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The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us* - Part 3

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

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

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

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***"Truth does not mind being questioned.
A lie does not like being challenged."***
Author Unknown

EFFECTIVENESS and OTHER IMPACTS OF THE VACCINES

KEYWORDS

Vaccine-induced injuries, VAERS, Vaccine Breakthrough infection, Pfizer, Moderna, Unvaccinated, Embalmers, Natural immunity, Epidemiology, Global COVID Summit

INTRODUCTION

Part 1 introduced this 4-part series as a paper written by a retired attorney on the divisive issue of the safety and effectiveness of the COVID vaccines from an attorney's perspective, with two medical doctors

as contributing authors. It raised the issue of why so many physicians and other professionals would be willing to risk their reputations, licenses, board certifications and their livelihoods to warn people of what they believe to be the dangers of the COVID vaccines. It also presented evidence showing why the COVID injections are not really "vaccines", and that a vaccine was not even necessary in the first place. It also discussed the four criteria for Emergency Use Authorizations (EUA) by the FDA, and presented evidence that not all four criteria had been met and maintained. It concluded with a discussion of the first of three reasons why many have not heard this information before*: a campaign of lies by the medical industrial complex, and massive censorship of physicians and others alleged to be "misinformation spreaders" for trying to warn the public of the dangers of the COVID-19 shots.*

Part 2 provided an overview of many key data supporting the assertion that the COVID-19 vaccines are neither safe nor effective, but actually dangerous. It showed the unprecedented numbers of serious adverse events and deaths reported to VAERS, as well as numbers reported by whistleblowers who compiled data from various government databases. It also presented substantial evidence from the manufacturers' own documents reflecting serious safety and efficacy problems, as well as several improprieties arising from the control that Big Pharma manufacturers have over the agencies that purport to regulate them.

This Part 3 provides an overview of several issues relating to the effectiveness of the COVID vaccines. It discusses ways in which the data and definitions have been manipulated to misrepresent and hide the vaccines' true effectiveness. It addresses the high number of breakthrough cases, a comparison of natural vs. vaccine immunity, and risk/benefit analyses. It also briefly addresses the issue of whether the vaccines are causing the variants, and reports from other sources showing serious adverse impacts, including autopsy and embalmers' findings, and unprecedented increases in life insurance and disability claims. This part concludes with a discussion of "who needs to be protected from whom", including the problem of shedding, and the second of three reasons that answer the question of why many have not heard this information before.

It should be kept in mind, as explained in Part 1 by Dr. Toby Rogers and Dr. Michael Yeadon, the former Pfizer V.P. and scientist, that SARS-CoV-2 was never a good candidate for a vaccine in the first place. Viruses that evolve quickly mutate too fast for a vaccine to be effective because vaccine development cannot keep up with the rapid mutations. That is why, Rogers said, there has never been a vaccine for the common cold, which is part of the coronavirus family – "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)" [1]. Rogers also explains some of the negative consequences of trying to vaccinate against a rapidly mutating virus:

> "Original antigenic sin, antibody-dependent enhancement, and the possibility of accelerating the evolution of the virus in ways that make it more virulent (and even more resistant to vaccination) are some known negative impacts" [1].

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Perhaps this explains the revealing admissions by Dr. Deborah Birx, former White House COVID response coordinator, who said in an interview on July 22, 2022 [2]:

> **"I knew these vaccines were not going to protect against infection. And I think we overplayed the vaccines**, and it made people then worry that it's not going to protect against severe disease and hospitalization. It will. But let's be very clear: **50% of the people who died from the Omicron surge were older, vaccinated".**

When did she first discover that the shots would not protect against infection? Did she tell that to the American public and the medical community as soon as she knew?

Though she still claims the shots protect against severe disease and hospitalization, you be the judge of that from the data in this report. At least Birx acknowledged that half of the people who died of Omicron were vaccinated. *How many of the other half might have actually been vaccinated as well with at least one shot but were counted as "unvaccinated" because they died within the 14-day window within which the CDC still deemed them to be unvaccinated* (see discussion below)? We will never know. In any event, since she acknowledged that the vaccinated had the same risk of death as the unvaccinated, her admission is an acknowledgement that the vaccine did not really make a difference regarding deaths from Omicron. As the data below will show, as time goes on, the vaccinated have fared increasingly worse, not just against COVID, but against other diseases as well. That is because of the damage the shots have done to the immune system and other systems and organs, as discussed in Part 2.

No wonder that Dr. Ryan Cole, a board-certified pathologist trained at the Mayo Clinic, has confirmed the obvious: "It doesn't matter if they're effective if they are not safe" [3]. Nevertheless, it is still important to look at several issues concerning effectiveness, for at least a couple reasons: 1) To show the serious discrepancies between the official narrative and the data, including the government's own; and 2) To expose additional serious misrepresentations, withholding of critical information, and other ways the data has been manipulated.

It is also important to keep in mind that the so-called "fact-checkers" will always attack data or information that is contrary to the official narrative. The authors welcome corrections to any data or other information that is determined by credible sources to be inaccurate. However, one of the foundational issues for all readers throughout this series is: ***"whose report will you believe"?***

The CDC's Extremely Misleading Definitions of "Vaccinated" and "Unvaccinated"

To accurately assess the effectiveness of the COVID vaccines and their harmful impacts, it is important to know the CDC's definitions of who is considered to be vaccinated and who is not. You would think that should be a very easy and straightforward issue, but not according to the CDC. The CDC website says a person is not "fully vaccinated" until *2 weeks aft*er their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine… [4]". However, the CDC website states that "fully vaccinated" is a term that defines only those who have had the full primary series, whether one or two shots. It does not include boosters.

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Dr. Joseph Mercola explains this definition:

> "In other words, if you've received one dose of Pfizer or Moderna and develop symptomatic COVID-19, get admitted to the hospital and/or die from COVID, you're counted as an unvaccinated case. If you've received two doses and get ill within 14 days, you're still counted as an unvaccinated case" [5].

"Fully vaccinated" is to be distinguished from "up to date" which refers to those who have had all available booster shots [6]. Elsewhere on the CDC website, it defines a "vaccine breakthrough infection" as:

> *"the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥14 days after they have completed all recommended doses of a U.S. Food and Drug Administration (FDA)-authorized COVID-19 vaccine"* [7].

That definition would appear to include boosters. Therefore, we can also say: if you have had the primary series but have not had all available boosters, you are still considered "unvaccinated", even if more than 14 days have passed since your last shot. Mercola noted yet another way that the CDC manipulates the data:

> "The CDC also hides vaccine failures and props up the 'pandemic of the unvaccinated' narrative by only counting breakthrough cases that result in hospitalization or death. In other words, if you got your second COVID shot more than 14 days ago and you develop symptoms, you do not count as a breakthrough case unless you're admitted to the hospital and/or die from COVID-19 in the hospital, even if you test positive" [5].

Some may argue that the above definition of "fully vaccinated" is justified because it takes several days for the shots to reach maximum effectiveness. However*,* Dr. Sherri Tenpenny, who has been warning about these shots since 2020 even before the rollout, has stated that this new definition of "vaccinated" was announced only after the CDC realized so many deaths were occurring within 14 days of people getting the shots [8]. In December 2021, Dr. Peter McCullough reported that ***half of the deaths were occurring within 48 hours of injection****, and* ***80% of the deaths within one week*** [9]. The data presented in Part 2 by attorney Thomas Renz showed that ***in the first 6 months of the rollout, 50,000 people in the age 65+ demographic died within 14 days of the 1st or 2nd shot*** [10]***.*** You may see others who report lower figures for the numbers or percentage of people who have died within the first week or two after vaccination. However, regardless of what the most accurate percentages are in the first two days or within the first or second week, the point is that there has been and apparently continues to be a substantial wave

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of deaths within 14 days of vaccination, especially in the first week. That is borne out by the unusual number of deaths of young Canadian doctors reported in Part 2, who died within days of their mandated 4th shot. However, do not forget the discovery of the apparent "5-month" spike, also discussed in Part 2, which showed a second wave of deaths that occurs around 5 months post-vax.

What also makes this definition with the "14 day" qualifying language **totally misleading** is that it skews the data in a way that ***makes it impossible for anyone to know how many who were counted as "unvaccinated" had actually received one or more shots.*** To the general public, "unvaccinated" means a person has not had any COVID shots at all. They would **not** consider as "unvaccinated" a person who had received even one shot, or someone who had the full primary series and then died within 14 days of injection. In addition, according to Dr. Deborah Viglione, hospitals often had their own definitions of "unvaccinated." One of our local hospitals recorded people as "unvaccinated" if they had not received a COVID shot within the past 7 days! This appears to be a deliberate attempt to manipulate their data to show that almost all of their COVID patients were unvaccinated. It also had its effect on their employees who said that this was a "pandemic of the unvaccinated" – that all of the people they were seeing were unvaccinated.

Another possible reason why vaccinated persons may show up as unvaccinated is that it depends on where they received their shot(s). Apparently, their vaccination record is not in their electronic medical record unless it was sent to their primary care physician [5].

Problems Relating to the Reliability of U.S. Data

Issues like those discussed above obviously create significant problems in obtaining reliable data. Another aspect of the unreliability of the U.S. data was reported in a *ProPublica* article [11] dated August 20, 2021, that a few months earlier, on May 1:

> "as the new variant found a foothold in the U.S. — the Centers for Disease Control and Prevention mostly stopped tracking COVID-19 in vaccinated people, also known as breakthrough cases, unless the illness was severe enough to cause hospitalization or death.
> Individual states now set their own criteria for collecting data on breakthrough cases, resulting in a muddled grasp of COVID-19's impact, leaving experts in the dark as to the true number of infections among the vaccinated, whether or not vaccinated people can develop long-haul illness, and the risks to unvaccinated children as they return to school".

An article in *The Epoch Times* also reported on the problem of getting reliable data because of the CDC's definition of who is considered to be unvaccinated. It reports that "**the Centers for Disease Control and Prevention (CDC) have publicly acknowledged that they do not have accurate data"** [12]. That is based on a report by the Associated Press (AP) that the CDC had "not estimated what percentage of hospitalizations and deaths are in fully vaccinated people, ***citing limitations in the data"*** [13]. **That then**

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raises the question: *who is responsible for creating the limitations in the data that are preventing accurate tracking and reporting?* *Who created the confusing and misleading definitions? With all of the current capabilities of technology, and the untold millions of dollars available to the government, why are they not able to track these categories of data?*

Without more details about how many shots, if any, people have had, it is impossible to know how effective these shots have really been. One doctor who spoke to *The Epoch Times* said that all we do know is that "the vaccines are not as effective as public health officials told us they would be. 'This is a product that's not doing what it's supposed to do. It's supposed to stop transmission of this virus and it's not doing that'" [12].

More recently it was reported that it is ***not*** that the CDC ***stopped tracking*** the breakthrough data, but only that ***they chose not to release it***, allegedly out of concern that they would be "misinterpreted" [14], as reported in Part 2. *Again, does the CDC think that health care professionals are not smart enough to properly interpret the data? Or are they afraid that the alleged "misinformation spreaders" may expose the discrepancies between the data and the official narrative?*

Dr. Mercola points out yet another way the CDC has been manipulating data, concerning the cycle threshold (Ct) at which the PCR tests were run, as discussed in Part 1:

> "Originally, the CDC recommended labs use a CT [cycle threshold] of 40 when testing for SARS-CoV-2 infection. This, despite using a CT above 35 was known to create a false positive rate of 97%. By using an exaggerated CT, healthy people were deemed stricken with COVID-19.
>
> ***"In May 2021, the CDC lowered the CT from 40 to 28 or lower — but only when doing PCR testing on individuals who have received the COVID jab. Unvaccinated were still tested using a CT of 40.*** The end result is obvious: 'Vaccinated' individuals became far less likely to test positive for SARS-CoV-2 infection while unvaccinated were still exceedingly getting false positives… [15]".

This kind of manipulation presents yet another factor that hinders an accurate determination of the effectiveness of the vaccines. It also raises questions such as: ***will this kind of manipulation ever stop?***

Breakthrough Cases

Breakthrough cases became inevitable as the effectiveness of the shots waned and new variants emerged that the original formulations of the vaccines no longer protected against. Yet on July 21, 2021, Joe Biden said in a townhall meeting: *"If you're vaccinated, you're not going to be hospitalized, not going to the ICU unit, and not going to die. You're not going to get COVID if you have these vaccinations" [16].*

One of numerous examples revealing early on that the vaccines were not nearly as effective as people thought is what happened in Massachusetts in the summer of 2021: "A CDC investigation of an outbreak in Barnstable County, Massachusetts, between July 6, 2021, through July 25, 2021, found 74% of those who received a diagnosis of COVID-19, and 80% of hospitalizations, were among the fully vaccinated…." [5].

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Many sources agree that vaccine data from Israel is considered to be a model [15]. Based on a report published in August 2021 in Israel:

> "data show those who have received the COVID jab are **6.72 times more likely to get infected than people with natural immunity.**
>
> **"The fully 'vaccinated' also made up the bulk of serious cases and COVID-related deaths in July 2021…"**
>
> ***"According to Science magazine, breakthrough cases are now multiplying at breakneck speed.*** 'There are so many breakthrough infections that they dominate and ***most of the hospitalized patients are actually vaccinated…'"***

Data from the UK revealed that "As of August 15, 2021: 68% of COVID patients admitted to hospital in the U.K. who were over the age of 50 had received one or two doses …" [15]. On August 21, Dr. Peter McCullough reported data from Israel which showed that through July 2021, over 80% of the population was vaccinated, yet of the 15,634 COVID cases recorded, 86% were among the fully vaxxed [17].

An article published in November 2021 entitled *"Statistical Proof that COVID-19 Vaccines are Worse than Ineffective—They Are Causing Most of the COVID-19 Hospitalizations"* presents many examples of breakthrough cases, even places where vaccinated persons represented up to 100% of hospitalizations for COVID [18]. It also reveals that UK government data was showing that the 5% loss of efficacy *per week* they were seeing actually continues past zero. That means **"the vaccine *increases* the likelihood of COVID-19**". That is called "negative efficacy".

