory heart disease – principally acute myocarditis, but also acute pericarditis – is, in our view, unequivocal. Many case series from different continents have been published in some of the most important peer-reviewed journals, including the *New England Journal of Medicine* (NEJM),1, 2, 3 the *Journal of the American Medical Association* (JAMA),4, 5 including *JAMA Cardiology*,6, 7, 8 *JAMA Internal Medicine* 9 and *JAMA Network Open*,10 the *British Medical Journal* (BMJ),11 *Nature Medicine*,12 *Circulation*,13, 14, 15 *Vaccine*,16, 17 *Pediatrics* 18 and the *Journal of Pediatrics*.19, 20 Additionally, many others have been pre-published.21, 22, 23 Furthermore, since as early as July last year, the Advisory Committee on Immunization Practices (ACIP) of the US Centers for Disease Control and Prevention (CDC) had deemed the existence of a causal relationship between anti-SARS-CoV-2 vaccination and the recurring reports of acute myocarditis and pericarditis syndromes as "probable".24, 25, 26 For this appraisal, it made use of the Vaccine Adverse Event Reporting System (VAERS) database and, in particular, the Vaccine Safety Datalink (VSD)27 system. Although it has traditionally been associated with low specificity, generating hypotheses (safety signs) rather than confirming them,27 the concern is now that this database may be underestimating the actual cases of acute myocarditis induced by anti-COVID-19 vaccines.21"[494]

There was explanation from the TGA that myocarditis is an autoimmune process during the Senate estimates.[495]

A paper published in Science Immunology in May 2023 suggests that autoimmunity is not the cause of Vaccine induced myo/percarditis. The basic interpretation that the authors find the body reacts to SARS CoV-2 mRNA vaccination as though the body is responding to an infection of the heart, resulting in the formation of scar tissue. The scar tissue makes the heart vulnerable to arrhythmias which can be a life threatening situation. As the paper states These **findings likely rule out some previously proposed mechanisms of mRNA vaccine--associated myopericarditis**[496] "...deep immune profiling using single-cell RNA and repertoire sequencing of peripheral blood mononuclear cells during acute disease revealed expansion of activated CXCR3+ cytotoxic T cells and NK cells, both phenotypically resembling cytokine-driven killer cells...our results demonstrate **up-regulation in inflammatory cytokines and corresponding lymphocytes with tissue-damaging capabilities, suggesting a cytokine-dependent pathology**, which may further be accompanied by **myeloid cell-associated cardiac fibrosis**. These **findings likely rule out some previously proposed mechanisms of mRNA vaccine--associated myopericarditis and point to new ones with relevance to vaccine development and clinical care**...susceptible individuals may experience a heightened cytokine-driven immune response to vaccination and, particularly, shortly after the second dose, consequently activating immune effectors and provoking heart inflammation. Whether such responses are governed by virtual memory responses (*118*) or epigenetic reprogramming of effector subsets and/or innate immune memory (*119*–*122*) is a fundamental question warranting future investigation."[497]

Myeloid- tissue of the bone marrow, bone marrow cell lineage, or resembling bone marrow

[494] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9812843/

[495] https://twitter.com/SenatorRennick/status/1689420291439788032?t=rHxwpf8R8H5Vo04XMBHFrg&s=0

[496] www.youtube.com/watch?v=Ox4j9VUARnM

[497] https://www.science.org/doi/10.1126/sciimmunol.adh3455

A new study has emerged that shows the **incidence of myocarditis affects up to 1 in 35 people who have received the mRNA COVID-19 injection, whilst markers which indicate heart injury were present in 1 in 20,** they also found: **"vaccine-associated myocardial injury occurred significantly more often in women versus men".**[498] It seems myocarditis is more common than previously thought.

A paper published in August 2023 found looking at residual heart damage post covid-19 vaccination found 58% of the adolescents studied still had heart damage up to one year (as long as the duration of the study) after the initial injury.[499] The outcome is that mRNA vaccine induced myocarditis is more prevalent and lasts longer than previously thought.

COVID-19 Vaccine Related Myocarditis VRM is associated with the use of mRNA vaccines, especially in young males and after the second dose of vaccination, and usually develops within 7 days after vaccination.[500] [501] [502] [503] [504] This is especially noteworthy considering Adverse Events AE and deaths have been counted by many health agencies around the world using the concept that one is unvaccinated until some 14 days after the second vaccination. The number of days varies in different countries.

A Korean paper published in the *European Heart Journal*, June 2023, looking at cases found in their reporting system, through the Korea Disease Control and Prevention Agency KDCA. The authors discussed the following limitation of their paper: "underestimation of the incidence of COVID-19 VRM due to the nature of the current reporting system". The paper found eight out of 21 deaths were sudden cardiac death attributable to Vaccine Related Myocarditis VRM proved by autopsy, and all cases of Sudden Cardiac Death were attributable to VRM were aged under 45 years and received mRNA vaccines.[505]

A small case report showed the possibility of recurrent Myocarditis after apparent recovery.[506]

We are seeing a lot of propaganda "normalising heart attacks in not only young adults but in children, this has happened prior to Covid-19 vaccination but it was rare and not "normal".

A Japanese research paper published in January 2022 describes the mechanism of action of heart damage as: being synonymous with increased permeability of the endothelium:"...increased vascular permeability triggered by Covid-19 vaccination may play an important role in cardiovascular adverse reactions"[507]

Endothelium- a single layer of cells that line the interior surface of blood and lymphatic vessels

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[498]https://onlinelibrary.wiley.com/doi/epdf/10.1002/ejhf.2978

[499]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10373639/?s=03

[500]https://www.nejm.org/doi/10.1056/NEJMoa2110737

[501]https://jamanetwork.com/journals/jama/fullarticle/2788346

[502]https://www.bmj.com/content/375/bmj-2021-068665

[503]https://pubmed.ncbi.nlm.nih.gov/34907393/

[504]https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00791-7/fulltext?t=uFpKicydYpB8wvUts3JVJw&s=09

[505]https://academic.oup.com/eurheartj/article/44/24/2234/7188747?logi

[506]https://www.sciencedirect.com/science/article/pii/S2590136223000591?via%3Dihub

[507]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9177361/

Marc Giradot discusses the process further. "Permeability of the endothelium in the heart...evidently if you start having metabolic waste along myocytes (Muscle cell, heart or smooth muscle), inflammation will occur. Same with neuropathies, etc... As to how that happens, the Bolus theory explains it perfectly: small concentrated cluster hits of LNPs following a (partial) accidental IV injection of the vaccine trigger T cell attacks that leaves the endothelium porous."[508]

Aspiration During Injection

Official advice from various sources, including from the TGA,[509] is to administer the Pfizer, Moderna, and AstraZeneca vaccines via intramuscular route,[510] [511] [512]

Guidelines state there is no need to aspirate (the process of puling back the plunger of the syringe to check if the needle is in a blood vessel).
If the needle is in a blood vessel, injection will be into the circulatory system and not into the muscle.
Aspiration is a simple procedure which was for many years part of injection technique.

Guidelines were changed due to studies on minimising pain at the time of the injection in children.[513]
The Australian Immunisation Handbook states "It is not necessary to draw back on the syringe plunger before injecting a vaccine."[514]

It is considered by many that as the deltoid (shoulder muscle) does not have major blood vessels, it should not be an issue, but research is indicating that it could be a problem.

"We will never know if we are injecting into the muscle or the blood vessel unless we aspirate." say the authors of a study on the incidence of blood aspiration during Intra Muscular Injection (IMI).[515]
From personal experience we know one can draw back blood when giving an Intra Muscular Injection into the deltoid muscle.

A Danish news article makes the following statements "**If the vaccine is given incorrectly and hits the bloodstream - and not only in the shoulder muscles - it can in the worst case give such a violent, systemic and inflammatory reaction that it can lead to many small blood clots in, among other things, lungs, says professor and chief physician.** The

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[508] https://twitter.com/GirardotMarc/status/1687080470998093824

[509] https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/doses-and-administration

[510] https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine

[511] https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/standing-orders.pdf

[512] https://www.health.nsw.gov.au/Infectious/covid-19/vaccine/Pages/az-refrigerator-to-administration.aspx

[513] "Aspirating versus not Aspirating Prior to Injection of Medication: Comparative Clinical Evidence and Guidelines" https://www.cadth.ca/sites/default/files/pdf/htis/nov-2014/RB0669 Aspiration Prior to Injection Final.pdf

[514] "Administration of vaccines" https://immunisationhandbook.health.gov.au/vaccination-procedures/administration-of-vaccines

[515] "Blood Aspiration During IM Injection https://doi.org/10.1177%2F1054773815575074

University of Copenhagen and Rigshospitalet Niels Høiby told the journal."[516]

The issue of the Covid-19 vaccines entering the bloodstream and being distributed to tissues throughout the body, and potentially causing blood clots, autoimmune diseases and neurological symptoms are discussed in the BMJ.
"Study 514559 showed that the Covid vaccine AZ was distributed to sciatic nerves in almost all animals" Dr Merchant- PhD pharmacology, goes on to say the mice used in the study were given injections in the the hind limb, the sciatic nerve is in close proximity to the injection site. The cranial and facial nerves are close to the deltoid muscle in humans. Merchant says "The MHRA database listed ~1031 cases of facial cranial nerve disorders (527 cases of Bell's palsy and 457 cases of facial paresis/paralysis), 20 cases of Miller Fisher syndrome and additional 372 cases of Guillain-Barre syndrome (2 fatal) following AZ vaccine up until 28th July 2021..The biodistribution (study 514559) also evidenced the vaccine distribution via blood circulation to other tissues notably bone marrow, liver, mammary glands and spleen. The vaccine encoded gene transfection to distant tissues is likely to attract an immune response against various body tissues that can manifest into various autoimmune conditions."[517]

A paper published in December 2006, found that intravascular injection of adenovirus leads to thrombocytopenia (low platelet count).[518]

New research has found intravenous injection of the AstraZenca vaccine leads to the potential for thrombosis with thrombocytopenia syndrome (TTS) "Our work contributes to the understanding of TTS and highlights accidental intravenous injection as potential mechanism for post-vaccination TTS.
"We show that intravenous but not intramuscular injection of ChAdOx1 triggers platelet-adenovirus aggregate formation and platelet activation. ChAdOx1 is the AstraZeneca vaccine "Hence, safe intramuscular injection, with aspiration prior to injection, could be a potential preventive measure when administering adenovirus-based vaccines."[519]

Dr Merchant wrote a letter looking at research on the adverse effects of intravascular injection, including possible transfection (artificially introducing nucleic acids (DNA or RNA) into cells). "The COVID-19 vaccines absorption into systemic circulation may lead to vaccine distribution and transfection in distant tissues beyond injection site, that can cause rare serious adverse effects including autoimmune reactions against distance tissues."[520]

A preprint study, showed that intravenous injection of Coronavirus Disease 2019 (COVID-19) mRNA vaccine can induce acute myopericarditis in mice both clinically and histopathologically (study of

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[516] "Covid-19 vaccines should be given with aspiration before injection" https://dsr.dk/fag-og-udvikling/sygeplejersken/arkiv/sygeplejersken-argang-2021-nr-4/covid-19-vacciner-skal-gives-med-aspiration-foer-injektion/

[517] "Covid-19: Regulators warn that rare Guillain-Barré cases may link to J&J and AstraZeneca vaccines" https://doi.org/10.1136/bmj.n1786

[518] "Adenovirus-induced thrombocytopenia: the role of von Willebrand factor and P-selectin in mediating accelerated platelet clearance" https://doi.org/10.1182/blood-2006-06-032524

[519] "Thrombocytopenia and splenic platelet directed immune responses after intravenous ChAdOx1 nCov-19 administration" https://doi.org/10.1101/2021.06.29.450356

[520] "Inadvertent injection of COVID-19 vaccine into deltoid muscle vasculature may result in vaccine distribution to distance tissues and consequent adverse reactions" http://dx.doi.org/10.1136/postgradmedj-2021-141119

microscopic tissue changes).
"Our study indicates that IV injection of vaccines might partially contribute to this clinical phenotype, thus warranting a reconsideration of the practice of IM injection without aspiration, which carries the risk of inadvertent IV injection...This study provided in-vivo evidence that inadvertent intravenous injection of COVID-19 mRNA-vaccines may induce myopericarditis. Brief withdrawal of syringe plunger to exclude blood aspiration may be one possible way to reduce such risk." [521]

Dr Pieter Gaillard PhD a microparticulate pharmacologist wrote in a piece on linked in "..my advice to everyone is to first have the plunger of the syringe pulled back and only then push through the vaccine. You are free to demand that of the person who injects the vaccine into your arm."[522] He is saying aspirate first to check if you are in a blood vessel.

In a Q&A session at an EMA press conference on mistakenly injecting into the bloodstream as a potential cause of side-effects with the AstraZeneca vaccine on April 7, 2021: EMA experts confirm that it might happen, but state that the volume is deemed too small to cause any effect.[523]

Aspiration is not in any way a dangerous procedure, it has no side effects, it takes only a second or two, even if the effect were only one dozen people affected (it appears it could be a lot more), why are we not applying the precautionary principle?
This could be lives lost and or people maimed for the sake of a simple procedure.
Some vaccine injured people have stated they noticed a metallic taste in their mouths, seconds after the injection. The only way this is feasible that we know of is via the circulatory system.

The Danish Statens Serum Institut (SSI),[524] and French scientists[525] among others have recommended aspiration when giving Covid vaccinations. The Danish authorities have recommended that aspiration be performed when giving Covid-19 vaccines as a **precautionary principle.**

The German Standing Commission for Vaccination (STIKO) are now recommending aspiration. They state: "aspiration of the needle is a sensible precaution when vaccinating against COVID-19 and lead to increased safety."[526] [527]

A fact check on the practice of aspiration discussed in an interview, by Dr John Campbell PhD, with a comment from Dr Leo Nicolai, Cardiology Fellow, Ludwig Maximillian University of Munich. "While these data are interesting and might indicate a simple measure to lower the incidence of vaccine-induced side effects, caution is necessary: all these studies were performed in mice. There is a lack of data on frequency and effects of IV injection in humans. Most likely, two approaches are needed to further validate the data: large animal studies and studies comparing incidence of vaccine-associated thrombosis/thrombocytopenia/myocarditis in

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[521] "Intravenous Injection of Coronavirus Disease 2019 (COVID-19) mRNA Vaccine Can Induce Acute Myopericarditis in Mouse Model" https://doi.org/10.1093/cid/ciab941

[522] "AstraZeneca vaccine: pull back or push through?" https://www.linkedin.com/pulse/astrazeneca-vaccine-pull-back-push-through-pieter-j-gaillard?trk=public_profile_article_view

[523] https://www.youtube.com/watch?v=TeKytjQozrE

[524] https://www.coronaheadsup.com/coronavirus/denmarks-ssi-recommends-changes-to-syringe-injection-method-for-coronavirus-vaccines/

[525] https://www.coronaheadsup.com/coronavirus/france-scientists-recommend-changing-coronavirus-vaccination-technique-after-astrazeneca-thrombosis-investigation/

[526] https://en.ssi.dk/news/epi-news/2021/no-19-21---2021

[527] https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2022/Ausgaben/07_22.pdf?__blob=publicationFile

countries with mandated syringe aspiration to countries that don't mandate this practice."[528] (emphasis added)

Cancer Concerns

The TP53 gene provides instructions for making a protein called tumour protein p53. This protein acts as a tumour suppressor.[529]
A study published in 2020 states that spike protein binds with p53 and other proteins and impede or stop them from working: "S2 subunit of SARS-nCov-2 strongly interacts with p53 and **BRCA-1/2 proteins** (Figure 1). p53 and BRCA are the well-known tumor suppressor proteins, that **regulate downstream genes in response to numerous cellular stress and are frequently mutated in human cancer**...further research is needed to understand COVID-19 effect in cancer patients and the detailed role of these interactions.".[530]

"The gene encoding the p53 tumor suppressor is commonly mutated in human cancer and its protein product has been extensively studied at both the cellular and molecular level. **In response to DNA damage, cell stress and some oncogenic proteins, p53 induces cell cycle arrest or apoptosis** (Horn and Vousden, 2007). p53 must retain its ability to oligomerize and bind specific DNA sequences to fulfill its function(Pietenpol et al., 1994). Through many structural studies, residues within the p53 DNA binding domain (p53DBD) that are crucial for domain stability, **DNA binding and dimerization have been elucidated and correlated with known cancerous mutations**(Cho et al., 1994; Ho et al., 2006; Kitayner et al., 2006)."[531] (Oligomer- a molecule that consists of a few repeating units
Dimerization- The chemical reaction that joins two molecular subunits, resulting in the formation of a single dimer
Dimer- a compound formed by the union of two radicals or two molecules of a simpler compound.
Radical- an atom, molecule, or ion that has at least one unpaired valence electron.
Valence Electron- the outer shell associated with an atom, that can participate in the formation of a chemical bond if the outer shell is not closed.)

The cancer rates from the data fit with warnings from Dr Ryan Cole MD (pathologist, with a background in ER and family medicine, and he still sees patients), who runs an independent pathology laboratory. He sees some 40,000 biopsies a year through his laboratory, which is enough to see patterns, because he has kept data on the results they find over the decades. Dr Cole has raised the alarm over an increase in cancer rates since the rollout of the Covid-19 shots. He has been calling for studies into what he is seeing.

