EXHIBIT B – EXPERT REPORT

- Pfizer CEO Albert Bourla said this regarding his mRNA vaccine: "It was counterintuitive because Pfizer was mastering or let's say we had very good experience and expertise with multiple technologies that could give a vaccine...mRNA was the technology that we had less experience with, only two years working on this. And, actually, mRNA was a technology that never delivered a single product until that day. Not vaccine, not any other medicine, so it was very counterintuitive".¹
- 2. These COVID genetic vaccines were brought to market extremely quickly in only 6-9 months under President Trump's "Operation Warp Speed".^{2,3} It is impossible to have any long-term data in this setting, especially in the context of repeated boosters. Prior to these vaccines, it would usually take 10-12 years to develop a vaccine and test its safety properly,⁴ and typically longer than 15 years for genetic therapies.
- 3. It is because these novel genetic vaccines do NOT produce traditional immunity, that the Center for Disease Control (CDC) updated very longstanding definitions of immunity and vaccine on September 1, 2021, swapping out the prior "produce immunity" to "provide protection".⁵
- 4. Søren Brostrøm, Denmark's Director of National Board of Health recently stated after announcing that it would no longer recommend these COVID-genetic vaccines to those under 18 years old, that "we have become wiser, and we would not do the same today. And

¹ CEO Pfizer Albert Bourla, "Albert Bourla on Why Mrna Technology Was "Counterintuitive" in Producing an Effective Vaccine," *Washington Post Live* (March 10, 2022), https://www.washingtonpost.com/video/washingtonpost-live/wplive/albert-bourla-on-why-mrna-technology-was-counterintuitive-in-producing-an-effective-vaccine/2022/03/10/c397ca8c-afaa-4254-b860-b2cca54b0ecf_video.html.

² Jon Cohen, "Unveiling "Warp Speed," the White House's America-First Push for a Coronavirus Vaccine.," *Science* (May 12, 2020), http://dx.doi.org/10.1126/science.abc7056.

³ David E. Sanger, "Trump Seeks Push to Speek Vaccine Despite Safety Concerns," *The New York Times* (April 29, 2020), https://www.nytimes.com/2020/04/29/us/politics/trump-coronavirus-vaccine-operation-warp-speed.html.

⁴ M. M. Struck, "Vaccine R&D Success Rates and Development Times," *Nat Biotechnol* 14, no. 5 (May 1996), http://dx.doi.org/10.1038/nbt0596-591.

⁵ CDC, Center for Disease Control - Sep 2021 Updated Definitions of Vaccine and Immunity.

we will not do that in the future either."⁶ Similarly, the UK is now removing these COVID-vaccines among children under age 12 years.⁷

- 5. In September 2022, the Danish Health Authority began advising people under 50 years old NOT to get COVID-19 genetic vaccine boosters.⁸
- 6. On October 7, 2022, the Florida Surgeon General, Dr. Joseph Ladapo revealed the results of the Florida Department of Health self-controlled case series where they observed an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination. Non-mRNA vaccines were not found to have these increased risks. They stated: "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. As such, the State Surgeon General recommends against males aged 18 to 39 from receiving mRNA COVID-19 vaccines." 9
- 7. On October 24, 2022, Alberta's new Premier Danielle Smith stated: "I am deeply sorry for anyone who was inappropriately subjected to discrimination as a result of their (COVID-19) vaccine status...and deeply sorry for any government employee that was fired from their job because of their vaccine status, and I welcome them back if they want to come back." 10
- 8. On October 26, 2022, the New York Supreme Court ruled that employees who were terminated for failing to get the COVID-19 vaccine should be reinstated and given back pay. Judge Ralph J. Porzio stated: "Being vaccinated does not prevent an individual from

⁹ Communications Office - Florida Health, "State Surgeon General Dr. Joseph A. Ladapo Issues New Mrna Covid-19 Vaccine Guidance.," (October 7, 2022), https://www.floridahealth.gov/newsroom/2022/10/20220512-guidance-mrna-covid19-vaccine.pr.html.

Contains link to video recording of the Premier's statements.

⁶ Zachary Stieber, "Mistake to Recommend Covid-19 Vaccines for All Children: Top Danish Health Official.," *The Epoch Times*June 23, 2022, https://www.theepochtimes.com/mistake-to-recommend-covid-19-vaccines-for-all-children-top-danish-health-official_4553337.html.

⁷ Owen Evans, "England Winding Down Offering Covid-19 Vaccines to Children under 12. ," *The Epoch Times*September 6, 2022, https://www.theepochtimes.com/england-winding-down-offering-covid-19-vaccines-to-children-under-12_4713206.html.

⁸ Jack Phillips, "Denmark Government Advises People under 50 Not to Get Covid-19 Boosters," *The Epoch Times*September 14, 2022, https://www.theepochtimes.com/denmark-government-advises-people-under-50-not-to-get-covid-19-boosters_4730709.html?utm_source=ai&utm_medium=search.

¹⁰ Anthony Murdoch, "Danielle Smith Apologizes to the Unvaccinated, Promises Amnesty for Pastor Jailed over Covid.," (October 24, 2022), https://www.lifesitenews.com/news/danielle-smith-apologizes-to-the-unvaccinated-promises-amnesty-for-pastors-jailed-over-covid/

contracting or transmitting COVID-19." He also stated that the former Health Commissioner had overstepped his authority with "arbitrary and capricious" orders which led to the firing of City cops and firefighters.¹¹