Even the data concerning the effectiveness of the COVID shots in children have been shown to demonstrate very poor results, as well as how nonsensical government policies are around this issue. *The New York Times* reported on February 28, 2022, while still claiming the vaccine prevented severe illness in children, it "offers virtually no protection against infection, even within a month after full immunization…". That conclusion was based on data from a study by the New York State Department of Health which showed that after 2 months, efficacy for 5–11-year-old had sunk to 12%. Yet the Department still concluded that this age group should get the shots because they are supposedly "protective against severe disease" [19]. ***Does that make any sense?*** According to that *NYT* article, a lower dose was given to the younger children which could account for the very low effectiveness. ***But the better question is not: should the younger children then be given a higher dose or more boosters? Rather, it is: do children even need a vaccine in the first place?*** As reported in Part 1, the CDC's own data infection fatality data showed the survival rate from COVID for children under 18 was 99.997% based on the protection offered by their own natural immune system [20].

Prof. Jacob Giris, director of Israel's Ichilov Hospital's coronavirus ward, said in February 2022 that most of their cases had had at least three COVID shots, and the vaccinated accounted for 70-80% of their cases. ***"So, the vaccine has no significance regarding severe illness***", he said [21].

A report with more recent data from the 1st quarter of 2022 presents results that totally undermine the "pandemic of the unvaccinated" narrative. Official data of the UK Health Security Agency:

> "confirms the fully vaccinated population accounted for a shocking 92% of all Covid-19 deaths across England throughout March [2022], but what's even more shocking is that 82% of those deaths were among the triple vaccinated population.
>
> "But something even stranger than this is also occurring. Covid-19 is currently on the rise again across the UK, but the data confirms cases, ***hospitalizations and deaths are only rising among the triple vaccinated population, whereas they are declining significantly among the unvaccinated population"***

That same report shows that the total number of hospitalizations among the vaccinated during February and March 2022 far surpassed those among the unvaccinated, as shown in Table 1 below. By far, the triple-vaxxed represented the vast majority of the total.

Table 1: UK Health Security Agency data for England (Feb. & March 2022) [22]

HOSPITALIZATIONS Time period	**Unvaxxed**	**Triple vaxxed only**	**Total Vaxxed 1,2, or 3 doses**	**% of total hospitalizations & deaths represented by total # of vaxxed**
1/24 to 2/20/22	2,341	4,936	6,889	75%
2/28 to 3/27/22	2,065	6,750	8,261	80%
TOTAL for both periods	**4,406**	**11,686**	**15,150**	
DEATHS Time period				
1/24 to 2/20/22	559	3,120	4,302	88.5%
2/28 to 3/27/22	321	3,054	3,736	92.3%
TOTAL for both periods	**880**	**6,174**	**8,038**	

The total number of COVID *cases* for those same time periods reflects the same pattern. **All of the data together for the number of cases, hospitalizations and deaths reveal that the more doses a person gets, the more likely they are to get COVID, be hospitalized or die. However, *do we really know the "breakthrough" hospitalizations and deaths were actually due to COVID-19 and not to the shots?***

The same trend is revealed by the official data for Canada as well. Tables 2 and 3 below show the data for COVID cases, hospitalizations and deaths in early 2022. Note the percentages represented by the triple

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vaxxed alone, and the total percentage in each category that all vaxxed represent. As with the England data above, the same question arises as to whether all the deaths attributed to COVID were actually due to COVID or may have been from the shots themselves.

Table 2: COVID-19 Case, Hospitalization & Death Data: Canada (Feb. 21– May 29, 2022) (Based on data from the Government of Canada Daily Epidemiology Update) [23]

Feb. 21 – May 29, 2022	Unvaxxed	1 dose	2 doses	3 doses	Total vaxxed – all doses (& % of all, incl. unvaxxed)
Cases	52,884	11,211	138,086	227,154	376,451 (88% of all)
Hospitalizations	5,615	855	6,489	12,373	19,717 (78% of all)
Deaths	1,158	135	1,174	2,487	3,796 (77% of all)

Table 3 below shows the same data points for only the last part of the above time period, plus an extra week, showing that the numbers grew progressively worse over time. Note the increased percentages that vaccinated persons represent in all categories.

Table 3: COVID-19 Case, Hospitalization & Death Data: Canada (May 1– June 5, 2022) (Based on data from the Government of Canada Daily Epidemiology Update) [24]

May 1 – June 5, 2022	Unvaxxed	1 dose	2 doses	3 doses	Total vaxxed – all doses (& % of all, incl. unvaxxed)
Cases	8,436	4,381	40,327	74,118	118,826 (93% of all)
Hospitalizations	1,065	242	1,728	4,590	6,560 (86% of all)
Deaths	235	41	318	1,113	1,472 (86% of all)

Breakthrough cases started emerging at least as early as mid-2021. What have we learned since then? Hopefully, at the very least, the above data show us that the "pandemic of the unvaccinated" was all propaganda to shame and demonize the unvaccinated and encourage people that the "patriotic" and "right" thing to do was to get the shots.

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The Waning of Vaccine Protection Gave Rise to the Boosters

Dr. Peter McCullough, who has served on many review boards, including for vaccines, stated in December 2021: *"Vaccines aren't viable if they can't last a year! The minimum criteria…is 50% coverage and it must last one year. These [COVID shots] aren't cutting it. None of them are viable to be commercial products" [25].* The FDA issued a statement based on its June 2020 Guidance document that it "would expect that a COVID-19 vaccine would prevent disease or decrease its severity in at least 50% of people who are vaccinated" [26].

There are many reports that show a high rate of efficacy for the first half of 2021, but that early data became rather irrelevant as the months passed, as Delta appeared in mid-2021 and the scenario started changing. One Swedish study that was published in October 2021 covered the period from January 12, 2021 to October 4, 2021 [27]. It involved 842,974 pairs of people in which one person got two shots and the other received none. The study found the Pfizer shot declined in effectiveness against infection from 92% from day 15 through 30 to only 47% during the period from days 121 through 180, and from day 211 on, "no effectiveness could be detected". Effectiveness "waned slightly slower" for the Moderna shot, estimated at 59% "from day 181 and onwards" (though the study only studied the period up to October 4, so its effectiveness beyond that date is not known). The authors of the study interpreted their results as follows:

> "effectiveness against symptomatic Covid-19 infection wanes progressively over time across all subgroups, but at different rate [sic] according to type of vaccine, and faster for men and older frail individuals. The effectiveness against severe illness remains high through 9 months, although not for men, older frail individuals, and individuals with comorbidities. This strengthens the evidence-based rationale for administration of a third booster dose."

However, their suggested rationale is not the only possibility. *Might an alternative interpretation be this: "Since the first two shots were not very effective, why should anyone think that a third one would somehow last a lot longer?"*

Interestingly, the above study showed that the Pfizer's vaccine effectiveness had declined to less than 47% by day 121 (less than the FDA's threshold of 50%). The start date of the study was January 12, 2021, so 4 months later would have been April 2021. Pfizer CEO Bourla had already announced on April 1, 2021 that a booster would likely be needed 6-12 months after the primary series of shots, and then annually thereafter [28]. That was shortly before the FDA announced that it had "approved" Pfizer's Comirnaty product for licensure on August 23, 2021. (There has been some controversy over whether the action taken by FDA that day constituted a full approval and licensure, but that issue is outside the scope of this series). ***What efficacy data did Pfizer present to the FDA in its application for licensure?*** *The FDA's minimum efficacy rate is 50%, but according to the Swedish study, Pfizer's effectiveness had waned to 47%*

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in only 4 months, by April. The Swedish study did not come out until after the FDA's decision in August, so it would be interesting to compare the data from the large Swedish study with the data Pfizer gave to the FDA when it submitted its application for licensure of the Comirnaty vaccine.

On June 29, 2021, Anthony Fauci said in an interview that the new variant (Delta) was a "game-changer" for the unvaccinated. He said that those who were vaccinated were "doing fine", and that "if you're vaccinated, you're in …quite good shape. If you're not vaccinated, you're at significant risk" [29]. ***Then why are the data showing that the vast majority of COVID cases, hospitalizations and deaths are among the vaccinated?*** The very next day Dr. Peter McCullough said in an interview [30]: "It is very clear from the UK Technical Briefing [31] that was published June 18 [2021] that ***the vaccine provides no protection against the Delta variant".*** The reason, McCullough explained, is that "The Delta variant contains three different mutations, all in the spike protein. This allows this variant to evade the immune responses in those who have received the COVID jabs, but not those who have natural immunity, which is much broader". ***Whose report should you believe?***

A study published in August 2021 [32], showed that in June-July, after Delta became the predominant variant, effectiveness of the Pfizer and Moderna shots had waned to 53.1% among certain U.S. nursing home and long-term care facility residents, one of the most vulnerable populations. The CEO of Moderna was already acknowledging by early that same month that a third shot would probably be necessary to deal with the Delta variant [33]. However, the first two shots were ineffective against the Delta variant since they were directed at the original Wuhan spike protein. The Delta variant had mutated too much for the vaccine to have any effectiveness at all. *Why would a third shot of an expired vaccine be effective if the first two were not?*

A paper entitled *"Increases in cases of COVID-19 are unrelated to levels of vaccination across 68 countries and 2,947 counties in the United States*" was published in September 2021 [34]. The authors found "no significant signaling of COVID-19 cases decreasing with higher percentages of population fully vaccinated". It also noted that "the trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per one million people".

On September 22, 2021 the FDA extended Pfizer's EUA to include a booster shot at least 6 months after the primary series for certain groups of people, those 65+ and 18-64-year-olds in certain risk categories [35]. McCullough reported that as of the end of October 2021, there were "22 studies showing the shots' efficacy against all variants rapidly wane over the course of three to six months, eventually hitting zero" [25]. One of those was the Swedish study mentioned above. By early January 2022, the CEO of Pfizer acknowledged that their two primary doses were not enough against Omicron and a booster would be needed [36]. Fortunately for Pfizer, but unfortunately for the public, the FDA had already extended Pfizer's EUA to include the booster. In contrast, McCullough said that those who had already had COVID have natural immunity that does not diminish like the protection claimed to be provided by the vaccines [25].

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Then on March 29, 2022, the FDA authorized a second Pfizer booster (a fourth shot) after at least 4 months following the first booster, but only for those over 50 and those with certain kinds of immunocompromise [37]. ***Does this mean that they are going to recommend boosters every 4 months now, at least for certain large groups? Did not the Pfizer CEO say in April of 2021 that after the first booster, additional boosters would likely only be needed annually? Is there any end in sight for COVID booster shots****?* Endless boosters certainly bode well for the bottom line of the vaccine manufacturers' financial statements, especially since the shots are being paid for by the government.

Americans should be glad – at least for the time being – that they do not live in Germany, where it was announced by the Federal Health Minister in August 2022 that Germans would have to receive COVID boosters every 3 months to be considered "vaccinated", despite a decline in COVID numbers [38]! The vaccinated would be exempt from some of the new "freedom-crushing laws".

Canadians may be facing a similar situation. An article dated September 2, 2022, announced that a similar proposal had been made by Canada's National Advisory Committee on Immunization, that "shots may be warranted" every 90 days, due to waning efficacy [39]. The Canadian Department of Health had announced just weeks earlier that boosters at 9-month intervals would be enough, but the deputy chief public health officer said that due to waning immunity, a booster even every six months was not sufficient. The Health Minister explained that being "fully vaccinated" was not good enough – people had to be "up-to-date" in their vaccinations.

Dr. Toby Rogers noted that when the FDA's expert advisory committee (VRBPAC) met for the first time to discuss the "Future Framework" on April 6, 2022 "all of *the committee members agreed that COVID-19 shots are not working, that boosting multiple times a year was not feasible, and that the shots need to be reformulated" [1]. As Rogers explained:*

> "Over half a billion doses have been injected into Americans in the past 17 months and **these shots have made no discernible impact on the course of the pandemic. Far more Americans have died of coronavirus since the introduction of the shots than before they were introduced".** (emphasis added)

That led to the FDA's action in late June to start implementing the new "Future Framework" scheme, explained in greater detail in Part 2. Under that framework, the vaccine manufacturers could get authorization for any newly reformulated COVID vaccines ***without any new clinical trials****.* That enabled Pfizer and Moderna to continue making tens of billions of dollars in annual revenue without having to face new clinical trials or take the risk that they would not pass regulatory review. Since the clinical trials for the original vaccines were deficient in many ways and the regulatory review was quite lax, as reported by Sasha Latypova, Brook Jackson and others in Part 2, it is doubtful that new trials would have been subject to a truly objective and rigorous review anyway. But doing away with the clinical trial requirement only seems to have formalized the deficient and lax process already being followed by the vaccine manufacturers and their "captured" regulatory agencies that are supposed to oversee them.

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Nevertheless, despite the FDA advisory committee's acknowledgements that the shots were not working and boosting multiple times a year was not feasible, in July 2022 Anthony Fauci said he thought Americans 5 to 50 years old should be authorized for a second booster. His reason was that it may have been a long time since many people got their first one (after their primary series), and it is likely that their immunity was waning [40]. After Fauci announced his support for a second booster, Dr. Robert Malone, one of the original developers of the mRNA technology, warned of the prospect of immune imprinting. He said: ***"I couldn't design a vaccine if I wanted to, to be more likely to drive immune imprinting"*** [40]. That "refers to a phenomenon whereby initial exposure to a virus strain may prevent the body from producing enough neutralizing antibodies against a new viral strain".

Can you identify any other vaccine that required a booster within 1 year, and then another booster within just several months? Neither the American public nor the medical community was warned at the beginning that multiple and seemingly endless boosters might be required***. Does not the need for continual boosters demonstrate how ineffective these shots have been?***

What makes the booster strategy even worse is that most people do not know that "SARS-CoV-2 mutates at a rate that is two to 10 times faster than the influenza virus, and these mutations can considerably reduce vaccine effectiveness" [41]. It appears that the real problem here is the government's continued refusal to acknowledge that a vaccine is not the appropriate response to a situation like this in the first place when there is such rapid mutation. Especially if it mutates 2 to 10 times faster than the flu, ***how is it possible to stay ahead of the curve?*** **With each passing day, it appears that the government's response (driven by Big Pharma) makes less and less sense. It appears to fit the proverbial definition of "insanity "– doing the same thing over and over and expecting a different result.**

On January 11, 2022, the World Health Organization's Technical Advisory Group on COVID-19 Vaccine Composition issued a warning saying that "a vaccination strategy based on repeated booster doses of the original vaccine composition is unlikely to be appropriate or sustainable" [42]. Around that same time, it was reported that the European Union (EU) regulators warned:

> "frequent COVID boosters could risk overloading the immune system and said there is currently no data to support repeated doses. This comes a month after the regulators said it made sense to 'administer COVID-19 vaccine boosters as early as three months after the initial two-shot regimen,' among concerns over the Omicron variant" [43].

