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Public Health | Review

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

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ABSTRACT

The lead author of this 4-part series is a retired attorney, in collaboration with two physicians, presenting evidence from both of their perspectives on one of the most divisive and urgent issues of our day: *are the COVID-19 vaccines really safe, effective and necessary*? Even if the COVID vaccines have been stopped by the time a person is reading this, the entire series is still highly relevant and important far beyond COVID, for at least a few main reasons stated in Part 1. We should be able to trust our government, the media and the vaccine manufacturers when it comes to matters as important as our health, especially when the stakes are literally life or death.

How then do we explain why countless tens of thousands of experienced and well-respected physicians, scientists and other experts worldwide have been willing to risk their reputations, their professional licenses and credentials, and therefore their livelihoods, by daring to contradict the official narrative and even claim that the COVID shots are very dangerous,-and should be halted immediately?

This series answers those questions, including how and why we have been massively betrayed, and the question many in the medical community have been asking when they hear some of this information for the first time: "W*hy haven't we been told this before?"* The truth may be a bitter pill for many to swallow, but the consequences of deception are much worse. It is the authors' strong conviction that if everyone had been aware of even some of the information presented in this series, it is highly doubtful that the vast majority of people would have chosen to get the COVID shots, even when mandated by their employers and threatened with the loss of their jobs.

In the era of COVID, the health care community has been put between a rock and a hard place. However, they are in a unique position to play a pivotal role in bringing this devastating COVID saga to an end. We need to shift our focus to helping restore the lives of those (including those within the health care community) who need physical, emotional and mental healing from the trauma of all things COVID. The fears, depression and all other negative emotions engendered by COVID can be overcome, and there is real hope to have a fresh start in life. But it has to start with the truth about COVID and the vaccines. *What is the truth?* You be the jury. *Whose evidence will you believe?*

This series presents an overview of evidence on several key issues involved in the "safe and effective" debate. Part 1 sets up the controversy, and presents clear evidence that the COVID shots are not true "vaccines," and that a vaccine was not even necessary in the first place. It also raises issues about whether the requirements of Emergency Use Authorization were met.

Part 2 focuses on evidence related to safety and the degree and nature of the harm resulting from the COVID shots. In addition to government data, it includes the results of various studies and important revelations in documents from the regulatory agencies and the manufacturers, as well as information from whistleblowers and former pharmaceutical company employees.

Part 3 focuses on evidence related to the issue of effectiveness of the COVID shots and certain adverse impacts that affect everyone, vaxxed and unvaxxed. It includes reports from autopsies, embalmers and the life insurance industry.

Part 4 concludes with a focus on the "big picture" that "all things COVID" fits into, and why there has been such an unrelenting push for everyone in the world to get vaccinated. It also addresses some of the most controversial issues, such as whether or not these shots can change DNA, and reports of undisclosed substances in the vaccines.

KEYWORDS

Covid -19 vaccines, Pandemic, Medical Industrial Complex, gene therapy, SARS-CoV-2, CDC, Hydroxychloroquine, Ivermectin, Budesonide, Covid deaths

"You may choose to look the other way,
but you can never say again that you did not know."

William Wilberforce

Leader of the movement to abolish slavery in 19th century England

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INTRODUCTION

This 4-part series is particularly helpful for health care professionals and public health officials who have been recommending, promoting or administering the COVID-19 vaccines and for those who are treating vaccine-injured patients (whether their conditions are recognized as vaccine-related or not). It helps explain the sudden appearance of Sudden Adult Death Syndrome (SADS). It gives valuable information for those that have received these injections as well, and explains the discrepancies between what the government is telling you and what you are actually seeing in the clinical setting. It is packed with much information that those in the health care community who have been against the COVID shots will also find helpful in serving their patients.

Have you been asking yourself any of the following questions?

- Why are we still dealing with COVID if the COVID shots were supposed to end the pandemic?Why are people who have had all of the COVID shots and boosters still getting COVID?
- Why do we keep getting new variants?
- If it is true that the shots reduce the severity of disease, why are so many vaccinated persons requiring hospitalization and intensive care treatment?
- Why the sudden emergence of Sudden Adult Death Syndrome (SADS)?
- Why should a person who has recovered from COVID get these shots when they already have antibodies and natural immunity?
- Why would so many physicians risk losing their licenses and board certifications by "spreading" what is alleged to be "misinformation?"

If the COVID vaccines are safe, how do you explain the following:

- **Nearly 168 X** the annual average # of pregnancy losses that were published in VAERS [1] following COVID-19 vaccines in 20 months than were published after flu shots in the past 32.5 years.
  (The following are the raw data before any under-reporting factor is applied) (p value < 0.0001).

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

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- **50,239 deaths** within 14 days of COVID-19 vaccinations among Americans age 65 and older as of July, 2021, according to the CMS database (compiled by a whistleblower) [2].
- **17,495% increase in heart disease** in children after **COVID** vaccinations, up to April 1, 2022, compared with monthly averages of "carditis" cases reported from all other vaccines over 30 years [3].
- **VAERS data (for U.S. only)** comparing adverse event (AE) reports following COVID-19 shots for 1 yr with the **COMBINED TOTAL of AEs reported for ALL other vaccines over the previous 30 yrs** [4]. *These numbers are before any under-reporting factor is applied.*

VAERS DATA as of Dec 31, 2021 (For the U.S. only)	30 yrs 1990-2020 for all other vaccinations COMBINED (U.S. only)	COVID-19 vaccines in 1 year (U.S. only)
Adverse reactions	754,900	715,857
Life threatening events	9,903	11,066
Hospitalizations	38,790	46,755
Deaths	5,241	9,778
Permanent disabilities	12,804	11,413

- VAERS data comparing the numbers of COVID-19 AEs and deaths reported in *1 year* with the *annual average* number of AEs and deaths reported from *all other vaccines* over the previous *10 years [5].*

VAERS	Annual average of prior 10 yrs. for all other vaccines	COVID-19 Vaccines 1 year (as of 12/17/21)	% of increase over the annual average
Adverse events reported	39,000	701,126	1,800%
Deaths reported	155	9,476	6,000+%

- **80% of COVID deaths between** mid-February and late May, 2022 in Canada were vaccinated persons, and 70% of those were triple vaccinated [6].
- **2/3 of the 4,526 children** in **Pfizer's** clinical trial for 6 months through 4-year-olds did not finish the trial. *Why not?*
- **% of increase among the military in 2021** over the previous 5-yr average (DMED data) (increases for several more conditions are included in Part 2 of this series) [7].
  - » **2,181% increase** in Hypertension
  - » **1,000% increase** in neurological cases (83,000/yr. to 863,000/yr.)
  - » **680% increase** in cases of multiple sclerosis
  - » **551% increase i**n cases of Guillain Barré
  - » **487% increase** in cases of breast cancer
  - » **624% increase** in cases of malignant neoplasm of digestive organs

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As of late summer of 2022, it seems that there are shifts going on in the COVID landscape that suggest the COVID vaccine campaign may be winding down, or perhaps just changing its focus or its "stripes". There has been a new push to vaccinate children as young as 6-months old, and the CDC is still encouraging adults to get or to stay "up to date" with new formulations of the COVID vaccine targeted for newer variants. Despite the ongoing promotion, fewer and fewer adults have been getting the boosters, and some major media voices have started to report about the dangers of these shots. Even the CEO of Moderna admitted in May of 2022 that they had to throw away 30 million doses due to lack of demand because "nobody wants them" [8].

However, even if the COVID vaccine campaign has ended by the time some people may be reading this, the lessons to be learned from these shots and their promotion that are discussed in this series have timeless importance and long-term implications far beyond COVID-19, especially for health care professionals. One reason has to do with the safety of future medical interventions based on mRNA or other new technologies. A second reason has to do with the corruption in the industry and the relationships between Big Pharma, the regulatory agencies and other players in the "medical industrial complex" that not only impact safety but also raise the issue of the true driving force behind the promotion of certain medical interventions. A third reason is that health care professionals will have a greater understanding of the problems of their vaccine-injured patients. A fourth reason is that this series will help the medical community respond differently to the next threats of an "emergency" or "pandemic". Other reasons will become apparent throughout the series.

As many topics, information and data as this series covers concerning the COVID vaccines, there is much more that could have been presented. However, the intent of this series is to present enough evidence to stir people to think critically, and to question what we all **have and have not** been told about the COVID shots and the "whys" behind what has been done and what has happened. The information presented in this series will connect many dots where many readers may not have seen connections before.

This 4-part series provides an overview of key issues that reveal answers to the above and the following questions: 1) Were the COVID vaccines even necessary? 2) Are they really safe? 3) Have they been effective? And 4) What is the "big picture" that the whole COVID-19 saga fits into that is crucial to understanding what is really going on in the world?

Part 1 presents the controversy, provides evidence that the COVID injections are not true "vaccines" and ultimately why a vaccine was not even necessary. It also questions whether the requirements for an Emergency Use Authorization (EUA) were met, and the massive censorship of the highly experienced professionals accused of being "misinformation spreaders."