- I. Negative COVID-19 genetic vaccine effectiveness over time. Currently, the triple and quadruple COVID-19 vaccinated are <u>proportionally more likely</u> to get COVID-19 compared to those less COVID-19 vaccinated.
 - 9. With respect to the current Omicron SARS-CoV-2 mutations, which began affecting Canadians in mid-December 2021, the publicly available data since that time has shown that it is the fully vaccinated who have been more likely to get COVID-19 compared to the unvaccinated.
 - In fact, publicly available provincial statistics from Alberta, Ontario, and British Columbia, revealed that EVEN proportionally by vaccination status, the fully vaccinated were in fact MORE likely to catch the Omicron variant, than those who were unvaccinated (Appendix A, Figures 1-4).
 - The initial randomized controlled clinical trial for the Pfizer/BioNtech mRNA vaccine (BNT162b2), was funded by BioNTech and Pfizer.¹² It suggested 95% efficacy against COVID-19, as defined by their primary endpoint "efficacy of the vaccine against laboratory confirmed Covid-19 and [2 month] safety".
 - 12. However, they disingenuously reported only the relative risk reduction (RRR) of 95%, instead of also including the absolute risk reduction (ARR) of 0.84%, which is a better indication of an individual's risk reduction for COVID-19. "It's an ethical imperative that every doctor and patient understand the difference between relative and absolute risks to protect patients against unnecessary anxiety and manipulation (2009 WHO bulletin, Gerd Gigerenzer, the director of the Max Planck institute)".¹³

¹¹ Tom Howell Jr. and Alex Swoyer, "N.Y. Court Orders Rehiring, Back Pay for Fired Unvaccinated Workers.," *The Washington Times* (October 26, 2022), https://www.washingtontimes.com/news/2022/oct/26/ny-court-orders-rehiring-back-pay-for-fired-unvacc/.

¹² F. P. Polack et al., "Safety and Efficacy of the Bnt162b2 Mrna Covid-19 Vaccine," *N Engl J Med* 383, no. 27 (Dec 31 2020), http://dx.doi.org/10.1056/NEJMoa2034577.

¹³ G. Gigerenzer, "Making Sense of Health Statistics," *Bull World Health Organ* 87, no. 8 (Aug 2009), http://dx.doi.org/10.2471/blt.09.069872.

- 13. Even the US FDA itself, in a 2011 "evidence-based user's guide" on communicating risk and benefits stated on page 60: "Patients are unduly influenced when risk information is presented using a relative risk approach; this can result in suboptimal decisions. Thus, an absolute risk format should be used.¹⁴
- 14. The initial randomized controlled clinical trial for the Moderna mRNA vaccine (mRNA-1273) showed 94.1% efficacy at preventing COVID-19 illness BUT only a 1.24% ARR.¹⁵ This was funded by the National Institute of Allergy and Infectious Diseases (NIAID) and the Biomedical Advanced Research and Development Authority (BARDA).
- 15. The ARR also allows calculation of the number needed to vaccinate (NNV) to prevent one more case of COVID-19. With Pfizer that is 119 and with Moderna that is 81. There was never any chance that a "vaccine" with an ARR of ~ 1% and NNV > 80 would allow us to end the pandemic.¹⁶ Thus, we knew (or should have known) that these COVID-19 genetic vaccines would never yield the purported 95% efficacy seen in the original adult Pfizer and Moderna trials and "end the pandemic".
- 16. Further, the landmark clinical trials for all the COVID-genetic vaccines in adults and pediatrics were NOT designed or powered to assess for vaccine protection from severe COVID-19 infection outcomes. None of the trial participants who caught COVID-19 during the trials even required hospital admission.
- 17. Alarmingly, the integrity of the Pfizer vaccine trial has been called into question by a recent whistle blower, who told the British Medical Journal that the "company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow-up on adverse events reported in Pfizer's pivotal phase III trial". "Staff who conducted quality control checks were overwhelmed by the volume of problems they were

¹⁴ FDA - U.S. Food & Drug Administration, *Communicating Risks and Benefits: An Evidence-Based User's Guide*, ed. Noel T Brewer Baruch Fischhoff, Julie S. Downs (2011), https://www.fda.gov/about-fda/reports/communicating-risks-and-benefits-evidence-based-users-guide.

¹⁵ L. R. Baden et al., "Efficacy and Safety of the Mrna-1273 Sars-Cov-2 Vaccine," *N Engl J Med* 384, no. 5 (Feb 4 2021), http://dx.doi.org/10.1056/NEJMoa2035389.

¹⁶ P. Olliaro, E. Torreele, and M. Vaillant, "Covid-19 Vaccine Efficacy and Effectiveness-the Elephant (Not) in the Room," *Lancet Microbe* 2, no. 7 (Jul 2021), http://dx.doi.org/10.1016/S2666-5247(21)00069-0.

finding." The whistle blower informed the US Food and Drug Administration (FDA) and she was fired later the same day.¹⁷

- Back on August 6, 2021, prior to any COVID-vaccine mandate, CDC Director Dr. Walensky stated that these genetic COVID vaccines <u>could no longer prevent</u> <u>transmission</u>.¹⁸
- Subsequently, a Swedish total population cohort study published in Lancet included 1,685,948 patients from the Swedish nationwide registers, observing that the Pfizer (BNT162b2) vaccine effectiveness waned progressively from 92% at DAY 15-30, to 47% at DAY 121-180, and from DAY 211 onward no effectiveness could be detected (23%). Further, the ability of this vaccine to prevent severe outcomes waned from 89% at DAY 15-30, to 64% from DAY 121 onward. ¹⁹
- 20. A large study across 68 countries and 2947 U.S. counties studied the relationship between the percentage of the population fully vaccinated and new COVID-19 cases.²⁰ The countries and U.S. counties with the highest vaccination rates had more COVID-19_cases. Similarly, 4 of the 5 U.S. counties with the highest percentage of population fully vaccinated, are listed by the CDC as "high" transmission counties, while 50 "low" transmission counties had only 20% of their population fully vaccinated.
- 21. A study at the University of California Davis, Genome Center and UCSF found that there was no significant difference in viral load between vaccinated and unvaccinated groups, or

¹⁷ Paul D Thacker, "Covid-19: Researcher Blows the Whistle on Data Integrity Issues in Pfizer's Vaccine Trial," *British Medical Journal* 375 (November 2, 2021), http://dx.doi.org/https://doi.org/10.1136/ bmj.n2635.

¹⁸ Dr. Rochelle Walensky - Director CDC, "Cnn Comments - Covid-19 Vaccines Cannot Prevent Transmission," (August 6, 2021), https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html.

