Lorraine Oley Cull, Master Science in Nursing Administration, RN Board Certified Informatics
No child 5-11 years old should receive the mRNA experimental COVID-19 injection /vaccine with a known Covid-19 infection survival rate of 99.9973%

Statement 1- to FDA – COVID 19 experimental Injection/vaccination *MUST NOT* be administered to children. CDC Vaccine Adverse Event Reporting (VAERS) compiled data shows 16,766 reports of deaths and 798,636 adverse events injuries December 14, 2020 - October 8, 2021 CDC release date.
Retrieved 10/21/2021 @ https://childrenshealthdefense.org/defender/vaers-cdc-covid-vaccine-injuries-deaths-fda-booster-shots/

Supporting statements and links provided.
How many deaths will it take until we know that too many people have died from this injection? What is the line in the sand that deaths are acceptable?

1. COVID -19 is experimental injection/vaccination. There is no justification or circumstances to administer to 5–11-year-old or any age without informed, non-coerced consent.
2. Physicians have demonstrated successful outpatient treatment resulting in reduction in hospitalizations and deaths.
3. "Federal Law Prohibits Mandates of Emergency Use COVID Vaccines, Tests, Masks." https://childrenshealthdefense.org/defender/resources-federal-law-prohibits-mandates-emergency-use-covid-vaccines-tests-masks/
   Retrieved 10/21/2021
4. Safety and Effectiveness of experimental mRNA injection/vaccine study is not complete to justify for deployment into the arms of people all over the globe.
5. The injection of mRNA contents has never been used in a human. The study to EUA was given to a study conducted over 8 months instead of the normal years it takes to bring a new injection to market.
6. mRNA Injections/Vaccine study data will not be available until 2022 and 2023. Pfizer, Moderna, Astra, and Johnson & Johnson companies will analyze the data for safety and effectiveness. This is an ongoing experiment on the entire human population.
7. Comirnaty which has had FDA approval although is very confusing as it is not available from Pfizer

Statement 2 – CDC/ Vaccine Adverse Event Reporting System (VAERS) has more deaths and injuries than all other vaccinations in history combined. Suppressed on mainstream media.

1. Deaths from vaccine CDC VAERS compilation from 10/08/2021
   16,796. (Note foreign and domestic from this website)
   https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes
   Retrieved 10/20/2021

2. Injuries from Vaccine CDC Vaccine Adverse Reporting System (VAERS) compilation from 10/08/2021
   946,514. (Note foreign and domestic from this website)
   https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19
   Retrieved 10/21/2021

3. OpenVAERS compilation of VAERS December 14, 2020 to October 8, 2021.

Deaths	16,766
Total Adverse Events	798,636
Hospitalizations	79,669
Anaphylaxis	7,336
Bell Palsy	9,787
Miscarriages	2,508
Heart Attacks	8,136
Myocarditis/Pericarditis	9,470
Permanently disabled	24,805
Thrombocytopenia/Low Platelet	3,735
Life Threatening	18,239
Severe allergic Reaction	31,196`
Shingles	9,472

   https://openvaers.com/covid-data
   Retrieved 10/21/2021

4. Senator Johnson July 13, 2021, letter to FDA, CDC, NIH,
"I write to request information regarding your agencies' efforts to monitor and effectively utilize reports of adverse reactions to COVID-19 vaccines."
https://www.ronjohnson.senate.gov/services/files/17788FED-A947-4143-8C1B-95C59E60EE87
Retrieved 10.20/2021
Three sections copied from the letter to FDA, CDC, NIH follows

"Questions for Acting Commissioner Woodcock
1. FDA stated it planned to use the Sentinel System to monitor adverse events following COVID-19 vaccination.16 Has FDA used the Sentinel System? If yes, please answer the following subquestions; if no, please explain why not. a. What information has FDA gathered in the Sentinel System and how has it been used? b. Has FDA made this information public? If not, why not? c. Please provide all information concerning adverse events gathered from the Sentinel System. 2. FDA stated it planned to use the Biologics Effectiveness and Safety System (BEST System) to monitor adverse events following COVID-19 vaccination.17 Has FDA used the BEST System? If yes, please answer the following subquestions; if no, please explain why not. a. What information has FDA gathered in the BEST System and how has it been used? b. Has FDA made this information public? If not, why not? c. Please provide all information concerning adverse events gathered from the BEST System. 3. FDA listed an additional 18 data sources of electronic health records and claims records it planned to use to monitor adverse events following COVID-19 vaccination.18 Has FDA used these 18 data sources? If yes, please answer the following subquestions for each data source used; if no, for each data source not used please explain why not. a. What information has FDA gathered and how has it been used?
b. Has FDA made this information public? If not, why not? c. Please provide all information concerning adverse events gathered. 4. FDA stated "Division of Epidemiology physicians will be reviewing the serious adverse event reports that come into the vaccines."19 Have these physicians conducted reviews of serious adverse events following COVID-19 vaccination? If yes, please answer the following subquestions; if no, please explain why not. a. What have the physicians' reviews found and how have their findings been used? b. Has FDA made this information public? If not, why not? c. Please provide all information concerning adverse events gathered from these reviews. 5. FDA stated it planned to do near real-time surveillance or rapid cycle analysis on adverse events following COVID-19 vaccination.20 Has FDA done this analysis? If yes, please answer the following subquestions; if no, please explain why not. a. What are the results of FDA's near real-time surveillance or rapid cycle analysis and how has FDA used these results? b. Has FDA made this information public? If not, why not? c. Please provide all information concerning adverse events gathered by this surveillance or analysis. 6. FDA mentioned a list of possible adverse events that FDA would be monitoring following COVID-19 vaccination.21 Please provide a complete list of all adverse events that FDA is monitoring relating to COVID-19 vaccines.
7. Has FDA used databases and other sources to monitor adverse events relating to children and adolescents who have received a COVID-19 vaccine? If so, please identify which databases and other sources FDA has used, including what information it identified, in what source, and whether that information was made public. Please provide all information FDA has gathered from these sources.