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MOTIVATION FOR THIS REPORT

This report was initiated by its lead author, Sally Saxon, who comes from a family of medical doctors, surgeons, nurses, and nursing home administrators. She is a retired attorney who worked for one of the largest firms in Seattle for several years, and later had a solo practice. As the report was being revised, and after initial reviews by a few other health care professionals, it was also reviewed by Dr. James A. Thorp, MD, a board-certified Ob-Gyn and maternal-fetal specialist, and Dr. Deborah Viglione. MD, board-certified in internal medicine, who provided invaluable feedback and became contributing authors.

What motivated this report was a seemingly unending stream of heart-breaking stories of people who have suffered debilitating and career-ending injuries or even died very shortly after receiving a COVID injection – where no other likely causes could be identified [9]. It was extremely troubling to hear of and see the physical effects of their injuries, as well as to hear that their doctors either refused or were unable to recognize their symptoms and condition as vaccine-related. To make matters worse, their insurance companies refused to cover any or most of their medical bills. Many had to quit their job because they could no longer perform their duties and responsibilities due to their physical limitations. This caused a huge gap in expenses versus income which also adversely affected marriages and families.

Despite all of these adverse reports, the shots were still being promoted as "safe and effective". ***So, whose report was to be believed?*** I started to research the subject myself to find out the truth of the matter, regardless of where my search would lead. The data presented at the very beginning of this report is only a small sampling of what I found. The deeper I dug, the bleaker the situation became. I honestly did not want to believe many of the things I was finding. The more evidence I gathered, the greater the difference I found between the government's narrative and the warnings of the alleged "misinformation spreaders."

Since all physicians reading this have probably received a letter from their licensing and/or certification boards threatening the loss of their medical license or board certification for spreading "misinformation", why do you think thousands of highly experienced physicians would put their reputation and livelihood at risk by sharing what is alleged to be "misinformation"? It would stand to reason that they would have to have ***solid and compelling data or clinical experience to back it up.*** *What would be their motive to "spread misinformation," given that no one is paying them or offering them rewards or other benefits to do so?*

Because of my background, I naturally approached this search – and the writing of this report -- from the perspective of an attorney. From an attorney's perspective, motive affects credibility. The lack of a motive to lie, especially at the risk of losing things as valuable as one's professional reputation, licenses and livelihood, can speak volumes. Often a client will present an attorney with a particular situation and ask if the attorney thinks they have a case worth pursuing. Sometimes the client does have a good case, but the cost of pursuing it (financial, emotional, time, the impact on one's reputation, etc.) would not be worth it even if the client won the case.

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THE CONTROVERSY

However, there are times when there is something of far greater importance and value at stake than what the client is at risk of losing that motivates them to take the risk– even if it means the loss of their professional credentials, livelihood and finances, reputation, and more. This is one of those cases.

The position and official narrative of the government, the manufacturers, the major media and others – essentially the entire ***medical industrial complex***, which includes the governing medical boards and major medical publications – is that the COVID vaccines are safe and effective. Yet there is a very large worldwide contingent of physicians and other health care professionals, scientists, attorneys and other experts who believe that these injections are not only neither safe nor effective, but are actually dangerous and causing incalculable harm. They have formed alliances and consortiums of hundreds or even up to tens of thousands of members each. They have been accused of spreading "misinformation" for contradicting the official narrative and warning anyone who will listen of the dangers of these shots. They are supported by a large contingent of the general public who have refused either to take even one shot or the boosters. No wonder governments have even sought the help of social media to censor what they deem to be "misinformation." What is at stake is not only the alleged misinformation spreaders' own professional livelihoods, but the health and safety of the entire world. Part 4 of this series will reveal that there is something even much greater than that at stake, which is what also motivates many of these brave souls.

In reading this series, you are asked to approach this sharply divisive issue from the perspective of a juror in a trial in which the issues are: "are the COVID vaccines safe and effective or not, and were they even necessary?" A juror is entrusted with the responsibility to carefully and objectively consider the evidence on both sides of the case. If you were a defendant in a case, would you not want your jury to do that for you? Then it comes down to: *whose report will you believe?*

The government's "case" has already been made in the court of public opinion through the major media, including social media, as well as in many medical publications. This report presents the evidence underlying the claims of the many doctors, scientists and others that are alleged to be misinformation. It presents information/data from the government's own databases, regulatory agencies, the manufacturers' own documents, and other sources. These sources include studies and reports by various experts around the world, whistleblowers, former pharmaceutical company employees, embalmers, and life insurance companies.

We should all be able to believe what our government and the major media tell us about issues as important as our health and matters of life and death. We were told that vaccines, and only vaccines, could end the COVID-19 pandemic, but they did not. We were told that they were 95% effective in preventing COVID-19, but they have not been. We were told that there would be no vaccine mandates, but there were. We were told that the spike protein from the shots stays around the injection site, but we now know that it spreads diffusely through the body. The released Pfizer data show that the manufacturers and the government knew this, but chose to tell the public otherwise. Doctors were left to discover these

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and other facts on their own. There are many such representations made to the public that turned out not to be true, and many statements and perceptions that do not match reality or make sense in this whole situation.

The evidence will show that the government's and manufacturers' own data and documents tell a very different story than they have been telling the public (and the health care community) about the safety and effectiveness of the shots. The evidence further shows that a vaccine was not even necessary in the first place. Medical professionals who have been accused of spreading misinformation have been successfully treating patients for COVID-19 using proven multi-drug and supplement protocols for over two years. Collectively, these doctors from all over the world have been successfully treating hundreds of millions of COVID-19 patients. One would think that their highly effective protocols would have been embraced and welcomed by the government before the vaccines were even rolled out. Instead, as the evidence will show, they were dismissed as dangerous and ineffective, including medicines that have been on the World Health Organization's list of "essential medicines" for decades. **Why?** Instead of being lauded for their efforts, doctors who have advocated their use have been highly censored, vilified, and threatened with losing their licenses and board certifications.

THE COVID SHOTS ARE NOT TRUE VACCINES

First, it is important to recognize that none of the COVID-19 shots meets the legal or commonly understood definition of a vaccine. By statute, the National Vaccine Program enacted by Congress in 1986 reveals that the purpose of a vaccine is "to achieve optimal prevention of human infectious diseases..." [10]. In another statutory context, "The term 'vaccine' means any substance designed to be administered … for the prevention of 1 or more diseases" [11].

Prevention is what the public has been told that a vaccine is supposed to do and what the public was told the COVID shots would do. However, the data show that the COVID shots neither prevent the disease nor transmission of it. The data revealing large percentages of "breakthrough" cases of vaccinated persons are presented in Part 3. In September 2021, the CDC changed its definition of a vaccine from "A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease" to a *"preparation that is used to stimulate the body's immune response against diseases" [12].*

When it became clear that these injections were not preventing disease or transmission, the official narrative became that they would lessen the severity of symptoms, and reduce hospitalizations and deaths. This would classify the injections as a treatment, not a vaccine [13]. This claim is problematic for several reasons. The first is that these shots were given Emergency Use Authorization as a vaccine, not as a treatment, and therefore made the manufacturers immune from liability under federal law [14]. To classify these injections as a treatment would remove their liability protection. Key data are also mounting that contradict this claim, since data worldwide reveal that vaccinated persons now account for most COVID hospitalizations and deaths, especially among the triple vaxxed [15]. (See Part 3 in this series.)

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Should these have been more appropriately classified as "Gene Therapy"? The Complaint in a lawsuit filed by Dr. Devan Griner, MD against Joseph R. Biden, Jr., the DHHS, and others reveals that a 2020 filing by Moderna with the Securities and Exchange Commission (SEC), states: "mRNA is considered a gene therapy product by the FDA" [16]. A similar statement is found in the 2020 SEC filing by Pfizer's partner BioNTech [17]. The FDA's definition of ***gene therapy products*** includes "nucleic acids (e.g., plasmids, in vitro transcribed ribonucleic acid (RNA)), genetically modified microorganisms (e.g., viruses, bacteria, fungi)…" [18]. For more information as to why the COVID injections are not vaccines, see the Complaint in the Griner lawsuit [19]. The Global COVID Summit coalition representing 17,000 physicians and medical scientists also considers these shots "genetic therapy injections" [20]. Dr. Michael Yeadon, a former Pfizer vice president and scientist, also calls them "gene-based products," saying "they cunningly managed to disguise them under the word vaccine … The only thing they bear in common with traditional vaccines is the word… There's no other similarity." By calling them that, "they were allowed to proceed down a development pathway that's relatively light in terms of obligations on the innovators … ***it should have been classed as … genetic medicine where the obligations … are extremely onerous"*** [21]. In a speech at the World Health Summit in October 2021, Stefan Oelrich, head of Bayer's Pharmaceuticals Division, also confirmed that mRNA vaccines are a form of gene therapy. He said:

> "We are really taking that leap [to drive innovation] … in cell and gene therapies … ultimately the mRNA vaccines are an example for that cell and gene therapy... if we had surveyed two years ago in the public – 'would you be willing to take a gene or cell therapy and inject it into your body?' – we probably would have had a 95% refusal rate" [22].