¹⁹ P. Nordstrom, M. Ballin, and A. Nordstrom, "Risk of Infection, Hospitalisation, and Death up to 9 Months after a Second Dose of Covid-19 Vaccine: A Retrospective, Total Population Cohort Study in Sweden," *Lancet* 399, no. 10327 (Feb 26 2022), http://dx.doi.org/10.1016/S0140-6736(22)00089-7.

²⁰ Akhil Kumar S. V. Subramanian, "Increases in Covid–19 Are Unrelated to Levels of Vaccination across 68 Countries and 2947 Counties in the United States," *European Journal of Epidemiology* 36 (September 30, 2021), http://dx.doi.org/https://doi.org/10.1007/s10654-021-00808-7.

between asymptomatic and symptomatic groups infected with the Delta variant, suggesting a similar ability to catch and transmit COVID regardless of vaccination status.²¹

- 22. Similarly, a University of Wisconsin-Madison study showed that vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the Delta variant. "Thus, neither vaccine status nor the presence of symptoms should influence the recommendation and implementation of public health practices designed to mitigate the spread of COVID-19."²²
- 23. Several prospective observational studies, including a U.S. national nursing home study, and a Mayo Clinic Health Systems study, both showed that with respect to the Delta SARS-Cov-2 variant, the mRNA vaccines were only "preventing transmission" about half the time. ²³
- 24. On July 23, 2021, Israel's Health Ministry indicated that a complete course of the Pfizer/ BioNTech mRNA vaccine was just 39% effective at preventing infections and 41% effective at preventing symptomatic illness with the Delta variant but remained 91% effective at preventing serious illness and hospitalization. ²⁴ However, by August 16, 2021, and despite having 78% of those 12 and older fully vaccinated, 59% of gravely ill patients in Israel were fully vaccinated.²⁵

²¹ Charlotte B Acharya et al., "Viral Load among Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Persons Infected with the Sars-Cov-2 Delta Variant," *Open Forum Infectious Diseases* 9, no. 5 (2022), accessed 10/2/2022, http://dx.doi.org/10.1093/ofid/ofac135.

²² Kasen K. Riemersma et al., "Shedding of Infectious Sars-Cov-2 Despite Vaccination," *medRxiv* (2022), http:// dx.doi.org/10.1101/2021.07.31.21261387.

²³ A. Puranik et al., "Comparison of Two Highly-Effective Mrna Vaccines for Covid-19 During Periods of Alpha and Delta Variant Prevalence," *medRxiv* (Aug 21 2021), http://dx.doi.org/10.1101/2021.08.06.21261707.

²⁴ Robert Hart, "Pfizer Shot Just 39% Effective against Delta Infection, but Largely Prevents Severe Illness, Israel Study Suggests," *Forbes Magazine article based on Israel Health Ministry data* (July 23, 2021), https://www.forbes.com/sites/roberthart/2021/07/23/pfizer-shot-just-39-effective-against-delta-infection-but-largely-prevents-severe-illness-israel-study-suggests/?sh=6817d93e584f.

²⁵ Meredith Wadman, "A Grim Warning from Israel: Vaccination Blunts, but Does Not Defeat Delta," *Science* (August 16, 2021), https://www.science.org/content/article/grim-warning-israel-vaccination-blunts-does-not-defeat-delta.

- 25. Note that all COVID-19 vaccines approved by WHO and FDA are required to have an efficacy rate of 50% or above.²⁶
- 26. Israel is among the most vaccinated countries in the world, especially regarding how many citizens have been boosted with 3rd and 4th shots (Appendix A, Figure 5). Many Israelis were already taking their 3rd shot around the time of the Delta variant in the Fall 2021. Despite this, Israel had vastly more Omicron cases (Appendix A, Figure 6), and similar death rates to Canada, US, UK, Sweden, and South Africa (Appendix A, Figure 7). In contrast, South Africa only has a 30% fully vaccinated population.
- 27. Negative vaccine effectiveness over time following injection with a genetic COVID-19 vaccine was also noted with Omicron in other countries including the United Kingdom,²⁷ Scotland,²⁸ Denmark,²⁹ and Sweden.¹⁶
- 28. These COVID genetic vaccines do not prevent and are likely facilitating transmission and infection with subsequent SARS-CoV-2 variants. Any direct benefit to an individual or to society at large is thus non-existent from the transmission perspective. In fact, given current data indicating that the fully COVID vaccinated are the most likely to get COVID. These genetic vaccines should be halted pending a full review.

II. COVID-19 very rarely causes serious illness and death among those under 70 years of age, especially if they lack other comorbidities. Real world effectiveness data now show

²⁶ U.S. Department of Health and Human Services Food and Drug Administration Center for Biologics Evaluation and Research, "Fda Development and Licensure of Vaccines to Prevent Covid-19 Guidance for Industry.," (June 2020), https://www.who.int/news-room/feature-stories/detail/vaccine-efficacy-effectiveness-and-protection; FDA development and licensure of vaccines to prevent covid-19 guidance for industry.

²⁷ UK Health Security Agency, *Covid-19 Vaccine Surveillance Report - Week 9* (March 3, 2022), https:// assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058464/Vaccine-surveillance-report-week-9.pdf.

²⁸ Public Health Scotland, *Public Health Scotland Covid-19 & Winter Statistical Report* (February 16, 2022), https:// publichealthscotland.scot/media/11763/22-02-16-covid19-winter_publication_report.pdf.

²⁹ Astrid Blicher Schelde Christian Holm Hansen, Ida Rask Moustsen-Helm, Hanne-Dorthe Emborg, Tyra Grove Krause, Kåre Mølbak, Palle Valentiner-Branth on behalf of the Infectious Disease Preparedness Group at Statens Serum Institut "Vaccine Effectiveness against Sars-Cov-2 Infection with the Omicron or Delta Variants Following a Two-Dose or Booster Bnt162b2 or Mrna-1273 Vaccination Series: A Danish Cohort Study," *medRxiv* (December 23, 2021), http://dx.doi.org/ https://doi.org/10.1101/2021.12.20.21267966

that the ability of COVID genetic vaccines to prevent serious illness and death is incomplete and time dependent at best, and they may even be facilitating death.