"Dr Cole discusses the mechanisms of how the cancer may be caused by the Covid-19 vaccines in an interview with the Epoch Times:[532] "The patient will get 2,3,5,6 good years of life, but they got

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[528]https://healthfeedback.org/claimreview/incorrect-vaccine-administration-is-a-potential-cause-of-post-vaccine-adverse-effects-but-more-research-is-still-needed-to-confirm-or-reject-this-hypothesis/?fbclid=IwAR0nBbM6v0V2WPFn4LxIdfR4FNAvIzLGKhzFPdQPG8mu_FR1InB8OzYQgMc

[529]https://medlineplus.gov/genetics/gene/tp53/

[530]https://www.sciencedirect.com/science/article/pii/S1936523320303065?via%3Dihub

[531]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2629805/

[532]https://www.theepochtimes.com/dr-ryan-cole-alarming-cancer-trend-suggests-covid-19-vaccines-alter-natural-immune-

their shot or got their booster, and then two months later, their cancer is a wildfire."[533]

A paper by Dr Fohse et al[534] which looks at the changes to the innate immune response. While we hear about antibodies a lot, the T cell response is very important. The T cells can seek and find a cell which is an early cancer cell and destroy it. The Toll-Like Receptors (TLR) drive efficient T cell response. Dr Fohse et al found that the TLR are tuned down or all the way off in some cases, this can also explain the uptick in shingles and other viral illnesses.

Previously mentioned is the potential problem of the S40 promotor sequence which may direct the: "transcriptional machinery/RNA polymerase to the specific startsites of transcriptional initiation".[535]

Researchers have called for the immediate cessation of the Covid-19 vaccination rollout in a paper where they've outlined the pathways of the harms being caused by the injections. From the abstract they say: "We explain the mechanism by which immune cells release into the circulation large quantities of exosomes containing spike protein along with critical microRNAs that induce a signalling response in recipient cells at distant sites. We also **identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances are shown to have a potentially direct causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, increased tumorigenesis, and DNA damage**." In the body of the paper they go on to say: "**Governments seem reticent to consider the possibility that these injections might cause harm in unexpected ways, and especially that such harm might even surpass the benefits achieved in protection from severe disease...It is imperative that worldwide administration of the mRNA vaccinations be stopped immediately** until further studies are conducted to determine the extent of the potential pathological consequences outlined in this paper. It is not possible for these vaccinations to be considered part of a public health campaign without a detailed analysis of the human impact of the potential collateral damage. It is also imperative that VAERS and other monitoring system be optimized to detect signals related to the health consequences of mRNA vaccination we have outlined."[536] (emphasis added)

Considering the research showing an increase in IGg4 antibodies in response to the mRNA Covid vaccines (seen in the next section), it is of interest to note a 2016 study entitled: IgG4 Characteristics and Functions in Cancer Immunity, which states: "elevated IgG4 levels are triggered in response to a chronic antigenic stimulus and inflammation...IgG4 that may be responsible for these regulatory functions, particularly in the cancer context. We discuss the **inflammatory conditions in tumors that support IgG4, the emerging and proposed mechanisms by which IgG4 may contribute to tumor-associated escape from immune surveillance and implications for cancer immunotherapy**...**Reports of IgG4 antibodies and IgG4+ B cells**

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response_4250442.html

[533]https://www.theepochtimes.com/dr-ryan-cole-alarming-cancer-trend-suggests-covid-19-vaccines-alter-natural-immune-response_4250442.html

[534]"The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses" http://10.1101/2021.05.03.21256520

[535]https://link.springer.com/chapter/10.1007/978-1-4613-2087-6_3

[536]"Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs" https://doi.org/10.22541/au.164276411.10570847/v1

in different cancers suggest the involvement of IgG4 in tumor escape from immune surveillance through a number of potential mechanisms, including IgG4 blockade of IgG1-mediated effector functions. However, IgG4 and its roles in cancer inflammation remain unclear."[537]

Antibody Dependent Enhancement ADE aka Pathogenic Priming

There is a downstream risk of developing antibody dependent enhancement (ADE), where antibodies can enhance virus entry and replication in cells, which is a major problem with any vaccine developed for corona viruses. ADE is an unavoidable risk for any type of vaccine, including mRNA vaccines.[538] [539]

"In some cases, antibodies can enhance virus entry and replication in cells. This phenomenon is called antibody-dependent infection enhancement (ADE). ADE not only promotes the virus to be recognized by the target cell and enters the target cell, but also affects the signal transmission in the target cell."[540]

A report for the Task Force for Global Health states: "...a major challenge during rapid development is to avoid safety issues...A syndrome of "disease enhancement" has been reported in the past for a few viral vaccines where those immunized suffered increased severity or death when they later encountered the virus or were found to have an increased frequency of infection. (RSV) vaccine and have been utilized to design and screen new RSV vaccine candidates...Because some Middle East respiratory syndrome (MERS) and SARS-CoV-1 vaccines have shown evidence of disease enhancement in some animal models, this is a particular concern for SARS-CoV-2 vaccines."[541]

A paper published in the *Journal of Infection* appears to provide evidence that the Covid-19 injections may cause ADE effects in people when they are exposed to newer coronavirus strains."ADE may be a concern for people receiving vaccines based on the original Wuhan strain spike sequence (either mRNA or viral vectors."[542]

"...e**merging evidence suggests that the reported increase in IgG4 levels detected after repeated vaccination with the mRNA vaccines may not be a protective mechanism; rather, it constitutes an immune tolerance mechanism to the spike protein that could promote unopposed SARS-CoV2 infection and replication by suppressing natural antiviral responses. Increased IgG4 synthesis due to repeated mRNA vaccination with high antigen concentrations may also cause autoimmune diseases, and promote cancer growth and autoimmune myocarditis in susceptible individuals...**By ignoring the

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[537] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4705142/

[538] "Antibody dependent enhancement: Unavoidable problems in vaccine development" http://10.1016/bs.ai.2021.08.003

[539] "Do COVID-19 RNA-based vaccines put at risk of immune-mediated diseases? In reply to "potential antigenic cross-reactivity between SARS-CoV-2 and human tissue with a possible link to an increase in autoimmune diseases" https://dx.doi.org/10.1016%2Fj.clim.2021.108665

[540] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8438590/

[541] "Consensus summary report for CEPI/BC March 12-13, 2020 meeting: Assessment of risk of disease enhancement for COVID-19 vaccines" https://doi.org/10.1016/j.vaccine.2020.05.064

[542] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8351274/

spike protein synthesized as a consequence of vaccination, the host immune system may become vulnerable to re-infection with the new Omicron subvariants, allowing for free replication of the virus once a re-infection takes place. In this situation, we suggest that even these less pathogenic Omicron subvariants could cause significant harm and even death in individuals with comorbidities and immuno-compromised conditions....mRNA and inactivated vaccines temporally impair interferon signaling [**142**,**143**], possibly causing immune suppression and leaving the individual in a vulnerable situation against any other pathogen. In addition, this immune suppression could allow the re-activation of latent viral, bacterial, or fungal infections and might also allow the uncontrolled growth of cancer cells [**144**]....it is probable that the spike protein produced in response to mRNA vaccination is too high and lasts too long in the body. That could overwhelm the capacity of the immune system, leading to autoimmunity [**146**,**147**]. Indeed, several investigations have found that COVID-19 immunization is associated with the development of autoimmune responses.[**148**,**149**,**150**,**151**,**152**,**153**,**154**,**155**,**156**,**157**,**158**,**159**,**160**,**161**,**162**,**163**,**164**,**165**,**166**]..Increased IgG4 levels induced by repeated vaccination could lead to autoimmune myocarditis; it has been suggested that IgG4 antibodies can also cause an autoimmune reaction by impeding the immune system's ability to be suppressed by regulatory T cells [**102**]...Individuals with genetic susceptibility, immune deficiencies, and comorbidities are probably the most likely to be affected. However, this gives rise to a disturbing paradox—if people who are the most affected by the COVID-19 disease (the elderly, diabetics, hypertensive, and immunocompromised people like those with HIV) are also more susceptible to suffering the negative effects of repeated mRNA vaccination, is it then justified to booster them? As Omicron subvariants have been demonstrated to be less pathogenic [**133**,**134**,**135**,**136**,**137**], and mRNA vaccines do not protect against re-infection [**14**,**138**], clinicians should be aware of the possible detrimental effects on the immune system by administering boosters."[543]

Original Antigenic Sin (OAS) aka Immune Imprinting

The vaccinated have only Spike immunity and do not do well when the virus mutates and the Spike changes. The body has been programmed to respond to the original spike protein and is unable to respond to further changes/mutations in the virus or spike protein so they are left somewhat defenceless- OAS.

The term OAS was coined by Thomas Francis Jr in the late 1950's to describe patterns of antibody response to influenza vaccination.[544]

OAS is the tendency of the immune system to preferentially use immunological memory based on a previous infection when a second slightly different version of that foreign pathogen is encountered.

"...original antigenic sin" implies that when the epitope varies slightly, then th**e immune system relies on memory of the earlier infection, rather than mount another primary or secondary response to the new epitope which would allow faster and stronger respons**es. **The result is that the** immunological **response may be inadequate against the new strain, because the immune system does not adapt and instead relies on its**

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[543] https://www.mdpi.com/2076-393X/11/5/991?fbclid=IwAR0-FHJrJ1l-LCpvItQKCO3V08Qnn78AMjP1OAtrTJcOrlBI_FgGX7zQ8VA

[544] "The Doctrine of Original Antigenic Sin: Separating Good From Evil" https://dx.doi.org/10.1093%2Finfdis%2Fjix173

memory to mount a response. In the case of vaccines, if we only immunize to a single strain or epitope, and if that strain/epitope changes over time, then the immune system is unable to mount an accurate secondary response. In addition, depending of the first viral exposure the secondary immune response can result in an antibody-dependent enhancement of the disease or at the opposite, it could induce anergy. Both of them triggering loss of pathogen control and inducing aberrant clinical consequences."[545] (emphasis added)

epitope- part of an antigen that is recognised by the immune system
anergy- where the bodies immune system fails to react to an antigen

The UK Vaccine Surveillance Report on January 27, 2022, state on page 52: "Seropositivity estimates for N antibody will underestimate the proportion of the population previously infected due to (i) blood donors are potentially less likely to be exposed to natural infection than age matched individuals in the general population (ii) waning of the N antibody response over time and (iii) **recent observations from UK Health Security Agency (UKHSA) surveillance data that N antibody levels are lower in individuals who acquire infection following 2 doses of vaccination.** These lower N antibody responses in individuals with breakthrough infections (post-vaccination) compared to primary infection likely reflect the shorter and milder infections in these patients. Patients with breakthrough infections do have significant increases in S antibody levels consistent with boosting of their antibody levels."[546] (emphasis added)

N antibodies- neutralising antibodies, they are able to kill a pathogen.

S antibodies- antibodies against the spike protein.

Strong vaccine proponent Dr Paul Offit (who questioned the need for boosters), published a piece addressing Immune imprinting*:* "This suggests that **immune imprinting** of the response may have occurred. Immune imprinting is a phenomenon whereby initial exposure to one virus strain effectively primes B cell memory and limits the development of memory B cells and neutralizing antibodies against new minor variant strains of the virus Why did the strategy for significantly increasing BA.4 and BA.5 neutralizing antibodies using a bivalent vaccine fail? The most likely explanation is imprinting. The immune systems of people immunized with the bivalent vaccine, all of whom had previously been vaccinated, were primed to respond to the ancestral strain of SARS-CoV-2. They therefore probably responded to epitopes shared by BA.4 and BA.5 and the ancestral strain".[547] This is discussing the mechanism by which the vaccinated cannot acquire full spectrum immunity.

A study entitled *The Doctrine of Original Antigenic Sin: Separating Good From Evil* states: "Recent observations have provided convincing evidence that reduction in VE (Vaccine Effectiveness) after sequential influenza vaccination is a real phenomenon"[548]
Assessing the data from Christ's Hospital lead the researchers to conclude that "annual revaccination with inactivated influenza-A vaccine confers no long-term advantage."[549]

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[545]https://pubmed.ncbi.nlm.nih.gov/28479213/

[546]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1050721/Vaccine-surveillance-report-week-4.pdf

[547]https://www.nejm.org/doi/full/10.1056/NEJMp2215780

[548]"The Doctrine of Original Antigenic Sin: Separating Good From Evil" http://10.1093/infdis/jix173

[549]"Assessment of inactivated influenza-A vaccine after three outbreaks of influenza A at Christ's hospital"

We have not yet had a successful vaccine against a respiratory virus, the flu vaccine has been found to be ineffective by the Cochrane database: "71 people would need to be vaccinated to avoid one influenza case...Vaccination may have little or no appreciable effect on hospitalisations (low-certainty evidence) or number of working days lost."[550]
There is an increased risk of other respiratory viruses, including Corona virus after flu vaccination.[551]

Selection Pressure

A document entitled Long Term evolution of SARS-CoV-2 produced by the Scientific Advisory Group for Emergencies SAGE, advising the UK Government on future Covid-19 variants and the consequences of them, clearly states that it is likely a new variant will emerge. When vaccines against Covid-19 are deployed across population they could create a selection pressure for variants that can escape vaccine-acquired immunity.

p.11 Section 39 "In the case of SARS-CoV-2, there are particular selection pressures that are more concerning because they may encourage the emergence of variants that may be more harmful or more difficult to control."

p.12 Section 43."**As vaccines against SARS-CoV-2 are deployed across populations, it is possible to create a selection pressure for variants that can escape the vaccine-acquired immune response."**[552]

Excess Deaths

According to the Australian Bureau of Statistics ABS during the year 2022, there were 190,394 deaths that occurred by December 31, 2022, representing 25,235 (15.3%) excess over the historical average.[553]

Expert data analyst and signal processing specialist Andrew Madry prepared a report for the Australian Medical Professionals Society AMPS.
To conduct his analysis, Madry purchased a custom data set from the Australian Bureau of Statistics (ABS) broken into narrower age bands of five years. He focused his analysis on ages 60 and over because this cohort is where the main of Australia's excess mortality is seen.
By analysing each five-year age band, Madry is able to show that the rise in ACM is consistent across all age bands, although it is more pronounced in the 80+ groups. This shows that the increase in ACM is not just due to the very elderly dying a year or two early after exposure to a nasty virus. Rather, life

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https://doi.org/10.1016/S0140-6736(79)90468-9

[550]" Vaccines to prevent influenza in healthy adults"
https://www.cochrane.org/CD001269/ARI_vaccines-prevent-influenza-healthy-adults

[551]"Assessment of temporally-related acute respiratory illness following influenza vaccination"
https://doi.org/10.1016/j.vaccine.2018.02.105

[552]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1007566/S1335_Long_term_evolution_of_SARS-CoV-2.pdf

[553]https://www.abs.gov.au/

expectancy is falling, and it started falling around March 2021.
Rebekah Barnett says in her August 2023 substack: "Madry selected Queensland mortality data as the perfect dataset to analyse because it offers a clear picture of mortality trends throughout three distinct sets of conditions:

1. No Covid, no vaccinations (2020)
2. No Covid, almost full population vaccination coverage (2021)
3. Covid *and* almost full population vaccination coverage (2022)"[554]

In his analysis Madry finds a clear surge in all-cause mortality among the elderly (age 60 and up) temporally corresponding with the mass primarily mRNA COVID-19 vaccine program execution starting by March 2021.: "We find an alarming upturn in the trend in mortality, in older age groups, starting from March 2021. Using data from Queensland means this is not confounded by any impact of COVID-19 disease. Two years later, at the end of 2022, there is no sign of mortality levelling out, let alone going back to a trend of slow decline in mortality in older age groups. A significant proportion of the excess mortality is from "unknown cause", with authorities suggesting it is COVID-19 disease related...the start of the upturn in mortality occurs shortly after the rollout of COVID-19 vaccinations to the elderly population. Almost 1,000 deaths have been reported, following COVID-19 vaccination, in the TGA Database of Adverse Event Notifications. The TGA considers all but 14 of these as "coincidences". It is disturbing that reported deaths of children following COVID-19 vaccination, with a possible causal link identified, appear to have been dismissed, and not disclosed to the public for fear of creating "vaccine hesitancy".

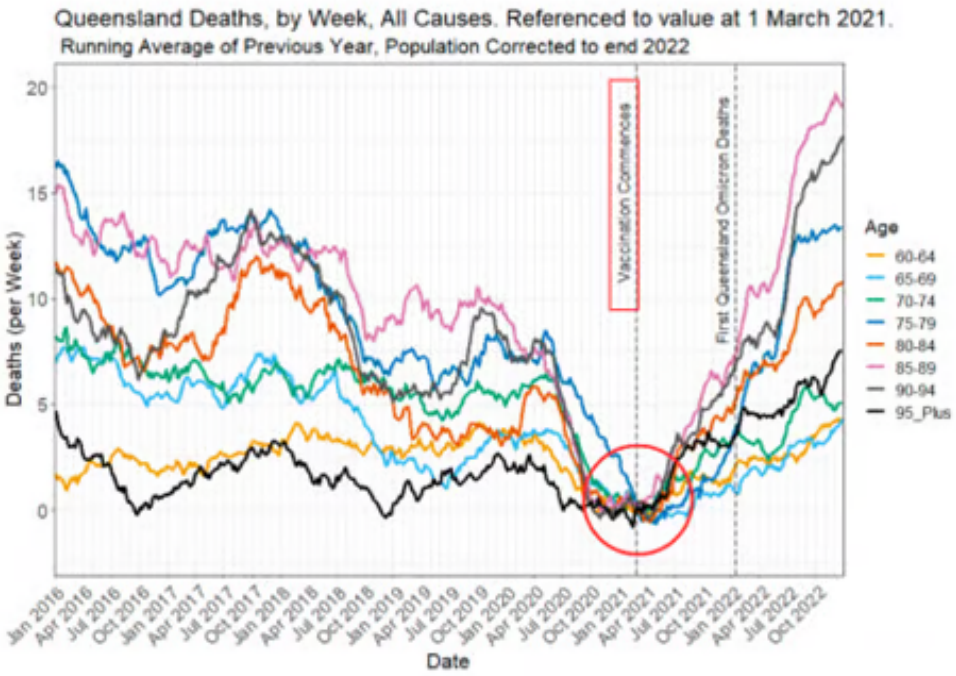

Figure 17. Queensland mortality trend, 5-year age bands from age 60 years up, referenced to value on 1 March 2021.