Questions for Director Walensky
1. CDC stated it planned to use v-safe to monitor for adverse events following COVID-19 vaccination. Has CDC used v-safe?22 If yes, please answer the following subquestions; if no, please explain why not. a. What information has CDC gathered in v-safe and how has it been used? b. Has CDC

made this information public? If not, why not? c. Please provide all information concerning adverse events gathered from v-safe.
CDC stated v-safe would include active telephone follow-ups on clinically important adverse event reports – such as an individual missing work.23 Has CDC conducted active telephone follow-ups? If yes, please answer the following subquestions; if no, please explain why not. a. How many active telephone follow-ups has CDC conducted? b. What information has CDC gathered from these active telephone follow-ups? c. Please provide all information concerning adverse events gathered from these active telephone follow-ups. 3. CDC stated it planned to "do facilitated VAERS reporting for healthcare workers and long-term care facility residents in CDC's National Health Care Safety Network."24 Has CDC facilitated this VAERS reporting? If yes, please answer the following subquestions; if no, please explain why not. a. What information has CDC gathered in the facilitated VAERS reporting and how has it been used? b. Has CDC made this information public? If not, why not? c. Please provide all information concerning adverse events gathered from the facilitated VAERS reporting. 4. CDC stated it planned to use the Vaccine Safety Datalink to monitor for adverse events following COVID-19 vaccination.25 Has CDC used the Vaccine Safety Datalink? If yes, please answer the following subquestions; if no, please explain why not. a. What information has CDC gathered in the Vaccine Safety Datalink and how has it been used? b. Has CDC made this information public? If not, why not? c. Please provide all information concerning adverse events gathered from the Vaccine Safety Datalink. 5. CDC stated it planned use the Clinical Immunization Safety Assessment Project to monitor adverse events following COVID-19 vaccination.26 Has CDC used the Clinical Immunization Safety Assessment Project? If yes, please answer the following subquestions; if no, please explain why not. a. What information has CDC gathered in the Clinical Immunization Safety Assessment Project and how has it been used? b. Has CDC made this information public? If not, why not? c. Please provide all information concerning adverse events gathered from the Clinical Immunization Safety Assessment Project

Questions for Director Collins

1. Please explain how NIH monitors for adverse events relating to COVID-19 vaccines. 2. Please explain how NIH plans to monitor for special interest adverse events following COVID-19 vaccination during the two-year post vaccination period, including a list of all special interest adverse events it monitors and all data sources NIH uses to monitor those events. 3. I have sent three oversight letters, talked with you over the phone in December, 2020 and in person in April, 2021 regarding what NIH did to explore early treatment using generic repurposed drugs.27 During the December phone call, you indicated NIH has spent hundreds of millions of dollars and researched hundreds of potential existing drugs for treating COVID-19. Unfortunately, even though I have repeatedly asked for you to provide detail and documentation of these efforts, NIH has stonewalled my oversight request and to date I've received no relevant information. Please consider this letter as yet another legitimate request for this important information that should be made public.
I also believe that FDA, CDC, and NIH should as soon as possible convene a public hearing of the Data and Safety Monitoring Board to review overall safety with a focus on serious adverse events including instances of hospitalizations and deaths, which have been reported through VAERS. The hearing should discuss the rate at which Americans are experiencing severe adverse events, such as hospitalization or death, the proximity between occurrence of a severe adverse event and vaccination, and what risk mitigation measures are being put in place to make the vaccination program safer for our country."
https://www.ronjohnson.senate.gov/services/files/17788FED-A947-4143-8C1B-95C59E60EE87
Retrieved 10/20/2021

5. AFFIDAVIT OF LTC. THERESA LONG M.D. IN SUPPORT OF A MOTION FOR A PRELIMINARY INJUNCTION ORDER

Excerpt from Motion

"38. I can report of knowing over fifteen military physicians and healthcare providers who have shared experiences of having their safety concerns ignored and being ostracized for expressing or reporting safety concerns as they relate to COVID vaccinations. The politicization of SARs-CoV-2, treatments and vaccination strategies have completely compromised long-standing safety mechanisms, open and honest dialogue, and the trust of our service members in their health system and healthcare providers.