- 29. Currently in Alberta, the average age with/from COVID death is 78 years.³⁰ As of January 13, 2022, Alberta COVID statistics indicated that among positive COVID cases, only 3.8% required hospitalizations and 0.7% required ICU admission. These numbers have remained very stable throughout the pandemic, including pre-vaccination (Appendix A, Figure 8).
- In Alberta, from pandemic onset until June 27, 2022, there have been a total of 588,691 confirmed PCR positive cases (which is a massive underrepresentation of total cases), 27,488 total hospitalizations with/from COVID, 4,097 total ICU hospitalizations with/from COVID, and 4,621 deaths with/from COVID. Therefore, among ~ 4.5 M Albertans, 0.61% have been hospitalized, 0.091% required ICU admission, and 0.1% have died.
- 31. Among those Albertans > 50 years of age, total cases = 152,983, total hospitalizations = 19,343, total ICU admissions = 2890, and total deaths = 4442. Therefore, those individuals > 50 years have comprised 70% of all COVID-related hospitalizations and ICU admissions, and 96% of all COVID-related deaths (Appendix A, Figure 8B).
- 32. The official Canadian data also show that the risk for severe disease and deaths is extremely skewed to those above 70 years of age, especially those with multiple comorbidities (Appendix A, Figure 9A). As of May 13, 2022, only 2.8% of all COVID-19 related deaths in Canada occurred in those under 50 years of age (Appendix A, Figure 9B).
- 33. The CDC Table below shows the infection fatality rate and survival rates for COVID-19, showing the increased risk of death beyond 70 years old. This supports the recent Denmark decision to no longer recommends the COVID vaccines to those under 50 years old.

³⁰ Alberta Health, "Covid-19 Alberta Statistics, Publicly Available.," (March 31, 2022), https://www.alberta.ca/stats/ covid-19-alberta-statistics.htm.

Updated infec	tion fatality - survival rates	s for COVID19:
	ary among the five COVID-19 Pandem urrent Best Estimate'	c Planning Scenarios
AGE GROUP:	INFECTION FATALITY RATE:	SURVIVAL RATE
0 -19	0.00003%	99.997%
20 - 49	0.0002%	99.98%
50 -69	0.005%	99.5%
70 +	0.054%	94.6%

- 34. As of June 27, 2022, uptake on the third COVID genetic vaccine in Alberta has remained stable at only 39%, essentially plateauing mid-January 2022 (Appendix A, Figure 10).
- 35. However, over the 120 days in Alberta preceding July 4, 2022, 71.3% of all deaths occurred among the double or triple COVID vaccinated, including 61% who had received 3 doses (Appendix A, Figure 11 A). Further, 76% of all ICU admissions with/from COVID during this time occurred in the double or triple vaccinated, including 44% who had received 3 doses (Appendix A, Figure 11 B).
- 36. In British Columbia between March 13 April 30, 2022, public data revealed that the COVID-vaccinated accounted for 93% of COVID-19 related deaths, including 76% who had received 3 injections, and 15% who had received 2 injections. This is despite only 51% uptake provincially on the 3rd injection at the time (Appendix A, Figure 4).
- 37. Similarly, the United Kingdom Health Security Agency week 9 March 2022 report revealed that 9 out of 10 COVID deaths occurred in the fully vaccinated. Specifically, among 3957 deaths, 3540 had received at least 1 dose (3429 had received at least 2 doses) = 89.5%, and only 397 deaths occurred among the unvaccinated.²⁴
- 38. It is possible that 30-50% of all COVID deaths, died <u>with and not from COVID</u>. Dr. Anthony Fauci stated on December 13, 2021: "The other important thing is that you look at the children that are hospitalized many of them are hospitalized with COVID as opposed to because of COVID". "So it's over counting the number of children who are 'hospitalized' with COVID as opposed to because of COVID." ³¹

³¹ Dr. Anthony Fauci - Director NIAID, "Comments About Kids Being Admitted with and Not Because of Covid on Msnbc," (December 31, 2021), https://www.newsweek.com/fauci-children-hospital-covid-omicron-1664676.

39. For instance, Ontario recently revised its COVID-19 counts indicating that only half of the previously reported hospitalizations were actually due to COVID-19, ³² and the CDC also recently corrected reporting errors in its overall COVID-19 death counts by 72,722 deaths including 416 pediatric deaths, and adjustment that cut the CDC's estimates of deaths in children by 24%.³³

III. Possible pathophysiologic mechanisms behind this lack of COVID-genetic vaccine effectiveness including some degree of vaccine-induced enhancement over-time.

- 40. Prior to COVID-vaccine mandates, a group of international experts stated in the New England Journal Medicine regarding SARS-CoV-2 variants and vaccines: "viral variants of concern may emerge with dangerous resistance to the immunity generated by the current vaccines".³⁴ Among their recommendations were: "avoid the use of treatments with uncertain benefit that could drive the evolution of variants; and consider targeted vaccination strategies to reduce community transmission."
- 41. With widespread dissemination of COVID-19-genetic vaccines during the pandemic, we have placed enormous evolutionary pressure on SARS-CoV-2 to continue mutating to evade our immune system, gain cell entry, replicate, and possibly cause illness. And we continue to use very "leaky" vaccines (i.e., poor at stopping transmission), making viral evasion from our antibodies that much easier. Only the fit will survive. Consider the reasonable analogy of antibiotic resistance this is driven by the widespread and inappropriate use of antibiotics, not by people avoiding antibiotics.³⁵
- 42. Numerous previous attempts at generating vaccines (not just genetic vaccines) against respiratory viruses, including SARS-CoV, have led to vaccine-associated disease

³² Ryan Rocca, "46% of Those Currently Hospitalized with Covid in Ontario Were Admitted for Other Reasons: New Data," *Global News* (January 11, 2022), https://globalnews.ca/news/8502714/ontario-incidental-covid-hospitalizations-january-11/.

