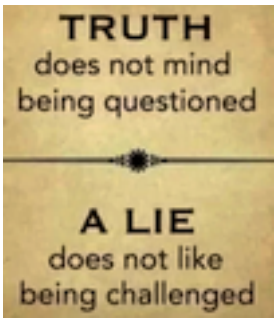

Compilation of Scientific and Medical Research, Data, & Reports

"There is no justification for taking away individuals' freedom in the guise of public safety." — Thomas Jefferson

10 Reasons to Drop Support or Mandates for Investigational COVID-19 Vaccines. July 11, 2021. By Dr. Peter A. McCullough, MD, MPH

1. **COVID-19 vaccination is voluntary research. The COVID-19 public vaccination program operated by the CDC and the FDA is a clinical investigation and under no circumstance can any person receive pressure, coercion, or threat of reprisal on their free choice of participation**. **Violation of this principle of autonomy by any entity constitutes reckless endangerment** with a reasonable expectation of causing personal injury resulting in damages.

2. **COVID-19 vaccines do not work well enough**. The current COVID-19 vaccines are not sufficiently protective against contracting COVID-19 to support its use beyond the current voluntary participation in the CDC sponsored program. A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021. Among these cases, 6,446 (63%) occurred in females, and the median patient age was 58 years (interquartile range = 40–74 years). Based on preliminary data, 2,725 (27%) vaccine breakthrough infections were asymptomatic, 995 (10%) patients were known to be hospitalized, and 160 (2%) patients died. Among the 995 hospitalized patients, 289 (29%) were asymptomatic or hospitalized for a reason unrelated to COVID-19. The median age of patients who died was 82 years (interquartile range = 71–89 years); 28 (18%) decedents were asymptomatic or died from a cause unrelated to COVID-19. Sequence data were available from 555 (5%) reported cases, 356 (64%) of which were identified as SARS-CoV-2 variants of concern, including B.1.1.7 (199; 56%), B.1.429 (88; 25%), B.1.427 (28; 8%), P.1 (28; 8%), and B.1.351 (13; 4%). None of these variants are encoded in the RNA or DNA of the current COVID-19 vaccines. In response to these numerous reports, the CDC announced on May 1, 2021, that community breakthrough cases would no longer be reported to the public and only those vaccine failure cases requiring hospitalization will be reported, presumably on the CDC website (https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm).

3. **The COVID-19 vaccines do not protect against the increasingly prevalent Delta variant**. In the UK SARS-CoV-2 variants of concern report June 25, 2021, of 92,056 cases of delta, 42% were vaccinated.[i] Fortunately, among all Delta cases, there was a 0.3% mortality as compared to the alpha (UK) variant at 1.9%.

4. **COVID-19 vaccines have a dangerous mechanism of action**. The Pfizer, Moderna, and JNJ vaccines are considered "genetic vaccines" or vaccines produced from gene therapy molecular platforms.[ii] [iii] They have a injurious mechanism of action in that they all cause the body to make an uncontrolled quantity of the pathogenic spike protein from the SARS-CoV-2 virus. This is unlike all other vaccines where there is a set amount of antigen or live-attenuated virus. This means for the Pfizer, Moderna, and JNJ vaccines it is not predictable among patients who will produce more or less of the spike protein. The spike protein itself has been demonstrated to injure vital organs such as the brain, heart, lungs, as well as damage blood vessels and directly cause blood clots. Additionally, because these vaccines infect cells within these organs, the generation of spike protein within heart and brain cells in particular, causes the body's own immune system to attack these organs.

5. **There is a burgeoning number of cases of myocarditis or heart inflammation among individuals below age 30 years**.[iv] The Centers for Disease Control has held emergency meetings on this issue and the medical community is responding to the crisis and the US FDA has issued a warning on the Pfizer and Moderna vaccines for myocarditis.[v] It is known that myocarditis causes injury to heart muscle cells and may result in permanent heart damage leading to heart failure, arrhythmias, and cardiac death. Because this risk is not predictable and the early reports may represent just the tip of the iceberg, no individual under age 30 under any set of circumstances should feel any obliged to take this risk with the current genetic vaccines particular the Pfizer and Moderna products.