39. The subject matter of this Motion for a Preliminary Injunction and its devastating effects on members of the military compel me to conclude and conduct accordingly as follows:

1. a) None of the ordered Emergency Use Covid 19 vaccines can or will provide better immunity than an infection-recovered person;
2. b) All three of the EUA Covid 19 vaccines (Comirnaty is not available), in the age group and fitness level of my patients, are more risky, harmful and dangerous than having no vaccine at all, whether a person is Covid recovered or facing a Covid 19 infection.
3. c) Direct evidence exists and suggests that all persons who have received a Covid 19 Vaccine are damaged in their cardiovascular system in an irreparable and irrevocable manner;
4. d) Due to the Spike protein production that is engineered into the user's genome, each such recipient of the Covid 19 Vaccines already has micro clots in their cardiovascular system that present a danger to their health and safety;
5. e) That such micro clots over time will become bigger clots by the very nature of the shape and composition of the Spike proteins being produced and said proteins are found throughout the user's body, including the brain;
5. f) That at the initial stage this damage can only be discovered by a biopsy or Magnetic Resonance Image ("MRI") scan;
6. g) That due to the fact that there is no functional myocardial screening currently being conducted, it is my professional opinion that substantial foreseen risks currently exist, which require proper screening of all flight crews.
7. h) That, by virtue of their occupations, said flight crews present extraordinary risks to themselves and others given the equipment they operate, munitions carried thereon and areas of operation in close proximity to populated areas.
8. i) That, without any current screening procedures in place, including any Aero Message (flight surgeon notice) relating to this demonstrable and identifiable risk, I must and will therefore ground all active flight personnel who received the vaccinations until such time as the causation of these serious systemic health risks can be more fully and adequately assessed.
9. j) That, based on the DOD's own protocols and studies, the only two valuable methodologies to adequately assess this risk are through MRI imaging or cardio biopsy which must be performed.
10. k) That, in accordance with the foregoing, I hereby recommend to the Secretary of Defense that all pilots, crew and flight personnel in the military service who required hospitalization from injection or received any Covid 19 vaccination be grounded similarly for further dispositive assessment.
11. l) That this Court should grant an immediate injunction to stop the further harm to all military personnel to protect the health and safety of our active duty, reservists and National Guard troops.

40. I am competent to opine on the medical and flight readiness aspects of these allegations based upon my above-referenced education and professional medical, aviation and military experience and the basis of my opinions are formed as a result of my education, practice, training and experience.

41 As an Aerospace Medicine Specialist, and flight surgeon responsible for the lives of our Army pilots, I confirm and attest to the accuracy and truthfulness of my foregoing statements, analysis and attachments or references hereto:"
https://www.deepcapture.com/2021/09/affidavit-of-ltc-theresa-long-m-d-in-support-of-a-motion-for-a-preliminary-injunction-order/

Retrieved October 21, 2021

Statement 3 – Fewer than 1% deaths and Injuries reported and VAERS not reliable data

1. **Electronic Support for Public Health Vaccine Adverse Event Reporting System (ESP:VAERS)**
   https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf
   Retrieved 10/20/2021
   Results Page 6
   "Adverse events from drugs and vaccines are common but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported.
   Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation"
   Page 6.

2. **Shockingly, CDC Now Lists Vaccinated Deaths as Unvaccinated**, By Dr. Mercola Posted September 15, 2021
   "According to the U.S. Centers for Disease Control and Prevention, you're not counted as fully vaccinated until a full 14 days have passed since your second injection in the case of Pfizer or Moderna, or 14 days after your first dose of Janssen, despite the fact that over 80% of deaths after the vaccines occur in this window. How convenient
   Anyone who dies within the first 14 days post-injection is counted as an unvaccinated death. Not only does this inaccurately inflate the unvaccinated death toll, but it also hides the real dangers of the COVID shots, as the vast majority of deaths from these shots occur within the first two weeks."
   https://flybynews.wordpress.com/2021/09/15/shockingly-cdc-now-lists-vaccinated-deaths-as-unvaccinated/
   Retrieved 10/21/2021

Statement 3 -Expert Professional Opinion Dr. Robert Malone: Inventor of mRNA Vaccines concerns about vaccine

1. **Dr. Robert Malone: Inventor of mRNA Vaccines Talks About Dangers of COVID-19 mRNA Vaccines Published August 31, 2021**
   https://rumble.com/vlx5og-dr.-robert-malone-inventor-of-mrna-vaccines-talks-about-dangers-of-covid-19.html
   Retrieved 10/21/2021

2. **mRNA Vaccine Pioneer Dr. Malone on Latest COVID Data & the Shattered Scientific 'Consensus September 21, 2021**
   https://www.youtube.com/watch?v=6oqv-BaRmow
   Retrieved 10/21/2021

Statement 4 -Expert Professional Opinion Dr. Yeadon, Former Pfizer VP and Virologist

1. **"**Former Pfizer VP and Virologist, Dr. Michael Yeadon, is one of the most credentialed medical professionals speaking out about the dangers of the #Covid19 vaccines yet it has fallen on deaf ears. With great honor, The HighWire gives Dr. Yeadon the floor to break down his "list of lies" that keeps him up at night, when it comes to lockdowns, masks, PCR testing, natural immunity, and why he thinks our health leaders have abandoned science and reason**."**
   https://podcasts.apple.com/us/podcast/pfizer-vp-the-thing-to-be-terrified-of-is-your-government/id1227863378?i=1000525645152
   Retrieved 10/21/2021

Statement 5 - There is no medical identified need for experimental COVID injection /vaccine. There is evidence of successful early outpatient treatment saves lives.