³³ Hannah Beier, "Cdc Reports Fewer Covid-19 Pediatric Deaths after Data Correction," *Reuters* (March 18, 2022), https://www.reuters.com/business/healthcare-pharmaceuticals/cdc-reports-fewer-covid-19-pediatric-deaths-after-data-correction-2022-03-18/.

³⁴ P. R. Krause et al., "Sars-Cov-2 Variants and Vaccines," *N Engl J Med* 385, no. 2 (Jul 8 2021), http://dx.doi.org/ 10.1056/NEJMsr2105280.

³⁵ A. H. Holmes et al., "Understanding the Mechanisms and Drivers of Antimicrobial Resistance," *Lancet* 387, no. 10014 (Jan 9 2016), http://dx.doi.org/10.1016/S0140-6736(15)00473-0.

enhancement, including numerous animal trials where the previously vaccinated animals died upon exposure to the actual virus through antibody dependent enhancement.³⁶

- 43. The negative vaccine effectiveness that we are currently seeing globally with Omicron, suggests some degree of vaccine-induced enhancement, which was predicted and acknowledged as a possible vaccine sequela by the FDA and CDC, and numerous experts. Possibilities to explain this phenomenon include antibody dependent enhancement,^{37,38} original antigenic sin immune imprinting whereby the first encounter with the virus or vaccine-induced spike protein inappropriately shapes subsequent immune responses to the live SARS-CoV-2 virus,³⁹ and/or immune exhaustion whereby multiple boosters over a short period of time overwhelms the potential immune response upon viral exposure.⁴⁰
- 44. Antibody-dependent enhancement (ADE) occurs when antibodies facilitate viral entry into host cells and enhance viral infection in these cells. It has been observed for many viruses including coronaviruses. In fact, as part a multicenter paper that included Dr. Zhengli Shi from the Wuhan Institute of Virology (who was known for her work with bat viruses, a.k.a. the "Bat Lady"), entitled "Molecular mechanism for antibody-dependent enhancement of coronavirus entry," authors describe a novel mechanism for ADE: a neutralizing antibody binds to the surface spike protein of coronaviruses like a viral receptor, triggers a conformational change of the spike, and mediates viral entry. This paper was submitted for publication pre-pandemic November 27, 2019.³⁴
- 45. Subsequently, researchers found "facilitating" antibodies bound to the NTD region of the Delta spike variant (located behind the contact surface so that it does not interfere with the virus-cell attachment). "Inasmuch as neutralizing antibodies overwhelm facilitating antibodies, ADE is not a concern. However, the emergence of SARS-CoV-2 variants may

³⁶ Shan Su, Lanying Du, and Shibo Jiang, "Learning from the Past: Development of Safe and Effective Covid-19 Vaccines," *Nature Reviews Microbiology* 19, no. 3 (2021/03/01 2021), http://dx.doi.org/10.1038/s41579-020-00462y.

³⁷ Y. Wan et al., "Molecular Mechanism for Antibody-Dependent Enhancement of Coronavirus Entry," *J Virol* 94, no. 5 (Feb 14 2020), http://dx.doi.org/10.1128/JVI.02015-19.

³⁸ W. S. Lee et al., "Antibody-Dependent Enhancement and Sars-Cov-2 Vaccines and Therapies," *Nat Microbiol* 5, no. 10 (Oct 2020), http://dx.doi.org/10.1038/s41564-020-00789-5.

³⁹ K. Roltgen et al., "Immune Imprinting, Breadth of Variant Recognition, and Germinal Center Response in Human Sars-Cov-2 Infection and Vaccination," *Cell* 185, no. 6 (Mar 17 2022), http://dx.doi.org/10.1016/j.cell.2022.01.018.

⁴⁰ Philip L. F. Johnson et al., "Vaccination Alters the Balance between Protective Immunity, Exhaustion, Escape, and Death in Chronic Infections," *Journal of Virology* 85, no. 11 (2011), http://dx.doi.org/doi:10.1128/JVI.00166-11.

tip the scales in favor of infection enhancement. Our structural and modeling data suggest that it might be indeed the case for Delta variants."⁴¹

- 46. More recently against Omicron, further evidence of mRNA vaccine-induced ADE has been observed. Researchers stated: "Although sera collected from mRNA-vaccinated individuals exhibited neutralizing activity, some sera gradually exhibited dominance of ADE activity in a time-dependent manner. None of the sera examined exhibited neutralizing activity against infection with the Omicron strain. Rather, some ADE of Omicron infection was observed in some sera. These results suggest the possible emergence of adverse effects caused by these antibodies in addition to the therapeutic or preventive effect.⁴²
- 47. Many including myself, anticipate that this vaccine-induced enhancement will likely worsen, and further overwhelm our hospital resources, as subsequent SARS-CoV-2 variants emerge and authorities quadruple-down on repeated "leaky" genetic vaccine boosters. Sustained relative protection among the COVID unvaccinated is likely, especially if they have been infected by any prior SARS-CoV-2 variant and have subsequently developed durable, and robust naturally acquired immunity.⁴³
- 48. All current COVID genetic vaccines available to date include the genetic information to create the spike protein to the original Wuhan strain only, which has not been circulating in the population for over 2 years. Any COVID-vaccine induced antibodies that a person generates in response to these genetic vaccines, are thus directed towards this original spike protein only. As the spike protein has continued to mutate away from the initial Wuhan strain, the antibodies produced in vaccinated individuals are therefore having more difficultly recognizing the spike protein of subsequent SARS-CoV-2 strains.

⁴¹ N. Yahi, H. Chahinian, and J. Fantini, "Infection-Enhancing Anti-Sars-Cov-2 Antibodies Recognize Both the Original Wuhan/D614g Strain and Delta Variants. A Potential Risk for Mass Vaccination?," *J Infect* 83, no. 5 (Nov 2021), http://dx.doi.org/10.1016/j.jinf.2021.08.010.

⁴² Jun Shimizu et al., "Reevaluation of Antibody-Dependent Enhancement of Infection in Anti-Sars-Cov-2 Therapeutic Antibodies and Mrna-Vaccine Antisera Using Fcr- and Ace2-Positive Cells," *Scientific Reports* 12, no. 1 (2022/09/16 2022), http://dx.doi.org/10.1038/s41598-022-19993-w.