Do you think it is time to take a few steps back and re-consider what is really going on with the prolongation of the COVID "pandemic" and the need for any more COVID shots for anyone of any age? *Remember way back when we were told that vaccines were the only way out of the pandemic? Yet more than two and a half years later, are we really any closer to the end when those pushing the boosters do not appear to have any end in sight? Have the vaccines really contributed anything at all to*

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public health, as the excess mortality rate (NOT a result of COVID itself) is increasing, especially among younger, relatively healthy people?

When Anthony Fauci and Pfizer CEO both come down with COVID even after 4 shots each, what are we to make of that?

Are the Vaccines Actually Causing the Variants?

Many experts have warned that the vaccines are likely causing the variants. Among them is the late Dr. Luc Montagnier, a French Nobel Prize winner in Medicine for discovering HIV. An article about an interview he did shortly before his death reports the following [44]:

> "he states that ***the mass vaccination program is an 'enormous mistake' and a 'medical error' because 'it is clear that the new variants are created by antibody-mediated selection due to the vaccination.'***" (emphasis added)

Dr. Montagnier was saying that the vaccines are creating the variants. *How much weight does the opinion of a distinguished Nobel Prize recipient carry?*

Dr. Jessica Rose is the Canadian researcher cited in Parts 1 and 2 who has a Bachelor's Degree in Applied Mathematics, a Master's in Immunology, a Ph.D. in Computational Biology and two Post-Doctoral degrees in Molecular biology and Biochemistry. She has studied Israel's data, since Israel was one of the first countries to have the highest rate of vaccination. Based on the clusters of data around the time the vaccines started, she observed:

> "Israel is one of the most injected countries and it appears from the data that ***this represents a clear failure of these products to provide protective immunity against emergent variants and to prevent transmission, regardless of how many additional shots administered. And this begs the question as to whether these injection rollouts are driving the emergence of the new variants. There is clear and present danger of the emergence of these variants of concern if we continue with these alleged booster shots"*** [45].

Dr. Toby Rogers, Ph.D., who was quoted earlier, has also indicated that one of the known negative impacts of vaccinating against a rapidly mutating virus is the "possibility of accelerating the evolution of the virus in ways that make it more virulent (and even more resistant to vaccination) …" [1].

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Dr. Geert Vanden Bossche, DVM, Ph.D., a virologist and vaccine developer, has also warned that a mass vaccination campaign in the middle of a pandemic would "inevitably lead to the expansion of more infectious variants" [46]. On his website is a letter he wrote to the World Health Organization on December 24, 2021, which goes beyond that statement. Part of that letter reveals the problem of going against the official narrative of the medical industrial complex. An equally important part shows that there is actually more support in the scientific community than they are willing to admit that the vaccines are causing the variants:

> "one of the most renowned vaccinologists on this planet wrote me an email saying; 'vaccinating with these vaccines would only breed new variants. But that it wouldn't make sense for me to go against the mainstream because nobody would listen to me anyway, and hopefully that second-generation vaccines would solve the problem'" [46].

An article published by the Informed Consent Action Network (ICAN) in April 2022 further confirms the causal relationship between the vaccines and the variants: "As a number of brave immunologists and vaccinologists have been warning, the Covid-19 vaccines are going to drive new vaccine-resistant variants" [47].

ICAN has taken this issue another step, since the CDC makes the following claim on its website: **"FACT: COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19. Instead, COVID-19 vaccines can help prevent new variants from emerging"** [48]. Based on that claim of "fact", ICAN made two FOIA requests, each with slightly different language, asking for all documents the CDC has that support that claim. Each time the CDC's response was that they "found no records responsive" to the requests [49]. In other words, the CDC has ***nothing*** to support that claim which they label as "FACT!" *Did they just pull that "fact" out of thin air because they needed such a statement to support their narrative and justify more shots?* As ICAN's attorney has stated, if the CDC is making declaratory statements like that, representing certain things as "facts", they had better have evidence to back them up [49].

How many other claims has the government made concerning "all things COVID" for which they have absolutely no supporting evidence? *Does not their total lack of evidence on this point totally undermine the rationale for any boosters (aside from the data showing that those who have received the boosters are actually worse off than those who have not)?*

Do you think it is time to re-think the issue of what is really causing so many variants and the justification for COVID-19 booster shots?

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RISK/BENEFIT ANALYSES

The risk/benefit analysis relates to both safety and effectiveness. Supporters of the official narrative claim that even if they get COVID, the vaccine will spare them more serious consequences. ***How do they know? Where is the data, the study and the control group they are basing that claim on?*** "Dr. Ryan Cole has spoken directly to this issue as recently as late August 2022. He stated emphatically that **there is not one placebo-controlled, randomized controlled trial showing that that statement is true in any way, shape or form**" [50]. *If someone made a FOIA request for documents that support that claim, similar to ICAN's FOIA request on the issue of variants, do you think the CDC or FDA could produce any documents supporting that claim?*

The lead author of this series heard about a woman who went blind in one eye after receiving the COVID injections. There was no indication that she had any other condition that might have caused the blindness. However, she was so glad she had gotten the shots because she believed she would have gone blind in *both* eyes had she *not* gotten them! Her belief was obviously based on the claim that the shots lessen the severity of COVID disease, and that the shots could not possibly have been the cause of her blindness in the one eye. It is very sad to hear reports like that woman's, but it appears that a significant percentage of people have fallen under a similar "spell" of the official narrative which somehow prevents them from connecting the vaccines with unexpected injuries and "sudden adult deaths". It is very unfortunate that she either never knew about or did not believe in the safe and effective treatments that were available. Those treatments, used successfully by all of the alleged "misinformation spreading" doctors, do not carry such terrible risks.

Therefore, the question is: do these injections actually provide more benefit than risk? The data say "absolutely not". Keep in mind the criteria cited in Part 2 for determining when a drug is removed from market (upon 50 associated deaths), and how quickly the swine flu vaccine campaign was stopped after exponentially fewer adverse reactions were reported than have been reported following COVID vaccinations. ***What good is any drug even if it may lessen the severity of a particular disease but causes a worse effect that leads to serious injury or death?***

Steve Kirsch, Executive Director of the Vaccine Safety Research Foundation, whose COVID research has been cited earlier in this series, has also said that it's "impossible" to "do any sort of risk-benefit assessment without knowing the VAERS URF [under-reporting factor]" [51]. That makes total sense. How can you make such an assessment without having the best estimates possible of the number of deaths and serious injuries from any drug? While the raw VAERS data is still good for comparison purposes, to show trends and warning signals, it is not adequate for a risk/benefit analysis. You have to apply a URF, as Kirsch asserts.

As indicated in Part 2, as of August 12, 2022, there had been 14,061 VAERS reports of deaths following COVID vaccinations in the U.S. alone. Based on a URF of only 41, that would mean that **more than 576,000 Americans have died following the COVID shots as of that date. If we apply the much higher URF suggested by VAERS expert Albert Benavides as discussed in Part 2, around 100, that means that a**

staggering number of over 1.4 million Americans have probably died following the COVID shots in just 20 months! And that is just in the United States. Yet we are still being told, as of September 2022, that the shots are safe and effective.

Remember the various problems with the numbers published in VAERS that require an increasingly high URF. For example, one is the excessive lag time in VAERS reports being published. Another is the fact that VAERS now only publishes the original reports and no updated reports that might reflect that death had occurred since the time of the original report. ***Why is VAERS (i.e., the CDC) not publishing updated reports to reflect deaths or injuries that may have become permanent since the initial reports? Would that not be a very important piece of information for everyone to know?*** Therefore, it is highly possible, if not likely, that a more reasonable and accurate URF is much higher than Kirsch's earlier calculation of 41, as Albert Benavides has stated. A more accurate estimate of deaths may come from the life insurance industry, which is reported below.

Other Experts' Risk/Benefit Conclusions

Many others would say, as Dr. Robert Malone has said with regard to children in Part 2 of this series, the risk/benefit analysis "is not even close". This is especially true in light of the availability of safe and effective treatments that do not carry the serious risks that these experimental injections do. Dr. Sherri Tenpenny has also concluded that there is *zero benefit, only risk* to these shots [8]. Dr. Jessica Rose, the viral immunologist and computational biologist quoted in various parts of this series, made a presentation at a meeting of an FDA committee in September 2021. Her conclusion was that *the very high rate of adverse reactions to the COVID vaccines outweighed any potential public health benefit, especially for children* [45].

A portion of one of the studies cited in Part 2 was based on "a non-traditional best-case scenario pseudo-cost-benefit analysis of the COVID-19 inoculations for the 65+ demographic in the USA [52]". *That study concluded that the risks of these shots far outweigh the benefits for that demographic:*

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

A risk/benefit study up to February 6, 2022 by Stephanie Seneff, Ph.D., and Kathy Dopp concluded [53]:

> "...based on publicly available official UK and US data, **all age groups under 50 years old are at greater risk of fatality after receiving a COVID-19 inoculation than an unvaccinated person is at risk of a COVID-19 death. All age groups under 80 years old have virtually no benefit from receiving a COVID-19 inoculation, and the younger ages incur significant risk.** This analysis is conservative because it ignores the fact that ... vaccine-induced injuries can lead to shortened life span ..." (emphasis added)

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Dr. Toby Rogers, Ph.D., has also addressed the risk-benefit issue. Rogers says that for the COVID vaccines, "the NNTV [Number Needed to Vaccinate to save one child from a COVID-19 death] is so ridiculously high that this vaccine could not pass any honest risk-benefit analysis". His conclusion for the 5-11 year-old age group is: *for each child saved from death due to COVID-19, another 117 children would die following the shots* [54]. The reason the NNTV is so high for children is because the risk of them dying from COVID is almost nil in the first place, as shown in the data in Part 1. Therefore, it takes an extremely large number of children to be vaccinated to save even one child.

A very revealing analysis of data from the UK for the period Jan. 2021 – Jan. 2022 was published May 5, 2022 by Steve Kirsch [55]. Kirsch said that the "data quality here is strongly biased in favor of making the vaccine look effective". However, his conclusion is reflected in the title of his report: "*New UK government data shows the vaccines kill more people than they save".* He states:

> "New UK government data allows us to analyze the data in a way we couldn't before. This new analysis shows clearly that the ***COVID vaccines kill more people than they save for all age groups.***
>
> **"The data showed that for most age ranges, the vaccine reduced your chance of dying from COVID, but it increased your chances of dying from other causes.** The former effect was smaller than the latter effect so the vaccines are nonsensical.
>
> "...Below 80, the younger you are, the more nonsensical vaccination is".

In other words, the cure is far worse than the disease. Even if different experts disagree on their estimates of the risk/benefit ratios, the point is that regardless of whose numbers are more accurate, they are all so high that none even comes close to providing a favorable risk-benefit to support these shots for any age group.

The State of Florida Department of Health studied mortality risk following mRNA COVID-19 shots. Their "Guidance for COVID-19 mRNA Vaccines" dated October 7, 2022 was based on the finding that "there is an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination". Based on that data, the report concluded: "With a high level of global immunity to COVID-19, **the benefit of vaccination is likely outweighed by this abnormally high risk of cardiac-related death among men in this age group".** For that reason, "The State Surgeon General now recommends against the COVID-19 mRNA vaccines for males ages 18-39 years old" [56].

Clinical Trial Data Reveal a Decline in Health, Not a Health Benefit

Even with more than 20 months of actual data following the COVID vaccine rollout, the clinical trial data is still significant in that it sheds light on whether this criterion required for an EUA was met or not. It also reveals certain misrepresentations or misleading use of data by the manufacturers during the trials. Part 1 in this series included an analysis of Pfizer's claim from its clinical trials that its vaccine was "95%

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effective". It explained that the 95% figure was extremely misleading because it only represented the relative risk reduction (RRR), not the absolute risk reduction (ARR) which was less than 1% -- and which FDA guidelines say should always be included and provided to the public to aid them in their decision to get the shot or not.

A study of data from the Pfizer and Moderna clinical trials by Dr. Peter Doshi and colleagues provides additional insight on these issues. First, Doshi et al found: "The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively)" [57].

As discussed in Part 1 concerning Pfizer's risk reduction calculations, Doshi also noted that the number of confirmed cases used by Pfizer to calculate the risk reduction rates (a total of 170) "were dwarfed by a category of disease called 'suspected covid-19'—those with symptomatic covid-19 that were not PCR confirmed". If those 3,410 suspected-but-not-confirmed cases had been included in the calculations, Doshi estimated the RRR would have been only between 19% -29% instead of 95%, far below the FDA's minimum of 50% [58]. ***Could it be that Pfizer was manipulating how many in the suspected or symptomatic group they would actually test in order to come up with an RRR of 95%?***

Another analysis of the shortcomings of the Pfizer trials and how they actually demonstrated a decline in health and a risk-benefit ratio that did not support its vaccine was prepared by the Canadian COVID Care Alliance (CCCA), a consortium of more than 500 doctors, based on Pfizer's 6-month data released on September 15, 2021 [59]. The CCA's analysis is presented in a video entitled "The Pfizer Inoculations for COVID-19: More Harm Than Good" [60]. The CCCA noted that while Pfizer's own data showed a 91.5% efficacy rate in preventing COVID infection, its other data showed that it came at the expense of an increase in other more serious illness and deaths. The CCCA also noted that this data was not in the main report itself, but can only be found by digging into the supplementary appendix [61].

Table 4: Analysis by Canadian COVID Care Alliance from the Pfizer 6-Month Report showing comparison of efficacy and adverse event results for the treatment and placebo groups [62].

Pfizer 6-month Report Data	BNT162b2 (Pfizer vax)	Placebo	Risk Change
Efficacy (Meaning # of people diagnosed with COVID-19)	77	850	-91%
Related Adverse Event (Meaning an investigator has assessed it as related to the BNT162b2 injection)	5,241	1,311	+300%
Any Serious Adverse Event (Interferes significantly with normal function)	262	150	+75%
Any Serious Adverse Event (Involves visit to ER or hospitalization)	127	116	+10%

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An article posted in *Technocracy News* reveals that **"Not recording injuries, or recording them improperly, are a common tactic used to fudge results and make a vaccine appear safer than it is. Another common strategy is to exclude any parameter that turns out to be problematic, and that includes participants who are injured"** [63]. The article then cites that particular problem with respect to Pfizer's pediatric COVID trial where about 3,000 of the 4,526 children who were enrolled were excluded from their final calculations, but no explanation was given as to why. That was described as a "huge red flag," a sentiment echoed by Dr. Claire Craig, as reported in Part 2. *If a significant percentage of the 3,000 had suffered a fairly serious adverse reaction, think of how that would skew their trial results which should have then led to a denial of the EUA for that age group.*

This series has already revealed various significant shortcomings in the clinical trials. Dr. James Thorp and Dr. Deborah Viglione, as well as others, also point out that there should have been randomized, double-blinded placebo-controlled clinical trials before these shots were ever released to the general public.