[554] https
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Madry's report states: "It is known that the TGA was not transparent regarding deaths of children, following vaccination, through FOI requests made by the public (see Section 12.4). Deaths of two children under age 10 are represented in the foreground of the graphic (month 13, age 0-10).
The TGA monitoring system can be described as politically influenced or deficient, or both."[555]
Section 12) of the report is devoted to the **TGA's safety monitoring system, noting data-keeping anomalies and lapses in transparency, such as the concealment of reported deaths in children.**
This issue is also outlined by Rebekah Barnett in her substack in February 2023.**556**
Barnett said in August 2023: "The temporal association between the vaccine rollout and the upturn in ACM is striking and highly significant in light of the official refrain that, because only 14 deaths have been formally associated with Covid vaccines by the Therapeutic Goods Association (TGA), the vaccines cannot have anything to do with Australia's high rates of excess mortality.

This willingness to swallow the TGA's official figure whole without any further analysis is major shortcoming in the work of groups like The Actuaries Institute, whose Covid Mortality Working Group provides the main source of commentary on excess deaths for mainstream media outlets, says Madry".

In March 2023 the Australian Senate voted against holding an enquiry into excess deaths.[557]

In an op-ed published in the USA today Dr Pierre Kory and journalist Mary Beth Pfeiffer say: "Life insurance actuaries are reporting that many more people are dying – still – than in the years before the pandemic. And while deaths during COVID-19 had largely occurred among the old and infirm, this new wave is hitting prime-of-life people hard. No one knows precisely what is driving the phenomenon, but there is an inexplicable lack of urgency to find out. A concerted investigation is in order. The executive of a large Indiana life insurance company was clearly troubled by what he said was a 40% increase in the third quarter of 2021 in those ages 18-64. "We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica," CEO Scott Davison said during an online news conference in January 2022. "The data is consistent across every player in that business." Deaths among young Americans documented in employee life insurance claims should alone set off alarms. Among working people 35 to 44 years old, a stunning 34% more died than expected in the last quarter of 2022, with above-average rates in other working-age groups, too. "COVID-19 claims do not fully explain the increase," a Society of Actuaries report says. From 2020 through 2022, there were more excess deaths proportionally among white-collar

[555]https://www.researchgate.net/publication/373143094_Excess_Mortality_in_Australia_-_When_were_the_Warning_Signs_Apparent

556https://news.rebekahbarnett.com.au/p/breaking-australias-drug-regulator

[557]https://www.openaustralia.org.au/senate/?id=2023-03-23.143.2

than blue-collar workers: 19% versus 14% above normal. The disparity nearly doubled among top-echelon workers in the fourth quarter of 2022, U.S. actuaries reported. And there was an extreme and sudden increase in worker mortality in the fall of 2021 even as the nation saw a precipitous drop in COVID-19 deaths from a previous wave. In the third quarter of 2021, deaths among workers ages 35-44 reached a pandemic peak of 101% above – or double – the three-year pre-COVID baseline. In two other prime working-age groups, mortality was 79% above expected. **Excess deaths are a global phenomenon** This isn't only happening in the United States. The United Kingdom also saw "more excess deaths in the second half of 2022 than in the second half of any year since 2010," according to the Institute and Faculty of Actuaries. In the first quarter of 2023, deaths among people 20 to 44 years old were akin to "the same period in 2021, the worst pandemic year for that age group," U.K. actuaries reported. Younger-age death rates were "particularly high" when compared with the average mortality for 2013 to 2020. In the year ending April 30**,** 2023 – 14 months after the last of several pandemic waves in the United States – at least 104,000 more Americans died than expected, according to Our World in Data. In the U.K., 52,427 excess deaths were reported in that period; in Germany, 81,028; France, 17,731; Netherlands, 10,418;[558]and Ireland, 2,640.The executive of a large Indiana life insurance company was clearly troubled by what he said was a 40% increase in the third quarter of 2021 in those ages 18-64. "We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica," CEO Scott Davison said during an online news conference in January 2022. "The data is consistent across every player in that business.""

The statements referring to the Society of Actuaries report come from the Group Life COVID-19 Mortality Survey Report MAY | 2023[559]

In his substack Dr Kory said they could not mention the Vaccines as the likely cause of deaths because the op-ed would not be published. He said of comments he: "found a number of people definitively "ruling out" the vaccines as a cause of the excess deaths. The commenters make two consistent errors in my opinion; 1) they completely ignore (it's as if they didn't read the article) the tight temporal associations and sudden unprecedented magnitude of the rises in the healthiest sectors of U.S society in 2021 (rules out lockdowns and overdoses) and 2) they rely on Sweden's data as some sort of "negating exception" while Sweden is a complex outlier and did not fare nearly as well as people claim as explained in this article by the Swiss Policy Research Group."[560]

The Swedish Mortality Miracle referred to by Dr Kory.[561]

Drugs used in Covid-19 treatment

[558]https://swprs.org/the-swedish-mortality-miracle/

[559]https://www.usatoday.com/story/opinion/2023/08/11/more-americans-dying-than-before-pandemic-covid-deaths/70542423007/

[560]https://pierrekory.substack.com/p/i-published-an-op-ed-in-usa-today

[561]https://swprs.org/the-swedish-mortality-miracle/

Remdesivir

Remdesevir has been recommended for the treatment of Covid-19, with little to no evidence of efficacy and evidence of harm.

Remdesevir which has received Emergency Use Authorisation EUA from the FDA for in hospital use, and the FDA has just given EUA authorisation for outpatient use, and is being used throughout US, UK and Australian hospitals.[562] [563]

The US National Institute of Health (NIH) website says: "There is insufficient evidence to recommend either for or against the routine use if remdesivir."[564] "However, the Panel recognizes that clinicians may judge that remdesivir is appropriate for some hospitalized patients with moderate disease (e.g., those at particularly high risk for clinical deterioration)."[565] It is only recommended for those at serious risk.

The WHO recommends against the use of remdesivir.[566]
The WHO did an analysis of their database and found it likely caused kidney failure, and when independent trials (those not sponsored by a pharmaceutical company) are analysed alone, there is a clear statistical trend to harm.[567]
The WHO also warns that the drug may be associated with an increased reporting of liver problems, see page 8.[568]

The cited paper shows an extended length of stay in hospital when Remdesevir is used.[569]

The NIH website list renal and liver toxicity as side effects of remdesivir on their website.[570]

Using data from the WHO database Vigibase[571] a study was done on Kidney disorders from the use of remdesivir concluding: "Compared with the use of chloroquine, hydroxychloroquine, dexamethosone, sarilumab, or tocilizumab, the use of remdesivir was associated with an increased reporting of kidney disorders."[572]

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[562]https://nswtag.org.au/wp-content/uploads/2021/10/3.-GUIDELINE-for-use-of-REMDESIVIR-in-COVID-19_V1.6_30Sep21_.pdf

[563]https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Infectious-disease/COVID19/Treatment/Guidelines-for-use-of-Remdesivir.pdf

[564]https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/hospitalized-adults--therapeutic-management/

[565]https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf

[566]https://www.who.int/news-room/feature-stories/detail/who-recommends-against-the-use-of-remdesivir-in-covid-19-patients

[567]"Remdesivir and Acute Rhttps://jamanetwork.com/journals/jama/fullarticle/2788894enal Failure: A Potential Safety Signal From Disproportionality Analysis of the WHO Safety Database" https://doi.org/10.1002/cpt.2145

[568]"Descriptive analysis of COVID Descriptive analysis of COVID escriptive analysis of COVID-19-related spontaneous related spontaneous reports from VigiBase: interim results" https://www.who.int/medicines/regulation/medicines-safety/COVID19-PV-update11.pdf

[569]"Association of Remdesivir Treatment With Survival and Length of Hospital Stay Among US Veterans Hospitalized With COVID-19" http://10.1001/jamanetworkopen.2021.14741

[570]https://www.covid19treatmentguidelines.nih.gov/tables/antiviral-characteristics/

[571]https://who-umc.org/vigibase/

[572]"Kidney disorders as serious adverse drug reactions of remdesivir in corona virus disease 2019: a retrospective case-noncase study doi:org/10.1016/j.kint.2021.02.015

Another study on cardiac events after remdesivir using the European Adverse Event Reporting System Eudravigilance[573] showed an increase in hepatic (liver) disorders, renal (kidney) disorders and cardiac events, 82.2% were serious and 30.3% had fatal outcomes.[574]

A study partially funded by the National Institute of Allergy and Infectious Diseases NIAID, looking at effectiveness of drugs to treat Ebola, the trials safety monitors recommended that ZMApp and remdesivir be dropped from the trial because 50% of people who received either Zmapp or remdesivir died during the trial while 35% of people receiving the other two drugs died.[575]

Why do the NIH guidelines[576] recommend the use of one of the least effective antivirals with a poor safety record?
The NIH guidelines cite a trial for the early treatment of Covid to prevent hospitalisations[577] but the FDA have until recently given the EUA for in hospital use- after the viral replication stage.

Another study notes: "**we are moderately certain that remdesivir probably has little or no effect on all-cause mortality at up to day 28 in hospitalised adults with SARS-CoV-2 infection**. We are uncertain about the effects of remdesivir on clinical improvement and worsening. There were insufficient data available to validly examine the effect of remdesivir on mortality in subgroups depending on the extent of respiratory support at baseline."[578]

Science Journal made the following comments in an article from OCT 2020: "The FDA never consulted a group of outside experts that it has at the ready to weigh in on complicated antiviral drug issues...The European Union, meanwhile, decided to settle on the remdesivir pricing exactly 1 week before the disappointing Solidarity trial results came out. It was unaware of those results, although Gilead, having donated remdesivir to the trial, was informed of the data on 23 September and knew the trial was a bust."[579]

Remdesivir was developed through UNC Chapel Hill, with Dr Ralph Baric (gain of function fame) leading the research team, employed by Gilead the patent holder.[580]

Millions of US taxpayer dollars were spent, from the NIH, the CDC, the US Department of Defence (DoD) and NIH funded universities who all collaborated with Gilead in the development of remdesivir.[581]

Gilead reported global sales of remdesivir of 4.2 billion USD in the first nine months of 2021.

There has been criticism of use of medications off label drugs (used for an indication, at a dose, via a

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[573] https://www.ema.europa.eu/en

[574] "Cardiac Events Potentially Associated to Remdesivir: An Analysis form the European Spontaneous Adverse Event Reporting System" https://pubmed.ncbi.nlm.nih.gov/34202350/

[575] "A Randomized, Controlled Trial of Ebola Virus Disease Therapeutics" doi: 10.1056/NEJMoa1910993

[576] https://www.covid19treatmentguidelines.nih.gov/search/?q=remdesivir

[577] "Early Remdesivir to Prevent Progression to Severe Covid-19 in Outpatients" http://10.1056/NEJMoa2116846

[578] "Remdesivir for the treatment of COVID-19" https://doi.org/10.1002/14651858.cd014962

[579] "The 'very, very bad look' of remdesivir, the first FDA-approved COVID-19 drug" https://www.science.org/content/article/very-very-bad-look-remdesivir-first-fda-approved-covid-19-drug

[580] https://sph.unc.edu/sph-news/remdesivir-developed-at-unc-chapel-hill-proves-effective-against-covid-19-in-niaid-human-clinical-trials/

[581] "BIOMEDICAL RESEARCH Information on Federal Contributions to Remdesivir" March 2021 https://www.gao.gov/assets/gao-21-272.pdf

route of administration or, in a patient group not included in the approved product information). The use of off label drugs are estimated to account for 21% of all prescriptions: "prescribing medication in an 'off-label' manner can constitute the standard of care in many cases".[582]
Prescribing off label drugs is common and accepted practice.

Australian Professors in medicine, Robert Clancy and Thomas Borody, among many others recommend the use of HCQ and ivermectin."[583]

Covid-19 is seen by many as a disease of three stages:
1) Viral replication
2) Widespread inflammation
3) Blood clotting
Covid-19, therefore requires several drugs in combination for effective treatment, not just one, which makes research into the effectiveness of these drugs a little difficult.

Dr Shankara Chetty, who published his experience and understanding of the disease process and treatment protocol, in Modern Medicine Issue 5, 2020 [584] describes the stages of Covid-19 as:

- viral phase
- hypersensitivity or type 1 allergy response in the lungs, which he believes is due to the spike protein

  Dr Chetty has successfully treated 7,000 patients with breathlessness and low O^2 saturation, using his early treatment protocol, with no deaths.[585]

Front Line Covid-19 Critical Care Alliance (FLCCC) which includes highly qualified and experienced Pulmonary and Critical Care Specialists and past Professors, identify the pulmonary (lung) issues as Organising Pneumonia (simplistically described as organised swirls of inflammatory tissue filling the small bronchioles-small- minute branch of bronchus, and alveoli- tiny air sacs where gas exchange takes place). Organising pneumonia also has several possible causes one of which can be seen in microscopic analysis of the tissues, as hypersensitivity pnemonitis.[586] Dr Pierre Kory from the FLCCC says that many doctors, misdiagnose the organising pneumonia as viral pneumonia. The treatment differs, for organising pneumonia corticosteroids are given in high doses, and for viral pneumonia corticosteroids are given in a low dose so as not to depress immune function.

The treatment guidelines for Covid-19 include a small dose of corticosteroids- 6mg dexamethosone.

India has apparently advised that steroids should be avoided is the cough persists for over 2-3 weeks, and further advise testing for tuberculosis.[587]

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[582] "'Off-label' drug use: an FDA regulatory term, not a negative implication of its medical use" https://doi.org/10.1038/sj.ijir.3901619

[583] "Alternate treatment options for Covid 19" https://www.aph.gov.au/e-petitions/petition/EN2855/sign

[584] "Elucudating the Pathogenesis and Rx of COVID Reveals a Missing Element" http://www.modernmedia.co.za/modernmedicine/DigitalEditions/mm2008-2009-august-september-2020/html5/index.html

[585] "Dr. Shankara Chetty - Successfully Treated 7,000 COVID-19 Patients - 0 Deaths" https://rumble.com/vsokj8-dr.-shankara-chetty-successfully-treated-4000-covid-19-patients-0-deaths.html

[586] "Organizing pneumonia: What is it? A conceptual approach and pictorial review" https://doi.org/10.1016/j.diii.2014.01.004

[587] https://pipanews.com/covid-treatment-guideline-latest-breaking-news-covid-treatment-guideline-new-guidelines-for-

In a small Brazilian study, they found small doses and other usual treatment was not effective so the hospitalised patients were given high doses of prednisone with rapid improvement. "10-day course of dexamethosone, broad-spectrum antibiotics, and continuous positive airway pressure. Notwithstanding, little progress had been made in their clinical status. For further evaluation of other reasons why these patients were not improving, CT scans of the chest were ordered. A similar pattern of OP was observed in each of the CT scans. All patients received prednisone at 1 mg/kg PO and experienced rapid improvement: they were weaned off ventilatory support and discharged within a few days."[588]

It is of interest that the viral replication stage of Covid-19 should be over by the time the patient is hospitalised, so concern for depressing immune function in this scenario should be over.

The following two drugs are both listed as essential medicines by the WHO, they both have extremely good safety profiles. The have both been given to humans billions of times, with few Averse Events reports.

Hyroxychloroquine (HCQ)

HCQ is a safer derivative of Chloroquine.
HCQ is one of the few drugs listed as safe for pregnant and lactating women.
HCQ is used in many countries as an over the counter drug to combat malaria.
The antiviral properties of HCQ have been known for many years.
A National Institute of Health NIH funded a study in 2005 which stated "that chloroquine has strong antiviral effects on SARS-CoV infection of primate cells"[589]

Papers in support of HCQ.[590] [591] [592] [593] [594] [595]

A website dedicated to a meta analysis of 407 studies on HCQ finding its use can result in a:
"Early treatment shows 62% [53-70%] improvement with pooled effects in the 38 early treatment studies. Results are similar after exclusion based sensitivity analysis and after restriction to peer-reviewed studies. The 16 mortality results shows 72% [59-81%] lower mortality, and the 16 hospitalization results shows 41% [28-51%] improvement."[596] Studies are added as they are published and assessed, so data changes on this site.

Papers published in two of the most influential and respected journals the Lancet and the New England

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covid-treatment-avoid-steroids-if-cough-does-not-stop-test-for-tuberculosis-if-cough-persists-for/

[588] "Organizing pneumonia: A late phase complication of COVID-19 responding dramatically to corticosteroids" https://doi.org/10.1016/j.bjid.2021.101541

[589] "Chloroquine is a potent inhibitor of SARS coronavirus infection and spread" https://10.1186/1743-422X-2-69

[590] "Chloroquine and hydroxychloroquine as available weapons to fight COVID-19" https://doi.org/10.1016/j.ijantimicag.2020.105932S

[591] "Efficacy of chloroquine and hydroxychloroquine in the treatment of COVID-19" http://10.26355/eurrev_202004_21038

[592] Hydroxychloroquine and chloroquine in COVID-19: should they be used as standard therapy?" https://doi.org/10.1007/s10067-020-05202-4s

[593] "Chloroquine or hydroxychloroquine for prophylaxis of COVID-19" https://doi.org/10.1016/S1473-3099(20)30296-6

[594] "Chloroquine and hydroxychloroquine in covid-19" https://doi.org/10.1136/bmj.m1432

[595] "A Systematic review of the prophylactic role of chloroquine and hydroxychloroquine in corona virus disease-19 (COVID-19) https://doi.org/10.1111/1756-185X.13842

[596] https://hcqmeta.com/

Journal of Medicine on HCQ which both stated HCQ was not effective and even dangerous, were retracted because the data was manipulated/fraudulent. The scandal was reported and discussed in thousands of news articles tweets and scholarly commentaries. An article in *Science* made the comment in relation to researchers who continued to cite the papers despite the retraction: "...many researchers failed to notice. In an examination of almost 200 academic articles published in 2020 that cite those papers, *Science* found that more than half-including many in leading journals-used the disgraced papers to support scientific findings and failed to note the retractions."[597]
The Lancet paper claimed that HCQ was unsafe for use in treatment of Covid-19. The Royal Australian College of General Practitioners had a newsletter article on the topic: "with such glaringly discrepancies in the data, it is the calibre of the journal at the centre of the controversy that has scientists and healthcare workers in shock...things like the number of cases that they were claiming out of Australia when the Australian cases weren't event that high at the time – well, that's something that a really eminent journal like the Lancet should have been able to pick up on with their peer review process...That's where the peer review-process is meant to set studies apart as the gold standard, but this case seems to be proving otherwise."[598]

There were a slew of papers published recently which found that HCQ was either ineffectual or harmful. A look at the design of these studies shows, that the HCQ was either given too late, in too small a dose, too large a dose (so as to be toxic) and/or there were other confounding factors such as patients on mechanical ventilators which has can cause harm in Covid-19 patients such as barotrauma where the alveoli- air sacs rupture[599], and pneumothorax- collapsed lung. Mechanical ventilation is part of the Australian guidelines, while it is generally recognised to be appropriate for life and death situations it is not now used in many places as readily as it was, early in the pandemic.[600] If mechanical ventilation was a confounding factor, it also indicates HCQ was administered too late to be properly effective.