⁴³ Dr. Paul Alexander, "150 Plus Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted. ," *Brownstone Institute Articles* September 2, 2022, https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/.

- 49. Mutations in the Omicron variant number about 50, with 32 in the receptor binding domain of the spike protein alone. This is compared to 9-12 mutations in the receptor binding domain of previous variants. Thus, as many predicted, Omicron has mutated to evade immune detection.
- 50. Both Pfizer and Moderna have recently received FDA emergency use authorization, to produce novel "bivalent" COVID genetic "booster" vaccines. In a 50/50 ratio, these will include the mRNA genetic information to produce not only the spike protein to the original Wuhan strain, but also to the more recent Omicron BA.4/5 spike protein. Pfizer will contain 30 micrograms of mRNA encoding these proteins,⁴⁴ while Moderna will contain 50 micrograms.⁴⁵
- 51. Very concerningly, this may lead to further vaccine-induced enhancement as facilitated by non-neutralizing antibodies to the original Wuhan spike protein. Incredibly, this new bivalent COVID genetic vaccine was not tested in humans, as they only tested 8 mice who all got COVID. The CDC advisory committee did not even know the dosage of the new bivalent vaccines until their September 1, 2022, meeting, nor did the FDA know the dosing or the variant mRNA composition at the time they approved these bivalent boosters.⁴⁶
- IV. Current COVID genetic vaccines are causing unprecedented harm, including serious injuries and death. The long-term consequences of these experimental vaccines remain unknown but growing evidence suggests incredible harm is possible.
 - 52. A search of the peer-reviewed literature in PubMed October 2, 2022, using the search terms "covid vaccine side effects", revealed an enormous 5,932 results, including 3,386 peer-reviewed articles related to COVID vaccine sequelae so far in 2022 (Appendix A, Figure 13).
 - 53. The Canadian government through Canada's Vaccine Injury Support has already awarded damages following the death of Hannelore Wagner, who died January 16, 2021, shortly

⁴⁴ Pfizer, *Pfizer and Biontech Granted Fda Emergency Use Authorization of Omicron Ba.4/Ba.5-Adapted Bivalent Covid-19 Vaccine Booster for Ages 12 Years and Older* (August 31, 2022).

⁴⁵ Moderna, Moderna Receives Fda Authorization for Emergency Use of Omicron-Targeting Bivalent Covid-19 Booster Vaccine for Adults 18 Years and Older (August 31, 2022).

⁴⁶ Dr. Meryl Nass, "New High-Speed Covid Boosters Are Here, without Human Testing," *The Epoch Times*September 18, 2022, https://www.theepochtimes.com/new-high-speed-covid-boosters-are-here-without-human-testing_4738111.html?utm_source=ai&utm_medium=search.

after receiving the Moderna COVID injection, ⁴⁷ and Ross Wightman, a young family man from B.C. who was hospitalized with Guillain-Barre Syndrome just days after his first and only Oxford-AstraZeneca COVID-19 vaccine.⁴⁸

- 54. The CDC and FDA's Vaccine Adverse Reporting System (VAERS) "is the nation's early warning system that monitors the safety of vaccines after they are authorized or licensed for use by the FDA".⁴⁹ It is a self-reporting system that does not prove causality but rather is designed to help identify adverse events signals (i.e., COVID-19 vaccine thrombotic events and myocarditis). "VAERS scientists look for unusually high numbers of reports of an adverse event after a particular vaccine or a new pattern of adverse events".
- 55. While you would certainly expect a spike in the reports submitted during a pandemic where we are using an experimental vaccine technology, it is also true that adverse events reported in VAERS are historically vastly underreported. In the 2009 Harvard Pilgrim Health Care study assessing the VAERS, "fewer than 1% of vaccine adverse events are reported [to the FDA]." ⁵⁰
- 56. During 1997-2013, VAERS received 2149 death reports and "no concerning pattern" was observed among any of their vaccines.⁵¹
- 57. But as Senator Ron Johnson wrote August 22, 2021: "the 12,791 deaths related to Covid-19 vaccines reported on VAERS over the period of 8 months, compares to 8,966 deaths related to all other vaccines reported on VAERS since the inception of VAERS – a

⁴⁷ Neil Corbett, "Maple Ridge Woman Compensated for Mother's Death from Covid-19 Vaccine. Frustrated by Canada's Vaccine Injury Support Program.," *Maple Ridge-PItt Meadows News*September 6, 2022, https://www.mapleridgenews.com/news/maple-ridge-woman-compensated-for-mothers-death-from-covid-19-vaccine/.

⁴⁸ Jon Hernandez, "B.C. Man among First Canadians Approved for Covid-19 Vaccine Injury Payout," *CBC*June 1, 2022, https://www.cbc.ca/news/canada/british-columbia/bc-man-vaccine-injury-payout-1.6472636.

⁴⁹ CDC, "Vaccine Adverse Event Reporting System (Vaers) - Description," (2022), https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html.

⁵⁰ R. Lazarus, Klompas, M., Harvard Pilgrim Health Care, Inc, Steve Bernstein, *Electronic Support for Public Health-Vaccine Adverse Event Reporting System (Esp:Vaers)* (2010), https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf.

⁵¹ P. L. Moro et al., "Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997-2013," *Clin Infect Dis* 61, no. 6 (Sep 15 2015), http://dx.doi.org/10.1093/cid/civ423.

period of 31 years".⁵² He continued, "VAERS is also reporting 16,044 permanent disabilities, 51,242 hospitalizations, and 571,831 total adverse events related to the Covid-19 vaccines." (Appendix A, Figure 14).