There life saving outpatient treatment to for COVID as evidence by:
Testimony and publications

1. **Dr. Vladimir Zelenko Protocols against Covid-19**
   https://vladimirzelenkomd.com/
   Retrieved 10/21/2021
2. **Dr. Zelenko** nominated for the Nobel Prize and Presidential Medal of Freedom for successful outpatient treatment. He researched and discovered successful early outpatient treatment for Covid 19; depending on risk with over-the-counter ZINC, QUERCETIN, VITAMIN C, VITAMIN D medicines or prescriptions for high-risk patients to include but not limited to Hydroxychloroquine and Ivermectin prescriptions (links provided to citations below). He has treated **7,000 patients** saving lives avoiding hospitalizations. He has trained **one thousand physicians** and that has resulted in saving millions of lives. (The evidence can be reviewed on the links below).
3. *(**He shared significant personal challenges of his own with health diagnosis He has maintained clinical courage and maintain physical stamina to continue the goal to save lives with early outpatient treatment of COVID 19.** In interviews he shared that three years ago he had pulmonic valve cancer and his doctor told him it had 100% mortality. He embarked on research to find a drug that would improve his chance of survival. He reviewed a drug that might help and reviewed with his doctor and his doctor agreed to try the treatment. He had his pulmonic valve replaced and one lung removed. A year later he developed hip sarcoma and had to have surgery and chemotherapy. His doctor advised to continue only with telehealth because of the risk of chemotherapy. In the last few months, he recently shared in the that he has a recurrence of cancer and will be currently undergoing immunotherapy and chemotherapy. He continues media interviews remotely to share how to fight the virus successfully He has shared he thinks we are on the verge of genocide, and he does not say that lightly. He comes from a communist country, and he has forty relatives who were victims of genocide that were either shot or buried alive. He hopes he is wrong about being on the verge of genocide.
   Early Treatment of COVID 19 can save lives: 1. Physician must initiate proven outpatient treatment as early as possible to stop virus replication that leads to inflammation and infection that kills people. 2. Physician must engage in hyperaggressive treatment for the vaccinated if they show any symptoms of illness and 3. Stop vaccinations. Medical dialogue must include exchange of data, science, and evidence, not just rhetoric.*

   Covid - 19 Outpatient p risk stratified Treatment with zinc plus low dose Hydroxychloroquine and azithromycin a retrospective case study
   https://www.sciencedirect.com/science/article/pii/S0924857920304258
   Retrieved 10/20/2021

   Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)
   Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)
   Retrieved 10/20/2021

   Dr. Zelenko video speaks to a rabbinical court in Jerusalem.to Israel
   https://americasfrontlinedoctors.org/2/videos/dr-zelenko-speaks-to-a-rabbinical-court-in-jerusalem/
   Retrieved 10/21/2021

2. **"Heroes of the Pandemic Meet 15 of the leading physicians and scientists at the forefront of the counter-narrative on COVID-19."** October 2, 2021
   https://amgreatness.com/2021/10/02/heroes-of-the-pandemic/
   Retrieved 10/21/2021

3. **Dr. Peter McCullough** May 11, 2021, Texas Senate HHS
https://www.youtube.com/watch?v=QAHi3lX3oGM
Retrieved 10/20/2021

4. **Dr. Richard Urso** March 11, 2021, testifies Texas Senate HHS Committee
https://www.youtube.com/watch?v=d8o58HB8uYE
Retrieved 10/20/2021

5. **Dr. Peter McCullough, Dr. Harvey Reisch, Dr. Ashish K. Jha, M.D., M.P.H., George C. Fareed, M.D**. November 19, 2020, 09:00 AM Location: SD-342, Dirksen Senate Office Building and via Videoconference
Early Outpatient Treatment: An Essential Part of a COVID-19 Solution Testimony
https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution
Retrieved 10/20/2021

6. **Harvey A. Reisch, MD, PhD**
Professor of Epidemiology, Yale School of Public Health, PDF of testimony
https://www.hsgac.senate.gov/imo/media/doc/Testimony-Risch-2020-11-19.pdf
Retrieved 10/20/2021

7. **Dr. Pierre Kory, MD testimony video**
Doctor pleads for review of data during COVID-19 Senate hearing
https://www.youtube.com/watch?v=1vWXMlWUm5k
Retrieved /10/20/2021

8. **Pierre Kory, MD** testimony pdf Homeland Security Committee Meeting: Focus on Early Treatment of COVID-19 December 8, 2020, PDF
https://www.hsgac.senate.gov/imo/media/doc/Testimony-Kory-2020-12-08.pdf
Retrieved 10/20/2021

9. **George Fareed, MD speech COVID-19 Summit, Rome, 09132021**
https://rumble.com/vmhhnr-george-fareed-speech-covid-19-summit-rome-09132021.html
Retrieved 10/20/2021

10. **Anti-SARS-CoV-2 Monoclonal Antibodies**
https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/
Retrieved 10/21/2021

Statement 6 - Evidence of Technology and mainstream Suppression of information and medical treatment. Mainstream media 24/ 7 has all same government narrative for fear and vaccination. No other medical opinions covered.