The use of HCQ is not recommended for use in the treatment of Covid-19 in Australia, along with ivermectin and zinc,[601] it has been discouraged or banned in other places.

One study stated the following: "...high concentrations of cytokines were detected in the plasma of critically ill patients infected with SARS CoV-2, suggesting that cytokine storm was associated with disease severity...apart from its direct antiviral activity, HCQ is a safe and successful anti-inflammatory agent that has been used extensively in autoimmune diseases and can significantly decrease the production of cytokines and, in particular, pro-inflammatory factors. Therefore, in COVID-19 patients, HCQ may also contribute to attenuating the inflammatory response."[602]
Cytokines can have an inflammatory effect on the body and are used as biomarkers for inflammation, such as the blood test C-Reactive Protein (CRP), a pro-inflammatory cytokine.
While we need inflammation to heal any kind of injury, including an assault by pathogens, prolonged and/or excess inflammation is harmful to the body and can result in chronic illness and/or death.

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[597] 'Many scientists citing two scandalous COVID-19 papers ignore their retractions https://www.science.org/content/article/many-scientists-citing-two-scandalous-covid-19-papers-ignore-their-retractions

[598] https://www1.racgp.org.au/newsgp/professional/retracted-lancet-study-a-wake-up-call

[599] "Pneumothorax and Barotrauma in invasively ventilated patients with COVID-19" https://doi.org/10.1016/j.rmed.2021.106552

[600] https://www.tga.gov.au/behind-news/ventilators-and-other-devices-intended-respiratory-support-covid-19

[601] https://www.health.gov.au/health-alerts/covid-19/treatments#australian-guidelines

[602] "Hydroxychloroquine, a less toxic derivative of chloroquine, is effective in inhibiting SARS-CoV-2 infection in vitro" https://doi.org/10.1038/s41421-020-0156-0

Ivermectin

Ivermectin a decades old off patent, cheap drug, with an unparalleled safety profile, has one of the strongest and largest clinical trials evidence base (for use in Covid-19) in history, is not recommended for use in Covid-19 in Australia.

Ivermectin has been branded by the media, and an FDA tweet as a horse deworming drug. “You’re not a horse. You’re not a cow. Seriously y’all. Stop It”

The FDA tweet went viral and was widely reported by every kind of media.
As a result of FDA advice and guidelines set by health authorities doctors were afraid to prescribe Ivermectin, some pharmacies would not dispense it.
In a US court case brought against the FDA by doctors who lost their jobs as a result of prescribing Ivermectin, FDA Attorney Ashley Cheung Honold told the court doctors did have the right to prescribe Ivermectin off label for COVID-19: "Here FDA was not regulating the off-label use of drugs…The FDA explicitly recognizes that doctors do have the authority to prescribe Ivermectin to treat COVID...If the FDA is merely making information statements, they do have sovereign immunity" The Judge enquired: "Does it matter whether they are scientific views or not...or whether they are just views?" Honold replied: "There's nothing in the multiple sources of authority that I cited that require the FDA to go through any sort of formal process...Even if this court concluded that the parts of the statement that said 'Stop It' were unlawful, the remaining parts of the statements that merely provided information would still be available." Honold is saying that even if the FDA statements on Ivermectin were misleading the FDA is not responsible for doctors losing their jobs. Honold went on to say "The public can elect its government officials and FDA...have politically accountable heads of the agency who are held accountable by the political process. It's not the role of the courts to fact-check the FDA's scientific statements."[603] Interesting that Honold makes the claim that the FDA was merely making informational statements that do not necessarily go through any sort of formal process.

As we know many drugs are in common use by humans and animals such a penicillin, prozac and tramadol, the production and dosages are different but they are the same medication.
Just to be clear there is no suggestion that people dose on medication made for veterinary purposes, though desperate people do because they are unable to obtain the human equivalent.

Dr My Le Trinh a Sydney GP, one doctor who was suspended by the Medical Council for prescribing Ivermectin, made the statement: "In a private letter to a doctor, Mr Hunt, the former Federal Health Minister confirmed that off-label use of ivermectin is not regulated nor controlled by the TGA but rather is it at the discretion of the treating physician. Did Medical Council, HCCC and AHPRA acting beyond powers when they persecuting doctors like myself for prescribing ivermectin? Did AHPRA act unlawfully by confiscating from the chemist, a[604] completely legitimate script, prescribed before the ban when they did so without a legitimate warrant? Off label prescribing is part of normal clinical practice, especially in paediatric population; up to 60% of paediatric prescribing are off-label prescribing."[605]

In a letter Dr Hunt, the former Federal Health Minister, states: "The practice of prescribing registered medicines outside of the approved indications is not regulated nor controlled by the Therapeutic Goods Administration s at the discretion of the prescribing physician."

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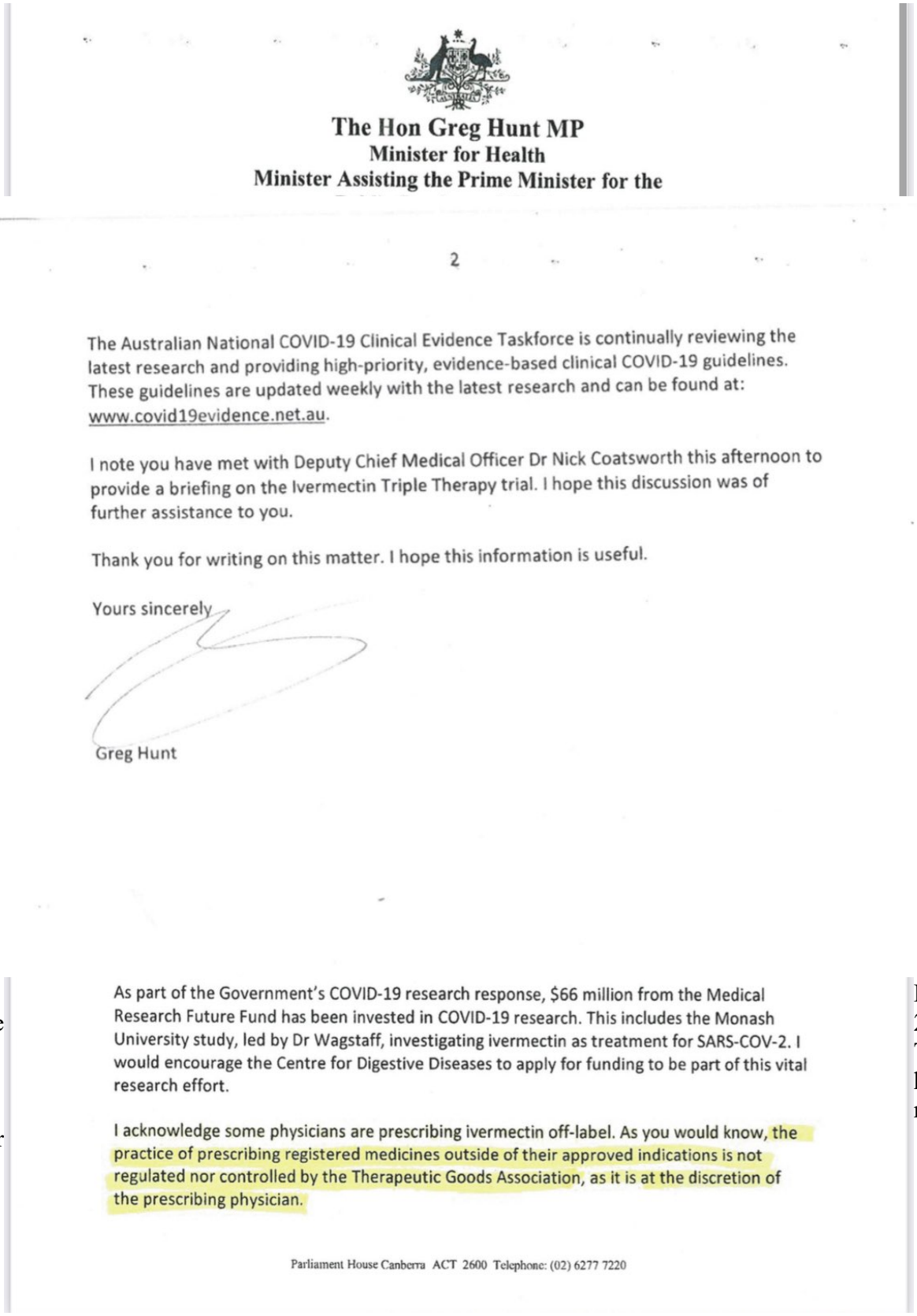
[603] https://twitter.com/TheChiefNerd/status/1688966725117612040

[604] https://www.tga.gov.au/news/media-releases/new-restrictions-prescribing-ivermectin-covid-19

[605] https://twitter.com/myletrinh123/status/1689922715279601664?t=LwZhsPOfeTbsyr6a59VWrQ&s=03



The Hon Greg Hunt MP
Minister for Health
Minister Assisting the Prime Minister for the

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The Australian National COVID-19 Clinical Evidence Taskforce is continually reviewing the latest research and providing high-priority, evidence-based clinical COVID-19 guidelines. These guidelines are updated weekly with the latest research and can be found at: www.covid19evidence.net.au.

I note you have met with Deputy Chief Medical Officer Dr Nick Coatsworth this afternoon to provide a briefing on the Ivermectin Triple Therapy trial. I hope this discussion was of further assistance to you.

Thank you for writing on this matter. I hope this information is useful.

Yours sincerely

Greg Hunt

As part of the Government's COVID-19 research response, $66 million from the Medical Research Future Fund has been invested in COVID-19 research. This includes the Monash University study, led by Dr Wagstaff, investigating ivermectin as treatment for SARS-COV-2. I would encourage the Centre for Digestive Diseases to apply for funding to be part of this vital research effort.

I acknowledge some physicians are prescribing ivermectin off-label. As you would know, the practice of prescribing registered medicines outside of their approved indications is not regulated nor controlled by the Therapeutic Goods Association, as it is at the discretion of the prescribing physician.

Parliament House Canberra ACT 2600 Telephone: (02) 6277 7220

On 10 September 2021 the TGA put out a statement that they were restricting GP's from prescribing Ivermectin off label. From 1 June 2023 the TGA have removed their restriction prescribing Ivermectin off label.[606]

[606]https://www.tga.gov.au/news/media-releases/removal-prescribing-restrictions-ivermectin

The TGA have previously cited Ivermectin's good tolerability profile".[607]

Ivermectin is not just a antiparacitic drug, it has 20 mechanisms of action against Covid-19.[608]

Adoption of widespread Ivermectin in Peru, India and Argentina to name a few, show a tight correlation in lower numbers of cases. Ivermectin has been officially adopted for early treatment in all or part of 23 "less developed countries"[609] (39 if you include non-government medical organisations), which include about 25% of the worlds population.
The CDC has stated that they require a large Randomised Controlled Trial (RCT) to show that it is effective). A RCT costs millions of dollars and takes years to complete. Meanwhile, the CDC has not funded such a trial from the around 30.8 billion USD they give out in research grants annually, (numbers taken from 2020). However the National Institute of Health NIH have been funding research into remdesivir.[610] The NIH and the CDC are separate operating divisions within the Department of Health and Human Services HHS.
The following statement is from a survey conducted into how doctors practice medicine in relation to RCT's: "I think this speaks to a universal reality in medicine: that, in the absence of hard data, there is a subset of things we'll continue to do simply because we've always done them that way...We do what we think is best based on what's seemed to work in the past, how we've been trained, or what our organization's culture suggests. If we only practiced medicine that was grounded in randomized and controlled clinical data, much of what we do would come to a grinding halt."[611]

In December 2020 Dr Andrew Hill gave a talk outlining his findings on Ivermectin the following is a slide he presented during the talk which shows he found Ivermectin to be very effective.[612]

[607]https://www.tga.gov.au/sites/default/files/auspar-ivermectin-131030.pdf

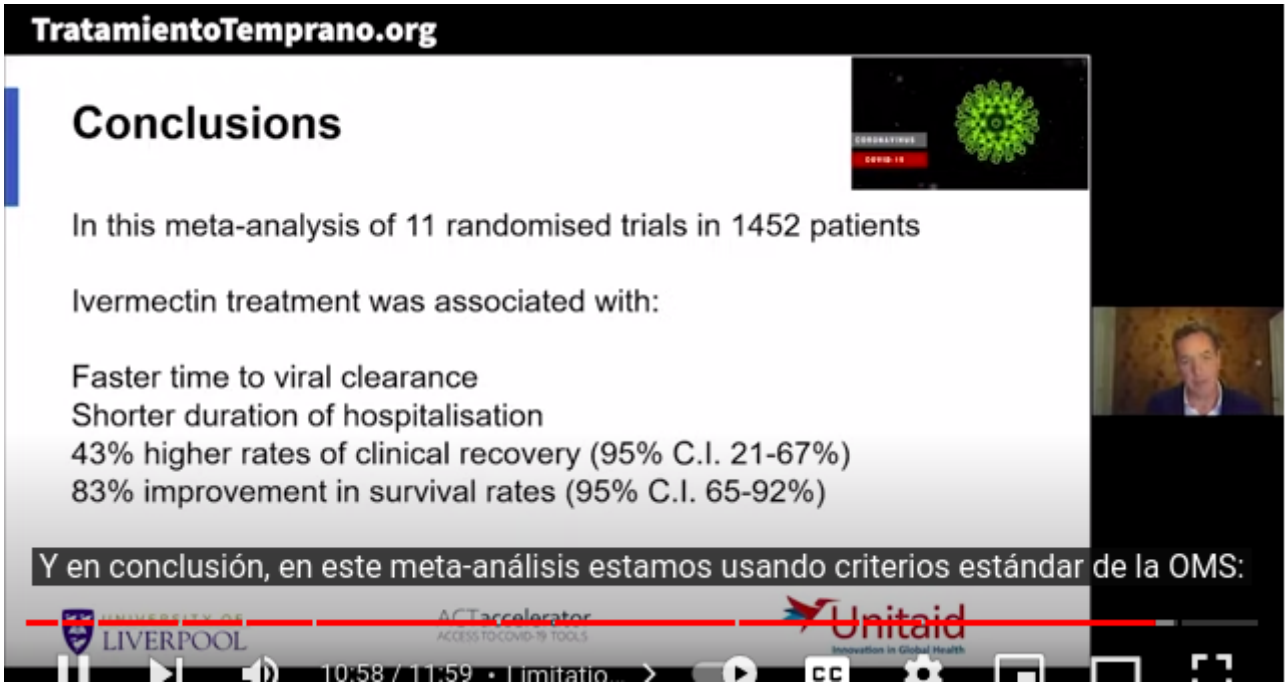
[608] "The mechanisms of action of ivermectin against SARS-CoV-2—an extensive review" https://www.nature.com/articles/s41429-021-00491-6/tables/1

[609]https://covid19criticalcare.com/epidemiologic-analyses-on-ivermectin-in-covid-19/

[610]http://ih.gov/news-events/news-releases/large-clinical-trial-study-repurposed-drugs-treat-covid-19-symptoms

[611]"Survey Shows Dogma, not Data, Can Dictate Doctors Decisions" https://medicalxpress.com/news/2010-06-survey-dogma-dictate-doctors-decisions.html

[612]https://www.youtube.com/watch?v=yOAh7GtvcOs



Dr Hill testified in support of ivermectin before the NIH COVID-19 Treatment Guidelines Panel in support of Ivermectin's use on Jan 6th of 2021. Further support of Ivermectin was published around the same time. A review of the Evidence demonstrating the effectiveness of Ivermectin in Prophylaxis and Treatment of Covid-19 was published in pre print form in December 2020, it was later peer reviewed and published.[613] In January 2021, Dr Tess Lawrie, one of the worlds leading medical research analysts, also put out her rapid review and meta-analysis also finding Ivermectin effective.[614]

Dr Andrew Hill led a team who did an oft cited, and enormously influential meta analysis on ivermectin.[615] The meta analysis is shrouded in controversy, before looking at the study it is worth reading through the transcript,[616] (there was a video which I have watched, which has now been removed), of his conversation with Dr Tess Lawrie, who says to Dr Hill: "the conclusion does not match the evidence". Dr Hill stated in the call "We're both finding a significant effect on survival...Unitaid has a say in the conclusions of the paper". He acknowledged that the publication of his study could lead to at least half a million deaths (by denying people the use of Ivermectin), and went on to discuss his idea that things would be made right by further studies. "Four days before publication, Hill's sponsor Unitaid gave the University of Liverpool, Hill's employer $40 million."[617] [618] Unitaid have many investments in Covid -19 measures other than

[613] https://pubmed.ncbi.nlm.nih.gov/34375047/

[614] https://www.researchgate.net/publication/348230894_Ivermectin_reduces_the_risk_of_death_from_COVID-19_-a_rapid_review_and_meta-analysis_in_support_of_the_recommendation_of_the_Front_Line_COVID-19_Critical_Care_Alliance

[615] "Meta-analysis of Randomized Trials of Ivermectin to Treat SARS-CoV-2 Infection" https://doi.org/10.1093/ofid/ofab358

[616] https://www.worldtribune.com/researcher-andrew-hills-conflict-a-40-million-gates-foundation-grant-vs-a-half-million-human-lives/

[617] https://unitaid.org/news-blog/unitaid-hails-new-us-50-million-contribution-bill-melinda-gates-foundation/#en

[618] https://www.worldtribune.com/researcher-andrew-hills-conflict-a-40-million-gates-foundation-grant-vs-a-half-million-human-lives/

Ivermectin.[619]

The data in Dr Hills study did not change only the conclusion.