- 58. Other international safety databases have identified this huge safety signal among the COVID genetic vaccines including the World Health Organization's VigiAccess database (Appendix A, Figure 15). Specifically, as of March 31, 2022, the COVID-19 vaccines have generated 3,525,837 adverse reports, including 1,411,632 nervous system disorders. In contrast, the mumps vaccine since 1972 has generated only 723 adverse reports (Appendix A, Figure 16).
- 59. Interestingly, consider that on July 16, 1999, the CDC recommended that healthcare providers suspend the use of the licensed RotaShield a rotavirus vaccine after only 15 cases of intussusception were reported in VAERS! ⁵³
- 60. Responding to a freedom of information act request, the FDA went to court to try to delay the release for 55-75 years of the Pfizer vaccine-related documents it relied on to license the genetic vaccine.⁵⁴ The first document dump included 3 month passive surveillance data from December 1 Feb 28, 2021.⁵⁵ They reported 42,086 cases of adverse events and 1223 deaths. The report was also remarkable for its ongoing censorship of key data.⁵⁶

⁵² U.S. Senator Ron Johnson, "Press Release: Sen. Johnson to Federal Health Agencies: Expediting Approval Process Appears to Serve the Political Purpose of Imposing and Enforcing Vaccine Mandates," (August 2021), https://www.ronjohnson.senate.gov/2021/8/sen-johnson-to-federal-health-agencies-expediting-approval-process-appears-to-serve-the-political-purpose-of-imposing-and-enforcing-vaccine-mandates.

⁵³ "Suspension of Rotavirus Vaccine after Reports of Intussusception--United States, 1999," *MMWR Morb Mortal Wkly Rep* 53, no. 34 (Sep 3 2004).

⁵⁴ Jenna Greene, "'Paramount Importance': Judge Orders Fda to Hasten Release of Pfizer Vaccine Docs," *Reuters* (January 7, 2022), https://www.reuters.com/legal/government/paramount-importance-judge-orders-fda-hasten-release-pfizer-vaccine-docs-2022-01-07/.

⁵⁵ Pfizer/BioNtech, "Foia Requested Pfizer Covid Vaccine Documents Submitted to Fda," *Public Health and Medical Professionals for Transparency Documents* (2022).

⁵⁶ Pfizer, "5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of Pf-07302048 (Bnt162b2) Received through 28-Feb-2021," *FOIA request - Public Health and Medical Professionals for Transparency Documents* (November 2021), https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf.

- 61. Evaluation of Pfizer's 6-month outcome data of their original adult phase 3 trial revealed greater illness and 6 additional deaths in the vaccine arm than the placebo arm. It also revealed poor trial design, missing data, and underpowered studies.⁵⁷ Appendix A, Figure 17, summarizes the 6-month Class 1 evidence of increased illness and death among those who received the Pfizer vaccine.
- 62. Severe illness and death from COVID-19 is exceptionally rare in the young and healthy. Consider, that Pfizer in its October 26, 2021, briefing document submission to the FDA to get their COVID vaccine approved in kids aged 5-11 years, indicated in their modeling of severe events that 1 million fully injected kids in this age group might prevent 1 death. They also predicted about 34 "excess myocarditis ICU admissions" among these 1 million patients (Appendix A, Figure 12).⁵⁸ At minimum, these numbers are also relevant to younger adults, especially younger male adults.
- 63. Projecting zero deaths among 34 "excess myocarditis ICU admissions" appears optimistic at best, as cohort studies among hospitalized pediatric myocarditis patients prior to COVID-19 observed death in > 15% of cases, and while most deaths occur in the first few days, death can also occur years later.^{59,60,61,62,63} One would expect a young healthy heart to recover better than that of an elderly patient with comorbidities.

⁵⁷ S. J. Thomas et al., "Safety and Efficacy of the Bnt162b2 Mrna Covid-19 Vaccine through 6 Months," *N Engl J Med* 385, no. 19 (Nov 4 2021), http://dx.doi.org/10.1056/NEJMoa2110345.

⁵⁸ Pfizer, "Fda Briefing Document. Vaccines and Related Biological Products Advisory Committee Meeting, October 26, 2021. Eua Amendment Request for Pfizer-Biontech Covid-19 Vaccine Use in Children 5 through 11 Years of Age.," (October 26, 2021), https://www.fda.gov/media/153447/download.

⁵⁹ K. J. Lee et al., "Clinical Outcomes of Acute Myocarditis in Childhood," *Heart* 82, no. 2 (Aug 1999), http:// dx.doi.org/10.1136/hrt.82.2.226.

⁶⁰ S. A. Teele et al., "Management and Outcomes in Pediatric Patients Presenting with Acute Fulminant Myocarditis," *J Pediatr* 158, no. 4 (Apr 2011), http://dx.doi.org/10.1016/j.jpeds.2010.10.015.

⁶¹ Y. J. Chang et al., "Analysis of Clinical Parameters and Echocardiography as Predictors of Fatal Pediatric Myocarditis," *PLoS One* 14, no. 3 (2019), http://dx.doi.org/10.1371/journal.pone.0214087.

⁶² B. W. Duncan et al., "Mechanical Circulatory Support for the Treatment of Children with Acute Fulminant Myocarditis," *J Thorac Cardiovasc Surg* 122, no. 3 (Sep 2001), http://dx.doi.org/10.1067/mtc.2001.115243.

⁶³ I. Wilmot et al., "Effectiveness of Mechanical Circulatory Support in Children with Acute Fulminant and Persistent Myocarditis," *J Card Fail* 17, no. 6 (Jun 2011), http://dx.doi.org/10.1016/j.cardfail.2011.02.008.