1. **My personal experience of media suppression of conference in May 2021.Truth over Fear video streaming** was deleted by the video platform company during a live question and answer session. 40 presenters were scheduled to talk and included doctors, medical, researchers, lawyers, and journalists. The video streaming was stopped within the first four hours. Senator Dr. Scott Jensen was in the middle of a live question and answer session discussing the need for a mortality review of COVID deaths. The media platform sent a message they took down the site and no further viewing was available. The conference coordinator said the media company took 50,000 participant registration information. The coordinator was able to obtain another media company to sponsor the platform the following weekend.
https://www.restoretheculture.com/
Retrieved 10/21/2021

2. **Dr. Kory testimony** on Ivermectin deleted as evidenced by the following link which I watch the testimony but not available anymore 10/20/2021. States violates "This video has been removed for violating YouTube's Community Guidelines"
   https://www.youtube.com/watch?v=19DPijOoVKE
   Retrieved 10/20/2021

3. **The Lancet -One of the most prestigious medical publications retracted an article on Hydroxychloroquine dangers.** The article concluded Hydroxychloroquine was dangerous in a study claiming **data of 96,032 patients. The Lancet was unable to produce the data when requested.**
   https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931180-6/fulltext
   Retrieved 10/20/2021

4. **Dr. Rick Bright blocks Hydroxychloroquine for outpatient treatment**.
   https://aapsonline.org/fda-bureaucrat-brags-he-blocked-physician-prescribing-of-hydroxychloroquine-in-early-covid-19/
   Retrieved 10/.20/2021

5. **Successful treatment bans by WHO list of essential medicines but Ivermectin and Hydroxychloroquine on list of essential medicines**.
   https://principia-scientific.com/who-bans-covid-cure-but-it-is-on-their-model-list-of-essential-medicines/
   Retrieved 10/20/2021

6. **LinkedIn Deletes Account of mRNA Vaccine Pioneer Who Questioned Risks of COVID-19 Shots**
   Retrieved 10/20/2021

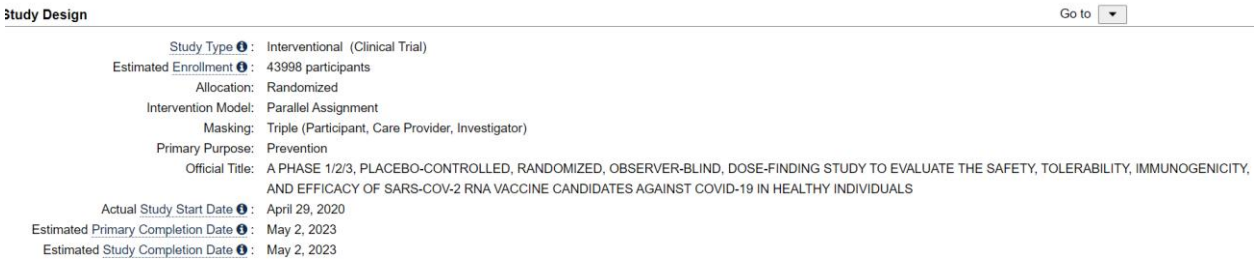
7. **Pharmacy not filling** Hydroxychloroquine and Ivermectin if prescribed for COVID. Doctors share their stories of pharmacist not practicing within the pharmacist scope of license; telling doctors how to treat patients.

8. **American Medical Association has published terms to use to talk about COVID.**
   "AMA COVID-19 GUIDE Background/messaging on vaccines, vaccine clinical trials &combatting vaccine misinformation"
   "It is critical that physicians and patients have confidence in the safety and efficacy of COVID-19 vaccines as they become available for public use"
   https://www.ama-assn.org/system/files/2021-02/covid-19-vaccine-guide-english.pdf
   Retrieved 10/21/2021
   (Note there is no safety and efficacy data of the individual mRNA injections/vaccinations. See Statement #7 with the clinicaltrials.gov)

9. **Facebook** blocked my personal post May 7- June 7, 2021. I posted testimony from the Texas Senate hearings on no vaccine mandates of two hundred testimonies. After I was censored, I saw video by a FB whistleblower who showed an algorithm of what FB wanted censored on vaccine information.

Statement 7 - The experimental COVID injection vaccines studies are not complete and have never been used before

1. **Pfizer BIO Tech Trial Results of safety and efficacy study to be completed May 2, 2023**"
"Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals"