In his book *The Real Anthony Fauci* Robert F. Kennedy Jr states; "Dr. Lawrie knew that to make its ivermectin determination, WHO would rely on Hill's study and another study from McMaster University known as the "Together Trial." McMaster was hopelessly and irredeemably conflicted. NIH gave McMaster $1,081,541 in 2020 and 2021.61 A separate group of McMaster University scientists was, at that time, engaged in developing their own COVID vaccine—an effort that would never pay dividends if WHO recommended ivermectin as Standard of Care. The Bill and Melinda Gates Foundation was funding the massive "Together Trial" testing ivermectin, HCQ, and other potential drugs against COVID, in Brazil and other locations. Critics accused Gates and the McMaster researchers of designing that study to make ivermectin fail."[620]

Greg Tucker-Kellogg along with two other authors have also been accused of putting out a study using fraudulent data. A preprint published August 2023 in response to the two peer reviewed studies which found Ivermectin very effective.[621] [622] An article in *MedicosPelaVida Medicos* Portuguese for *(Physicians For Life) found: "*The authors stated that 499 individuals died between July and December 2020, a period during which the effectiveness of ivermectin was studied in the city. The official epidemiological bulletin,[623] published on the Itajaí city government's website on December 28, 2020, stated that a total of **255 individuals had died since the beginning of the pandemic**. This figure represents deaths from when the virus first spread in the city in early 2020. Therefore, the deaths between July and December were even fewer, **far from the reported 499.**"[624] The article goes on to verify the numbers in the Kellogg study were fraudulent in two other ways.

Reports were made, that Poison Control Centres were fielding a surge of Ivermectin overdose calls, when those reports are broken down it is clear the publicity was fraudulent. There were very few actual cases and those were not from people taking doctor prescribed doses of Ivermectin. The Rolling Stone one media outlet who ran with the story used a photo of people waiting in line, in summer, wearing winter coats, supposedly people coming to the ER with serious injuries, even gunshot wounds, could not access care. A claim that makes no sense, patients are always triaged when there are serious,issues. Six days later it was confirmed there were no Ivermectin overdoses, none, and the doctor interviewed in the article, hadn't worked at the hospital for over two months.[625]
Rolling Stone did not take down the story, they changed the head line and made a disclaimer. The effect was that a fabricated story had wide impact on peoples perception, including MD's, of Ivermectin.

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[619]https://acrobat.adobe.com/link/review?uri=urn%3Aaaid%3Ascds%3AUS%3A4d4e72cd-74b1-3c2a-aef3-61b4dbd4b585

[620]https://www.simonandschuster.com.au/books/The-Real-Anthony-Fauci/Robert-F-Kennedy/Children-s-Health-Defense/9781510766815

[621].https://assets.cureus.com/uploads/original_article/pdf/82162/20220325-21063-4532ry.pdf

[622]https://www.cureus.com/articles/82162-ivermectin-prophylaxis-used-for-covid-19-a-citywide-prospective-observational-study-of-223128-subjects-using-propensity-score-matching#!/metrics

[623]https://itajai.sc.gov.br/noticia/26024/boletim-epidemiologico-coronavirus-320

[624]https://medicospelavidacovid19.com.br/editoriais/greg-tucker-kellogg-publishes-fraudulent-study-to-attack-ivermectin/?s=03

[625]https://fox4kc.com/news/hospital-responds-after-doctor-claims-ivermectin-overdoses-backing-up-emergency-rooms-in-oklahoma/

The NIH website on ivermectin declares minor and rare side effects.[626]

A website with 79 study results including almost 80,000 patients, showing ivermectin works.[627] Meta analyses from the above site using the most serious outcome shows 63% and 83% improvement for early treatment and prevention. New studies are added as they are published so data changes on this site.

The RCT trials done on Ivermectin and HQC, "showing" they are ineffective and/or unsafe, funded by Pharma and Institutions with COI, are a master class in how trials can be designed, how data can be "massaged" and how they can be written up so the claims can be made that they are ineffective and /or unsafe.
A study published in JAMA on Ivermectin has stated in the conclusion that "this randomized clinical trial of high-risk patients with mild to moderate COVID-19, ivermectin treatment during early illness did not prevent progression to severe disease. The study findings do not support the use of ivermectin for patients with COVID-19."[628]
This study is an example of the conclusions do not agree with the data.
The numbers in the study are small. When one has small numbers and a P (probability factor) is used to look at the numbers, the P values will be high because the study is under powered (small numbers of participants). The "statistical significance" of these differences (P) was 0.19 and 0.09. It does not get under the standard of P <= 0.05, so the difference can be called "not statistically significant". In this way the authors can say in the conclusion "The study findings do not support the use of ivermectin for patients with COVID-19."
Page 6, Table 2 of the Supplemental Online Content,[629] (which seems to have at least 3 alphabets in its online address ;)), shows:

	Ivermectin	Control
Patients who had mechanical ventilation	4	10
Patients admitted to ICU	6	8
All-cause in-hospital mortality	3	10

While there may be confounding factors to consider, this is a result in favour of Ivermectin. Interesting to note that the numbers are small as are the numbers used in the Pfizer and Moderna trials for their vaccines.
It is being reported by the press as a negative result, but to quote Dr Pierre Kory "This further strengthens meta data of large mortality benefits. **I treat patients not p values.** Read why: https://nature.com/articles/d41586-019-00857-9" (emphasis added). The article in Nature magazine, the worlds top academic journals looks at how statistical significance can end in: "hyped claims and the dismissal of possibly crucial effects." The article referred to:- Scientists rise up against statistical significance[630]

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[626] https://www.covid19treatmentguidelines.nih.gov/ta

[627] https://ivmmeta.com/

[628] https://pubmed.ncbi.nlm.nih.gov/35179551/

[629] "Supplemental Online Content" https://cdn.jamanetwork.com/ama/content_public/journal/intemed/0/ioi220006supp2_prod_1644957301.65433.pdf?Expires=1648380871&Signature=h614w6TYwQlzurh20PyE23~6H0YHNCesMkUKSxItQLXzScmDYVawpCl-yQBBxYu1KvB2AV847VzrBA0NxFufwb99qe9rf6qs~pPQ3sYgaUSbhKT2upyjC~c~iUHhEeD0ksifMsvf6ozmlI0vE36Al3lj6WS5d31gL0gwnWXP0Dp8lwXEpYs1DTyaap0VklUE~CJ6Onc536~r53wJJpmdoordV2xCoDws1ApH7k8yUhqzywIvkZVZArbREhFBTVwfX9Y4rGUnlWFa-dnQQYs2zSCs-uOGt3lIPtOapYQVklBWgsPN4Zz9AdqV0x8ss7fr3UoRczKyiFLCNTLbQ9m3bg__&Key-Pair-Id=APKAIE5G5CRDK6RD3PGA

[630] https://www.nature.com/articles/d41586-019-00857-9

The **study chose progression to severe disease as their primary outcome and did not start treatment until 5 days after symptoms started, which is late to start early treatment**. Using their stated primary outcome and P values in a small study along with the fact that many/most doctors and journalists only read the Abstract and/or conclusion of a study can result in the dismissal of possible crucial effects.
Dr Mubeen Syed points out in his review[631] of the JAMA study: "in published reviews of remdesivir, non-statistically significant results actually led to allowing published conclusions of "mortality was lower".

"My one mantra over the past two years has been that this is a highly treatable disease" said Dr. Pierre Kory. "The greatest successes around the world are those places, like Honduras, that used early treatment protocols."[632]
The large study Dr Kory refers to [633] conducted by a team of physicians and epidemiologists in Honduras, showed that fatality rates *decreased significantly* among both in-patients and out-patients who received early combination treatment for COVID-19. large study[634]
A large study from Peru published in August 2023 found a high rate of effectiveness: "**Reductions in excess deaths over a period of 30 days after peak deaths averaged 74% in the 10 states with the most intensive IVM use**. As determined across all 25 states, these reductions in excess deaths correlated closely with the extent of IVM use (p<0.002). During four months of IVM use in 2020, before a new president of Peru restricted its use, there was a **14-fold reduction in nationwide excess deaths** and t**hen a 13-fold increase in the two months following the restriction of IVM use**. **Notably, these trends in nationwide excess deaths align with WHO summary data for the same period in Peru.**"[635] (emphasis added)

Fluvoxamine

A cheap Selective Serotonin Reuptake Inhibitor (SSRI) authorised for use in depression and Obsessive Compulsive Disorder.(OCD).

There have been large randomised trials published in JAMA[636] and the Lancet[637] showing fluvoxamine reduced Covid-19 hospitalizations by two-thirds and deaths by over 90 percent.

The NIH state in their treatment guidelines: "There is insufficient evidence for the COVID-19 Treatment Guidelines Panel (the Panel) to recommend either for or against the use of fluvoxamine for the treatment of COVID-19."[638]

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631 "3 Deaths in Ivermectin Arm, and 10 in Standard of Care Arm Malaysian Study" https://www.youtube.com/watch?v=3u1o4h3UzPE

632 https://mail.google.com/mail/u/0/#sent/FMfcgzGmvBjsbddcLKVVtBVqtwHfgrhS

633 "Early multidrug treatment of SARS-CoV-2 (COVID-19) and decreased case fatality rates in Honduras" https://doi.org/10.1101/2021.07.21.21260223

634 "Early multidrug treatment of SARS-CoV-2 (COVID-19) and decreased case fatality rates in Honduras" https://doi.org/10.1101/2021.07.21.21260223

635 https://www.cureus.com/articles/172991-covid-19-excess-deaths-in-perus-25-states-in-2020-nationwide-trends-confounding-factors-and-correlations-with-the-extent-of-ivermectin-treatment-by-state#!/

636 "Fluvoxamine vs Placebo and Clinical Deterioration in Outpatients With Symptomatic COVID-19" http://10.1001/jama.2020.22760

637 "Effect of early treatment with fluvoxamine on risk of emergency care and hospitalisation among patients with COVID-19: the TOGETHER randomised, platform clinical trial" https://doi.org/10.1016/S2214-109X(21)00448-4

638 https://www.covid19treatmentguidelines.nih.gov/therapies/immunomodulators/fluvoxamine/

Fluvoxamine is being successfully used in some of the early treatment programs.

Molnupiravir

Molnupiravir has been given EUA/Provisional Approval (depending which country we are referring to) on interim analysis of a small trial. There were two studies: one done on hospitalised patients[639] was terminated for "Business reasons". The study protocol changed on 5 major points since the design was submitted to to the NIH database.

The enrolment number changed from 1,300 to 304. We are aware that participants drop out of trials but that is a very big drop in numbers.

The trial data has not been posted onto ClinicalTrials.gov and the NIH and FDA have let the sponsors keep results secret and break the law.

Not the first instance of this, it is in fact common, according to the above article in "Science"[640]:

> 31.6% of trials were not reported on
>
> 23.7% were reported late.

This can be a problem as evidenced by the with-holding of data by GlaxoSmithKline for their antidepressant Paxil, showing, (when the data eventually surfaced), the drug was ineffective and caused suicidal thoughts in teenagers.

Supplements

"Vitamin impairment is always associated to weakened immune response and illness severity"[641]

Setting a recommended daily intake (RDA) for the whole population can be problematic as, individuals have differing needs at different times of life, and disease processes.

Vitamin D

"Vitamin D deficiency is a major public health problem worldwide in all age groups... Vitamin D...has been related to hypertension, diabetes, metabolic syndrome, cancer, autoimmune and infectious diseases, among others. Vitamin D deficiency "is particularly high in the Middle East, specially among girls and women",[642] Vitamin D in Middle East girls and women is presumably due to the covering of bodies when in public, and this population values lighter skin tone so they avoid the sun.

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639 "Efficacy and Safety of Molnupiravir (MK-4482) in Hospitalized Adult Participants With COVID-19 (MK-4482-001)" https://clinicaltrials.gov/ct2/show/NCT04575584?term=molnupiravir

640 "FDA and NIH let clinical trial sponsors keep results secret and break the law" https://www.science.org/content/article/fda-and-nih-let-clinical-trial-sponsors-keep-results-secret-and-break-law

641 "Antioxidant, anti-inflammatory and immunomodulatory roles of vitamins in COVID-19 therapy" https://doi.org/10.1016/j.ejmech.2022.114175

642 "Is vitamin D deficiency a major global public health problem?"

Many still warn of the dangers of high calcium levels in the blood and kidney stones, and add that this is a fat soluble vitamin, so can be toxic because they are not readily excreted.
A committee to review in 2011, on vitamin D and calcium intake in the US found : "Acute toxicity would be caused by doses of vitamin D probably in excess of 10,000 IU/day...That level is clearly more than the IOM-recommended UL of 4,000 IU/day. Potential chronic toxicity would result from administration of doses above 4,000 IU/day for extended periods, possibly for years".[643]
Given its rare side effects and its relatively wide safety margin, Vitamin D can more often than not, be an important, inexpensive, and safe adjuvant therapy for many diseases.
Many describe vitamin D as more of hormone than a nutrient, but it seems this is controversial.[644]

The authors of a study that looked at previous trials on vitamin D found many of the trials had serious flaws, which lead to the dismissal of the role of vitamin D as a causative factor in both acute and chronic disease: "more often than not, trials have included non-deficient individuals, it is not surprising that interventional trials have usually not been able to find a benefit of vitamin D supplementation on clinical outcomes. This was also reflected in meta-analyses on the topic that were carried out with poor methodological standards [4]. Consequently, many authors have dismissed a role of vitamin D on important clinical outcomes, and suggested that vitamin D may be more an associative than a causal factor in acute and chronic disease."[645]

There is not good evidence for authorities to set levels of daily intake, and peoples response to toxicity, many countries have arrived at different levels: "The level of Vitamin D dose was was set despite the availability of adequate studies of dose–response relationships or toxicity. There is no convincing evidence that daily intakes of up to 125 µg (5000 IU) elicit severe adverse effects".[646]

There is an increasing amount of evidence that the level of Vitamin D in our blood can to a great degree impact how serious the Covid illness may be.[647] [648]
"One report found that "doses up to 10,000 IU/day is safe, although well above what is needed" and that "only 1,000-2,000 IU may be needed to obtain optimal effects on bone and immunity.
Thus to reduce the risk of infection, one expert recommended that people at risk of COVID-19 consider taking 10,000 IU/day of vitamin D3 for a few weeks to rapidly raise 25(OH)D concentrations, followed by 5000 IU/ d.
In the critically ill, the doses used from published RCT's ranged from 200,000-600,000 IU of Vitamin D3, generally in a single enteral dose...the varied pathophysiologic mechanisms identified in COVID-19 likely require multiple therapeutic agents working in concert to counteract the diverse, deleterious consequences of this aberrant immune response. It is

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[643] "Dietary Reference Intakes for Calcium and Vitamin D" https://books.google.com.au/books?hl=en&lr=&id=ZsMPp6I59VwC&oi=fnd&pg=PR1&ots=Biafo94ee8&sig=a8zcAtX91Zx-NA0P0ulIxK9Vy4s&redir_esc=y#v=onepage&q&f=false

[644] "Why "Vitamin D" is not a hormone, and not a synonym for 1,25-dihydroxy-vitamin D, its analogs or deltanoids" https://doi.org/10.1016/j.jsbmb.2004.03.037

[645] "Vitamin D deficiency 2.0: an update on the current status worldwide" http://10.1038/s41430-020-0558-y

[646] "Vitamin D in adult health and disease: a review and guideline statement from Osteoporosis Canada" https://doi.org/10.1503/cmaj.080663

[647] https://vitamindwiki.com/

[648] "Pre-infection 25-hydroxyvitamin D3 levels and association with severity of COVID-19 illness" https://doi.org/10.1371/journal.pone.0263069

exceedingly unlikely that a "magic bullet" will be found, or even a medicine which would be effective at multiple stages of the disease."[649]

"Clear evidences suggest that vitamin D activates the immune response reducing the risk of infections, and positively balancing the inflammatory reaction."[650]

A meta-analysis of 25 randomized controlled trials indicated that the administration of vitamin D reduces the risk of infections of the respiratory tract.[651]

The NIH state that Vitamin D bolsters our immune system.[652]

Vitamin C

A study found that up to 82% of critically ill Covid-19 patients had low Vitamin C levels.[653]

In the summary of a clinical trial including vitamin C for SARS-CoV-2 in China they state in the discussion: "High-dose vitamin C also has anti-oxidative and anti-toxin effects, possibly exhibiting good effects in the treatment of viral infection and critical respiratory diseases."[654] The result of the trial have not been posted.