Dr. J. Bart Classen, MD, is an immunologist and former NIH scientist. He is one of many who have analyzed the clinical trial data of Pfizer, Moderna and Johnson & Johnson. He begins by noting: "For decades, ***true scientists have warned that pivotal*** **clinical trial designs for vaccines are dangerously flawed and outdated"** [64]. Such was the case with the COVID-19 trials. For one thing, he said: "Reductions in infection rates, hospitalization rates and even death with COVID-19 are poor surrogate markers for health and are not proper primary endpoints for a vaccine clinical trial".

Classen also stated:

> "Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically (sic) **[statistically] significant increase in "all cause severe morbidity"** in the vaccinated group compared to the placebo group". (emphasis added)

Among his other conclusions, Classen states:

> **"…in fact, all the vaccines cause a decline in health in the immunized groups".**
>
> "… reducing severe COVID-19 infections does not equate to enhanced survival especially when the vaccine can cause clotting, heart disease and many other severe adverse events. ***Potential vaccine recipients need to know if the vaccine improves their survival in order for them to make an informed consent to be immunized. Unfortunately, the current studies with COVID-19 vaccines in fact show they cause a decline in health".***
>
> "The actual health decline caused by the vaccines is probably much worse than what is depicted in Table 1 for many reasons".

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The “Table 1” referred to is entitled “All Cause Severe Morbidity”, found in his study. It reflects combined data from the Pfizer, Moderna and Johnson & Johnson trials upon which his comments are based.

Dr. Classen had even more critical remarks about the trials and the manufacturers’ conduct:

> ***“Regrettably, the vaccines did not reduce morbidity but caused an increase in severe events.*** Worse, the pivotal clinical trials were never designed to show a benefit in ‘all-cause mortality’ or reduction ‘in all cause severe morbidity’. The fact that the trials were never designed to show these health benefits is an ***admission that those developing the vaccines never expected the vaccines to result in measurable health benefits”.***

He concluded his study by stating: “Mass immunization with COVID-19 vaccines is certainly leading to a catastrophic public health event”.

An article entitled “How Vaccine Trials Routinely Rig the Results”, published July 8, 2022, provides an analysis by Dr. Joseph Mercola of the overall problem of how clinical trials can be manipulated [65]. An article on the *Chemical Violence* website made the following comment about the Future Framework discussed earlier: “While many examples of rigged vaccine trials had been recorded over the years, the future framework served as an extreme expansion and formalization of the scheme [66]”. ***Is it only a matter of time before the FDA does away with all clinical trials for all future new drugs?***

Natural Immunity is Superior to Vaccine Immunity

Many studies show that natural immunity is superior to any vaccine immunity. That was the conclusion of a study from Israel reported in December 2021 [67]. It showed that those with natural immunity had an infection rate of only 10.5 per 100,000 four to six months following their recovery, as compared with a rate of 69.2 per 100,000 among the vaccinated. That is a rate of more than *6X or 600%* higher among the vaccinated.

In addition, the number of severe cases among those with natural immunity was only 0.5% of all cases, compared with 0.9% among the vaccinated, almost twice as many. That article also stated that:

> “The naturally immune, though, are better protected against both infection and severe disease, according to a large body of research that includes the latest study from Israel”.

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The article then quotes Dr. Paul Alexander, an epidemiologist with the Early COVID Care Experts who has collected 141 studies on natural immunity. Of those who had recovered from COVID, he said:

> "…all the data that we're looking at will suggest that you have bulletproof natural immunity, which is much more robust and comprehensive than vaccine immunity".

A recent study in Qatar that focused on long-term natural immunity in unvaccinated people found that natural immunity was 97.3% effective "against severe, critical or fatal COVID-19 reinfection, and with no evidence of waning" [68]. Similar results were also reported for those 50 years and older. Therefore, they concluded that natural immunity was superior to vaccine immunity, such as revealed in a recent Swedish study cited by the Qatar group which found in May 2022 that two doses of COVID-19 were only 54% effective against the Omicron variant. That barely passes the FDA's threshold of 50% efficacy.

Johns Hopkins surgeon and professor Dr. Marty Makary confirmed in July 2022 that over 200 formal studies found that natural immunity was superior to vaccine immunity. He added that unvaccinated people "pose no public health threat now that population immunity is high" [69].

In fact, Dr. Michael Yeadon says that if these shots were really about public health, one group of people you would ***not*** vaccinate are those who have recovered from COVID. It actually makes them ***worse*** off [70]. ***Why are those with natural immunity being encouraged or forced to get the shots? Why is the science NOT being followed?***

REPORTS FROM OTHER SOURCES

Autopsy Data

Dr. Peter Schirmacher, Chief Pathologist at the University of Heidelberg and Acting Chairman of the German Society of Pathology, is considered by *The Pathologist* to be one of the top 100 pathologists in the world. He did autopsies on 40 people who died within 14 days of a COVID shot. He concluded that 30-40% of them died *from* the vaccine, and in his opinion, **the frequency of fatal consequences of vaccinations is "underestimated"** [71]. Therefore, his 30-40% figures could be much higher.

Other autopsies performed by two other experienced pathologists, Dr. Arne Burkhardt and Prof. Dr, Walter Lang, showed results consistent with Dr. Schirmacher's findings. They did autopsies on ten people who had recently been vaccinated. Despite the small sample, they found three rare autoimmune diseases, but the most alarming finding was that **"*The lymphocytes are running amok in all organs*",** according to Prof. Lang. **"*We're missing out on 90 percent*",** he said, of the number of fatal vaccine reactions [72]. All three pathologists have called for more autopsies on recently vaccinated deceased persons. ***But Anthony Fauci has discouraged autopsies in the U.S. – why do you suppose that is?***

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Drs. Sucharit Bhakdi and Arne Burkhardt did presentations at a Doctors for COVID Ethics Symposium on December 10, 2021 [73]. They had done autopsies on 15 patients who died from 7 days to 6 months after vaccination. Significantly, the coroner had decided that none of these deaths were caused by the vaccine. However, the two doctors found "*in 14 of the 15 patients there was widespread evidence of the body attacking itself, something that is never seen before. The heart was attacked in all 14 cases*". A summary of their findings and ***why COVID vaccines cannot work*** is found in an article in the reference.

Pathologists, other doctors and medical examiners: might you be overlooking something in determining the cause of death of vaccinated persons?

Dr. Ryan Cole, MD, is a board certified anatomic and clinical pathologist who trained at the Mayo Clinic. He runs a large independent lab and is probably in the top ten of American pathologists in terms of the number of patients he has seen in his career [74]. In an interview, he explained that there is a simple test that can be done during post-mortem exams that reveals whether or not the death was caused by the COVID shots, but these tests are not being done [74]. He added that *the standard pathological slide stains that are run during these exams do not show this, and that is one reason why the vaccine's causative role in death is not being found.* The other reason doctors are not finding the vaccine connection is simply that they are not looking for it. Cole recommends the protocol developed by Dr. Arne Burkhardt which uses special stains that detect the spike protein [75]. Cole has made some additions to that protocol which he provided to Steve Kirsch [74]. Burkhardt says they were able to successfully detect it "using an antibody specific for the spike protein by conventional immunohistochemistry" [76].

The only doctors Cole knows of who are doing this test are seven doctors in Germany (including Burkhardt) and perhaps one other in the United States, besides himself. One other very important point he made was that this test can be run even a long time after death, if the tissue samples were preserved. That may help grieving family members who still want to know even a year or more later if the death of their loved one was vaccine-related.

Reports from Embalmers/Funeral Directors/Casket Manufacturers

Not surprisingly, funeral directors and embalmers have also been reporting unprecedented findings about deceased vaccinated persons. A funeral director in the UK says he "has never seen as many deaths" (since the vaccines) and is reporting about a 500-600% increase in the number of deaths among young adults. They had all been vaccinated [77].

The report of the Canadian casket manufacturer who was quoted in Parts 1 and 2 is also relevant here [78]. His comment that their business actually declined about 60% during 2020 stands in sharp contrast to what happened after the vaccine rollout in late 2020, through 2021and into 2022. Not only did the increase in casket sales become "staggering", but his comments about the huge increase of selling 5 years' worth of child caskets in 7 months was particularly troubling.

An American Certified Embalmer, Richard Hirschman, has been embalming for over 20 years. He reports seeing veins and arteries filled with rubbery clots and strange fibrous materials that were completely

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filling the vascular system in the bodies of deceased vaxxed persons. He had never seen this phenomenon before, which has created challenges in the embalming process [79]. Even his colleagues who have been embalming for 30-50 years are observing the same things that they had never seen before either. These have been described as "white fibrous clots", "synthetic tissue", or "rubbery substances" [80].

Hirschman also said that January 2021 – right after the vaccine rollout – was the busiest he had ever been. He started keeping track in November 2021 of how many people he is seeing these strange "things" in. In January 2022, out of 35 people he embalmed, this condition was present in 20-24 of them. He said: ***"If this is caused by the vaccine, can you imagine how many people will be dying from this? Because people can't live with this kind of substance floating around in their vessels".***

Another embalmer, Cary Watkins, has had over 50 years of embalming experience and has known Hirschman for many years. He vouched for Hirschman's credibility and his excellence as an embalmer, and has confirmed that he has seen the same types of unusual clots Hirschman reports [81]. *The Epoch Times* has also confirmed, after Hirschman was the first embalmer to come forward, that several other embalmers from different states have reported seeing the same kind of fibrous and rubbery clot-like substances described by Hirschman. They did not know if these were caused by COVID-19, the vaccines or other causes [82]. The *Epoch Times* article also quoted Hirschman as saying: "They're not even dead from COVID. They're dying of sudden heart attacks, strokes, cancers. It doesn't seem to matter what these people die of nowadays, so many of them have the same anomalies in their blood".

Figures 1 – 3 below are photos of just a few of the samples presented by Hirschman showing different kinds of rubbery, fibrous clot-like substances that he and other embalmers are finding in the vascular system of deceased vaccinated persons. These unusual substances are not like typical blood clots, which easily fall apart when picked up, according to Hirschman [83]. Photos of other types of samples, as well as more detail of his findings, can be found in various interviews he has done in the independent media [83 - 85].

Figure 1: This is a large white, fibrous, rubbery "clot" from the vascular system of a deceased vaccinated person [84].

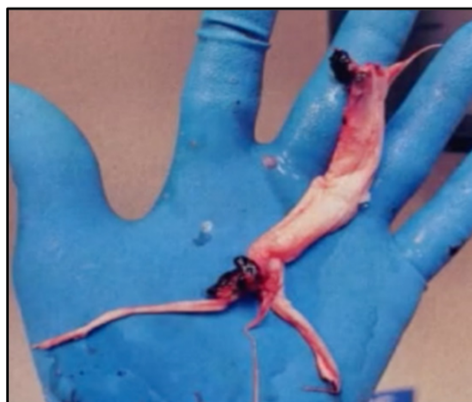

Figure 2: This is a close-up example of several smaller clot-like strings from the vascular system of one deceased vaccinated person [84].

Figure 3: The contents of the 7 vials below are from the vascular systems of 7 different deceased vaccinated persons [82].

More recently, Hirschman said that he had started finding similar substances in the bodies of deceased *unvaxxed* persons as well. However, he found out that those people had all received blood transfusions. That obviously raises a serious concern about the safety of local blood supplies [86].

Data from Life Insurance Company Claims

Another reliable source of data that reveals the extent of impacts from the vaccines is life insurance claims. One America is a $100 billion national life insurance company. Its CEO Scott Davidson reported at the end of 2021 that in the 3rd quarter of 2021, ***deaths among working age people aged 18-64 years old had skyrocketed by 40% over pre-pandemic levels***. In fact, he said:

> "We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica ...The data is consistent across every player in that business".
> "And what we saw just in third quarter, we're seeing it continue into fourth quarter, is that ***death rates are up 40%*** over what they were pre-pandemic...."
> "Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be a 10% increase over pre-pandemic... ***So 40% is just unheard of"*** [87].

Davidson also noted: "What the data is showing to us is that the deaths that are being reported as COVID deaths greatly understate the actual death losses among working-age people from the pandemic. It may not all be COVID on their death certificate, but deaths are up just huge, huge numbers".

Davidson also said that it is not just the death rate that is significantly higher. There has also been an "uptick" in the number of disability claims. He said at first the increase was for short-term disability, but later they were more for long-term disabilities. He expected the cost of disability claims to be more than $100 million, just for his company.

It appears that at least at that time, Davidson and other life insurance executives had not yet connected the large increase in deaths and long-term disabilities to the vaccines. Could this be largely *because many doctors are not indicating any connection to the vaccines on the death certificates?*

The same article in January 2022 that quoted Davidson's data also reports information from Brian Tabor, the president of the Indiana Hospital Association. Tabor said that hospitals in Indiana at that time were being flooded with patients "with many different conditions", and the number of hospitalizations was higher than before the vaccines were rolled out. In fact, he said, it is the highest in 5 years. He added that only 37% of the of ICU beds were taken up by COVID-19 patients, so the vast majority of patients are there for other reasons. ***How many might be there because of vaccine injuries?***

Dr. Robert Malone had damning words to say about the implications of the One America data [88]:

> "AT A MINIMUM, based on my reading, one has to conclude that if this report holds and is confirmed by others in the dry world of life insurance actuaries, **we have both a huge human tragedy and a profound public policy failure of the US Government and US HHS**....
>
> "IF this holds true, then the genetic vaccines so aggressively promoted have failed, and the clear federal campaign to prevent early treatment with lifesaving drugs has contributed to a **massive, avoidable loss of life**."
>
> ***"AT WORST, this report implies that the federal workplace vaccine mandates have driven what appear to be a true crime against humanity ..."***

Aegon, a Dutch company that does two-thirds of its business in the Americas, reported that claims here went from $31 million in 3rd quarter 2020 up to $111 million in 3rd quarter 2021 [89]. Also significant is the statement by Aegon's CEO that: "Performance improvements across most of our businesses ... were offset by elevated mortality in the United States".

In June 2022, it was reported that Lincoln National, the 5th largest life insurance company in the U.S., reported "a 163% increase in death benefits paid out under its group insurance policies, in 2021 compared

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to 2020" [90]. In contrast, the increase in 2020, the pre-vax COVID year, over 2019 was only 9%. That report also said that "Prudential and Northwestern Mutual also show significant increases — increases much larger in 2021 than in 2020, indicating that the cure was worse than the disease — much worse".