The above statements reveal at least three reasons why it was advantageous to the manufacturers to have these shots treated as vaccines instead of as "gene therapy" products according to the FDA definitions: the liability protection, the less onerous regulatory requirements, and greater public acceptance. ***Therefore, any reference in this report to the COVID shots as "vaccines" should not be construed as an acknowledgement that they are true "vaccines."*** (More about gene therapy in Part 4.)

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DID THESE VACCINES ACTUALLY MEET EUA REQUIREMENTS?

Federal law has four criteria for a drug to qualify for Emergency Use Authorization (EUA), and if even one of these criteria is not met, EUA cannot be granted or *maintained* [23].

- "The … agent referred to in the March 27, 2020, EUA declaration by the Secretary of HHS (SARS-CoV-2) can cause a serious or life-threatening disease or condition.
- Based on the totality of scientific evidence available, including data from adequate and well-controlled trials, if available, it is reasonable to believe that the product may be effective to prevent, diagnose, or treat such serious or life-threatening disease or condition…
- The known and potential benefits of the product, when used to diagnose, prevent, or treat the identified serious or life-threatening disease or condition, outweigh the known and potential risks of the product.
- There is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating the disease or condition."

Based on strong and substantial evidence, it appears that the COVID shots fail to meet these criteria. Keep them in mind as you read the remaining three parts in this series, and consider whether you think they were met, based on clinical trial results and *at all times since.*

Also, note that the standard for efficacy is much lower for EUA than for FDA "licensure approval". EUA requires only that the totality of evidence shows that "it is ***reasonable to believe*** that the product ***may be*** effective". That is less than an "is effective" standard. But continual representations have been made that the COVID shots "***are*** safe and effective," as though the higher standard had been met. Therefore, their claims must be judged by that higher standard. There is also an issue as to whether or not "safe and effective" may legally be used to promote an unlicensed, experimental product, since that is a "term of art" used by the FDA for licensed products [24, 25]. However, that legal issue will not be addressed here.

The importance of the EUA criteria is that if even one of the four were not met, either initially or at any time since, that would render the EUA invalid.

WAS A VACCINE EVEN NECESSARY?

If a vaccine was not an appropriate intervention or not necessary to begin with to end or control the COVID "crisis," this raises a very important question: ***Why then has the medical industrial complex been so hell-bent on getting the entire world injected with these shots?*** The reasons would likely have nothing to do with public health. By the end of this series, you will know the answer. That alone should raise additional issues about their safety and efficacy.

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The lack of a need for a COVID vaccine in the first place is supported by at least four key issues:
1) The survival rate of people who get COVID;
2) The availability of safe and effective treatments;
3) The origin of the claim of "95% effectiveness;" and
4) The highly inflated COVID death and case data.

An Inappropriate Intervention

Dr. Toby Rogers, Ph.D., a political economist whose focus is Big Pharma and regulatory corruption, explains why a vaccine was not an appropriate response to the COVID crisis:

> "Viruses that evolve rapidly are bad candidates for a vaccine. There is no vaccine for the common cold nor HIV because these viruses evolve too quickly for a vaccine to be effective. The SARS-CoV-2 virus is a bad candidate for a vaccine, as it has rapidly mutated, which is why all previous attempts to develop a vaccine against coronaviruses have failed (they never made it out of animal trials because the animals died during challenge trials or were injured by the vaccine)" [26].

Dr. Michael Yeadon, the former Pfizer vice president and scientist cited above who spent 32 years in the biopharmaceutical industry, agrees: *"It's never appropriate to seek to invent, develop, manufacture, and distribute a novel vaccine for a respiratory pathogen of such modest lethality, even if it was a bit worse than it is".* The reason is that by the time all the necessary work was done to establish its safety for billions of people, the pandemic for which it was created would probably have already ended [27].

Survival Rates From COVID-19 Have Been Over 99.4% for Most People

An article dated May 25, 2020, a few months into the COVID crisis, reported the CDC's realistic estimate of the COVID-19 death rate: "under its most likely scenario, the number is 0.26%". That was almost the same as what a Stanford study had concluded a month earlier [28], which was 0.12 - 0.2% [29].

In an even earlier editorial in the *NEJM* dated February 28, 2020, on which Anthony Fauci was the lead author, he stated that "the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) …" [30]. Given that many who died were elderly with multiple comorbidities and/or died in nursing homes, that means the infection fatality rate (IFR) for everyone else was even less. Table 1 below sets forth the CDC's data as of the early fall of 2020 [31].

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Table 1. CDC's Infection Fatality Rates (and Corresponding Survival Rates extrapolated from IFR), as of September 10, 2020.

Age group	Infection Fatality Rate (IFR)	Survival Rate
0-19 yrs	0.00003 (0.003%)	99.997 %
20-49 yrs.	0.0002 (0.02%)	99.980 %
50-69 yrs	0.005 (0.5%)	99.500 %
70+ yrs.	0.054 (5.4%)	94.600 %

Age	Median IFR	Survival rate estimate	Mortality rate estimate
0-19	0.0027%	99.9973%	**0.0027%**
20-29	0.0140%	99.9860%	**0.0140%**
30-39	0.0310%	99.9690%	**0.0310%**
40-49	0.0820%	99.9880%	**0.0120%**
50-59	0.2700%	99.7300%	**0.2700%**
60-69	0.5900%	99.4100%	**0.5900%**

Age stratified infection fatality rates for COVID-19 Ioannides and Axfors July 2021

A study months later in 2021 by Stanford Professor Dr. John Ioannidis revealed similar results (see above table) [32]. The survival rate for those over 70, the group with the highest rate of co-morbidities, was 94.6% [33]. ***Did the major media tell us any of these survival rates to try to dispel people's fears? Why not?*** Dr. Peter R. Breggin, MD, raises another factor that would further reduce the death rate: *CDC's death rates were based on patients who did not get adequate treatment at home, due to government policies.* But for patients who did, "there were very few deaths, even within the older population". Breggin states:

> "…with a very high degree of statistical probability, if you receive proper early treatment, you will reduce your chance of hospitalization by 87.6% and your risk of death by 74.9%" [34].

He also says, as have many other doctors, that COVID was less serious for most than seasonal flu [35].

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The Availability of Safe and Effective Treatments

The issue of the availability of other effective treatments is relevant for various reasons. Two of them are: 1) How many vaccine-related deaths and injuries could have been prevented by the use of proven treatment protocols instead of the COVID shots? 2) The Emergency Use Authorizations for the vaccines could never have been granted if there had been adequate treatments available that were *approved*. As you surely know, Ivermectin, Hydroxychloroquine and other medicines have been demonized by the CDC, FDA and the major media and were declared to be ineffective and even dangerous in the treatment of COVID-19. However, these and others such as Budesonide, and other drug and supplement combinations have been proven by countless thousands of doctors to be very effective treatments for COVID-19, especially when used in early treatment, or some even prophylactically.

Hydroxychloroquine (HCQ)

One of the first doctors to be successful in early treatment using HCQ to treat COVID-19, in combination with zinc and azithromycin, was Dr. Vladimir "Zev" Zelenko. He had advised President Trump, as well the President of Brazil and other high-profile people in the use of HCQ for treating COVID-19. In July 2020, Dr. Harvey Risch, a distinguished epidemiologist at the Yale School of Public Health, stated unequivocally with regard to HCQ:

> **"'The key to defeating COVID-19 already exists. We need to start using it….** When this inexpensive oral medication is given very early in the course of illness…it has shown to be highly effective, especially when given in combination with the antibiotics azithromycin or doxycycline and the nutritional supplement zinc'" [36]. (emphasis added)

In fact, the same article in which Risch was quoted further reveals: *"The NIH has known since 2005 that HCQ is effective against the Covid family of viruses".* It also noted that HCQ has been "in constant use since 1944. It has virtually no detectable side effects". Dr. Risch urged that "'HCQ and its companion medications 'should be immediately adopted as the new standard of care in high-risk patients'". In 2020, several countries were reporting successful outcomes using HCQ to treat COVID-19 [37]. **Why not the U.S.?**

Early outpatient treatment for COVID-19 was discussed at a Senate subcommittee hearing on November 19, 2020 chaired by Sen. Ron Johnson [38]. Drs. Risch and Peter McCullough, each an author of hundreds of peer-reviewed papers, were among nine physician-scientists testifying to the effectiveness of early treatment multi-drug protocols using drugs like HCQ and Ivermectin to prevent most hospitalizations and deaths. Dr. Ashish Jha, then a professor of Global Health at Harvard, argued for the official narrative. However, he did not cite any study showing that early treatment protocols *did not* work. Also, Jha has done no peer-reviewed studies, and unlike the other panelists, who collectively had successfully treated thousands of patients, had not treated any COVID patients himself.