Study Design Go to

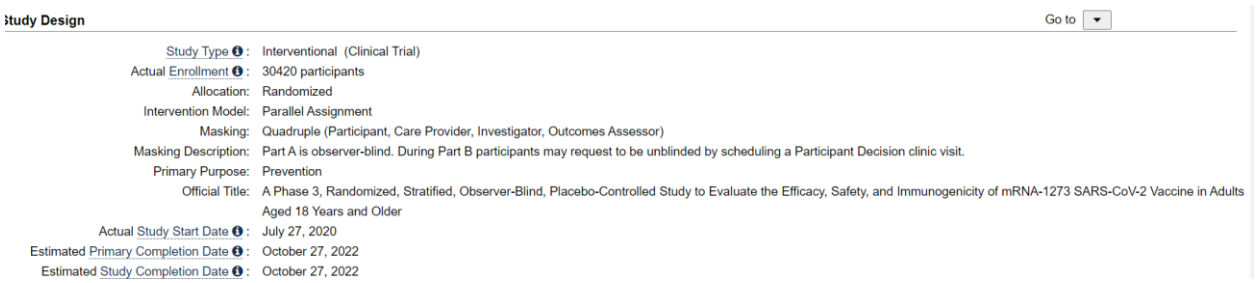
Study Type :	Interventional (Clinical Trial)
Estimated Enrollment :	43998 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Masking:	Triple (Participant, Care Provider, Investigator)
Primary Purpose:	Prevention
Official Title:	A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS
Actual Study Start Date :	April 29, 2020
Estimated Primary Completion Date :	May 2, 2023
Estimated Study Completion Date :	May 2, 2023

https://clinicaltrials.gov/ct2/show/NCT04368728
Retrieved 10/20/2021

(Note: Experimental Comirnaty which has FDA approval is not available per Pfizer customer service conversation 10/2021. Recorded conversation.)

Senator Johnson questions FDA Pfizer Comirnaty difference
https://childrenshealthdefense.org/defender/sen-ron-johnson-questions-fda-pfizer-vaccine-approval/
Retrieved 10/21/2021

2. **Moderna Trial Results of safety and efficacy study to be completed October 27,2022.**
"A Study to Evaluate Efficacy, Safety, and Immunogenicity of mRNA-1273 Vaccine in Adults Aged 18 Years and Older to Prevent COVID-19"

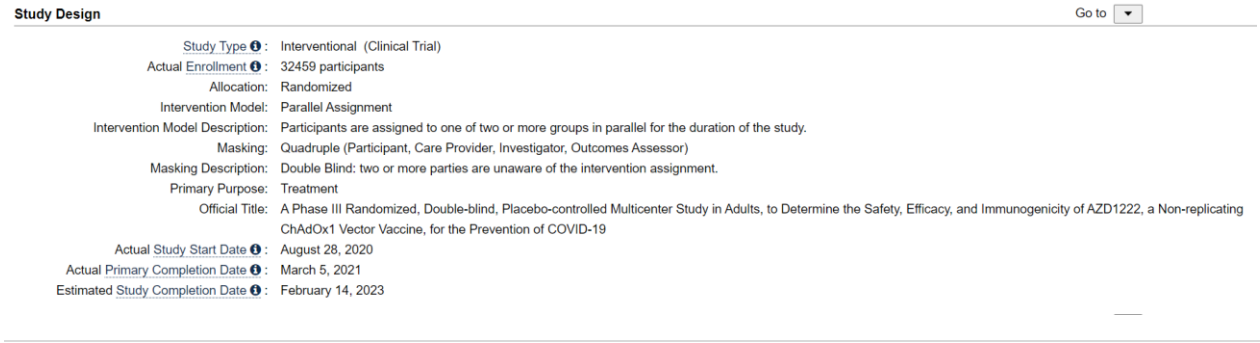


Study Design Go to

Study Type :	Interventional (Clinical Trial)
Actual Enrollment :	30420 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Masking:	Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)
Masking Description:	Part A is observer-blind. During Part B participants may request to be unblinded by scheduling a Participant Decision clinic visit.
Primary Purpose:	Prevention
Official Title:	A Phase 3, Randomized, Stratified, Observer-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Immunogenicity of mRNA-1273 SARS-CoV-2 Vaccine in Adults Aged 18 Years and Older
Actual Study Start Date :	July 27, 2020
Estimated Primary Completion Date :	October 27, 2022
Estimated Study Completion Date :	October 27, 2022

https://clinicaltrials.gov/ct2/show/NCT04470427
Retrieved 10/20/2021

3. **AstraZeneca - Trial results of safety and efficacy to be completed Feb 14, 2023**
"Phase III Double-blind, Placebo-controlled Study of AZD1222 for the Prevention of COVID-19 in Adults"

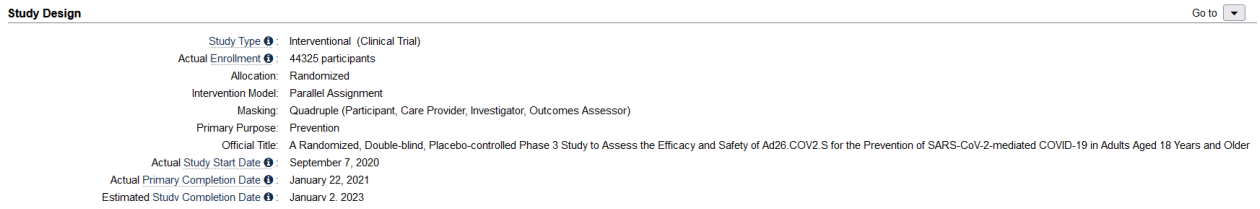


Study Design Go to

Study Type :	Interventional (Clinical Trial)
Actual Enrollment :	32459 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Intervention Model Description:	Participants are assigned to one of two or more groups in parallel for the duration of the study.
Masking:	Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)
Masking Description:	Double Blind: two or more parties are unaware of the intervention assignment.
Primary Purpose:	Treatment
Official Title:	A Phase III Randomized, Double-blind, Placebo-controlled Multicenter Study in Adults, to Determine the Safety, Efficacy, and Immunogenicity of AZD1222, a Non-replicating ChAdOx1 Vector Vaccine, for the Prevention of COVID-19
Actual Study Start Date :	August 28, 2020
Actual Primary Completion Date :	March 5, 2021
Estimated Study Completion Date :	February 14, 2023