Edward Dowd is a former Wall Street executive and successful portfolio manager for BlackRock, one of the leading providers of investment, advisory and risk management solutions. He and a Wall Street insurance expert analyzed CDC data for the Millennial generation for the period March 2021-February 2022. Their results: this 25–44-year-old group suffered ***more than 61,000 excess deaths*** during that period, representing an ***84% increase.*** They noted a "particularly significant 'spike' in mortality in the fall of 2021 … that cannot be explained by the delta variant, opioids, suicides or other causes" [91].

Dowd said that was the ***highest increase in excess deaths of any age group*** in 2021 – even seven times higher than the Silent Generation (those who are older than 85). He has also said that there were ***100,000 excess deaths*** for the same period posted among the Gen X'ers, ages 45-64 [92]. "'The thing to remember about the insurance industry", he said, "is that they make money by predicting health-care issues and death-rate issues – and they do that fairly accurately, and with precision. So any disruption to that upsets their business model', he said. 'And this is a big disruption'" [91].

He also has said that he had been contacted by a "very high senior chief risk officer actuary out of a major insurance company who wants to compare notes" [93]. So, the word is getting out, and ***his friends on Wall Street are listening*** [94]**.** In August 2022, Dowd reported that his data had been confirmed by the Society of Actuaries Research Institute [95]. He said that their data showed a 100% increase for the 35–44-year-old group during the 3rd quarter 2021, and that first quarter numbers for 2022 were also showing about a 20% increase in excess deaths, which was carrying over into the second quarter as well.

Shortly after his initial revelations in early 2022, on April 29 Dowd posted on his GETTR social media page the conclusion he had come to after analyzing the data: **"The largest fraud ever is embodied in this simple phrase: "Safe & Effective".**

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OTHER DATA AND EVIDENCE ABOUT ACTUAL VACCINE IMPACTS

D-dimer testing

Canadian Dr. Charles Hoffe has reported that D-dimer testing he did on patients who received the mRNA COVID shots revealed elevated D-dimer levels. He reported that 62% were already showing microscopic blood clots [96]. Dr. Hoffe went public with his information in the spring of 2021. After doing so, the Interior Health Authority (Canada) suspended his clinical privileges. He was accused of causing "vaccine-hesitancy". Because of his suspension, he was not allowed to continue working in the emergency room at the hospital in his community. He has continued speaking out about the dangers of the COVID vaccines, stating that ***"what we have seen in the last 18 months since the start of this vaccine rollout is the biggest disaster in medical history. Never before in medical history has any medical treatment killed and maimed so many people"*** [97].

The Survey That Backfired

On September 10, 2021, ABC affiliate station WXYZ in Detroit made a post on its Facebook page asking readers to contact the station if they had a story they would be willing to share about a loved one who had not been vaccinated and died of COVID. The station was working on a story on the subject and was looking for people's stories to support their premise.

It is reported that within just a few days, there were already 39,000 comments. As of January 28, 2022, there were 261,000 comments and it had been shared 217,000 times. At some point the comments were turned off. However, very few of those comments were what the station expected or asked for. Instead, they got ***thousands of posts about loved ones who died shortly after getting the COVID vaccines or had bad adverse reactions to the shots*** [98]. Several posts were asking the station: *when are you going to do* **that** *story, about sad stories of those who got the shots and died or suffered injuries?* Many people commented on how the station's post had backfired. Others who read a lot of the posts also reported not seeing any about unvaxxed people dying of COVID.

Even though this is anecdotal evidence, and many posts were about the backfiring and expressions of sympathy for those reporting losses of loved ones, it is still significant evidence of the extent of the problem and the devastation these shots are causing. It is very heart-breaking to read their stories. One after another after another of people whose loved ones either died or experienced a serious adverse reaction within minutes, hours or days of getting the shots. And most of them were relatively healthy working-age people.

Who Needs to Be Protected From Whom?

The official narrative is that the "unvaccinated are a threat to the vaccinated". According to Anthony Fauci, as of August 2021: "As we've said all along this is fundamentally a pandemic among the unvaccinated… That is proven true" [99]. Besides the fact that the above data "disprove" that assertion, if there were ever

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a "pandemic of the unvaccinated". It is only because the CDC changed the definition of "unvaccinated" to include untold thousands of people who had received at least one shot! For that, the unvaxxed have been shamed, discriminated against, called unpatriotic, and much worse. In some places, they are barred from entering certain businesses due to authoritarian "vaccination passport" requirements.

Where is the logic in that*? Is it not it an admission that the shots are NOT really so effective? If they were effective, why should the vaxxed have anything to fear from the unvaxxed? It makes no sense.* **Actually, with regard to these shots, the evidence shows that it is the unvaxxed who have reasons to be concerned about the vaxxed, instead of the other way around.**

Shedding/Transmission

Shedding has to do with vaxxed persons causing symptoms in unvaxxed through close contact. Some say the correct term is "transmission", because shedding is a "virus term". Regardless, the concept is the same. As explained in a briefing by America's Frontline Doctors, a consortium of hundreds of doctors who have been successfully treating COVID-19 patients with their protocols:

> "shedding appears to be causing wide variety of autoimmune disease (where the body attacks its own tissue) in some persons. Worldwide cases of pericarditis, shingles, pneumonia, blood clots in the extremities and brain, Bell's Palsy, vaginal bleeding and miscarriages have been reported in persons who are near persons who have been vaccinated" [100].

One of the most common shedding problems relates to a female's monthly cycle, according to Dr. Lee Merritt, MD, a former military doctor who was also an orthopaedic and spinal surgeon since 1995 [101]. Shedding has disrupted the cycles of unvaxxed women of child-bearing age and even caused post-menopausal women to have bleeding problems after coming into contact with a vaxxed person. An independent research study was initiated by Tiffany Parotto based on a survey about menstrual irregularities which includes both women who have received the COVID shots and those who have not. It can be found at https://mycyclestory.com. According to Dr. James A. Thorp, about 80% of the initial respondents to the survey were unvaccinated, which means that a large majority must have been affected by shedding or transmission by vaccinated persons [102]. Thorp also noted that in general, menstrual abnormalities have increased 1,200-fold following the COVID vaccines. In fact, VAERS expert Albert Benavides' analysis of the VAERS data shows that this is the most often reported type of adverse reaction following the COVID shots [103]. Thorp also notes that it is not known precisely what is being shed, but likely candidates would include lipid nanoparticles or spike proteins, but there are other potential etiologic agents as well [102].

Dr. Merritt also cites and explains highlights of a **2015 paper written by the FDA entitled *"Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products — Guidance for Industry"*** [104]. That means the FDA has been aware of this problem at least since 2015. *Did they warn the public or the medical community about it?* ***Doctors, are many of your female patients,***

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both those of reproductive age and even post-menopausal women, complaining of such problems? Dr. Simone Gold, the founder of AFLDS, has also pointed to a Pfizer document in which she says Pfizer "'acknowledges this mechanism' of this shedding" during its trial period [105].

Another statement in the AFLDS briefing expresses concern "that some children will become COVID symptomatic after their parents and teachers get vaccinated". In fact, Dr. Philippe VanWelbergen, a UK physician and scientist who specializes in biomedicine and regularly runs red blood cell morphology tests on his patients, explained in an interview that he believes this is happening [106]. He is now finding that the blood samples of some of his unvaxxed patients, including young children, are showing the same kind of blood damage he was originally seeing (after the vaccine rollout) only in vaxxed patients. He believes this has occurred through transmission by close contact with vaxxed persons. In one case, he says, the child's parents had not received the shots either. During that interview he showed photos of the damaged red blood cells. ***Where are the warnings from the government or manufacturers?***

Dangers of Vaxxed Pilots, Drivers and Others

Another reason that everyone has cause to be concerned is the danger posed by vaxxed pilots or drivers on the roads. Steve Kirsch, Executive Director of the Vaccine Safety Research Foundation, cites data from the Oct/Nov 2021 issue of the ALPA (Air Line Pilot Association) magazine which showed that *111 commercial airline pilots died in the first 9 months of 2021* – compared with only 6 pilots who died in 2020, and only 1 in 2019 [107]. There has been at least one report of a pilot death in mid-flight shortly after getting his second COVID shot. Fortunately, because commercial passenger flights require more than one pilot, the co-pilot was able to successfully land the plane [108]. The airline claimed the report was false [109].

American Airlines pilot Captain Robert Snow suffered cardiac arrest in the cockpit just a few minutes after landing and pulling up to the gate [110]. If that heart event had happened while still in the process of landing or in the air, it could have ended in disaster. Even though he miraculously survived to tell about what happened, it was a career-ending event. He attributes his heart problem to the vaccine that he was forced to take to keep his job. He also said: '"***There was absolutely no warning preceding my collapse in the cockpit. It was literally as if someone 'pulled the plug'***"' [111].

Pilot Josh Yoder is the co-founder of the group U.S. Freedom Flyers. In the same article about Capt. Snow, Yoder told interviewer Steve Kirsch that many other commercial pilots were calling him. They were saying that they, too, were suffering from heart problems after getting a COVID injection required by their employer. However, they were afraid to say anything out of fear of losing their job.

Another frightening report was given by a former commercial airline captain about the significant increase in emergency alerts by pilots [112]. He said that typically he would get alerts ***only 1 to 4 times per month***. But over the last couple of months (early 2022) (after pilots were pressured or forced to get the "vaccines"), he said that sometimes he has been getting up to ***10 alerts per day.*** *How long will vaxxed pilots be able to pass their required check-ups*?

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What might happen if the sole pilot of a smaller aircraft suffers a blood clot or heart event during flight? Or what about a cognitive issue that affects the mental clarity needed to safely fly and land the plane? Cody Flint was the sole pilot on a smaller non-passenger plane when he suddenly experienced a serious adverse reaction to a COVID vaccine in mid-air that could have ended in tragedy [111]. It is a miracle he was able to land safely. He does not even know how he managed to land the plane [113]. The article cited in the reference tells his story and that of several others that are simply heart-breaking accounts of career-ending injuries due to vaccine mandates.

Have you noticed how many thousands of flights have been cancelled in recent months? It was not just the pilots who were subject to the mandates, but also the other support personnel like baggage handlers and maintenance crews as well as flight attendants.

Drivers

Given how so many vaxxed people experience sudden death or impairment shortly after the shots, and the unknown long-term effects, this presents potential safety concerns for all drivers.

And what about surgeons?

What if a surgeon in the middle of a surgery suddenly collapses or has a cognitive impairment that causes serious harm to a patient? There are other professions as well whose work may present a hazard to others if they were to experience a sudden problem as a result of the vaccine.

WHY MANY HAVE NOT HEARD THIS INFORMATION BEFORE: REASON #2

One question raised by many health care professionals addressed in Part 1 was: *"Why have we not been told this information before?".* It was suggested that there were three main reasons, the first of which was addressed in Part 1: *massive censorship, propaganda and suppression of data and other critical information* by the entire medical industrial complex. That includes government and international agencies and officials, major media (including the social media giants), vaccine manufacturers, governing medical boards, major medical publications and others who stand to benefit from promoting the COVID shots as safe and effective, such as health care institutions and investors like Bill Gates. Gates wields enormous influence over the World Health Organization, since his foundation is WHO's second largest donor [114]. He is on record as acknowledging that vaccines have been a highly profitable investment, yielding about a 20 to 1 return on his money [115]. Now that you have been made aware in this 4-part series of many kinds of evidence that have been censored from major media platforms, "fact-checked" and labelled as "misinformation", you can better understand the second reason why you have not been told much of this information before.

Reason #2*:* The *WHY* behind the censorship, propaganda and suppression of information is massive **CORRUPTION. *The medical industrial complex had to try to hide their fraud, collusion, other crimes, as well as their real agenda, by labelling as "misinformation, disinformation or conspiracy theory"***

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anything that caused "vaccine hesitancy" or contradicted their official narrative. They had to de-platform alleged "misinformation spreaders" from social media to minimize the reach of their messages. They deployed an army of pro-vaccine biased "fact-checkers" to attack, demean and claim that the alleged "misinformation spreaders" information was false and had been de-bunked.

The way they have gone about seeking to silence all voices that contradict the messaging they want people to hear reveals collusion and corruption in the activity of the Trusted News Initiative (TNI), discussed briefly in Part 1. The TNI is a perfect example of collusion of many of the above players to keep the medical community and the general public from knowing the truth about the COVID vaccines as well as "all things COVID". Among those involved in TNI are *The New York Times*, *The Washington Post*, the Associated Press (AP), Reuters, Google, Youtube, Twitter, Microsoft, CBC/Radio Canada, the BBC and many more networks, stations and printed media [116].

They are not even trying to hide their collusion to violate people's rights of freedom of speech by controlling the flow of any information that is contrary to their official narrative. Their website states that they are a "global partnership bringing together organisations across media and technology to tackle harmful disinformation in real time" [117]. It also states: "Partners alert each other to high-risk disinformation so that content can be reviewed promptly by platforms, whilst publishers ensure they don't unwittingly share dangerous falsehoods". Such partnership and collaboration may sound like laudable efforts, but when their objective is to control speech according to their own definitions of truth, fake news, misinformation or disinformation, and to violate the Constitutional rights of others by silencing all dissenting views, that becomes problematic. Attorneys love it when a defendant's own documents and statements make their case for an injured plaintiff!

The major media and social media giants have played an indispensable role in promoting the official narrative (i.e., propaganda) and censoring and de-platforming all dissenting voices, especially the brave doctors and scientists who have refused to go along with their lies. At the same time, the manufacturers, investors like Gates, and various others such as the regulatory agencies who also have a financial interest in the vaccines, are making a small fortune. All of the players in the medical industrial complex have their own reasons for "partnering" with other players "within the club". Money is not the only incentive.

The amount of solid information about the dangers of these shots that is available in the independent media is quite overwhelming. Many of the doctors, scientists and others who have been sounding the alarm have done countless interviews. Increasing numbers of whistleblowers are coming forth to expose what is really going on – from the pharmaceutical companies, the government, the military and the health care community. More and more people are being awakened every day to the truth and reality of what is going on, despite the attempts of the medical industrial complex to prevent them from finding out.