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Budesonide

Another medicine that has proven highly effective against COVID-19 is Budesonide. Dr. Richard Bartlett is an emergency room doctor in Texas [39]. He also teaches advanced trauma life support to ER physicians. He has successfully treated numerous asthma patients with Budesonide. When COVID patients first started coming into the ER, he gave them Budesonide and their condition improved. He was shocked at how well it worked. Especially because these were patients whom others had written off as "goners," yet they recovered quickly using Budesonide. That was true even for patients with serious comorbidities and risk factors who ended up not having to be hospitalized. He added it is so safe that it has been used on 2-pound babies in the ICU. Oxford University, which boasts of having 72 Nobel Prize laureates, did two randomized controlled trials which concluded *that 90% of hospitalizations, ER visits and urgent care visits could be prevented with one medicine used early against COVID: Budesonide.* Yet Dr. Anthony Fauci has said that Budesonide "was just a placebo". Dr. Bartlett has seen patients both in early and late stages recover successfully using Budesonide, even in extreme cases. He also cited studies from 2017 on patients on ventilators which showed the effectiveness of Budesonide in improving several symptoms [40].

Ivermectin

Ivermectin is a Nobel Prize winning drug. It has been used by countless doctors worldwide against COVID-19 with excellent success. One advantage of Ivermectin is that it has also proven to be very effective in all stages of COVID-19 [41]. One study that was funded by the WHO with 1,255 participants showed that *Ivermectin reduced COVID-19 deaths by 75%. Other studies showed reductions in deaths ranging from 64% to 91%* [41]. A summary of the clinical trial evidence for Ivermectin is available at the Frontline COVID-19 Critical Care Alliance website [42]. Also, the most comprehensive compilation and review of Ivermectin studies in the world is found at www.IVMmeta.com. It has real-time meta-analysis of 89 studies of Ivermectin for COVID-19 (as of July 26, 2022), from 960 scientists involving 133,038 patients in 27 different countries.

Dr. Pierre Kory, a lung and ICU specialist, board-certified in Critical Medicine, Pulmonary Diseases and Internal Medicine, is one of the most well-known of the doctors who have had tremendous success with Ivermectin in treating COVID-19 [43]. He also has extensively researched the studies around the world involving the effectiveness of Ivermectin. He has used it in treating COVID patients at various stages as well as prophylactically. He is also one of the doctors who gave testimony before a Congressional committee on the safety and excellent results using Ivermectin to treat COVID-19. Noting that he does not use the word "miracle" lightly, he said:

> "mountains of data that have emerged from … many centers and countries around the world *showing the miraculous effectiveness of Ivermectin. It basically obliterates transmission of this virus. If you take it you will not get sick.* … The amount of evidence to show that Ivermectin is life-saving and protective is so immense and the drug is so safe, my colleagues have talked about it. . . It is critical for its use in this disease…." [44].

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In a different hearing he also stated:

> "Taken together … dozens of clinical trials that have now emerged from around the world are substantial enough to reliably assess clinical efficacy … data from 18 randomized controlled trials that included over 2,100 patients … demonstrated that Ivermectin produces faster viral clearance, faster time to hospital discharge, faster time to clinical recovery, and a 75% reduction in mortality rates" [41].

In another important study, Dr. Kory explained how Ivermectin was used prophylactically among a group of 1,195 health care workers over a 3-month period. There were ***no infections*** among the 788 workers that took only 12 mg of Ivermectin once a week. However, among the 407 in the control group that did not take it as a preventative, 58% became ill with COVID-19 [45].

Critics, such as the one in an article and cleverly (but somewhat misleadingly) edited video [46], are quick to point out that in August 2021, Dr. Kory himself got infected with COVID while on his original protocol of taking Ivermectin only once per week. Critics claim this proves Ivermectin does not work, and mock him for claiming that anyone who took Ivermectin would not get sick. However, they have trouble accepting the fact that when Dr. Kory made the statement, that was true in his experience up to that time. Then as variants emerged, it is not surprising if a protocol or dosage had to be adjusted. The critics appear to ignore that need for adjustment to variants and the vast amount of other evidence of the drug's efficacy.

India's most populous state, Uttar Pradesh, gave Ivermectin to all of its 240 million people, both as a prophylactic and as early treatment. *Ivermectin basically eradicated COVID in that large state. 240 million people!* Their rapid response teams took it prophylactically for several months and none got sick, even working in the highest risk situations [47]. Dr. Bartlett says that India was also using Budesonide as a primary treatment for its 1.2 billion people [39].

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Other Data of Deaths and Hospitalizations Avoided

Doctors have estimated that ***as many as 85% of the deaths attributed to COVID-19 could have been avoided by early treatment*** with proven multi-drug protocols [48]. In Dr. Bartlett's interview cited earlier, he said he believes 90% of hospitalizations could have been avoided with Budesonide. One of the other physicians who has had great success in saving the lives of COVID patients is Dr. Ben Marble, who founded the tele-med service, www.MyFreeDoctor.com. Since the spring of 2020, he has personally treated over 15,000 COVID patients, and he and his team have collectively delivered over 300,000 ***free*** doctor visits, about half of which were acute COVID. Since that time, only 6 of their patients have died [49]. Dr. George Fareed, MD and Dr. Bryan Tyson, MD, are co-authors of the book *Overcoming the COVID Darkness: How Two Doctors Successfully Treated 7,000 Patients*. Their early treatment for those 7,000 patients resulted in only four hospitalizations and no deaths [50]. One report about Ivermectin says:

> ***"…in the WHO's summary of findings,*** they suddenly include data from seven studies, which ***combined show an 81% reduction in deaths [by using Ivermectin]"*** [41].

Yet the WHO continues ***not*** to recommend Budesonide, Ivermectin or HCQ as a treatment for COVID-19, all of which are on its list of "essential medicines". ***Why not?***

> ***If front-line health care workers and the general public had taken Ivermectin prophylactically or even in the hospital, as in the above studies, imagine how different "all things COVID" would likely have been.***

A person does not have to be a doctor to see that there is something very wrong with this picture. The government is surely aware of such data. **Yet they refuse to approve any of the above drugs or protocols as a treatment for COVID-19.** Instead, they claim these drugs are dangerous and ineffective. In fact, Dr. Robert Malone, one of the original inventors of the mRNA technology, has stated as recently as July 2022 that in the FDA's latest EUA review of the COVID vaccines, it still maintains there are no effective treatments [51]. ***Why?***

Why would they ignore the pleas of doctors who were having great success with early treatments using proven protocols and all of the data from all of the many studies? As far as the CDC and Anthony Fauci were concerned, there were no early treatments for COVID-19. ***Doctors, does that sound rational to you?*** It did not sound rational to Dr. Richard Urso, an ophthalmologist, drug design and treatment specialist and co-founder of the International Alliance of Physicians and Medical Scientists, who stated:

> "All of a sudden when the word COVID-19, coronavirus, came up, there was no treatment for inflammation, no treatment for respiratory compromise, no treatment for blood clotting. **How is that possible? It's completely absurd"** [52].

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The purposeful campaign to villainize early treatment was absolutely necessary or else an Emergency Use Authorization of a vaccine could not have been granted. Hence, all the major and social media, the NGOs of the medical boards, and the three letter agencies threatened and intimidated health care providers into not rendering early treatment. If you understand the "big picture" that COVID fits into, as explained in Part 4 of this series, you will know the even greater reason.

The Misleading "95% Effective" Claim

Another point that relates to whether or not the vaccines were even necessary is found in the context of claims that the "vaccines" were "95% effective." That claim was based on clinical trial data, and was repeatedly made in the major media, including by government officials. ***However, that figure is extremely misleading because it represents only the "relative risk reduction," or RRR, not the "absolute risk reduction" or ARR.*** "Absolute risk reduction (ARR) – also called risk difference (RD) – is the most useful way of presenting research results to help your decision-making" [53]. In this case, there is a huge difference between the two measures. ***That is why FDA guidelines specifically say that the ARR should always be included in a manufacturer's application and information given to the public:***

> "Patients are unduly influenced when risk information is presented using a relative risk approach; this can result in suboptimal decisions. Thus, an absolute risk format should be used" [54].

Pfizer did not do this, and the FDA apparently ignored the omission, in violation of its own guidelines [55]. People relied on this claim that the shots were "95% effective" in preventing infection. The ARR measured how many bad outcomes (i.e., COVID infections) would be prevented by getting the intervention (the shot). In other words, how many in the control group who got the placebos actually got COVID, over and above the number who got the real "vaccine" and still got COVID? In contrast, the RRR only measures the reduction between the ARR and the "relative risk," or the RR. The data in Table 2 below, from Pfizer's clinical trials, were used to make the 95% calculation [56].