https://clinicaltrials.gov/ct2/show/NCT04516746
Retrieved 10/20/2021

4. **A Study of Ad26.COV2.S for the Prevention of SARS-CoV-2-Mediated COVID-19 in Adult Participants (ENSEMBLE)**



Study Design Go to

Study Type :	Interventional (Clinical Trial)
Actual Enrollment :	44325 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Masking:	Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)
Primary Purpose:	Prevention
Official Title:	A Randomized, Double-blind, Placebo-controlled Phase 3 Study to Assess the Efficacy and Safety of Ad26.COV2.S for the Prevention of SARS-CoV-2-mediated COVID-19 in Adults Aged 18 Years and Older
Actual Study Start Date :	September 7, 2020
Actual Primary Completion Date :	January 22, 2021
Estimated Study Completion Date :	January 2, 2023

https://clinicaltrials.gov/ct2/show/NCT04505722
Retrieved 10/21/2021

Statement 8 - COVID infection survival rate 99.9973% age 0-19 years

1. **Infection fatality rate of COVID-19 in community-dwelling populations with emphasis on the elderly: An overview**
   https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1.article-info
   Retrieved 10/20/2021

2. **Dr. Angelina Farella - Texas Senate Hearing May 7,2021**
   https://www.youtube.com/watch?v=mIPb0AtEvAE
   Retrieved 10/20/2021

Statement 9 - No PCR test can confirm COVID virus - Experimental Use Authorization cannot differentiate COVID from other virus and should not be uses for diagnosis/ FDA recall PCR false results

1. **CDC 2019 Novel Coronavirus (nCoV) Real-Time RT-PCR Diagnostic Panel - Instructions for Use (fda.gov)**
   "PCR positive indicative of active infection with SARS-COV-2 BUT DO NOT RULE OUT BACTERIAL INFECTION OF CO INFECTION WITH OTHER VIRUSES" page 3
   https://www.fda.gov/media/134922/download
   Retrieved 10/20/2021

Results are for the identification of SARS-CoV-2 RNA. SARS-CoV-2 RNA is generally detectable in upper and lower respiratory specimens during infection. Positive results are indicative of active infection with SARS-CoV-2 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all results to the appropriate public health authorities.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Testing with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel is intended for use by trained laboratory personnel who are proficient in performing real-time RT-PCR assays. The CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency Use Authorization.

[1] For this EUA, a healthcare provider includes, but is not limited to, physicians, nurses, pharmacists, technologists, laboratory directors, epidemiologists, or any other practitioners or allied health professionals.

2. **Risk of False Results with the Curative SARS-Cov-2 Test for COVID-19: FDA Safety Communication**
   https://www.fda.gov/medical-devices/safety-communications/risk-false-results-curative-sars-cov-2-test-covid-19-fda-safety-communication
   Retrieved 10/20/2021

3. **Innova Medical Group Recalls Unauthorized SARS-CoV-2 Antigen Rapid Qualitative Test with Risk of False Test Results**
   https://www.fda.gov/medical-devices/medical-device-recalls/innova-medical-group-recalls-unauthorized-sars-cov-2-antigen-rapid-qualitative-test-risk-false-test
   Retrieved 10/20/2021

Statement 10 - Personal knowledge of injuries to others following COVID-19 mRNA injection/vaccine

1. ER visit for swollen leg D Dimer 3.2 (normal .2-.5) three times as high indicating micro clots
2. Shingles 24 hours post vaccination.
3. 24 hours post vaccination Intractable headache requiring multiple visits – ER, PCP, Neurologist, CT scan, MRI, and shortness of breath upon activity i.e., Shower unable to work
4. Nerve pain from arm to fingers and around thoracic area after first injection and continues. Did not get second injection.
5. Intense Chest pain and hypertension crisis post injection requiring doctor visit after first injection. Did not get second.
6. Hypertension crisis requiring blood pressure medication ACEI Lisinopril
7. Possible Multiple Sclerosis still being worked up after vaccination.
8. Fever extreme pain and lethargy entire body requiring Tylenol #4 and not able to work for over a week
9. Rash.

10. New growth after vaccination requiring lung surgery for benign biopsy
11. New growth in breast after vaccination. Benign biopsy
12. Lack of informed consent of risk and benefits – Knowledge deficit of harm -Personal conversation with individuals that informed consent was not done prior to vaccination as required by healthcare providers administering and recipients.