The first three parts of this series have presented a great deal of evidence not just of the harm caused by the shots, but also many lies, misrepresentations, manipulation of data, irregularities in the manufacturing and regulatory processes, conflicts of interest, and suppression of important information that would

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support claims of fraud and collusion, as well as racketeering, crimes against humanity, genocide, and various other violations of the law, including treason. There are mountains of other evidence. To cite every example of fraud, corruption or collusion by players in the medical industrial complex would take volumes. Below is a small sampling of other instances related to the COVID vaccines.

It is important for the entire health care community to understand the ways and degree to which the key players that influence their industry are deliberately jeopardizing health care providers' own livelihoods and the treatment they provide to their patients. It is actions like those discussed in this series that cannot help but to have significant impacts on the entire health care system. The level of corruption has broken the system. It remains to be seen how it will be re-built or reformed.

In May 2022, an international coalition of 17,000 physicians and medical scientists called the Global COVID Summit issued a formal Declaration. It was a scathing condemnation of the corruption that has destroyed scientific integrity and has led to what their coalition and many others assert has risen to the level of ***crimes against humanity*** [118]. Because of who and what their Declaration represents, it is important to quote certain portions of it directly:

> **"We, the physicians and medical scientists of the world**, united through our loyalty to the Hippocratic Oath, recognize that the disastrous COVID-19 public health policies imposed on doctors and our patients are the culmination of a corrupt medical alliance of pharmaceutical, insurance, and healthcare institutions, along with the financial trusts which control them. They have infiltrated our medical system at every level, and are protected and supported by a parallel alliance of big tech, media, academics and government agencies who profited from this orchestrated catastrophe".
>
> **"This corrupt alliance has compromised the integrity of our most prestigious medical societies** to which we belong, generating an illusion of scientific consensus by substituting truth with propaganda. This alliance continues to advance unscientific claims by censoring data, and intimidating and firing doctors and scientists for simply publishing actual clinical results or treating their patients with proven, life-saving medicine. These catastrophic decisions came at the expense of the innocent, who are forced to suffer health damage and death caused by intentionally withholding critical and time-sensitive treatments, or as a result of coerced genetic therapy injections, which are neither safe nor effective".
>
> **"The mission of the Global COVID Summit** is to end this orchestrated crisis, which has been illegitimately imposed on the world, and to formally declare that ***the actions of this corrupt alliance constitute nothing less than crimes against humanity***."

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The Declaration also sets forth a list of 10 demands or calls to action, including the following: "the COVID-19 experimental genetic therapy injections must end"; doctors should not be prevented from providing life-saving treatment; "the state of national emergency which facilitates corrupt and extends the pandemic" should be immediately stopped; and violations of First Amendment protections and medical censorship must stop.

It also called for government, medical agencies and pharmaceutical companies to be held accountable, specifically declaring:

> "Pfizer, Moderna, BioNTech, Janssen, Astra Zeneca, and their enablers, withheld and willfully omitted safety and effectiveness information from patients and physicians, and should be immediately indicted for fraud".

The corruption and calls for legal action are also the subject of a powerful paper cited in Part 1 entitled "*Patient Betrayal: The Corruption of Healthcare, Informed Consent and the Physician-Patient Relationship*", published online in the *Gazette of Medical Sciences* in March 2022 [119]. It was written by a group of 19 physicians, attorneys and other experts, of which one of this series' contributing authors Dr. James A. Thorp, MD, was the lead author. One of the stated purposes of that paper was to:

> "bring to the attention of the populace, healthcare workers and healthcare administrators that illegal and unconstitutional gag orders have been placed on all healthcare workers in the US, and to alert everyone that no healthcare worker can be trusted since they are under a gag order which renders informed consent null and void. **It is our intent to put governing bodies of healthcare workers on notice that they will be held accountable and lay legal groundwork for possible Racketeer Influenced and Corrupt Organizations Act (RICO) violations, collusion, and fraud. These potential criminal acts, exposed in a court of law, can pierce legal immunity of Big Pharma and others, and pierce any perceived immunity given to hospitals and organizations via the CARES ACT**." (emphasis added)

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Dr. Robert Malone, one of the original inventors of the mRNA technology and one of the founders of the coalition that issued the above Declaration, echoed the above sentiment. When commenting in July 2022 about the FDA's continuing lie that there are no effective treatments for COVID-19, he said: ***"It illustrates how deeply corrupt this entire system is. How deeply captured it is by the pharmaceutical industry, and it's beyond just the FDA and the CDC"*** [120]. Former neurosurgeon Dr. Russell Blaylock, who has written about the censorship and corruption in medical journals, as reported in Part 1 [121], has also condemned the corruption in the following terms:

> "The COVID-19 pandemic is one of the most manipulated infectious disease events in history, characterized by official lies in an unending stream led by government bureaucracies, medical associations, medical boards, the media, and international agencies" [121].

Dr. Pierre Kory, another of the brave physicians who had been accused of spreading misinformation, has said that the regulatory agencies and the manufacturers "mischaracterized and manipulated the data and ignored safety signals". If the FDA had done its job, he said, the COVID vaccines should have been stopped by the second week of January [2021] when the number of deaths and injuries being reported reached the levels when a product is recalled [122].

Another issue highlighted by Kory involves the pharmaceutical industry's control over research papers in the major medical journals that they use to support the official narrative. One side of that is that the drug companies find doctors who will publish papers with their desired outcomes. The other side is to suppress and censor any papers that contradict their narrative, regardless of the quality of the science behind them. Kory wrote an excellent and scathing multi-part article on this subject entitled *"The Criminal Censorship of Ivermectin's Efficacy By The High-Impact Medical Journals"* [123].

He cites a book by Dr. Marcia Angell, former chief editor-in-chief of the *New England Journal of Medicine,* entitled *The Truth About the Drug Companies: How They Deceive Us and What to Do About It.* Kory wrote that Angell had "resigned because of what she described as the rising and indefensible influence being exerted by Pharma on the prestigious journal and its powerful affiliate societies". He quotes from her book: "It is simply no longer possible to believe much of the clinical research that is published or to rely on the judgment of trusted physicians or authoritative medical guidelines". According to Angell, while many believe that the high prices of drugs are due to high research and development costs, the truth is that the drug companies are now "primarily a marketing machine to sell drugs of dubious benefit", and "big Pharma uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centres and the medical profession itself".

Kory also cites Dr. Aseem Malhotra, a British cardiologist quoted in Part 2 who used to promote the vaccines based on what doctors were being told about them. Malhotra, said in an interview: "the real scandal is that doctors, institutions and medical journals collude with industry for financial gain and the

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regulators fail to prevent misconduct by industry". Malhotra also said: "We have a wealth of evidence of the fraud that's been committed by the pharmaceutical industry over the years, but for them it's the cost of business, because even though they've committed fraud… in almost all of those cases, nobody got fired…" [124].

Another issue of alleged collusion is revealed by Dr. Michael Yeadon's comments on the choice of the spike protein by all four manufacturers of COVID vaccines used in the U.S. (Pfizer, Moderna, J & J and AstraZeneca). Part 2 of this series discussed why Yeadon believes the choice of the spike protein to base these shots on was a very poor one that "violated all of the accepted rules for creating a safe and effective product" [125]. In addition, he suggests that for all four companies to make the same poor choice is evidence of collusion [125]. He challenged his colleagues and fellow scientists to consider the likelihood that all four companies would make the same inferior choice. He says that no vaccine development team he was on would ever have picked the spike protein for these shots. Furthermore, and if they had competing groups, it was simply not possible that all four of those in competition would have made the same mistake. Yeadon concluded: "Not possible. It's collusion and malfeasance. They did it on purpose, knowing it would hurt you". ***If there was collusion among the manufacturers themselves regarding that issue, would not the regulatory agencies also be complicit since they were directly involved in authorizing these shots?***

Another example of collusion and other wrongdoing is reflected in a report by Steve Kirsch of the Vaccine Safety Research Foundation [126]. He and others had conversations with vaccine experts at a major university about the data showing the dangers of the COVID vaccines. The experts said they could not dispute the data presented by Kirsch and his team. However, they said that "further conversations would be 'unproductive', because the decision was made above their level so no amount of scientific evidence showing harm could change [the university's] decision to mandate vaccination for their students". In other words, the truth and science do not matter. They have chosen to "go along" with the official narrative and compromise their integrity. Kirsch also reported that his many other attempts to "engage in public discourse with anyone at other leading medical institutions were rejected or ignored".

One other example of collusion is the complicity of financial institutions in seeking to destroy those who dare to contradict the official narrative. According to attorney Jeff Childers, who represents many doctors, and Dr. Deborah Viglione [127], many of the doctors who have spoken out about the dangers of the COVID shots have had their financial accounts targeted. Some accounts and lines of credit have been frozen or otherwise made inaccessible. In some cases, loans have suddenly and unexpectedly been called due, even when the person was current in their payments. These and other kinds of "financial warfare" against the doctors have made it difficult for them to pay their expenses.

In looking at the issue of corruption and collusion, it may surprise many to learn that Pfizer has a history of criminal and civil liability for various unlawful practices. In November 2020, a law firm released an article entitled *"Crimes of COVID Vaccine Maker Pfizer Documented*" [128]. The article noted that its list offers only a "brief glimpse of Pfizer's track record for safety and ethics…". Pfizer's wrongdoings include both civil and criminal charges such as racketeering fraud, misrepresentation, using children as human

guinea pigs without parental consent, bribing doctors, and paying kickbacks. In 2009, it was hit with the biggest fine in U.S criminal history, $2.3 billion, when it agreed to plead guilty to a felony violation "for misbranding [a drug] with the intent to defraud or mislead".

Consider the point in Part 1 that the COVID shots are not "vaccines", but rather, they are "gene therapy products", according to the FDA's own definitions and the acknowledgement by Moderna and Pfizer's partner BioNTech. Then consider the three main benefits stated in Part 1 that the manufacturers enjoyed by calling them "vaccines" instead of "gene therapy injections": 1) they gained full protection from liability from any damages caused by these shots; 2) they avoided the much more rigorous regulatory requirements of gene therapy products; and 3) they were able to gain much greater public acceptance because people are familiar with vaccines, but very unfamiliar with gene therapy products.

Fraud is defined as a deception or intentional misrepresentation of a material fact for the purpose of inducing someone to part with something of value or to give up a legal right. ***In light of the above, and with your "jury hat" on***, ***would you consider the labeling of these genetic therapy injections as "vaccines" to be a significant misrepresentation or fraud?*** *What about the many other examples of data manipulation, use of misleading definitions, and mischaracterizations of their own data? If you had known the real nature of these shots and the reasons for calling them "vaccines", would you have gotten the shots yourself or have recommended or administered them to others? To the extent there was fraud, misrepresentation or other deceptions that led to people receiving these shots, how can it be said that anyone who received them had given truly* ***informed consent****?* The Nuremberg Code of 1947 was intended to ensure that people would never again be subjected to medical experiments without sufficiently informed consent, without any form of deceit, fraud, duress, or coercion [129]. It appears that the Code has been substantially violated by the COVID vaccination campaign.

In addition to what has already been said about new "Future Framework" strategy in Part 2 and earlier in this Part 3, the entire process by which it came to be implemented is rife with irregularities and smacks of corruption. The FDA granted Emergency Use Authorization on August 31, 2022 for the new Pfizer and Moderna reformulated bivalent COVID shots. The next day the CDC's advisory committee and the CDC director gave their approval, and the rollout started very shortly thereafter [130]. Aside from the lack of any clinical trials, ***where was the emergency?*** *Was it perhaps only on the part of the manufacturers to keep their vaccine profits rolling in on a regular basis?*

Dr. Meryl Nass, MD, explained that this "fastest rollout of a new vaccine in world history … occurred in the only way it could possibly occur: by bending the rules, creating a new regulatory playbook and failing to obtain any human data for the new vaccines" [130]. Nass noted that the FDA did not meet with its advisory committee before issuing its EUA, adding that "it is not hard to guess why". She also noted that members of its advisory committee "have been complaining about being given less and less information as they are being asked to sign off on vaccine programs for younger and younger ages". According to Nass, just weeks earlier, one of the committee members stated that "'the fix was in,' implying that the committee's deliberations were a sham". With no human trials, and only very limited and not very meaningful data on 8 mice, Nass quotes Dr. Peter Marks, the director of the FDA's vaccine center as

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saying: **"The public can be assured that a great deal of care has been taken by the FDA to ensure that these bivalent COVID-19 vaccines meet our rigorous safety, effectiveness and manufacturing quality standards for emergency use authorization"**. ***"What rigorous standards is he referring to, and what data and other documentation does the FDA have to support that statement?"***. For more information about this topic, see Nass's article.

Another concern related to possible corruption arises from the government's creation of the COVID-19 Community Corps, a "nationwide, grassroots network of local voices people knows and trust to encourage Americans to get vaccinated" that was launched on April 1, 2021. They had initially recruited 275 founding members representing health professionals, community organizations, faith leaders, businesses, civil rights organizations, sports leagues, athletes and others to encourage their friends, family members and neighbors to get the COVID shots [131]. The government also allocated ***almost $10 billion*** for this effort.

This program raises several questions. *Why mount such a campaign to protect against what for most people was no more serious than seasonal flu [132]? Why is the government willing to spend almost $10,000,000,000 to get people vaccinated but has offered little or no compensation to help the countless hundreds of thousands or even millions who have been injured, and families whose primary breadwinner either died or is no longer able to work after getting the COVID vaccination? Why should the government spend almost $10,000,000,000 in taxpayer money to promote a product made by private for-profit companies that the government would then pay billions of dollars more to for their product, to distribute for "free" to the public?*

Ten billion dollars seems like quite an excessive amount of money for this kind of program. A Freedom of Information Act request might produce some interesting information about who received how much of that $10,000,000,000 and for what, and whether there were substantial payments to any person or organization that look "suspicious". *In other words, was this possibly a scheme to "buy" a lot of people's help in promoting a corrupt agenda?*

No discussion about the corruption of Big Pharma and the government agencies would be complete without including Robert F. Kennedy, Jr.'s book, *The Real Anthony Fauci: Bill Gates, Big Pharma and the Global War on Democracy and Public Health* [133]. That book thoroughly documents how Big Pharma has effectively captured the regulatory agencies that are the very entities tasked with the responsibility of overseeing their industry, and the deep levels of corruption they have engaged in over many decades. It also focuses on the corruption of Anthony Fauci and Bill Gates in particular, in their relentless promotion of vaccines that have had devastating impacts around the world. Conflicts of interest abound in this arena, but the parties have all been able to get away with their corrupt schemes because they faced no effective opposition – at least not until now.