The use of high dose intravenous vitamin C for SARS-CoV-2 found it had a beneficial effect in aspects of inflammatory response.[655]

Another study on vitamin C, for Covid -19, found an oral, low dose Vitamin C may be useful prophyactically, and very high dose may be useful for severe Covid-19: "COVID-19 pneumonia and its progression to respiratory failure appear to be driven by an immune hyperreaction in which IL-6 and ET-1 play an important role. Vitamin C can reduce these (and other) inflammatory mediators in various inflammatory conditions, and is clinically beneficial in (non-COVID-19) hypertensive and/or diabetic obese adult patients. Considering the weight of the evidence and because vitamin C is cheap and safe, an oral low dose (1–2 g/d) may be useful prophylactically, and in cases of severe COVID-19, a (very) high-dose regimen may be beneficial."[656]

Zinc

A study showing Zinc was effective against the SARS-CoV- virus, at a dose of 50 micrograms:

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[649]Clinical and Scientific Rationale for the "MATH+" Hospital Treatment Protocol for COVID-19" https://covid19criticalcare.com/wp-content/uploads/2020/12/MATH-plus-Rationale-Journal-of-Intensive-Care-Medicine-Dec2020.pdf

[650]"Food-derived antioxidants and COVID-19' https://doi.org/10.1111/jfbc.13557

[651]"Vitamin D supplementation to prevent acute respiratory tract infections: systematic review and meta-analysis of individual participant data" https://doi.org/10.1136/bmj.i6583

[652]"Vitamin D Fact Sheet for Consumers" https://ods.od.nih.gov/pdf/factsheets/VitaminD-Consumer.pdf

[653]"COVID-19: Up to 82% critically ill patients had low Vitamin C values" http://10.1186/s12937-021-00727-z

[654]"Efficacy and Safety of High-dose Vitamin C Combined With Chinese Medicine Against Coronavirus Pneumonia (COVID-19" https://clinicaltrials.gov/ct2/show/NCT0

[655]"Beneficial aspects of high dose intravenous vitamin C on patients with COVID-19 pneumonia in severe condition: a retrospective case series study" https://doi.org/10.21037/apm-20-1387

[656] "Vitamin C as prophylaxis and adjunctive medical treatment for COVID-19?" https://doi.org/10.1016/j.nut.2020.110948

"SARS-CoV (Fig. 2B), a dose-dependent decrease in the amount of RNA synthesized was observed when ZnOAc2 was present. For both viruses, a more than 50% reduction of overall RNA-synthesis was observed at a Zn2+ concentration of 50 μM, while less than 5% activity remained at a Zn2+ concentration of 500 μM. Both genome synthesis and sg mRNA production were equally affected."[657]

This study from the University of Kentucky found Zinc is necessary for proper immune function: "Zn is required for pathogen-eliminating signal pathways leading to neutrophil extracellular traps formation, as well as cell-mediated immunity over humoral immunity. Zn deficiency plays a role in inflammation to damage the host tissues. Zn is involved in the modulation of the pro inflammatory response by targeting NF-κB, a transcription factor that is the master regulator of pro inflammatory responses. It is also involved in controlling oxidative stress and regulating inflammatory cytokines. Zn is critical for sustaining proper immune function."[658]

A preprint study on supplementing in early stage Covid-19 found: "Quercetin 800 mg, bromelain 165 mg, zinc acetate 50 mg and ascorbic acid 1 g once daily supplements were safe for patients infected with SARS-CoV-2 and may prevent poor prognosis."[659] Quercetin is an anti-oxidant, and has strong anti-viral properties. The major benefit of taking quercetin with zinc is that the quercetin will push the zinc into the cell where the zinc can stop the virus from reproducing.

The NIH treatment Guidelines Panel however found:

"Vitamin C • There is insufficient evidence for the COVID-19 Treatment Guidelines Panel (the Panel) to recommend either for or against the use of vitamin C for the treatment of COVID-19. Vitamin D • There is insufficient evidence for the Panel to recommend either for or against the use of vitamin D for the treatment of COVID-19.

Zinc • There is insufficient evidence for the Panel to recommend either for or against the use of zinc for the treatment of COVID-19. • The Panel recommends against using zinc supplementation above the recommended dietary allowance for the prevention of COVID-19, except in a clinical trial (BIII)."

Hot Lots

There has been discussion of "Hot Lots", as in some lots are on record of causing more Serious AE than others. The CDC Standard Operating Procedure document states on p. 18: "A list of lot numbers of vaccines that may be of concern will be requested from FDA." [660]

The Hot Lots matter could relate to: poor manufacturing, storage, handling, transportation and administration technique issues. Over the space of 12 ½ pages, the document lists some 27 different disease categories, including 6 pages of different autoimmune diseases they felt it necessary to monitor.

The Schmeling et al.[661] paper outlines their findings on the"Hot Lots", which show an enormous variability in the number of Suspected Adverse Events SAE in the Pfizer vaccine per thousand doses:

1) 3.2% of doses result in a placebo like effect- almost zero SAE
2) 63.7% of doses result in a moderate number of SAE

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[657]"Zn2+ Inhibits Coronavirus and Arterivirus RNA Polymerase Activity *In Vitro* and Zinc Ionophores Block the Replication of These Viruses in Cell Culture" https://doi.org/10.1371/journal.ppat.1001176

[658]"Nutrients, Infectious and Inflammatory Diseases" https://dx.doi.org/10.3390%2Fnu9101085

[659]"Evaluation of the Effect of Zinc, Quercetin, Bromelain and Vitamin C on COVID-19 Patients" https://doi.org/10.1101/2020.12.22.20245993

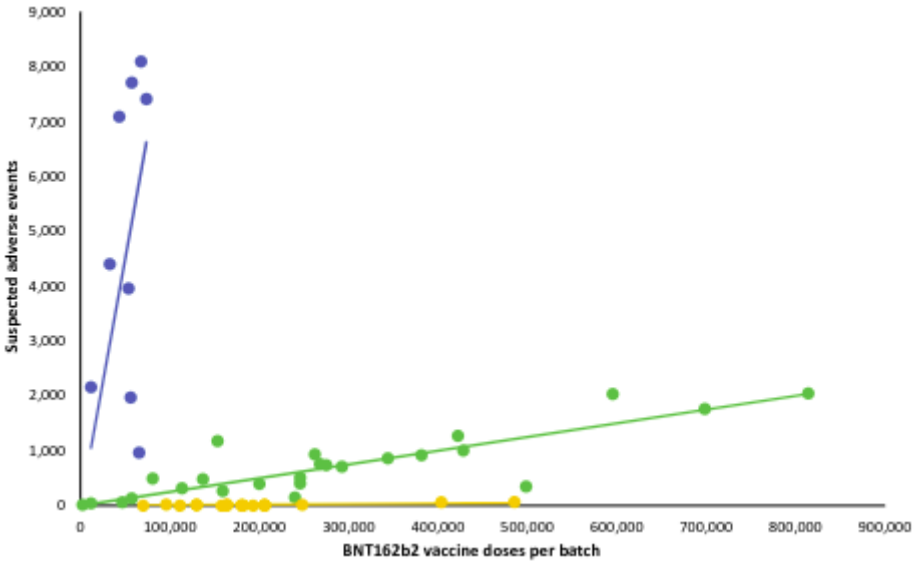
[660]Vaccine Event Reporting System (VAERS) Standard operating procedure for COVID – 19 (as of January 2021) https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf

[661]https://onlinelibrary.wiley.com/doi/epdf/10.1111/eci.13998

3) 4.2% of doses result in 71% of SAE

The authors state: "The observed variation in SAE rates and seriousness between BTN162b2 vaccine batches in this nationwide study was contrary to the expected homogenous rate and distribution of SAEs between batches."

Figure 1 from the Schmeling paper.



An article in the BMJ discusses some of the manufacturing issues surrounding the up scaling of manufacture: "In October 2020 amendment to the protocol of the pivotal Pfizer/BioNTech BNT162b2 (Comirnaty) clinical trial (C4591001) indicates that nearly all vaccine doses used in the trial came from 'clinical batches' manufactured using what is referred to as 'Process 1'.[3] However, in order to upscale production for large-scale distribution of 'emergency supply' **after authorization, a new method was developed, 'Process 2'. The differences include changes to the DNA template used to transcribe the RNA and the purification phase, as well as the manufacturing process of the lipid nanoparticles. Notably, 'Process 2' batches were shown to have substantially lower mRNA integrity.**[4,5]...To the best of our knowledge, there is no publicly available report on this comparison of 'Process 1' versus 'Process 2' doses..**The CDC's Vaccine Adverse Event Reporting System, known to be underreported,[9] lists 658 reports (169 serious, 2 deaths) for lot EE8493[10] and 491 reports (138 serious, 21 deaths) for lot EJ0553.[11]**[662]

Hedley Rees has 40+ years experience working in the industry as a consultant and leader in drug development and commercial supply chains, including vaccines. Hedley has been discussing supply chain and manufacturing shortfalls in interviews and in his substack, he states: "With an industry already suffering massive gaps in supply chain integrity and quality control, a mass vaccination programme was sure to kill and maim people, aside from the experimental technology."[663]

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[662]https://www.bmj.com/content/378/bmj.o1731/rr-2?s=03

[663]https://hedleyrees.substack.com/p/pharma-supply-chains-can-and-have

There are enormous safety signals (public health language for **danger signals)**.[664] [665] [666]

Voluntary Reporting Systems

Across the various voluntary reporting systems the reports after Covid-19 vaccination

Adverse Events - over 2,000,000
Deaths - tens of thousands

To say that this is acceptable because billions of doses of the vaccines have been given,

1. does not sit with the oath "Primum non Nocere (first do no harm which seems to no longer be a part of the oath taken by all upon entering the medical profession but is still a basic tenant of medical practice throughout the world)[667]
2. ignores that there are successful early treatment programs
3. seems to me to be a questionable moral argument
4. we have not seen data from long term harms
5. the **under reporting factor of Adverse Events, including death, is very high**

Vaccine Adverse Event Reporting System VAERS

Dr Jessica Rose who has two PhD's, in Computational Biology and in Biochemistry did an appraisal of Vaccine Adverse Event Reporting System (VAERS) states: "**approximately 1 in every 400 individuals experiencing an adverse event (~1 in every 25,000 for death) in the context of the COVID-19 fully vaccinated population in the United States,** it is therefore unclear why these injections are continuing to be used in the human population, especially since no long-term effects are known and no long-term data exists, to date...VAERS is designed to reveal potential early-warning risk signals from data, but if these signals are not detectable as they are received, then they are not useful as warnings. Considering the relevance of safety concerns in the face of the large numbers of AEs being reported into the VAERS system in the context of COVID-19 products, it is essential that the VAERS system be carefully and meticulously maintained. Despite the emergence of the Standard Operating Procedures (SOP) for COVID-19, **VAERS is lacking in transparency and efficiency as a PV (Pharmacovigilance) system, and it requires amendment or replacement.**"[668] (emphasis added)

1 in 400 Adverse Events(AE), and I in 25,000 deaths!

There is a criticism of voluntary reporting systems, that anyone can report an AE, so it is said to be unreliable, and is frequently discounted.
The following information copied straight from the FDA site, slide number 5, shows that **83% of**

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[664]https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html
[665]https://www.ema.europa.eu/en/human-regulatory/research-development/pharmacovigilance/eudravigilance
[666]https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting
[667]"Primum non nocere (first do no harm). The SARS-CoV-2 pandemic course in oldest in Italy" https://dx.doi.org/10.23750%2Fabm.v91i2.9624
[668]https://www.researchgate.net/publication 370158323_Critical_Appraisal_of_VAERS_Pharmacovigilance_Is_the_US_Vaccine_Adverse_Events_Reporting_System_VAERS_a_Functioning_Pharmacovigilance_System

VAERS reports come from medical professionals and official sources.
"Who can report to VAERS?[669]
• ANYONE
• Vaccine manufacturers (37% of reports)
• Health care providers (36%)
• State immunization programs (10%)
• Vaccine recipients (or their parents/guardians) (7%)
• Other sources (10%)

It is also notable that for all the voluntary reporting systems:

1. medical professionals are not paid to report
2. the initial reporting is cumbersome and takes about 30 mins or more to fill in which must be done in one sitting due the system design. I've very rarely seen a medical professional with 30 minutes to spare in one stretch.
3. there are warnings of large fines and imprisonment for false reporting
4. there are follow up phone calls and further reports each time the person suffering the AE is hospitalised which is time consuming many medical professionals:

Most medical professionals:

1. have a bias toward what they learn from health regulators, i.e. vaccines are "safe and effective" so they do not equate what they see with vaccines
2. are not aware of the voluntary reporting systems
3. when aware of the reporting systems frequently do not have the time to report
4. are sometimes actively discouraged from reporting by colleagues and superiors
5. feel they are responsible to know that the vaccine caused the injury, which is not the case, cause is assessed by health agency staff

It is recognised that Adverse Events:

1. are largely under reported,
   reports can be as low as 1% though can be higher,[670] [671]
   The University of Columbia paper; "suggests VAERS deaths are under reported by a factor of 20, consistent with known VAERS under-ascertainment bias."[672]
   Using anaphylaxis, which doctors are legally required to report, as an example of under reporting. **Anaphylaxsis after Covid-19 vaccination occurs in:**
   - 2-5 people /1,000,000 according to the CDC Reported Adverse Events[673] after Covid vaccination
   - **2.47 in 10,000 according to this paper published in JAMA**[674] Showing an obvious **discrepancy showing a 196% difference** according to an online percentage calculator.[675]
2. there are many methodological limitations to the system,[676] [677]

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[669]http://fda.report/media/93840/Adverse-Event-Reporting--VAERS-and-WONDER.pdf
[670]"The Reporting Sensitivities of Two Passive Surveillance Systems for Vaccine Adverse Events" https://oce.ovid.com/article/00000469-199512000-00023
[671]"Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) - Final Report" https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system/final-report
[672]"COVID vaccination and age-stratified all-cause mortality risk" http://dx.doi.org/10.13140/RG.2.2.28257.43366
[673]"Reported Adverse Events" https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html
[674]"Acute Allergic Reactions to mRNA COVID-19 Vaccines" https://pubmed.ncbi.nlm.nih.gov/33683290/
[675]https://www.omnicalculator.com/math/percentage-difference
[676]"Understanding vaccine safety information from the Vaccine Adverse Event Reporting System" https://europepmc.org/article/MED/15071280

3. there is a lag in processing of reports.

The CDC contracted with defense contractor General Dynamics to handle the VAERS database in anticipation of record use.

The CDC's $9.45 million contract with General Dynamics in August 2020 stated that officials anticipated 1,000 adverse event reports a day, with 40% of them being serious.

"By Feb. 15, General Dynamics reported a continued record-setting pace of reports and website visits, to the point that workers had to expand their VAERS ID reports to allow for seven digits instead of six. In April, officials reported that they had to hire an additional 200 staffers to deal with the backlog and continue to process 25,000 reports per week, well beyond the threshold they originally contracted for."[678]

The signals of harm are consistent across different countries and all the voluntary reporting systems. [679] [680] [681] [682]

There is an enormous gap in the data of unknown quantity and quality.

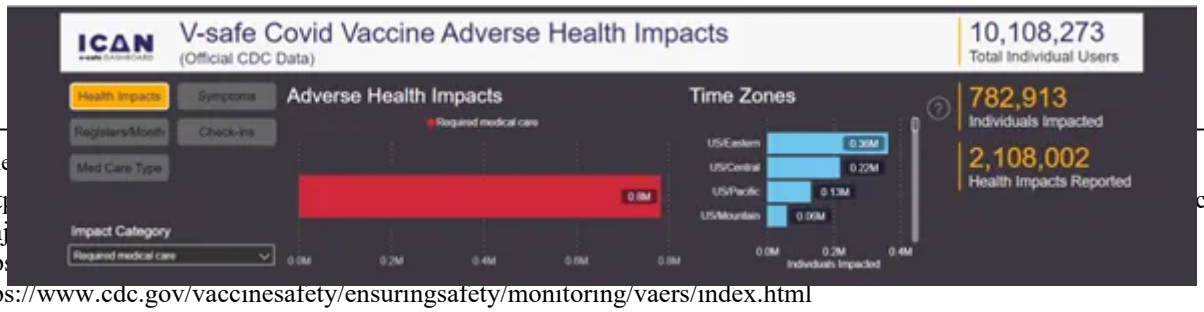
These systems are inadequate for post marketing follow up but, these are the systems that have been relied on for many years.[683]

Similar systems are used for Averse Drug Reactions. The problems within the systems may be partly why at least 462[684] or this resource shows 578[685] drugs have been withdrawn from market after causing immeasurable harm including tens of thousands of deaths from one drug alone.[686]

Of course the regulatory agencies and approvals should be first line of defence from harmful drugs and vaccines, it seems regulatory and health agencies are failing to keep us safe.

v-safe

Recognising the inadequacy of VAERS the CDC instituted the V-SAFE[687] system, but despite declarations and promises of transparency, they declined to release the data, even after three FOIA requests from the Informed Consent Action Network (ICAN) and had to be taken to court for the data release. ICAN has made the data so far released, easy to understand, using a dashboard. Below is part of the first page.[688]



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680https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html

681https://www.ema.europa.eu/en/human-regulatory/research-development/pharmacovigilance/eudravigilance/access-eudravigilance-data

682https://apps.tga.gov.au/prod/daen/daen-entry.aspx

683"Safety Monitoring in the Vaccine AdverseEvent Reporting System (VAERS)" https://dx.doi.org/10.1016%2Fj.vaccine.2015.07.035

684"Post marketing withdrawal of 462 medicinal products because of adverse drug reactions: a systematic review of world literature" https://doi.org/10.1186/s12916-016-0553-2

685"WITHDRAWN—a resource for withdrawn and discontinued drugs" https://dx.doi.org/10.1093%2Fnar%2Fgkv1192

686"What have we learnt from Vioxx?" https://dx.doi.org/10.1136%2Fbmj.39024.487720.68

687https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/v-safe/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fsafety%2Fvsafe.html

688https://icandecide.org/v-safe-data/

ICAN attorney Aaron Siri says: "of the 10,108,273 registered v-safe users, 782,913 reported needing medical care after vaccination. So, you divide 782,913 by 10,108,273 and, poof, you now know that 7.7% of all registered v-safe users sought medical care at least once following vaccination."[689] V-safe also showed that 25% of users reported being unable to perform normal activities and/or missed school or work

The CDC earlier protocol states: "VAERS call center staff will be informed and active telephone follow-up will be initiated to check on the patient and take a VAERS report **if appropriate**."[690] Aaron Siri states: "The "if appropriate" language likely means the CDC only made VAERS reports when dealing with injuries that were mandated to be reported to VAERS, and that is an extremely limited list of events. You can see the list here.[691]" Mr Siri relates that this makes the CDC a "middleman", restricting the VAERS reports that were made by v-safe users .