Table 2. Pfizer Clinical Trial data upon which their claim of "95% effectiveness" is based.

PFIZER Trials	Size of group	# who got COVID-19	# who got COVID, expressed as a %
Vaccinated	18,198	8	0.04%
Unvaxxed control group	18,325	162	0.88%

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The ARR is the difference between the above two percentages: 0.88 – 0.04 = 0.84% ARR. The RRR is calculated as follows: 1 – (8/162) = .95062 or 95%.

In other words, Pfizer's own clinical trial data show that at that time, the ***risk of getting COVID-19 without any inoculation was less than 1% (only 0.88%***)! ***And those who received the shot reduced their risk from 0.88% to 0.04%***. **It is that reduction that the 95% figure represents.** ***Astoundingly, the benefit of getting the shot was almost nil in the first place, according to Pfizer's own clinical trial data.***

The above data were among those on which Pfizer received EUA. If Pfizer's numbers are reasonably correct, ***those under 70*** among the 0.88% who got COVID ***without*** the shots had a fatality rate of only 0.00003 to 0.005, based on the CDC's estimates from September 10, 2020 presented above. ***Based on those data alone, why was a vaccine even necessary?***

There is reason to believe that the above Pfizer numbers may ***not*** be reasonably correct, and that the RRR may actually be much lower. Dr. Peter Doshi, an Associate Professor of Pharmaceutical Health Services Research in the School of Pharmacy at the University of Maryland, did an analysis of Pfizer clinical trial data [57]. He noted that the numbers of confirmed cases as shown in the above table (8 and 162) "were dwarfed by a category of disease called 'suspected covid-19'—those with symptomatic covid-19 that were not PCR confirmed." That information was in the "FDA Briefing Document" presented at the December 10, 2020 meeting of the FDA's VRBPAC (Vaccine and Related Biological Products Advisory Committee) at which Pfizer's EUA application was to be acted upon. That document showed "3,410 total cases of suspected, but unconfirmed covid-19 in the overall study population, 1594 occurred in the vaccine group vs. 1816 in the placebo group" [58]. *Why is there such a large group of unconfirmed symptomatic cases? Any why were they not counted?* According to Doshi, the information about this large group of suspected cases was not included in Pfizer's report or in its publication of clinical trial data in the *NEJM.* It was found only in the FDA report referred to above.

Doshi stated that this large group of suspected-but-not-confirmed participants should not be ignored just because they lacked a positive PCR test. If all such cases had been included in the calculations, Doshi concluded: "A rough estimate of vaccine efficacy against developing COVID-19 symptoms, with or without a positive PCR test result, would be a relative risk reduction of 19% … far below the 50% effectiveness threshold for authorization set by regulators". He further noted: "Even after removing cases occurring within 7 days of vaccination (409 on Pfizer's vaccine vs. 287 on placebo), which should include the majority of symptoms due to short-term vaccine reactogenicity, vaccine efficacy remains low: 29%" [57]. He acknowledged the difficulty posed by the fact that influenza-like illnesses can have a variety of causes, but without more data and the reason why these suspected cases were not included in the risk reduction calculations, Pfizer's 95% RRR is open to question. *Were none of the "suspected-but-not- confirmed" participants actually tested? If not, why not, since they were symptomatic? Could it be that Pfizer was manipulating how many in the "suspected-but-not-confirmed" group they would actually test in order to come up with an RRR of 95%?*

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The Case and Death Numbers Were Grossly Inflated

It is well-established that both the number of COVID cases and deaths were grossly inflated. They both contributed to the ***perception*** of a dangerous pandemic. The PCR test was used to determine a "case," even though its inventor specifically said it could ***not*** be used to diagnose a disease because, he said, PCR is a *process*, ***not*** for diagnosis [59]. The FDA admits that they had to use "contrived samples" of the virus to develop the test in the first place, because they had no actual samples [60]!

CDC's instruction sheets to labs say to run the test using a cycle threshold (Ct) of 40, and most US labs were running them at 37-40 Ct [61]. But running the test over a Ct of 35 was found to result in a rate of false positives as high as 90% [62]. An international team of 22 experts who reviewed the original report that the COVID PCR test was based on said that the false positive rate could have been as high ***as 97%*** [63]**.** Even Dr. Fauci conceded that Ct rate over 35 was meaningless, and the chances of it being "replication competent" [i.e., accurate] were "miniscule" [64]. In July 2021, the CDC announced it was withdrawing the PCR test for COVID at the end of the year because it could not sufficiently distinguish between COVID and the flu [65]! *For almost 2 years*, many tens of millions of "cases" were counted as COVID based on a deeply flawed test, and flu cases disappeared -- apparently into the COVID column.

COVID Deaths

The "COVID death" count was also grossly inflated. That was due in large part to a change in March 2020 in the CDC guidelines for reporting COVID-related deaths, as further explained in a Guidance document several days later. The change said to put COVID on the death certificate even "in cases where a definite diagnosis of COVID cannot be made" [66]. That change resulted in far more deaths attributed to COVID than there should have been. *Might the fact that hospitals received significant financial remuneration for each case and death designated as COVID-19 also have added to the numbers for both cases and deaths?*

The CDC's website showed that **in 2020 *only 6% of "COVID death" numbers reported in the major media were actually deaths "from" COVID-19 alone.* For 2021 that number was only 5+%** [67]. The rest were people who died with multiple other health conditions or from other causes such as accidents, who ***may or may not*** have died "with" COVID but not "from" it.

A peer-reviewed paper written by a group of ten scientists, doctors and professors entitled *"COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective",* was published October 12, 2020 in the journal *Science, Public Health Policy & the Law* [68]. It explains that prior to that March 2020 change, the CDC's death reporting guidelines had been in effect since 2003. ***Under those guidelines, only 6% of the "COVID deaths" in 2020 would have been counted as "COVID deaths".*** That aligns exactly with the statements on the CDC website mentioned in the previous paragraph. That paper also revealed a history of "what appears to be manipulative data practices by the CDC" that violated federal law. It says ***the March 2020 change in death reporting did not go through the process*** required for proposed regulatory changes. That would make it invalid. But the damage it did cannot be undone.

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The CDC has also admitted that its COVID death count had serious errors [69]. In March 2022, it reported that it had wrongly included more than 72,000 deaths as COVID deaths, allegedly due to a "coding error". It also had to reduce pediatric COVID deaths by 416 from its initial count, a reduction of about 24%. But again, the damage had already been done from the overly-inflated numbers. Alameda County in California had to reduce its death count by 25% in June 2021, "to comply with the state's definition of a COVID-19 death, which requires COVID-19 to be a direct or contributing factor or a situation in which it can't be ruled out" [70]. *Why were they not complying before? Was there a change in the definition there too? How many other counties may also have had these kinds of errors?*

If COVID-19 were as deadly as they claimed, this should have shown up as excess deaths in 2020 in the all-cause mortality data. *Does it? Technocracy News* reports that a professor at Johns Hopkins University, "published a devastating exposé of hysterical pandemic exaggeration, which was dramatically 'un-published' shortly thereafter … because it crushed the global narrative that COVID is driving up overall death numbers". That study showed ***no excess deaths between mid-March and mid-September 2020, even among the elderly*** [71]**.** That was the most critical period for determining if a vaccine was even needed or justified.

Other sources also confirm the lack of excess deaths. A group of 46 UK funeral directors all reported no increase in deaths during the "pandemic" [72]. It was reported by a Canadian casket maker in July 2022 that they had expected an uptick in sales in 2020, due to what the public was being told about the lethality of COVID. However, he estimated that their business *actually dropped about 60% in 2020,* because people were locked down and not traveling or involved in their normal activities. They did not see an increase until after the vaccine rollout. He described the increase in their business in 2022 as "staggering," especially after the boosters started [73]. Also, according to the American Council of Life Insurers, insurers paid out only 4,299,000 life insurance policies in 2020, compared to 4,776,000 in 2018 and 4,644,000 in 2012 [74]. Even if there were excess deaths, ***how many resulted from the hospital treatment protocols, consequences of the lockdowns, or more data manipulation by the government?***

Compare that with the official narrative

We were all told that COVID was so deadly that we had to have lock downs, school closings, social distancing, mask mandates, a huge vaccine campaign, vaccine mandates and in some places, vaccine passports. We were told that vaccines were the only solution to end the crisis, that there was no treatment for COVID-19.