It is impossible to do justice to the contents of Kennedy's book in one or two paragraphs. However, suffice it to say that even if a person reads only part of his lengthy exposé, their trust in Anthony Fauci, Bill Gates, Big Pharma and the regulatory agencies, especially when it comes to vaccines, will never be the same. Even Dr. Robert Malone, who has worked with these people for decades in vaccine development, said in his review of the book: "**I thought I understood what was going on from an insider POV [point of view]**

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… But what this book clearly documents are the deeper forces and systemic, pervasive governmental corruption, that have led us to this point….” [134]. The book led award-winning director, producer and screenwriter Oliver Stone to ask: “***Has American medicine truly become a ‘racket’, as corrupt as a mafia organization?***”.

Legal Actions

Fortunately, the tide is now turning, as the above Declaration and actions of the brave doctors speaking out against the official narrative reveal. ***Will you be the next health care professional to join their ranks, if you have not already?*** One step towards accountability was taken on July 12, 2022, when the Association of American Physicians and Surgeons Educational Foundation (AAPS) filed a lawsuit in federal court in Texas naming as defendants the American Board of Internal Medicine (ABOM), the American Board of Obstetrics & Gynecology (ABOG), the American Board of Family Medicine (ABFM) and Secretary of the U.S. Department of Homeland Security, Alejandro Mayorkas. In essence, the Complaint alleged that the defendants engaged in the following actions:

> “unprecedented campaigns to censor speech that they falsely disparage as ‘misinformation’ or ‘disinformation’. Defendants wrongly misuse their authority in a politically partisan manner to chill speech critical of positions taken by Dr. Anthony Fauci, lockdowns, mask mandates, Covid vaccines and even abortion. Defendants have acted in an apparently coordinated manner, using similar timing and terminology, to censor those who exercise their First Amendment rights on issues of public concern” [135].

Defendant Mayorkas was named in the suit based on his department’s creation of the “Disinformation Governance Board (‘DSG’) in order to censor disfavored information based on its content”. That Board was never authorized by Congress [136]. Fortunately, the Board was inactivated very shortly after it was created, after much public outrage, and was disbanded in late August 2022 [137].

Other legal actions have also already been filed. People are starting to fight back. Many lawsuits have been filed seeking injunctions against mandates and others for damages incurred by those who lost their jobs for refusing the shots. In what may be the first case in the nation to be concluded involving mandates, a settlement for $10.3 million was reached in July 2022 in a case filed against the NorthShore University HealthSystem in the Chicago area. It was filed by more than 500 current and former employees whose requests for exemption from the employer’s mandate on religious grounds were denied [138]. The employees who had been fired were also offered the opportunity to return to work. **The attorney for the plaintiffs said: “This settlement should be a wake-up call to every employer that did not accommodate or exempt employees who opposed the COVID shots for religious reasons”.**

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That is probably the tip of the iceberg when it comes to actions against hospitals and other health care institutions (as well as other employers) who imposed mandates on their staff. Imagine what a wave of successful such actions all over the country would do to the entire system and the jobs of all health care professionals still within it?

Attorneys and their expert witnesses have been gathering mountains of evidence of massive fraud, deception, corruption, censorship and suppression to an extent they have never seen before, culminating in what they consider to be crimes against humanity. Until the latter part of 2022, attorney Reiner Fuellmich spearheaded a group he co-founded in mid-2020 called the Corona Investigative Committee [139]. Its purpose was to investigate the bases for governments' unprecedented restrictions in response to COVID-19 and the damage done by their actions. The committee interviewed hundreds of physicians, scientists, attorneys and other experts all over the world about "all things COVID-19". They convened a "Citizens Grand Jury" laying out all of the evidence they have collected.

With reference to findings based on certain evidence that Fuellmich believes shows deliberate intent to harm, he says that "these findings in particular will have immense legal repercussions, immense, because once you arrive at the conclusion that they are doing this deliberately, intentionally … the floodgates are open, in the United States, for punitive damages". Punitive damages can amount to many times more than the actual damages, and that, Fuellmich believes, **"is enough to dismantle the entire industry"** [140]. As much solid evidence as all of the physicians accused of spreading misinformation have to back up all of their "alleged misinformation", it appears that Fuellmich and his team of lawyers and other experts have even more. Their evidence goes far beyond just the vaccines, even back to the origins of the COVID crisis.

In the fall of 2022, Fuellmich founded a new organization called the International Crimes Investigative Committee (ICIC) which expands the scope of the earlier committee [141]. The crimes against humanity by the wealthy elite extend far beyond COVID. In this new ICIC, Fuellmich also intends to "show concepts for overcoming the corrupt, collapsing system".

On December 6, 2021, a group of UK citizens, including former Pfizer V.P. and scientist, Dr. Michael Yeadon, filed a criminal complaint with the International Criminal Court (ICC) against 16 defendants, including Dr. Anthony Fauci, the CEOs of three vaccine manufacturers, Bill Gates, Tedros Adhanhom Ghebreyesus (Director-General of the World Health Organization), and others [142]. Two of the‑allegations in that complaint were ***crimes against humanity and genocide*** based on the unprecedented numbers of serious injuries and deaths following COVID vaccinations.

The ICC is an international tribunal located in The Hague, Netherlands which is governed by international treaty called the Rome Statute, to which more than 120 countries are signatories, including the United States. It purports to be an independent court that investigates crimes of international concern, which prosecutes cases only when a State is unwilling or unable to do so. However, the ICC still depends on a nation's law enforcement because the ICC does not have a police force of its own. At the time of this publication, the status of that Complaint is not known, but it sets forth some of the evidence upon which the action was filed. The link to that document can be found in an article by Leo Hohmann which also presents some of its main points [143].

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After reading the first two of three reasons that answer the question of why many have not heard much of this information before, you may be wondering: ***do these people not care about all the suffering and devastation they are causing, both individually and to the nation as a whole?*** As difficult as it may be to believe, the answer to that is ***no, they do not care***, at least not the ones at the higher levels.

The "why" behind that is explained in Part 4, the next and final part in this series. It focuses on the "big picture" that "all things COVID" fit 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 what is actually in the COVID shots, including reports of undisclosed substances.

Available in Book Format

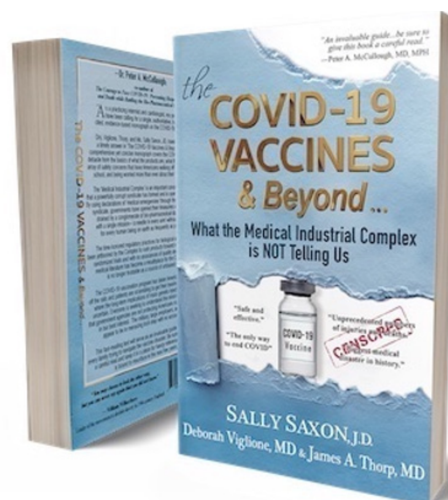
A more comprehensive version of this 4-part online series is available in book format through Amazon under the same title as this series by Sally Saxon, J.D., Deborah Viglione, MD and James A. Thorp, MD.

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



Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 3. G Med Sci. 2023; 4(1):165-215. https://www.thegms.co/publichealth/pubheal-rw-22092203.pdf

REFERENCES

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

2. Dr. Deborah Birx interviewed by Neil Cavuto, https://www.foxnews.com/media/dr-deborah-birx-knew-covid-vaccines-not-protect-against-infection (July 22, 2022)

3. Dr. Ryan Cole interviewed by Steve Kirsch, https://rumble.com/v1fsq9h-ryan-cole-on-how-to-identify-a-person-killed-by-the-covid-vaccine.html (Aug. 12, 2022)

4. "When You've Been Fully Vaccinated", https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated_archived.html (updated Oct. 15, 2021) (last accessed May 6, 2022)

5. Dr. Joseph Mercola, "Shockingly, CDC Now Lists Vaccinated Deaths as Unvaccinated", https://takecontrol.substack.com/p/cdc-lists-vaccinated-deaths-as-unvaccinated (Sept. 15, 2021)

6. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

7. COVID-19 Vaccine Breakthrough Infections Reported to CDC – United States, January 1, 2021-April 30, 2021, https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm (May 28, 2021) (last accessed May 6, 2022)

8. Dr. Sherri Tenpenny interviewed by Reiner Fuellmich, https://thereisnopandemic.net/2022/04/22/why-the-shots-cannot-be-detoxed-from-the-body-drs-sherri-tenpenny-reiner-fuellmich/#comment-3833 (April 22, 2022)

9. https://dareseektruth.com/dr-peter-mccullough/

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

11. Jenny Deam and Bianca Fortis, https://www.propublica.org/article/the-cdc-only-tracks-a-fraction-of-breakthrough-covid-19-infections-even-as-cases-surge (Aug. 6, 2021)

12. Jennifer Margulis, https://www.theepochtimes.com/mkt_morningbrief/whos-really-being-hospitalized_3963392.html (Aug. 30, 2021, updated Sept. 8, 2021)

13. Carla K. Johnson and Mike Stobbe, "Nearly all COVID deaths in the US are now among unvaccinated", https://apnews.com/article/coronavirus-pandemic-health-941fcf43d9731c76c16e7354f5d5e187 (June 29, 2021)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 3. G Med Sci. 2023; 4(1):165-215. https://www.thegms.co/publichealth/pubheal-rw-22092203.pdf

14. Apoorva Mandavilli, https://www.nytimes.com/2022/02/20/health/covid-cdc-data.html (Feb 20, updated Feb 22, 2022)

15. Dr. Joseph Mercola, "Older Than 50: 60% Who Die From COVID Are Double Vaxxed", https://takecontrol.substack.com/p/fully-vaccinated-covid-deaths (Aug. 30, 2021)

16. Alexandra Jaffe and Aamer Madhani, https://www.cbs8.com/article/news/health/coronavirus/vaccine/biden-covid-vaccine-drive/507-6f482433-d3cf-41ee-a09d-b7f01e1436bd (July 21, 2021)

17. Dr. Peter McCullough interviewed by Stew Peters, https://www.sgtreport.com/2021/08/vaccine-failure-dr-peter-mccullough-reveals-data-damning-to-efficacy-narrative/ (Aug. 18, 2021)

18. Edward Hendrie https://greatmountainpublishing.com/2021/11/12/statistical-proof-that-covid-19-vaccines-are-worse-than-ineffective-they-are-causing-most-of-the-covid-19-hospitalizations/ (Nov.12, 2021)

19. Dr. Meryl Nass, https://thepulse.one/2022/05/02/the-covid-vaccine-narrative-has-sunk-and-the-powers-that-be-have-stopped-trying-to-hide-it/ (May 2, 2022)

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

21. https://www.israelnationalnews.com/news/321674 (Feb. 3, 2022)_

22. https://dailyexpose.uk/2022/04/12/distracted-boris-kyiv-fully-vaccinated-92-percent-covid-deaths/ (April 12, 2022)

23. 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)

24. https://expose-news.com/2022/06/22/trudeau-panics-9-in-10-covid-deaths-fully-vaccinated/ (June 22, 2022)

25. Dr. Joseph Mercola summary of presentation by Dr. Peter McCullough, "What You Need to Know About the COVID Shot, and More," at COVID Symposium: A Legal Perspective (Dec. 3, 2021); https://takecontrol.substack.com/p/peter-mccullough-covid-spike-protein-lecture (Jan. 17, 2022)

26. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-takes-action-help-facilitate-timely-development-safe-effective-covid (Jube 2020); https://www.fda.gov/media/139638/download

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 3. G Med Sci. 2023; 4(1):165-215. https://www.thegms.co/publichealth/pubheal-rw-22092203.pdf

27. Nordström, Peter and Ballin, Marcel and Nordström, Anna, Effectiveness of Covid-19 Vaccination Against Risk of Symptomatic Infection, Hospitalization, and Death Up to 9 Months: A Swedish Total-Population Cohort Study. Available at SSRN: https://ssrn.com/abstract=3949410 ; http://dx.doi.org/10.2139/ssrn.3949410

28. Berkeley Lovelace, Jr., https://www.cnbc.com/2021/04/15/pfizer-ceo-says-third-covid-vaccine-dose-likely-needed-within-12-months.html (April 15, 2021)

29. https://www.pbs.org/newshour/show/dr-fauci-on-delta-variant-booster-shots-and-masks-for-the-vaccinated (June 29, 2021)

30. Dr. Peter McCullough interviewed by Laura Ingraham, https://covidcalltohumanity.org/2021/07/05/dont-fear-the-delta-variant-treat-it/ (June 30, 2021)

31. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001359/Variants_of_Concern_VOC_Technical_Briefing_16.pdf (June 18, 2021)

32. https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e3.htm

33. https://nationalfile.com/moderna-admits-their-covid-19-vaccine-only-lasts-for-6-months-booster-jab-will-likely-be-necessary/ (Aug. 5, 2021);

34. Subramanian, S.V., Kumar, A. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. *Eur J Epidemiol* **36,** 1237–1240 (2021). https://doi.org/10.1007/s10654-021-00808-7

35. https://www.fda.gov/news-events/press-announcements/fda-authorizes-booster-dose-pfizer-biontech-covid-19-vaccine-certain-populations (Sept. 22, 2021)

36. Spencer Kimball, https://www.cnbc.com/2022/01/10/pfizer-ceo-says-two-covid-vaccine-doses-arent-enough-for-omicron.html (Jan. 10, 2022)

37. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-second-booster-dose-two-covid-19-vaccines-older-and

38. Amy Mek, https://rairfoundation.com/germans-must-receive-covid-booster-every-3-months-to-qualify-as-vaccinated-video/ (Aug. 13, 2022)

39. Matthew Horwood, https://www.westernstandard.news/business/vaccines-may-be-needed-every-90-days-federal-advisory-committee-claims/article_7df7355a-2ab4-11ed-83e1-039fe19f62a7.html (Sept. 2, 2022)

40. Zachary Stieber, https://www.theepochtimes.com/dr-malone-warns-of-immune-imprinting-after-fauci-floats-second-booster-shots_4592464.html (July 12, 2022)

41. https://tobyrogers.substack.com/p/the-fdas-proposed-future-framework (May 31, 2022), citing Trevor Bedford's presentation April 6, 2022, at an FDA VRBPAC meeting to discuss the Future Framework.