"...v-safe only collected certain limited, pre-selected information in a systematic fashion. For the first seven days after a shot, it asked users to check one or more of the following symptoms:

- chills
- headache
- joint pain
- muscle or body aches
- fatigue or tiredness
- nausea
- vomiting
- diarrhea
- abdominal pain
- rash

During these first seven days, and then once a week for six weeks, and then at six months and one year, it asked users to pick, if applicable, one or more of the following three "health impacts:"

- unable to perform normally daily activities
- missed work/school

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[689] https://aaronsiri.substack.com/p/v-safe-part-4-cdc-designs-v-safe?utm_source=twitter&sd=pf

[690] https://www.sirillp.com/wp-content/uploads/2023/01/Earlier-V-safe-Protocol-v2-012821-94e317f2528c243599ee1ed9c82a6c66.pdf

[691] https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html#anchor_1617059048753

- needed medical care

Finally, if a user selected that he or she needed medical care, v-safe would ask the user to select one or more of these options:

- hospitalization
- emergency room
- urgent care
- telehealth

That is most of the safety information, other than the free text fields, that v-safe collected...some obvious symptoms and adverse events you would expect v-safe to collect are not being collected – like chest pain or any other cardiac symptoms. You may ask how the CDC determined what to ask v-safe users. And that is a great question. First, let's remind ourselves what was known about potential adverse events *before* any Covid-19 vaccine was administered to the general public:

A July 2020 New England Journal of Medicine study titled "*An mRNA Vaccine against SARS-CoV-2 – Preliminary Report" highlighted 35 adverse events that were related to the mRNA vaccination, including eye disorders, gastrointestinal disorders,* **musculoskeletal and connective tissue disorders,** and **nervous system disorders**.

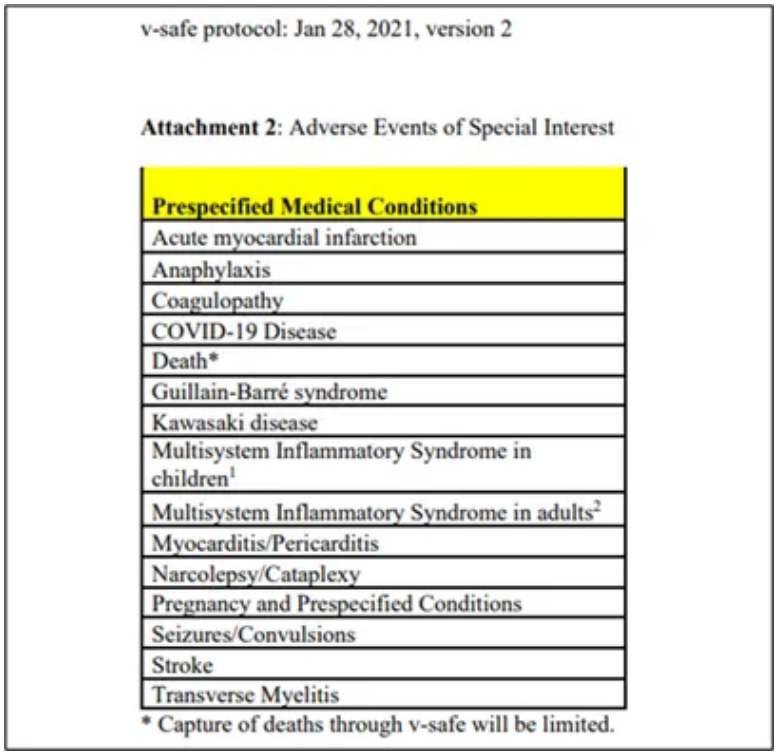
- An October 16, 2020 JAMA article titled "*Postapproval Vaccine Safety Surveillance for COVID-19 Vaccines in the US*" stated that "AESIs [Adverse Events of Special Interest] are likely to include **allergic, inflammatory, and immune-mediated reactions, such as anaphylaxis, Guillain-Barré syndrome, transverse myelitis, myocarditis/pericarditis, vaccine-associated enhanced respiratory disease,** and **multisystem inflammatory syndrome in children**."

- In a CDC presentation dated October 30, 2020, titled "*CDC post-authorization/post-licensure safety monitoring of COVID-19 vaccines*," a preliminary "list of VSD pre-specified outcomes for RCA [rapid cycle analysis]" and "list of VAERS AEs[adverse events] of special interest" both included **acute myocardial infarction, anaphylaxis, convulsions/seizures, encephalitis, Guillain-Barre syndrome, immune thrombocytopenia, MIS-C, myocarditis/pericarditis,** and **transverse myelitis**, among others.

Again, the fact that mRNA can cause these serious conditions was raised *before* the first Covid-19 vaccine was authorized for use by the general public in December 2020 – in fact, months before."[692]

[692]https://aaronsiri.substack.com/p/v-safe-part-2-what-is-v-safe-what

The chart below can be found on p.58 of the CDC's v-safe protocol: Jan 28, 2021, version 2.[693]



v-safe protocol: Jan 28, 2021, version 2

Attachment 2: Adverse Events of Special Interest

Prespecified Medical Conditions
Acute myocardial infarction
Anaphylaxis
Coagulopathy
COVID-19 Disease
Death*
Guillain-Barré syndrome
Kawasaki disease
Multisystem Inflammatory Syndrome in children[1]
Multisystem Inflammatory Syndrome in adults[2]
Myocarditis/Pericarditis
Narcolepsy/Cataplexy
Pregnancy and Prespecified Conditions
Seizures/Convulsions
Stroke
Transverse Myelitis

* Capture of deaths through v-safe will be limited.

Mr Siri continues: "**The CDC could have taken advantage of this incredible opportunity** – wherein v-safe was already capturing health data from over 10 million users – **and easily included these conditions as check-the-box options for v-safe users.** Then it would be **easy to calculate a rate for which v-safe users had myocarditis. Had a stroke. Had seizures. Etc. Instead, the CDC purposely chose to limit reporting of any such adverse events to the free text fields knowing full well that, among other issues, users often do not fill out free-text fields, that any entries received would not be easily standardized,** and that the CDC could otherwise more easily hide those entries from the public (as the CDC is **currently doing by refusing to make the free-text field data public**)"

Australia DAEN

The Australian Database of Adverse Event Notifications DAEN is the TGA reporting system. In response the FOI request he TGA stated that over a period of 30 years up to 14 September 2019, **93.9% of ALL vaccine injuries and deaths reports to the DAEN were lodged by "approved" /**

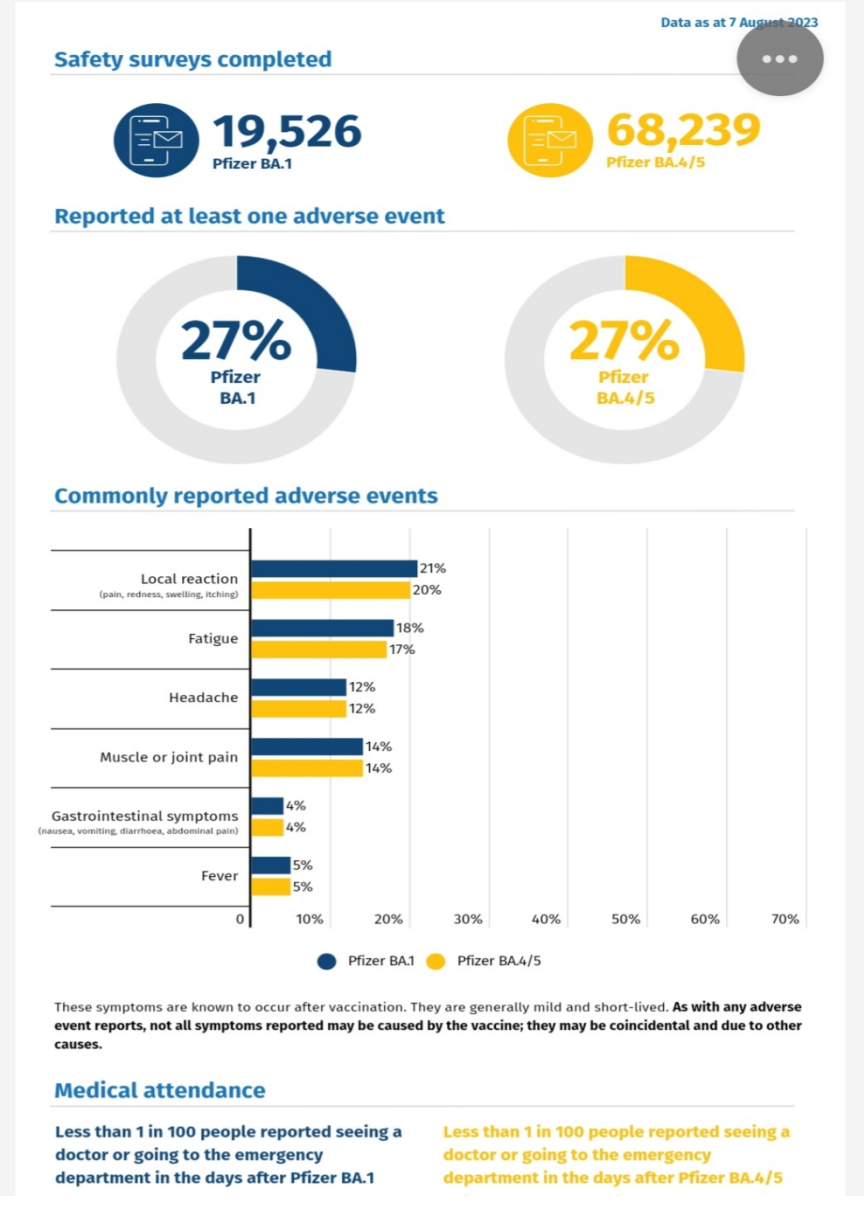
[693]https://www.cdc.gov/vaccinesafety/pdf/V-safe-Protocol-v2-012821.pdf

"authorised" sources.[694]

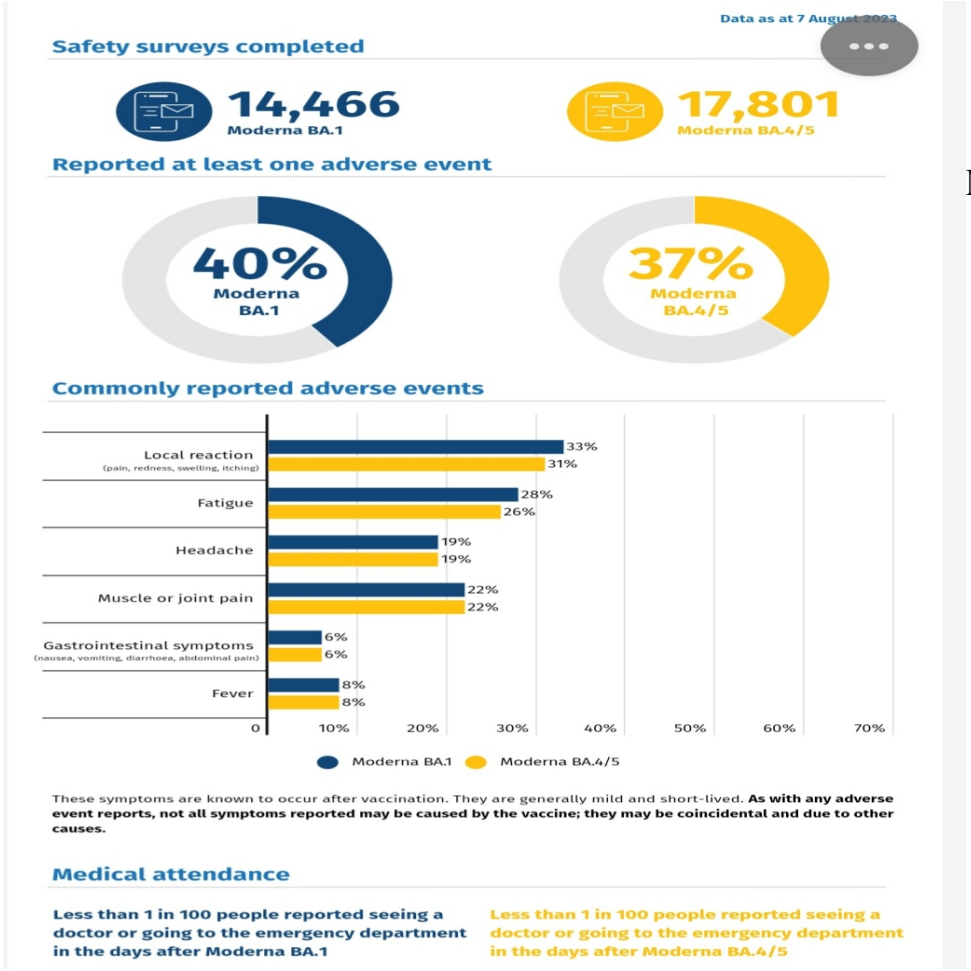
Analysis of the sender type of DAEN adverse event reports for vaccines as held in AEMS Date range: 1 Jan 1989 to 14 Sep 2019	
Reporter Type	**Percentage of Reports**
State and Territory Health Department	62 %
Health Professional	25 %
Pharmaceutical Company	6.9 %
Patient / Consumer	6.1 %
Other (Distributor, other organisation, unknown)	<0.1 %

Ausvaxsafe

The Australian Ausvaxsafe[695] system collected information for only 3 days after vaccine administration and restricted the reporting of harms to DAEN still showed significant problems.



Pfizer Report



Moderna Report

Western Australia

There was almost no Covid in WA in 2021, almost four million doses of Covid vaccination were administered to the population during 2021.

The Covid-19 vaccine rollout began on 22 February 2021 in Western Australia.

From the Western Australian Vaccine Safety Surveillance – Annual Report 2021[696] which describes Adverse Events Following Immunisation AEFI reported to the Western Australian

[696]https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Immunisation/Western-Australia-Vaccine-Safety-Surveillance-Annual-Report-2021.pdf

Vaccine Safety Surveillance (WAVSS) system for vaccinations received in 2021

As the report states on p. 8 the rate of AEFI: "was significantly higher in 2021 than in previous years (10,726 compared with an average of 276 per year for the 2017-2020 period) due to the introduction of the COVID-19 vaccination program".

October 2021, is the same month in which the eligibility criteria was expanded to all people aged >18, walk-in vaccination became available, and vaccine mandates for the majority of WA workers were announced. As seen in the graph this is where the largest number of AEFI are seen.

3.1. Summary of AEFI reports

The number of AEFI reported to WAVSS was significantly higher in 2021 than in previous years (10,726 compared with an average of 276 per year for the 2017-2020 period) due to the introduction of the COVID-19 vaccination program. To allow comparison of AEFI numbers to previous years, Figure 2 presents all AEFI reported to WAVSS for persons vaccinated in 2021, and Figure 3 excludes adverse events following COVID-19 vaccination. The high number of reports in 2021 following COVID-19 vaccination reflects higher uptake of COVID-19 vaccination, and high engagement from the public and health care providers with the monitoring of vaccine safety.

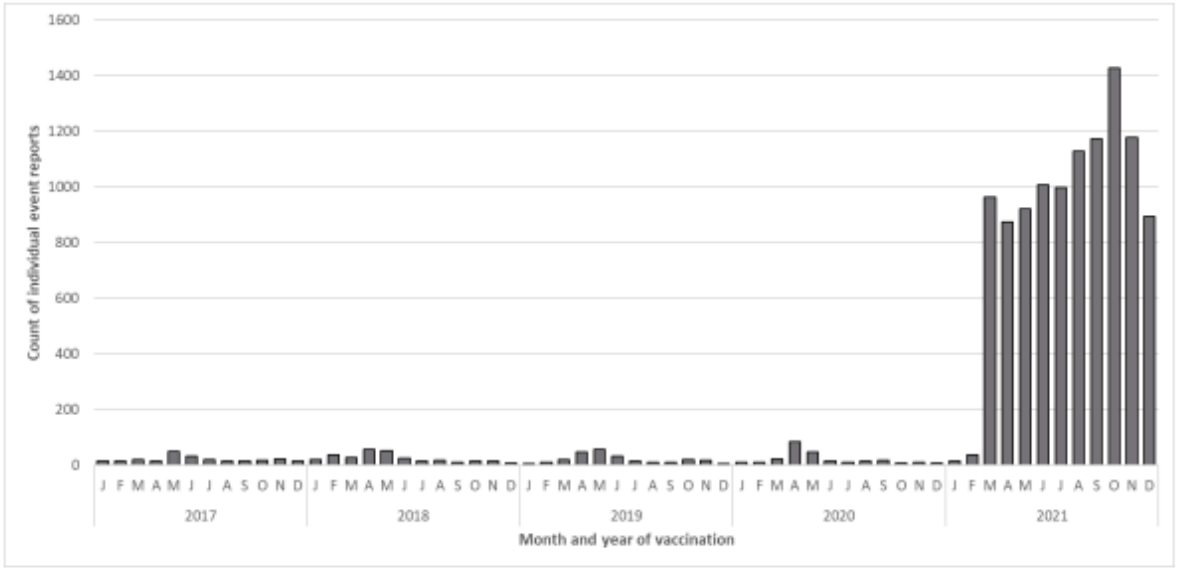


Figure 2: Adverse events following immunisation reported to WAVSS by month, 2017-2021, excluding active surveillance reports for routine vaccination adverse events.

Rebekah Barnett makes the following summary of the report:

"AEFIs **disproportionately affected women**, with the majority (64%) of reported AEFI cases being female.

57% of AEFIs were treated in the emergency department (ED) or in the hospital.

Most AEFIs (58%) were self-reported, with only 35% being reported by healthcare providers.

"In WA, it is a statutory requirement for health professionals to report AEFIs. However, it is likely that as of at least March 2021, medical professionals were reluctant to report AEFIs due to fear of reprisal from the regulator, AHPRA, whose March 2021 position statement expressly forbade medical professionals from taking any actions that could be perceived as undermining the Covid vaccination rollout.