To sum up: If 1) 90-97% of the positive PCR tests were false, 2) Only 6% of the deaths reported as COVID deaths were actually deaths from COVID, 3) Most people's symptoms were no more serious than a seasonal flu, 4) The survival rate for most was over 99.4% in 2020 and 2021, 5) Effective treatments were available, 6) The 95% effective claim only reduced the chances of infection from 0.88% to 0.04% (assuming Pfizer's numbers were accurate), and 7) It appears there was no excess death rate in 2020, *does that sound like a "dangerous pandemic" to you?* ***Based on the above evidence, do you believe that a vaccine was even necessary? As suggested earlier, if a vaccine was not even necessary, why has the medical industrial complex been so hell-bent on everyone getting these shots, plus who knows how many boosters?***

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Sadly, the evidence reveals that we can no longer trust those who have been entrusted with the responsibility to provide accurate and truthful information about matters of public health, even those involving life and death. Not anymore. Based on the government's and manufacturers' own documents and data and other evidence uncovered in this search, ***one theme that runs throughout the whole COVID story is this: our own government, Big Pharma, the major media, and others have been lying about "all things COVID" from the very beginning.*** The destruction that COVID has wrought cannot be attributed only to bad policies, honest mistakes, incompetence or even greed – or even a virus. If I had the slightest doubt about that, I would not have bothered writing this report. If I were still practicing law and had a license at stake, I would stake my license and livelihood on it. Just as many brave doctors, scientists and others have done who have risked everything by daring to contradict the official narrative.

WHY MANY HAVE NOT HEARD THIS INFORMATION BEFORE

This series is a challenge to many in the health care community to at least question whether what they have been told is really true. It seems inescapable, especially for those on the frontlines, that there are many things about "all things COVID" that just do not seem right. If you feel that way, and have experienced some degree of cognitive dissonance between what you have experienced and what you have been told, this series will help resolve that.

There are at least 3 main reasons why even the medical community has not been told the information that is reported in this series. The first will be shared now in Part 1. The other two will be revealed in later parts of this series.

Reason #1: Massive Censorship and Propaganda. As stated in the Declaration of the Global COVID Summit, a group of 17,000 physicians and medical scientists:

> **"The medical community has denied patients the fundamental human right to provide true informed consent for the experimental COVID-19 injections.** Our patients are also blocked from obtaining the information necessary to understand risks and benefits of vaccines, and their alternatives, due to widespread censorship and propaganda spread by governments, public health officials and media" [75]. (emphasis in original)

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Dr. Robert Malone, one of the original developers of the mRNA technology, has further commented on this:

> "we have also been living through the most massive, globally coordinated propaganda and censorship campaign in the history of the human race. All major mass media and the social media technology companies have coordinated to stifle and suppress any discussion of the risks of the genetic vaccines AND/OR alternative early treatments…"
>
> "…all opportunities for the victims to have become self-informed about the potential risks have been methodically erased from both the internet and public awareness by an international corrupt cabal operating under the flag of the 'Trusted News Initiative'" [76].

The "Trusted News Initiative" refers to a worldwide effort to standardize and control the news through the corporate media and to alert each other to what they consider to be "disinformation" about topics such as COVID to ensure that anything contrary to their approved messaging it is not published [77]. The Vaccine Safety Research Foundation has made an excellent 4-minute eye-opening video explaining more about this Initiative and all of the major media networks and outlets who are involved in it [78]. According to that video, the TNI uses algorithms to identify anti-vaccine content to be censored, while it floods the media with repetitive pro-vaccine messages. It also stigmatizes the unvaccinated in an attempt to create division and promote vaccine "compliance". It appears that the Trusted News Initiative cannot be trusted to provide the true and objective information that people need to make their own decisions. They only report what they want people to hear. *Why are they so afraid of allowing people to think for themselves?*

Malone expounds further about those pushing the government narrative, many of whom he has known and worked with for decades:

> "They have been lying and lying and lying and lying. There are multiple layers of fraud going on… They're trying to get away with the fact that there were multiple misrepresentations that this vaccine could get us to herd immunity… The lies keep coming. They don't stop. They don't care" [76].

Some of the documentary evidence of the close coordination between government and social media companies that Malone referred to in censoring COVID information contrary to the official narrative was released in July 2022 as a result of a lawsuit against the CDC. The case was brought by a nonprofit organization, America First Legal, which described the documents as "the tip of the iceberg," showing coordination between government and Big Tech on social media platforms [79].

One of the contributing authors to this series, Dr. James A. Thorp, was the lead author of a paper entitled *"Patient Betrayal: The Corruption of Healthcare, Informed Consent and the Physician-Patient Relationship".* That report discussed how the "governing bodies of healthcare professionals have banded

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together in cartel-like fashion" threatening to destroy the livelihood of health care providers whom those bodies claim are spreading "misinformation" [80]. That terminology, he says, describes anything that would tend to create "vaccine hesitancy," and is used to "discredit alternative views and seeks to prevent honest and truthful communication" between patients and their providers.

Yale Professor Dr. Harvey Risch, MD, explains that **"**censorship exists when the party that does the censoring cannot defend that position" [81]. *If you believe that the vaccines are safe and effective, would you be able to defend that position with solid evidence?*

Retired neurosurgeon Dr. Russell Blaylock, MD, has written a blistering article explaining what is behind the censorship and demonization of highly respected physicians who have been saving countless lives with various multi-drug protocols and speaking out about the dangers of the COVID shots. He explains that it is the control of the pharmaceutical companies over the health care industry, including the major medical journals that rely on them for revenue. Even worse, he exposes that "Proven fraudulent 'ghostwritten' articles sponsored by pharmaceutical giants have appeared regularly in top clinical journals … never to be removed despite proven scientific abuse and manipulation of data" [82].

One well-known example of this is the infamous paper by a lead author from Harvard published in *The Lancet* that Dr. James Thorp says consisted of "completely fraudulent data" that was not just manipulated — it was "completely falsified for the specific political purpose of doing a 'hatchet job' on hydroxychloroquine". This drug has an 85-year safety record and a safety profile better than that of aspirin or acetaminophen. But *The Lancet's* deception was exposed, and it was forced it to retract the paper [80].

Blaylock also explains that these same pharmaceutical companies essentially control the major media as well, since about 70% of "all news advertising" revenues in the U.S. come from them. How many times have we heard and seen on the major networks' news shows: "Brought to you by Pfizer"? As Blaylock also points out, those companies spend about $20 billion/year, or 68% of their medical marketing budget, on persuading medical professionals to prescribe their products.

Another example that should raise questions about the motives and objectives of high government officials is found in an email dated October 8, 2020 from then NIH Director Francis Collins to Dr. Anthony Fauci [83]. Collins was concerned about the Great Barrington Declaration [84], a document signed by tens of thousands of doctors, public health scientists and others. It expresses concerns about the government's COVID policies, and suggests a better approach to the crisis. The email says:

> "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 takedown of its premises.*** I don't see anything like that on line yet – is it underway?" (Emphasis added)

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Think about that: ***a high government official advocating "a quick and devastating published take down"*** of a good faith solution proposed by experienced physicians seeking to end a national crisis. Collins then demeans the three doctors by calling them "fringe epidemiologists." One of those alleged "fringe" doctors is a Professor of Medicine at Harvard, another is a Professor of Medicine at Stanford, and the other is a Professor at Oxford. And do not forget the Nobel Prize winner. ***Why would officials have such a condescending attitude towards thousands of well-meaning, caring doctors expressing legitimate concerns and suggesting practical solutions?***

Also beware of the so-called "fact-checkers". Most of them are run or funded by those whose facts they are checking or those who have a vested interest in promoting the official "safe and effective" narrative. To them, anything that is contrary to the official narrative is "dis- or mis-information". The evidence be damned. ***Who then are the real spreaders of "misinformation?"***

Even internet searches on Google and other search engines have played a role in keeping people from finding important information that contradicts the official narrative. As reported in *The Gateway Pundit*, one of the medical industrial complex's biggest targets of alleged "misinformation:"

> "Google ostensibly manipulated its search engine results and algorithm to bury the facts about mRNA technology as YouTube and every major tech giant purged users from their platforms for diverging even an iota from the World Health Organization's speech parameters, setting a precedent that deteriorates the First Amendment" [85].

Despite the massive censorship, lies and coverups by the major media, as of late summer 2022 some media figures have finally started to acknowledge and discuss the devastation caused by the COVID shots. It remains to be seen whether this is because the damage from the shots has become too obvious to continue ignoring, or whether it signifies a shift that has been long in coming in the major media's reporting of the truth. In the last half of 2022, Tucker Carlson on the Fox Network started reporting on the problems the shots have been creating in the body, such as suppressing the immune system, and the fact that the death rates have been soaring worldwide. Soon afterwards, talk show host Dan Bongino publicly shared that getting the COVID shots was the biggest mistake and biggest regret of his life, especially after listening to Carlson's report [85]. On a podcast episode in August 2022, former Fox News anchor Megyn Kelley gave a scathing rebuke of Anthony Fauci for all of his lies and the enormous damage he has done to America in his handling of COVID [86]. Also, in August 2022, Wayne Allyn Root wrote an article [87] about Carlson's reporting on these issues and Bongino's comments, noting how some of the major media figures seem to have been "waking up" to what he and many others had been reporting for a year and a half. He suggested there may be political reasons for that, but whatever the reasons, it is still a significant shift. However, as stated earlier, even if the COVID vaccines have been stopped by the time you are reading this, the information in this book is still critical for the health care community and others because the lessons to be learned from these shots go far beyond "all things COVID."