Example 1 of Excerpts from document of Moderna to Healthcare Providers October 20,2021
"MANDATORY REQUIREMENTS FOR MODERNA COVID-19 VACCINE
ADMINISTRATION UNDER EMERGENCY USE AUTHORIZATION In order to mitigate the risks of using this unapproved product under EUA and to optimize the
potential benefit of the Moderna COVID-19 Vaccine, the following items are required. Use of unapproved Moderna COVID-19 Vaccine for active immunization to prevent COVID-19 under this EUA is limited to the following (all requirements must be met): 1. The Moderna COVID-19 Vaccine is authorized for use in individuals 18 years of age and
older. 2. The vaccination provider must communicate to the individual receiving the Moderna COVID-19 Vaccine or their caregiver information consistent with the "Fact Sheet for Recipients and Caregivers" prior to the individual receiving the Moderna COVID-19 Vaccine.

3. The vaccination provider must include vaccination information in the state/local jurisdiction's Immunization Information System (IIS) or other designated system. 4. The vaccination provider is responsible for mandatory reporting of the following to the
Vaccine Adverse Event Reporting System (VAERS):
• vaccine administration errors whether or not associated with an adverse event,
• serious adverse events* (irrespective of attribution to vaccination),
• cases of Multisystem Inflammatory Syndrome (MIS) in adults, and
• cases of COVID-19 that result in hospitalization or death. Complete and submit reports to VAERS online at https://vaers.hhs.gov/reportevent.html.
For further assistance with reporting to VAERS, call 1-800-822-7967. The reports should include the words "Moderna COVID-19 Vaccine EUA" in the description section of the report."
https://www.fda.gov/media/144637/download
Retrieved 10/21/2021

Example 2 - Excerpts from Moderna document for Recipients and Caregivers Fact Sheet
"FACT SHEET FOR RECIPIENTS AND CAREGIVERS
EMERGENCY USE AUTHORIZATION (EUA) OF
THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER'
August 27, 2021
https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf
Retrieved 10/21/2021
"FDA has authorized the emergency use of the Moderna COVID-19 Vaccine, which is not an FDA-approved vaccine".
''WHAT ARE THE RISKS OF THE MODERNA COVID-19 VACCINE?
There is a remote chance that the Moderna COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:
• Difficulty breathing
• Swelling of your face and throat

• A fast heartbeat
• A bad rash all over your body
• Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the Moderna COVID-19 Vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of the Moderna COVID-19 Vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the Moderna COVID-19 Vaccine:
• Chest pain
• Shortness of breath
• Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported in a clinical trial with the Moderna COVID-19 Vaccine include:
• Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
• General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever

Side effects that have been reported during post-authorization use of the Moderna COVID-19 Vaccine include:
• Severe allergic reactions
• Myocarditis (inflammation of the heart muscle)
• Pericarditis (inflammation of the lining outside the heart)

These may not be all the possible side effects of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna COVID-19 Vaccine is still being studied in clinical trials."
https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf
Retrieved 10/21/2021

13. **"Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease"**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7645850/
Retrieved 10/21/2021

Statement 11 - Vaccine Does not prevent COVID or transmission – DOD Most Hospitalization in the Vaccinated

1. "Effectiveness of mRNA COVID-19 Vaccines Against the Delta Variant Among 5.6M Medicare Beneficiaries 65 Years and Older Weekly update of September 28, 2021".
https://www.naturalnews.com/files/Salus_Humetrix_VE_study_2021_09_28.pdf
In this 80% vaccinated >=65 population, an estimated 71% of COVID-19 cases occurred in fully vaccinated individuals
Retrieved 10/20/2021

Statement 12 - Natural Immunity superior throughout history recent testing

1. **Pfizer Vaccine Recipients at 27 Times Greater Risk of Symptomatic COVID Breakthrough than Natural Immunity: Large Israeli Study**
https://www.visiontimes.com/2021/09/14/pfizer-27x-symptomatic-covid-break-through-natural-immunity.html
Retrieved 10/20/2021

2. **"Natural Immunity Longer Lasting Than Protection From COVID-19 Vaccines: Dr. Robert Malone", The Epoch Times September 6, 2021.**
   Natural Immunity Longer Lasting Than Protection From COVID-19 Vaccines: Dr. Robert Malone (theepochtimes.com)
   Retrieved 10/21/2021

Concluding Statement 13 – No child 5- 11 years old be injected with an experimental mRNA injection/vaccine.

Question - Why would Sloan Kettering have an article written August 27, 2018, that addressed mRNA vaccine when COVID 19 was not even discovered?

"Scientists Find Cancer Drivers Hiding in a New Place, August 27, 2018"

"Summary

Researchers at the Sloan Kettering Institute have found that changes in an information-carrying molecule called messenger RNA can inactivate tumor-suppressing proteins and thereby promote cancer. The findings pinpoint previously unknown drivers of the disease. IMPORTANT NOTE: This research does not relate in any way to the COVID-19 vaccines using mRNA. There are thousands of different kinds of mRNA in human cells. Each kind of mRNA does different things. The mRNA used in vaccines does not cause cancer or alter DNA. For accurate information about COVID-19 vaccines and why they don't cause cancer, please visit here. This video explains how mRNA vaccines work."
https://www.mskcc.org/news/scientists-find-cancer-drivers-hiding-new-place
Retrieved 10/21/2021

END OF DOCUMENT