Those aged 30-49 were hit hardest, with AEFI rates of 314-316 per 100, 000 doses. The

50-59 age bracket fared the third worst. This is significant when you consider that these groups make up the majority of the workforce, and that over half of all AEFIs were treated in ED/hospital. AEFIs for children under 12 years old do not feature in this report, as the Covid vaccines weren't approved for kids aged 5-11 until December 2021.

Background rates of myocarditis and pericarditis increased by 35% and 25%, respectively, in 2021 compared to the prior five-year average. As already established above, this increase cannot be attributed to Covid infection, as WA had almost no Covid cases in 2021

Chest pain was the fifth most commonly reported AEFI for Covid vaccines in 2021."[697]

CONTEXT: Vaccines have been withdrawn from the market for the following rates of serious AEFIs:

- The swine flu vaccine (1976) was withdrawn for a rate of one serious case of Guillain-Barré syndrome per 100, 000 doses.

- The rotavirus vaccine, Rota shield (1999), was withdrawn for a rate of one-to-two serious cases of intussusception per 10, 000 doses.

- The TGA withdrew Fluvax Junior (2010) for children aged 6 months to <5 after 25 reports of febrile convulsions following vaccination (16 of which were from WA) triggered an in-depth investigation, which determined a causal link between Fluvax Junior and increased risk of febrile convulsions.
  5

Note that the below includes confirmed cases only. These are cases that have been assessed and determined, by the WA Vaccine Safety Advisory Committee (WAVSAC) or other relevant health professionals, to be causally linked to vaccination.

Anaphylaxis is a life-threatening allergic reaction. Out of 181 cases reported, 49 were diagnostically confirmed, 47 cases were determined uncertain, and 73 cases were awaiting review at the time the data was analysed. The first dose of Pfizer's Comirnaty and AstraZeneca's Vaxzevria carried the highest risk, at 2.4/100,000 and 1.9/100,000 doses, respectively.

Thrombosis with thrombocytopenia syndrome (TTS) is a known serious side effect of Vaxzevria, identified in 2021. 13 cases of TTS were confirmed or probable. For those aged >60, the rate of TTS after Vaxzevria was 2.1/100,000 doses, which is on par with **national figures reported by the TGA** at the time that this data was analysed.

Immune thrombocytopenic purpura (ITP) is an autoimmune disease in which the immune system attacks platelets in the blood and megakaryocytes in the bone marrow resulting in low

[697] https://news.rebekahbarnett.com.au/p/west-australian-government-finally?utm_source=substack&utm_medium=email#footnote-3-107575130

platelet counts, causing easy bruising and bleeding. 30 cases of ITP were confirmed, and once again, the first doses of Vaxzevria and Comirnaty were the most dangerous, at a risk rate of 3.5/100,000 and 1.9/100,000 doses, respectively.

Guillain-Barré syndrome (GBS) is a serious immune disorder when nerves are attacked by immune cells resulting in pain, numbness, muscle weakness and/or difficulty walking. 14 cases of GBS were confirmed following Covid vaccination. The first dose of Vaxzevria carried a risk of 1.2/100,000 doses.

Myocarditis is inflammation of the heart muscle and **pericarditis** is inflammation of the pericardium (the thin, sac-like tissue surrounding the heart muscle). Myocarditis and pericarditis can occur together or separately - when they occur together it is called **myopericarditis**.

The below table shows the 138 confirmed cases of **myocarditis or myopericarditis** reported to WAVSS in 2021. Moderna's Spikevax is by far and away the standout product in this category (not in a good way), with a risk of 7.3/100,000 doses, increasing to 12.9/100,000 on dose two. Comirnaty carries an overall risk of 4.5/100,000 doses.

Interestingly, these rates are more than twice the national average at the time this report was compiled, with the TGA reporting rates of myocarditis/myopericarditis at 2.2/100,000 doses of Spikevax and 1.5/100,000 doses of Comirnaty."[698]

US Department of Defence (DoD) Data

Ohio attorney Thomas Renz has given evidence to US senator Ron Johnson in a round table event on January 24th 2022. He says he has evidence from three Department of Defence MD's (senior officers in the military) who have done an analysis of the US Defence Medical Surveillance System (DMSS) during 2021. The DMSS has a medical billing code for any medical diagnosis in the military, submitted for insurance purposes. Only doctors can submit data to the DMSS, so it is seen as a more accurate database than VAERS. The official total of US military vaccinated against Covid-19 is 93%.

While this data need to be treated with caution due to confounding variables. The effect size (the difference between the groups calculated statistically to show the magnitude of the effect), is so large that it is calling a loud warning.

As Dr Robert Malone says: "These data were pulled with full chain-of-custody documentation based on various CPT codes that are related to known genetic COVID-19 vaccine side effects. As raw data, this information needs to be reviewed with care and considered to be both rough and preliminary. For the uninitiated, there are major risks associated with reliance on large, raw (uncorrected) data sets for retrospective (backwards in time) data analyses. The key technical term here is "confounding variables", but data entry errors (such as multiple entries for the same diagnostic event) or process changes can also introduce huge sources of bias into large data sets like this. With raw data, it is most useful to consider any data plotting to be sort of a first draft, useful for identifying potential trends or topics that deserve more

[698]https://news.rebekahbarnett.com.au/p/west-australian-government-finally?utm_source=substack&utm_medium=email#footnote-3-107575130

detailed analysis. But sometimes, when the observed effect size in the raw data is very large or potentially important, alarm bells start ringing even before full analysis is completed. And that seems to be the case with these data. Dr Malone goes on to speak of the numbers of AE found, considering the CDC has been monitoring the data for years: "if due to previously undiscovered "data corruption", why wasn't someone running around with their pants on fire trying to figure out what is going on here long before the whistleblowers brought this to national attention?"[699]

Further from Dr Malone, the following information:

"Below are summarized 2021 (+ vaccine) numbers % change relative to 2020 (- vaccine)

- Total Number of Diseases & Injuries Reported By Year (Ambulatory) up 988% in "uncorrected" data, down 3% in "corrected" data
  (this is basically a control for the data set).
- Total Number of Diseases & Injuries Reported By Year (Hospitalization) up 37%
- Total Number of Diseases of the Nervous System By Year up 968%
- Total Number of Malignant Neuroendocrine Tumor Reports By Year up 276%
- Total Number of Acute Myocardial Infarct Reports By Year up 343%
- Total Number of Acute Myocarditis Reports By Year up 184%
- Total Number of Acute Pericarditis Reports By Year up 70%
- Total Number of Pulmonary Embolism Reports By Year up 260%
- Total Number of Congenital Malformations Reports By Year up 87%
- Total Number of Nontraumatic Subarachnoid Hemorrage Reports By Year up 227%
- Total Number of Anxiety Reports By Year up 2,361%
- Total Number of Suicide Reports By Year up 227%
- Total Number of Neoplasms for All Cancers By Year up 218%
- Total Number of Malignant Neoplasms for Digestive Organs By Year up 477%
- Total Number of Neoplasms for Breast Cancer By Year up 469%
- Total Number of Neoplasms for Testicular Cancer By Year up 298%
- Total Number of Female Infertility Reports By Year up 419%
- Total Number of Dysmenorrhea Reports By Year up 221.5%

[699] "Regarding the Defense Medical Epidemiological Database Data Dump" https://rwmalonemd.substack.com/p/regarding-the-defense-medical-epidemiological?utm_source=substack&utm_campaign=post_embed&utm_medium=email

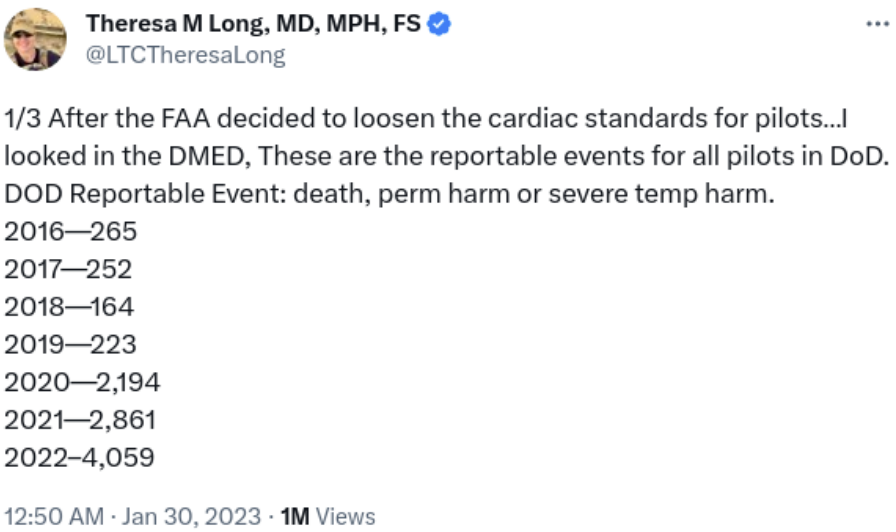
- Total Number of Ovarian Dysfunction Reports By Year up 299%
- Total Number of Spontaneous Abortion Reports By Year DOWN by 10%
- Total Number of Male Infertility Reports By Year up 320%
- Total Number of Guillian-Bare Syndrome Reports By Year up 520%
- Total Number of Acute Transverse Myelitis Reports By Year up 494%
- Total Number of Seizure Reports By Year up 298%
- Total Number of Narcolepsy & Cataplexy Reports By Year up 352%
- Total Number of Rhabdomyolysis By Year up 672%
- Total Number of Multiple Sclerosis Reports By Year up 614%
- Total Number of Migraine Reports By Year up 352%
- Total Number of Blood Disorder Reports By Year up 204%
- Total Number of Hypertension (High Blood Pressure) Reports By Year up 2,130%
- Total Number of Cerebral Infarct Reports By Year up 294%"

This surely requires immediate and thorough investigation, on the accuracy and the implications.

There is a Politifact article quoting: "Peter Graves, spokesperson for the Defense Health Agency's Armed Forces Surveillance Division, told PolitiFact by email that "in response to concerns mentioned in news reports" the division reviewed data in the DMED "and found that the data was incorrect for the years 2016-2020."[700] Many wonder why it has only just been noticed.

The Daily Expose have published an article discussing the manipulation of the data by the military, they refer to as the "doctoring" of data by the DoD.[701] There are claims that cases are being deleted from the data base.

Army flight Surgeon_Aerospace & Occupational Medicine, Dr Theresa M Long MD, MPH, FS made the following tweet on her observation of DMED data.[702]



7 based-faulty-data-military-

7 ggests Fraud and Cover Up"
ud/

Steve Kirsch looked at the claims that the 2016-2020 data was corrupted and commented on the following issues:

- The symptoms reported in VAERS match the DMED data.
- The range of elevated symptoms is so large
- Only the symptoms relating to the vaccine were "corrupted"

"What's interesting is that only the event counts related to adverse events caused by the vaccines (as determined in VAERS) were affected by this "corruption". That is, huge increases observed prior to the correction were only on symptoms that were vaccine related, not on other symptoms. That makes their "corruption" explanation hard to explain. Very hard to explain."

Kirsch looked at pulmonary embolism (an area of interest to him, that he has written about in the past), in the spreadsheet. Pulmonary embolism has a

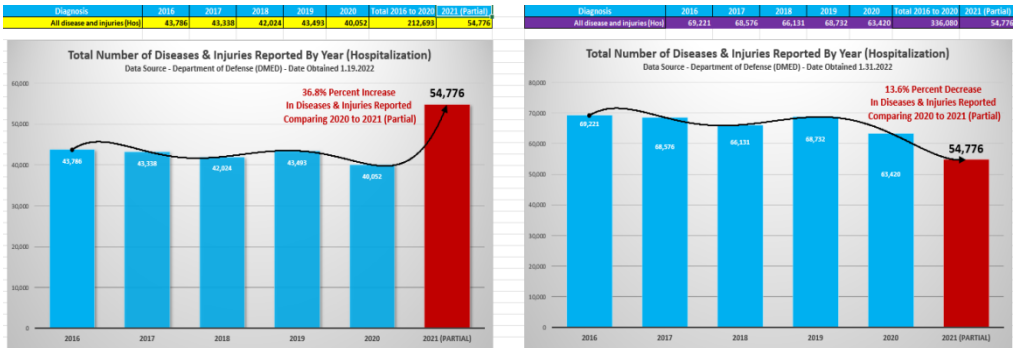
- background rate of 60-70/100,000 in the general population.[703]
- For 1.4M military the expectation is fewer than 839-979/year, because military personnel are generally healthier than the general population.

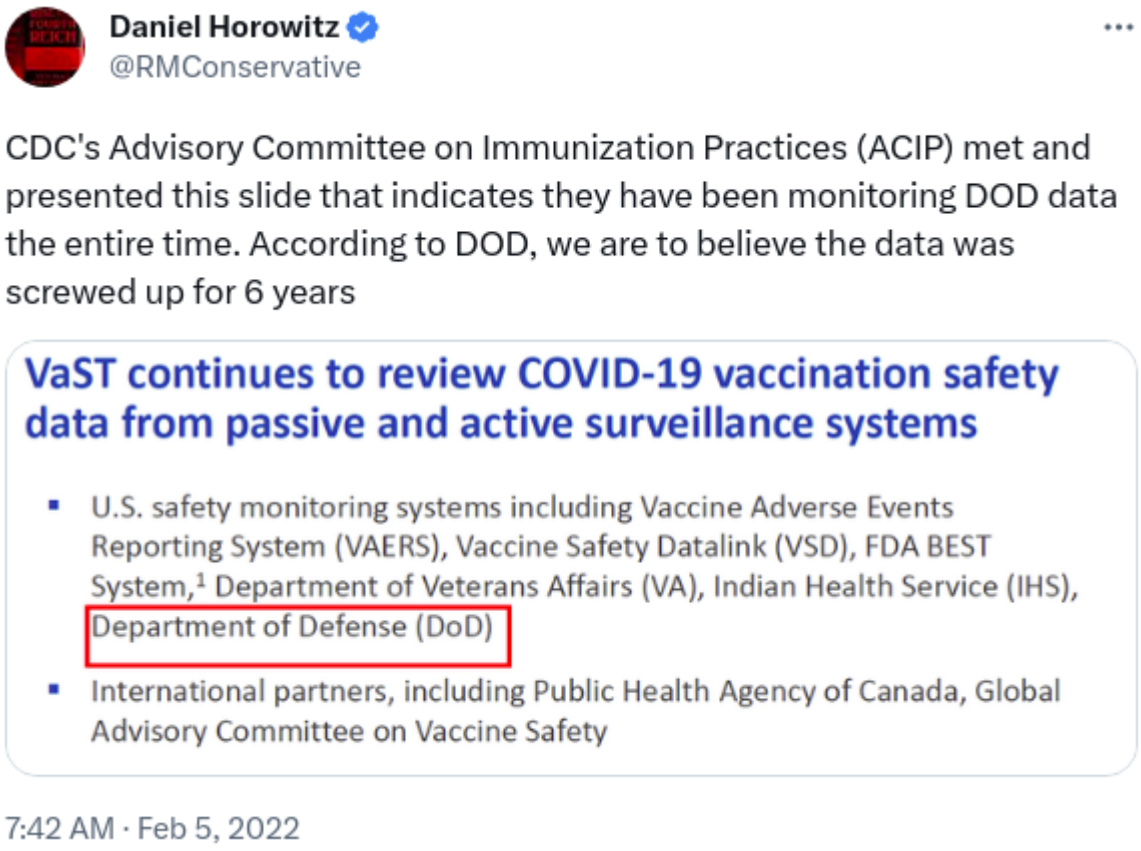
"On the left in the chart below are the numbers before the data was "fixed" by the DoD on January 31, 2022. The rates on the left experienced nearly exactly match what would be expected. In four of the 5 years before the vaccine, the numbers were below 839. And even in the peak year (2020), the numbers are below 979.

The rates on the right hand side after the "corruption" was corrected are simply too high to be believed, roughly around 3 times higher than the normal rates. How do they explain

[703] "Pulmonary embolism, part I: Epidemiology, risk factors and risk stratification, pathophysiology, clinical presentation, diagnosis and nonthrombotic pulmonary embolism" https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC3718593/

that?.....there are other examples of data manipulation that was done that are even more obvious, even to totally untrained observers."





Daniel Horowitz, a senior editor with Blaze media, made the following comment.[704]

The original slide is to found on, the CDC's Advisory Committee on Immunization Practices, (ACIP) November 19 2021 page slide 3.[705]

Daniel Horowitz had the following to say on the topic in his article: "**we would have to believe that the minute they discovered this from Renz, they suddenly discovered the exact**

[704] https://twitter.com/RMConservative/status/1489708357028130821?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1489708357028130821%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fwww.theblaze.com%2Fop-ed%2Fhorowitz-the-pentagons-response-to-the-explosive-dod-medical-data-is-an-even-bigger-story-than-the-data

[705] https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-19/05-COVID-Talbot-508.pdf

numbers. A five-year mistake fixed overnight!

"You know what that means? **The CDC was looking at data for months that showed insane safety signals and did nothing about it, and somehow nobody in HHS or the DOD all along thought the data was a "glitch"**...there was no increase in COVID-related doctor's visits. Just long COVID alone had to register a meaningful increase...All active-duty soldiers have to be medically screened. Obesity, diabetes, and heart conditions are very rare, and the population is generally very young. **If we really have over 20 million diagnoses every year in the military (consisting of about 1.4 million active-duty personnel), there is something seriously wrong, and that in itself is a huge story...we are to believe that there are nearly 1 million nervous system diagnoses in the military every year in a fighting force of 1.4 million? Either there was mass vaccine injury in the military, or our military has been very unhealthy and the Pentagon completely lost control over epidemiological surveillance of these health issues for years.**"[706] (emphasis added)

Horowitz also notes in his article that while the original data showed an increase in pericarditis, the adjusted data does not, which is not in line with the rest of the population. Myocarditis, much publicised, showed an increase in the adjusted data.

[706] "Horowitz: The Pentagon's RESPONSE to the explosive DOD data is an even bigger story than the data" https://www.theblaze.com/op-ed/horowitz-the-pentagons-response-to-the-explosive-dod-medical-data-is-an-even-bigger-story-than-the-data