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Reason #2 why many have not heard much of the information in this report before will explain the "why" behind all of the censorship and propaganda. Reason #3 will explain the even bigger "why" behind the first two reasons. If everyone had been aware of even one of these reasons or just some of the information in this series before the vaccine rollout, it is highly doubtful that the vast majority of people would have chosen to get the COVID shots.

Whose report will you believe?

The official-narrative that the COVID-19 vaccines are "safe and effective," as well as necessary? Or, *will you believe the evidence presented by countless thousands of doctors, other health care professionals, scientists, and experts worldwide who have risked everything by contradicting that narrative and warning the public of what they believe are great dangers?* Let us now jump into the fray in Part 2.

Part 2 presents substantial evidence of the degree and nature of harm caused by these shots, not just from government data, but from several other reliable sources with highly relevant information. Here are some of the questions to which you will find answers in Part 2:

- *What picture does data in the Vaccine Adverse Event Reporting System (VAERS) paint?*
- *How has the government's response to the adverse event and death data in VAERS been so drastically different for COVID-19 vaccines than for all other vaccines and even drugs in general?*
- *How have the data concerning the effects of the vaccines on pregnant women been manipulated?*
- *How has the U.S. military been decimated by the COVID shots, especially because of the mandates?*
- *Why have so many physicians and professional medical coalitions adamantly warned that these shots should not be given to children?*
- *What are the dangers of the spike protein that we were not warned about?*
- *How are the vaccines damaging the natural immune system?*
- *Why are many pharmaceutical company employees concerned about these shots and why have many chosen not to get them?*
- *What is revealed in Pfizer's and Moderna's documents that raises serious concerns about safety?*

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Available in Book Format

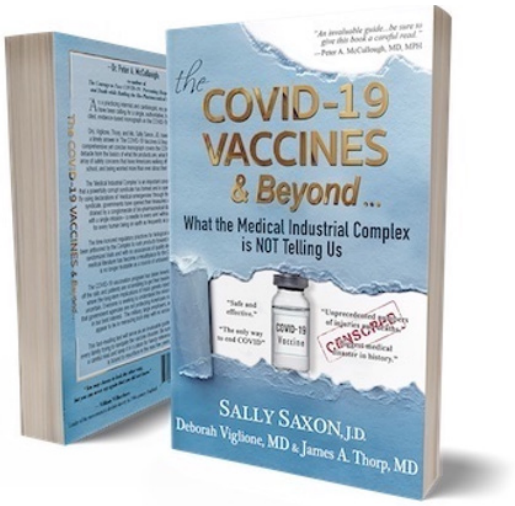
A more comprehensive version of this 4-part online series is available in book format through Amazon under the same title as this series by Sally Saxon, J.D., Deborah Viglione, MD and James A. Thorp, MD.

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

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

The link to the book on Amazon is:

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



REFERENCES

1. Analytics of VAERS data provided by Dr. James A. Thorp, August 2022

2. https://renz-law.com/special-notice-regarding-evidentiary-findings-related-to-the-official-renz-law-covid-19-investigation/

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

4. VAERS is the CDC's Vaccine Adverse Event Reporting System database; VAERS Summary for COVID Vaccines through 12/31/ 2021, https://vaersanalysis.info/2022/01/07/vaers-summary-for-covid-19-vaccines-through-12-31-2021/

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part I. G Med Sci. 2023; 4(1): 066-097. https://www.doi.org/10.46766/thegms.pubheal.22092201

5. Dr. Joseph Mercola, "What You Need to Know About the COVID Shot, and More," based on a presentation by Dr. Peter McCullough given at Burleson, Texas, *COVID Symposium: A Legal Perspective*, streamed live December 3, 2021, https://takecontrol.substack.com/p/peter-mccullough-covid-spike-protein-lecture (Jan. 16, 2022)

6. https://expose-news.com/2022/06/15/vaccinated-4-in-5-covid-deaths-canada-since-feb/?cmid=cd02f5ae-8cfc-48d8-97d2-a6cc37f11d25 (June 15 2022)

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

8. Katabella Roberts, https://www.theepochtimes.com/moderna-throwing-30-million-doses-in-the-garbage-over-dwindling-vaccine-demand-ceo_4489393.html (May 25, updated May 26, 2022)

9. For example, see testimonies at www.RealNotRare.com.

10. 42 U.S. Code §300aa-1 (1986); see https://www.law.cornell.edu/uscode/text/42/300aa-1 (accessed April 30, 2022)

11. 26 U.S. Code §4132 – Definitions and special rules; see https://www.law.cornell.edu/uscode/text/26/4132#a_2 (click on the hyperlinked word "vaccine") (accessed April 30, 2022)

12. *Immunization: The Basics*, https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm (last visited April 29, 2022). (Check the "Wayback Machine" for that website at www.archive.org comparing Sept. 1, 2021 and Sept. 2, 2021)

13. Devan Griner, MD vs. Joseph R. Biden, Jr., et al, Case No: 2:22-cv-00149-DAK, Complaint for Violation of Civil Rights and Declaratory and Injunctive Relief, filed March 4,2022 in the U.S. District Court for the District of Utah, https://static1.squarespace.com/static/61e10985eb59005edbd1b451/t/6222b6d4b8cc1431b30705a0/1646442197434/2022.03.04+Complaint+As+Filed.pdf , p. 16

14. By virtue of the HHS Secretary's Declaration of Emergency invoking the relevant provisions of the PREP Act,. Act. 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; see also https://www.bclplaw.com/en-US/insights/immunity-from-liability-under-the-us-prep-act-for-medical-countermeasures-during-the-sars-cov-2covid-19-pandemic.html (May 22, 2020)

15. UK data: https://dailyexpose.uk/2022/04/12/distracted-boris-kyiv-fully-vaccinated-92-percent-covid-deaths/ (April 12, 2022); Canada: https://expose-news.com/2022/06/22/trudeau-panics-9-in-10-covid-deaths-fully-vaccinated/ (June 22, 2022)

16. *Moderna SE Form 10-q,* UNITED STATES SECURITIES AND EXCHANGE COMMISSION (2020), https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm at page 70

17. *BioNTech SE Form 20-F,* UNITED STATES SECURITIES AND EXCHANGE COMMISSION (2020), https://www.sec.gov/Archives/edgar/data/1776985/000156459021016723/bntx-20f_20201231.htm at page 26

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part I. G Med Sci. 2023; 4(1): 066-097. https://www.doi.org/10.46766/thegms.pubheal.22092201

18. FDA, Long Term Follow-Up After Administration of Human Gene Therapy Products: Guidance for Industry. (Jan. 2020); https://www.fda.gov/media/113768/download

19. Devan Griner, MD vs. Joseph R. Biden, Jr., et al, Case No: 2:22-cv-00149-DAK, Complaint for Violation of Civil Rights and Declaratory and Injunctive Relief, filed March 4,2022 in the U.S. District Court for the District of Utah, https://static1.squarespace.com/static/61e10985eb59005edbd1b451/t/6222b6d4b8cc1431b30705a0/1646442197434/2022.03.04+Complaint+As+Filed.pdf , pp. 13-22.

20. https://globalcovidsummit.org/news/declaration-iv-restore-scientific-integrity (May 11, 2022)

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

22. Jack Bingham, https://www.lifesitenews.com/news/bayer-executive-mrna-shots-are-gene-therapy-marketed-as-vaccines-to-gain-public-trust/ (Nov. 10, 2021)

23. The criteria established by the U.S. HHS Section 564 of the Federal Food, Drug, and Cosmetic Act, summarized in an FDA document entitled "Guidance for Industry and Other Stakeholders: Emergency Use Authorization of Medical Products and Related Authorities" (March 31, 2022), https://www.fda.gov/media/142749/download

24. https://www.fda.gov/science-research/risk-communication/fdas-risk-communication-research-agenda

25. Testimony of Meryl Nass, MD, before the State of Maine Health and Human Services Committee, Jan. 11, 2022, https://legislature.maine.gov/testimony/resources/HHS20220111NASS1328629413567151 33.pdf

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

27. Dr. Michael Yeadon presentation (Feb. 4, 2022) (cited above)

28. Daniel Horowitz, https://www.theblaze.com/op-ed/horowitz-the-cdc-confirms-remarkably-low-coronavirus-death-rate-where-is-the-media

29. Daniel Horowitz, https://www.theblaze.com/conservative-review/horowitz-new-antibody-study-strong-evidence-lockdown-strategy-wrong-course (April 20, 2020)

30. Anthony S. Fauci, M.D., H. Clifford Lane, M.D., and Robert R. Redfield, M.D., N Engl J Med 2020; 382:1268-1269 DOI: 10.1056/NEJMe2002387; https://www.nejm.org/doi/full/10.1056/NEJMe2002387

31. https://web.archive.org/web/20201127224157/https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html