6. The US FDA has given an update on the JNJ vaccine concerning the risk of cerebral venous sinus thrombosis in women ages 18-48 associated with low platelet counts.[vi] Because this risk is not predictable **no woman under age 48 under any set of circumstances should feel any obliged to take this risk with the JNJ vaccine**.

7. **COVID-19 vaccines are generating record safety reports**. In 1990, the Vaccine Adverse Event Reporting Systems ("VAERS") was established as a national early warning system to detect possible safety problems in U.S. licensed vaccines.[vii] VAERS is a passive reporting system, meaning it relies on individuals to voluntarily send in reports of their experiences to CDC and FDA. VAERS is useful in detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine. The total safety reports in VAERS all vaccines per year up to 2019 was 16,320. The total safety reports in VAERS for COVID Vaccines alone through July 7, 2021 is 438,440.[viii]

8. **People are dying and being hospitalized in record numbers in the days after COVID-19 vaccination**. Based on VAERS as of June 25, 2021, there were 9,048 COVID-19 vaccine deaths reported and over 26,818 hospitalizations reported for the COVID-19 vaccines (Pfizer, Moderna, JNJ). By historical comparison, from 1999, until December 31, 2019, VAERS received 3,167 death reports (158 per year) adult death reports for all vaccines combined. Thus, the COVID-19 mass vaccination is associated with at least 57-fold increase annualized vaccine deaths reported to VAERS. COVID-19 vaccine adverse events account for 99% of all vaccine-related AEs from Dec 2020 through present in VAERS.

9. **The safety profile is unknown and there is a reasonable expectation for harm for the following groups at all age ranges**: COVID-19 recovered, suspected COVID-19 recovered, women of childbearing potential, children, persons with one or more chronic diseases.

10. **Any personal choice or protected health information concerning the COVID-19 vaccine and its complications is confidential and anonymous according to federal law**, otherwise, you will be subject to additional federal fines and penalties for violation of protected health information laws and statutes.

In conclusion, the investigational, genetic COVID-19 vaccines are not safe for general use and cannot be deployed indiscriminately unless proven otherwise. Please cease and desist pressure/harassment/mandates for COVID-19 vaccination.

[i]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997418/Variants_of_Concern_VOC_Technical_Briefing_17.pdf

[ii] To KKW, Cho WCS. An overview of rational design of mRNA-based therapeutics and vaccines. Expert Opin Drug Discov. 2021 May 31. doi: 10.1080/17460441.2021.1935859. Epub ahead of print. PMID: 34058918.

[iii] Doerfler W. Adenoviral Vector DNA- and SARS-CoV-2 mRNA-Based Covid-19 Vaccines: Possible Integration into the Human Genome - Are Adenoviral Genes Expressed in Vector-based Vaccines? Virus Res. 2021 Jun 1;302:198466. doi: 10.1016/j.virusres.2021.198466. Epub ahead of print. PMID: 34087261; PMCID: PMC8168329.

[iv] Abu Mouch S, Roguin A, Hellou E, Ishai A, Shoshan U, Mahamid L, Zoabi M, Aisman M, Goldschmid N, Berar Yanay N. Myocarditis following COVID-19 mRNA vaccination. Vaccine. 2021 Jun 29;39(29):3790-3793. doi: 10.1016/j.vaccine.2021.05.087. Epub 2021 May 28. PMID: 34092429; PMCID: PMC8162819.

[v] https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-june-25-2021

[vi] https://www.fda.gov/news-events/press-announcements/joint-cdc-and-fda-statement-johnson-johnson-covid-19-vaccine

[vii]VAERS may be publicly accessed at https://www.openvaers.com/covid-data.

[viii] VAERS may be publicly accessed at https://www.openvaers.com/covid-data (accessed July 9, 2021)