42. https://www.who.int/news/item/11-01-2022-interim-statement-on-covid-19-vaccines-in-the-context-of-the-circulation-of-the-omicron-sars-cov-2-variant-from-the-who-technical-advisory-group-on-covid-19-vaccine-composition

43. Megan Redshaw, https://childrenshealthdefense.org/defender/vaers-cdc-myocarditis-tops-list-covid-vaccine-injuries-teens/ (Jan. 14, 2022)

44. https://rumble.com/vldilx-nobel-prize-winner-professor-luc-montagnier-says-vaccine-is-creating-varian.html (Aug, 8, 2021)

45. Vaccines and Related Biological Products Advisory Committee – 9/17/2021, https://www.youtube.com/watch?v=WFph7-6t34M&t=15705s (Sept. 2021)

46. https://www.voiceforscienceandsolidarity.org/videos-and-interviews/second-call-to-who-please-dont-vaccinate-against-omicron

47. https://www.icandecide.org/ican_press/the-cdcs-response-to-scientific-inquiry-because-we-said-so/ (April 29, 2022)

48. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html

49. Zachary Stieber, https://www.theepochtimes.com/cdc-no-documents-supporting-claim-vaccines-dont-cause-variants_4464871.html (May 13, 2022)

50. Dr. Ryan Cole interviewed by Red Voice Media, https://www.redvoicemedia.com/video/2022/08/dr-ryan-cole-the-jab-suppresses-the-immune-system-of-the-vaccinated/ (Aug. 26, 2022)

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

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

53. Stephanie Seneff and Kathy Dopp, "COVID-19 and All-Cause Mortality Data by Age Group Reveals Risk of Vaccine-Induced Fatality is Equal to or Greater Than the Risk of COVID Death for All Age Groups Under 80 Years Old," https://www.skirsch.com/covid/Seneff_costBenefit.pdf (Feb. 13, 2022)

54. Dr. Toby Rogers, https://tobyrogers.substack.com/p/what-is-the-number-needed-to-vaccinate (Oct. 31, 2021)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 3. G Med Sci. 2023; 4(1):165-215. https://www.thegms.co/publichealth/pubheal-rw-22092203.pdf

55. Steve Kirsch, https://stevekirsch.substack.com/p/uk-government-data-shows-nobody-should?s=w (May 5, 2022)

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

57. Fraiman, Joseph and Erviti, Juan and Jones, Mark and Greenland, Sander and Whelan, Patrick and Kaplan, Robert M. and Doshi, Peter, Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials. Available at SSRN: https://ssrn.com/abstract=4125239

58. https://www.fda.gov/media/144245/download, p. 52

59. Thomas SJ, Moreira ED Jr, Kitchin N, et al. Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine through 6 months. N Engl J Med 2021;385:1761-73. DOI: 10.1056/NEJMoa2110345; https://www.nejm.org/doi/full/10.1056/NEJMoa2110345

60. http://www.preearth.net/videos/clinical-proof-pfizer-shots-do-more-harm-than-good.mp4

61. Supplement to: Thomas SJ, Moreira ED Jr, Kitchin N, et al. Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine through 6 months. N Engl J Med 2021;385:1761-73. DOI: 10.1056/NEJMoa2110345; https://www.nejm.org/doi/suppl/10.1056/NEJMoa2110345/suppl_file/nejmoa2110345_appendix.pdf

62. https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf, p. 11

63. Dr. Joseph Mercola, https://www.technocracy.news/bio-security-state-big-pharmas-complete-takeover-of-fda/ (July 8, 2022)

64. J. Bart Classen, MD, “US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”. Trends Int Med, 2021, Vol 1, Issue 1. https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf (report issued July 24, 2021, accepted August 25, 2021)

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

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

67. Zachary Stieber, https://www.theepochtimes.com/natural-immunity-more-protective-over-time-than-covid-19-vaccination-study_4149953.html (Dec. 13, 2021)

68. Zachary Stieber, https://www.theepochtimes.com/natural-immunity-97-percent-effective-against-severe-covid-19-after-14-months-study_4586731.html (July 9, 2022, updated July 11, 2022)

69. Emily Miller, https://www.theepochtimes.com/exclusive-large-texas-hospital-faces-staff-shortages-despite-covid-19-vaccine-mandate_4602092.html (July 18, 2022)

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

71. TLB Staff, https://www.thelibertybeacon.com/jab-is-cause-of-death-in-30-40-of-recently-vaccinated-german-chief-pathologist/ (Sept 15, 2021)

72. Professors Arne Burkhardt and Walter Lang, https://principia-scientific.com/pathologists-shocking-finding-from-deaths-after-covid-19-jabs/ (Sept. 27, 2021)

73. Dr.Sucharit Bhakdi and Dr. Arne Burkhardt,. Summary: *"On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination,"* https://www.bitchute.com/video/fHIT55iM4Zv9/ (Dec. 24, 2021); written report at: https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf (Dec. 10, 2021)

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

75. https://www.skirsch.com/covid/Burkhardt.pdf

76. https://pathologie-konferenz.de/en/ (Jan. 17, 2022)

77. Jim Hoft, https://www.thegatewaypundit.com/2022/01/never-seen-many-deaths-around-500-600-increase-funeral-director-uk-reveals-increasing-number-death-vaccinated-young-adults/ (Jan. 28, 2022)

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

79. Dr. Jane Ruby (Stew Peters' Network), https://rumble.com/vtcsgw-worldwide-exclusive-embalmers-find-veins-and-arteries-filled-with-never-bef.html. (Jan. 26, 2022)

80. Rhoda Wilson, https://expose-news.com/2022/06/28/scaffold-tissue-and-nanowires-most-likely-cause-sads/ (June 28, 2022)

81. Steve Kirsch phone interview with Cary Watkins, https://rumble.com/vuycmg-embalmer-with-50-years-of-experience-verifies-hirschmans-story.html (Feb. 14, 2022)

82. Enrico Rigoso, https://www.theepochtimes.com/embalmers-have-been-finding-numerous-long-fibrous-clots-that-lack-post-mortem-characteristics_4696015.html?utm_source=ref_share&utm_campaign=tw&rs=SHRNRRCV (Sept. 2, 2022)

83. Kevin Hughes, https://citizens.news/639893.html (July 22, 2022)

84. Courtesy of Richard Hirschman; see also Richard Hirschman interviewed on Infowars, https://www.redvoicemedia.com/video/2022/06/must-see-mortician-finds-massive-hand-sized-clots-in-cadavers-after-vax-video/ (June 14, 2022)

85. Courtesy of Richard Hirschman; see also Richard Hirschman interviewed by Dr. Jane Ruby, https://www.brighteon.com/f2735f15-41d9-4bb0-aa83-98625a38d4a4 (July 18, 2022)

86. Courtesy of Richard Hirschman; see also Richard Hirschman, interviewed by Maria Zeee,\] https://www.redvoicemedia.com/2022/07/warning-extremely-graphic-structures-killing-injected-1-year-after-shot-whistleblower-richard-hirschman-with-maria-zeee/ (July 19, 2022)

87. Margaret Menge, https://www.thecentersquare.com/indiana/indiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64/article_71473b12-6b1e-11ec-8641-5b2c06725e2c.html (Jan. 1, 2022)

88. 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)

89. Toby Sterling, https://www.reuters.com/business/finance/aegon-q3-operating-result-down-16-us-covid-linked-claims-2021-11-11/ (Nov. 11, 2021)

90. https://expose-news.com/2022/06/23/life-insurance-176percent-increase-payouts-deaths-2021/ (June 23, 2022).

91. Art Moore, https://www.wnd.com/2022/03/wall-street-analyst-covid-vaccines-greatest-fraud-history/ (March 16 2022)

92. Alexandra Bruce, https://www.lewrockwell.com/2022/03/no_author/edward-dowd-on-future-recession-shocking-findings-in-the-cdc-covid-data-and-democide/ (March 12, 2022) (from Dowd's GETTR account)

93. Edward Dowd interview, https://www.bitchute.com/video/fCvcEypV0Ncd/ (posted March 27, 2022)

94. Edward Dowd comments at 2022 Maui Earth Day Festival, May 2, 2022, https://rumble.com/v13c6f0-the-greatest-fraud-in-history-ed-dowd-at-maui-earth-day-5122.html

95. Edward Dowd interviewed by Steve Bannon, https://rumble.com/v1gocc1-edward-dowd-new-actuarial-report-reaffirms-trail-of-death-caused-by-vaccine.html (Aug. 2022)

Saxon S, Thorp JA, Viglione D. The COVID-19 Vaccines & Beyond: *What the Medical Industrial Complex is NOT Telling Us*- Part 3. G Med Sci. 2023; 4(1):165-215. https://www.thegms.co/publichealth/pubheal-rw-22092203.pdf

96. https://covidcalltohumanity.org/2021/09/08/dr-charles-hoffe-mrna-vaccines-will-kill-most-people-through-heart-failure-62-already-have-microscopic-blood-clots/ (Sept. 8, 2021)

97. Dr. Charles Hoffe, speaking at a rally in Vancouver, BC, Canada, https://www.thetruthseeker.co.uk/?p=257546 (Aug. 19, 2022)

98. https://luis46pr.wordpress.com/2021/09/17/local-detroit-tv-asks-for-stories-of-unvaxxed-dying-from-covid-gets-over-180k-responses-of-vaccine-injured-and-dead-instead/ (Sept. 17, 2021)

99. Connor Perrett, https://www.businessinsider.com/fauci-unvaccinated-could-lead-to-variant-worse-than-delta-2021-8 (Aug. 8, 2021)

100. https://americasfrontlinedoctors.org/2/action_alerts/identifying-post-vaccination-complications-their-causes-an-analysis-of-covid-19-patient-data/

101. Dr. Lee D. Merritt, “COVID-19 Vaccines: A “Cure” Worse Than the Disease?” https://thenewamerican.com/magazine/tna3713/page/130713 (July 5, 2021)

102. Communication from James A. Thorp, per his personal analysis of VAERS data. (Aug. 2022)

103. Communication from Albert Benavides to James A. Thorp and Sally Saxon (Aug.5, 2022)

104. https://www.fda.gov/media/89036/download (August 2015)

105. https://www.algora.com/Algora_blog/2021/10/04/pfizer-confirms-covid-vaccinated-people-can-shed-spike-protein-and-can-harm-the-unvaccinated (Oct. 24, 2021)

106. Dr. Philippe VanWelbergen interviewed by Dr. Jane Ruby,

https://drjaneruby.com/live-shedding-confirmed-the-jabbed-are-vaccinating-the-unjabbed/ (July 2022)

107. https://stevekirsch.substack.com/p/are-100-dead-us-airline-pilots-trying (Dec. 12, 2021)

108. Jack Bingham, https://www.lifesitenews.com/news/delta-airlines-pilot-dies-mid-flight-days-after-vaccination-report/ (Oct. 14, 2021)

109. Daniel Villareal, https://www.msn.com/en-us/news/us/delta-denies-rumor-of-pilot-who-died-from-covid-vaccine-mid-flight/ar-AAPrpD1 (Oct 13, 2021)

110. Brian Shilhavy, https://healthimpactnews.com/2022/millions-of-american-lives-in-danger-as-airline-pilots-suffer-heart-problems-from-mandatory-covid-vaccines/ (April 26, 2022)

111. Michael Nevradakis, https://childrenshealthdefense.org/defender/pilots-injured-covid-vaccines-speak/ (May 6, 2022)

112. J.D. Heves, https://www.naturalnews.com/2022-04-29-squawk-7700-emergency-alerts-up-12400-percent-covid-vax-5g.html (April 29, 2022)

113. https://community.covidvaccineinjuries.com/cody-flint-33-year-old-pilot-severe-adverse-reaction-to-pfizer-covid-vaccine/ (March 9, 2022)

114. Julia Crawford, https://www.swissinfo.ch/eng/does-bill-gates-have-too-much-influence-in-the-who-/46570526 (May 10, 2021)

115. Matthew J. Belvedere, https://www.cnbc.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html (Jan. 23, 2019)

116. https://www.trialsitenews.com/a/covid-19-censorship-trusted-news-initiative-to-decide-the-facts (June 25, 2021)

117. https://www.bbc.com/beyondfakenews/trusted-news-initiative/about-us/

118. https://globalcovidsummit.org/news/declaration-iv-restore-scientific-integrity

119. 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

120. 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)

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

122. https://rumble.com/v1bp4ez-guilty-are-now-hiding-humanitarian-catastrophe-dr.-perrie-kory.html

123. https://pierrekory.substack.com/p/the-criminal-censorship-of-ivermectins (Sept. 16, 2022)

124. https://twitter.com/DrAseemMalhotra/status/1542572960535429122 (June 30, 2022)

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

126. https://www.skirsch.com/covid/Refuse.pdf, p. 11

127. Personal communication between Jeff Childers and Dr. Deborah Viglione (Sept. 2022)

128. Matthews & Associates,
https://www.dmlawfirm.com/crimes-of-covid-vaccine-maker-pfizer-well-documented/ (Nov. 18, 2020)

129. https://encyclopedia.ushmm.org/content/en/article/the-nuremberg-code

130. https://merylnass.substack.com/p/the-high-speed-bivalent-covid-boosters (Sept. 6, 2022)

131. https://www.hhs.gov/about/news/2021/04/01/hhs-launches-nationwide-network-trusted-voices-encourage-vaccination-next-phase-covid-19-public-education-campaign.html

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

133. Robert F. Kennedy, Jr., *The Real Anthony Fauci: Bill Gates, Big Pharma and the Global War on Democracy and Public Health*, Skyhorse Publishing (2021)

134. Ibid, in the endorsement section at the front of the book.

135. https://aapsonline.org/judicial/aapsedfnd-v-abim-abog-abfm-dhs-7-12-2022.pdf, p. 1-2.

136. Ibid., p. 4, 18

137. https://www.dhs.gov/news/2022/08/24/following-hsac-recommendation-dhs-terminates-disinformation-governance-board

138. https://www.theblaze.com/news/illinois-hospital-system-to-pay-10-3-million-in-settlement-with-workers-over-covid-19-vaccine-mandate (Aug. 1, 2022)

139. https://corona-investigative-committee.com/

140. Reiner Fuellmich: "New Findings…Enough to Dismantle the Entire (VAX) Industry."
https://www.bitchute.com/video/M0vmjVc5mkQM/ (Jan. 1, 2022).

141. Reiner Fuellmich interviewed by David Sorenson,
https://www.stopworldcontrol.com/fuellmich-update (Oct. 1, 2022)

142. Dr. Joseph Mercola, "Will These People Be Charged With Genocide?"
https://takecontrol.substack.com/p/genocide?s=r (Jan. 23, 2022)

143. https://leohohmann.com/2021/12/17/whistleblower-activists-file-complaint-with-international-criminal-court-alleging-big-pharma-gates-fauci-uk-officials-committed-crimes-against-humanity/#more-8418