32. https://willemvincken.wordpress.com/2022/02/05/the-covid-survival-rates-with-without-vaccine-no-differences/ (Feb. 5, 2022)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part I. G Med Sci. 2023; 4(1): 066-097. https://www.doi.org/10.46766/thegms.pubheal.22092201

33. Taylor Smith and Jack Lowenstein, https://www.winknews.com/2020/09/23/cdc-shows-covid-19-has-high-survival-rate-doctor-still-wants-to-see-precautions-taken/ (updated Sept. 26, 2020)

34. Peter R. Breggin, MD & Ginger Ross Breggin, *COVID-19 and the Global Predators: We are the Prey* (2021), pp. 132-133

35. Ibid., p. xiv.

36. Bryan Fischer, "HCQ Is the Answer to COVID-19 – Don't Let Them Lie to You," https://www.afa.net/the-stand/culture/2020/07/hcq-is-the-answer-to-covid-19-don-t-let-them-lie-to-you/ (July 31, 2020)

37. Dr. Meryl Nass, https://anthraxvaccine.blogspot.com/2020/05/hydroxychloroquine-keeping-you-updated.html (May 29, 2020)

38. Donald C. Pompan, MD and Michael M. Jacobs, MD, MPH, https://www.thedesertreview.com/opinion/letters_to_editor/the-assault-against-early-treatment-for-covid-19-how-one-congressional-hearing-speaks-volumes-about/article_33425ff2-3593-11eb-b0d2-cf1365831d45.html (Dec. 3, 2020, updated April 16, 2021)

39. Dr. Richard Bartlett interviewed by Scott McKay, March 2022, https://www.onenewspage.com/video/20220302/14436777/Interview-with-Dr-Richard-Bartlett-Frontline-Doctors.htm

40. https://budesonideworks.com/studies-reports/

41. https://newcomz.wordpress.com/2021/05/23/Ivermectin-has-saved-a-lot-of-lives-from-covid-19-around-the-world/ (May 23, 2021)

42. https://covid19criticalcare.com/

43. https://drpierrekory.com/about

44. Dr. Pierre Kory testimony on effectiveness and safety of Ivermectin in Senate hearing of the Homeland Security & Governmental Affairs Committee, https://www.c-span.org/video/?c4930160/user-clip-dr-pierre-kory-senate-hearing-Ivermectin-100-cure-covid-19 (Dec. 8, 2020)

45. Nadya Swart, https://www.biznews.com/health/2021/07/29/ivermectin-treatment (July 29, 2021)

46. https://www.techarp.com/science/covid-19-dr-pierre-kory-ivermectin (Dec. 30, 2021)

47. Rafael Castillo, MD, https://lifestyle.inquirer.net/389302/uttar-pradesh-is-Ivermectins-best-practice-success-story/ (Oct. 5, 2021) (last accessed April 29, 2022)

48. Dr. Peter McCullough interviewed by Joe Rogan, https://www.thebiglogic.com/85-of-covid-deaths-couldve-been-avoided-with-early-treatment-dr-peter-mccullough/ (Dec, 2021)

49. Correspondence between Sally Saxon and Dr. Ben Marble, Aug. 2022.

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part I. G Med Sci. 2023; 4(1): 066-097. https://www.doi.org/10.46766/thegms.pubheal.22092201

50. Tyson, Brian; Fareed, George; Crawford, Mathew. *Overcoming the COVID Darkness: How Two Doctors Successfully Treated 7000 Patients* (p. 155). Brian Tyson, M.D. and George C. Fareed, M.D.. Kindle Edition.

51. Dr. Robert Malone, Dr. Pierre Kory and Dr. Richard Urso interviewed by Del Bigtree, https://thehighwire.com/videos/malone-urso-kory-stop-vaccinating/ (July 15, 2022)

52. https://www.thethinkingconservative.com/increase-in-reactivated-viruses-following-covid-19-booster-shots-dr-richard-urso/ (April 30, 2022)

53. https://www.ncbi.nlm.nih.gov/books/NBK63647/

54. https://www.fda.gov/media/81597/download p. 60

55. Dr. Ron Brown, https://trialsitenews.com/will-fda-mrna-vaccine-approval-ignore-the-elephant-not-in-the-room-ultra-low-absolute-risk-reductions/ (Aug. 10, 2021)

56. Canadian COVID Care Alliance, "Relative vs Absolute Risk Reduction," https://rumble.com/vobcg5-relative-vs-absolute-risk-reduction.html (Oct. 27, 2021)

57. Dr. Peter Doshi, https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/ (Jan. 4, 2021, clarified in another post Feb.5, 2021).

58. https://www.fda.gov/media/144245/download

59. Panel with Dr. Kary Mullis, "Kary Mullis Explains the PCR Test," https://www.youtube.com/watch?v=ZmZft4fXhQQ

60. https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-reference-panel-comparative-data

61. Stacey Lennox, https://web.archive.org/web/20210121211954/https://pjmedia.com/columns/stacey-lennox/2021/01/20/the-who-finally-updates-its-covid-19-testing-policy-1-hour-after-bidens-inauguration-n1398857 (Jan 20, 2021)

62. Apoorva Mandavilli, "Your Coronavirus test is Positive. Maybe It Shouldn't Be," https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html (Aug. 29, 2020, updated July 23, 021)

63. An International Consortium of Scientists, https://www.medicdebate.org/node/1183 (submitted Dec. 2, 2020)

64. Comments by Dr. Anthony Fauci, "This Week in Virology" Podcast, https://www.youtube.com/watch?v=a_Vy6fgaBPE&t=241s (July 16, 2020)

65. https://www.cdc.gov/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part I. G Med Sci. 2023; 4(1): 066-097. https://www.doi.org/10.46766/thegms.pubheal.22092201

66. https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf , p. 2; https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf ; Charles Creitz, https://www.foxnews.com/media/physician-blasts-cdc-coronavirus-death-count-guidelines (April 9, 2020)

67. https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm
(use www.archive.org for past weeks' data.)

68. https://thecovidblog.com/2021/02/12/peer-reviewed-manuscript-concludes-that-cdc-massively-inflates-covid-19-case-and-death-numbers-with-creative-statistics/ (Feb. 12, 2021)

69. https://www.dailywire.com/news/cdc-overreported-covid-19-deaths-by-more-than-70000
(March 23, 2022)

70. Matt Boone, https://archive.ph/oe839#selection-2209.0-2233.229 (June 7, 2021)

71. https://www.technocracy.news/johns-hopkins-u-s-death-rate-remains-normal-despite-covid-19/
(Nov. 30, 2020)

72. https://stopworldcontrol.com/downloads/en/vaccines/vaccinereport.pdf, p. 25

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

74. Darby Shaw, https://darbyshaw.substack.com/p/what-wheres-the-excess-mortality?s=r#_ftn3
(Jan. 10, 2022)

75. www.GlobalCOVIDSummit.org

76. Dr. Robert Malone, "What if the largest experiment on human beings in history is a failure?" https://rwmalonemd.substack.com/p/what-if-the-largest-experiment-on (Jan. 2, 2022).

77. https://expose-news.com/2021/08/29/the-trusted-news-initiative-a-bbc-led-organisation-censoring-public-health-experts-who-oppose-the-official-narrative-on-covid-19/ (Aug. 29, 2021)

78. https://odysee.com/@VSRF:d/Vaccine-Safety-Research-Foundation-TNI:e

79. https://greenmedinfo.com/blog/revealed-documents-show-collusion-between-cdc-and-big-tech
(July 28, 2022)

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

81. Dr. Harvey Risch interviewed by Clay & Buck, https://www.clayandbuck.com/yale-epidemiologist-dr-harvey-risch-on-how-to-treat-covid/ (Sept. 27, 2001)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part I.
G Med Sci. 2023; 4(1): 066-097. https://www.doi.org/10.46766/thegms.pubheal.22092201

82. Blaylock RL. COVID UPDATE: What is the truth?. Surg Neurol Int 22-Apr-2022;13:167. Available from: https://surgicalneurologyint.com/surgicalint-articles/covid-update-what-is-the-truth/

83. Paul Sacca, https://www.theblaze.com/news/fauci-email-francis-collins-great-barrington-declaration (Dec. 18, 2021)

84. https://gbdeclaration.org/

85. Alicia Powe, https://www.thegatewaypundit.com/2022/08/dan-bongino-reveals-getting-covid-vaccinated-greatest-regret-life/ (Aug. 23, 2022)

86. Chris Pandolfo, https://www.theblaze.com/news/megyn-kelly-anthony-fauci-take-down (Aug. 26, 2022).

87. Wayne Allyn Root, https://www.thegatewaypundit.com/2022/08/wayne-root-blame-covid-vaccine-disaster-coverup-hint-not-president-donald-j-trump/ (Aug. 28, 2022)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part I. G Med Sci. 2023; 4(1): 066-097. https://www.doi.org/10.46766/thegms.pubheal.22092201