- 64. Very recently, autopsy findings from two adolescents who were found dead in bed 3 and 4 days after receiving the second Pfizer-BioNTech COVID-19 dose, revealed microscopic myocardial injury resembling a catecholamine-induced injury, not typical myocarditis.⁶⁴
- 65. Indeed, a large portion of adolescents presenting to the Seattle Children's Hospital with Pfizer COVID-19 mRNA-vaccine-related myopericarditis, have persistent "late gadolinium enhancement" on cardiac MRI. ⁶⁵ Which raises concern for potential long-term effects as "positive late gadolinium enhancement is a powerful prognosticator of adverse outcome in myocarditis.⁶⁶
- 66. There is increased risk of pericarditis and myocarditis post vaccine compared to post SARS-COV-2 infection. Canada has limited the use of Moderna among young people because of suspected myocarditis rates of between 1:3000 or 1:5000, vs. closer to 1:18000 post Pfizer vaccine.
- 67. A large population-based Israeli paper recently found that the COVID infection itself, prior to roll-out of the COVID-vaccine, conferred NO increase in the risks of either myocarditis or pericarditis from COVID-19, strongly suggesting that the increases observed in earlier studies were because of the mRNA vaccines, with or without COVID-19 infections as an additional risk in the vaccinated. ⁶⁷
- 68. A 2017 pre-COVID nationwide study in Finland observed that myocarditis leading to hospital admission is relatively uncommon in children, with the overall incidence rate of myocarditis found to be 1.95 per 100,000 person-years. The incidence rate ratio increased to 3.5 per 100,000 person-years among children aged 11-15 years and was highest among males.⁶⁸

⁶⁴ J. R. Gill, R. Tashjian, and E. Duncanson, "Autopsy Histopathologic Cardiac Findings in Two Adolescents Following the Second Covid-19 Vaccine Dose," *Arch Pathol Lab Med* (Feb 14 2022), http://dx.doi.org/10.5858/ arpa.2021-0435-SA.

⁶⁵ J. Schauer et al., "Persistent Cardiac Mri Findings in a Cohort of Adolescents with Post Covid-19 Mrna Vaccine Myopericarditis," *J Pediatr* (Mar 26 2022), http://dx.doi.org/10.1016/j.jpeds.2022.03.032.

⁶⁶ F. Yang et al., "The Prognostic Value of Late Gadolinium Enhancement in Myocarditis and Clinically Suspected Myocarditis: Systematic Review and Meta-Analysis," *Eur Radiol* 30, no. 5 (May 2020), http://dx.doi.org/10.1007/ s00330-019-06643-5.

⁶⁷ Ortal Tuvali et al., "The Incidence of Myocarditis and Pericarditis in Post Covid-19 Unvaccinated Patients&Mdash;a Large Population-Based Study," *Journal of Clinical Medicine* 11, no. 8 (2022), https://www.mdpi.com/2077-0383/11/8/2219.

⁶⁸ Anita Arola et al., "Occurrence and Features of Childhood Myocarditis: A Nationwide Study in Finland," *Journal of the American Heart Association* 6, no. 11 (2017), http://dx.doi.org/doi:10.1161/JAHA.116.005306.

- 69. In contrast, a recent prospective COVID-19 vaccine study from Thailand recruited 301 healthy students aged 13-18 years and observed cardiovascular manifestations in 29% post vaccination, with 1 in 43 participants (2.3%) suspected or confirmed to have heart or pericardial inflammation. Myopericarditis was confirmed in 1 patient after vaccination, 2 patients had suspected pericarditis, and 4 patients had suspected subclinical myocarditis. While authors suggest this inflammation was temporary, with all cases "fully recovered" within 14 days, the study only collected data at baseline, Day 3, Day 7, and Day 14 was optional.⁶⁹
- 70. A recent well-designed cohort of 23 million Nordic residents, evaluated the risk of myocarditis and pericarditis within 28-days post SARS-CoV-2 vaccinations.⁷⁰ For individuals receiving 2 doses of the same vaccine, risk of myocarditis was highest among young males aged 16-24 years after the second dose. These findings are compatible with between 4 and 7 excess events in 28 days per 100 000 vaccinees after Pfizer BNT162b2, and between 9 and 28 excess events per 100 000 vaccinees after Moderna mRNA-1273.
- 71. A recent paper in *Nature* revealed a 25% increase in both acute coronary syndrome and cardiac arrest calls in the 16- to 39-year-old age groups significantly associated with administration with the first and second doses of the mRNA vaccines but NO association with COVID-19 infection.⁷¹
- 72. Another very recent autopsy series identified undiagnosed myocarditis as the cause of death among otherwise healthy individuals who "died suddenly" within 20 days following an anti-SARS-Cov-2 genetic vaccine.⁷²

⁶⁹ Suyanee Mansanguan et al., "Cardiovascular Manifestation of the Bnt162b2 Mrna Covid-19 Vaccine in Adolescents," *Tropical Medicine and Infectious Disease* 7, no. 8 (2022), https://www.mdpi.com/2414-6366/7/8/196.

⁷⁰ Øystein Karlstad et al., "Sars-Cov-2 Vaccination and Myocarditis in a Nordic Cohort Study of 23 Million Residents," *JAMA Cardiology* 7, no. 6 (2022), accessed 10/3/2022, http://dx.doi.org/10.1001/jamacardio.2022.0583.

⁷¹ Christopher L. F. Sun, Eli Jaffe, and Retsef Levi, "Increased Emergency Cardiovascular Events among under-40 Population in Israel During Vaccine Rollout and Third Covid-19 Wave," *Scientific Reports* 12, no. 1 (2022/04/28 2022), http://dx.doi.org/10.1038/s41598-022-10928-z.

⁷² C. Schwab et al., "Autopsy-Based Histopathological Characterization of Myocarditis after Anti-Sars-Cov-2-Vaccination," *Clin Res Cardiol* (Nov 27 2022), http://dx.doi.org/10.1007/s00392-022-02129-5.

73. Unsurprisingly, officials in Finland, Norway, Denmark, Sweden, and Iceland have all suspended the use of Moderna vaccine for younger people due to the risk of myocarditis.⁷³

V. The available COVID-genetic vaccine biodistribution data now overwhelmingly acknowledges the widespread distribution of these vaccines and their products throughout the brain and body. This raises legitimate concerns of increased long-term injuries and death, at a time when increased all-cause mortality has reached catastrophic high levels, especially among those *least* at risk from SARS-CoV-2.

- 74. On October 26, 2021, during the FDA panel meeting to discuss whether to approve the Pfizer covid vaccine in children aged 5-11, Dr. Eric Rubin (adjunct professor at the Harvard School of Public Healthy) stated: "We're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes." ⁷⁴
- 75. When these novel COVID-injections were first rolled-out to the population, it was considered disinformation to suggest that these COVID-genetic vaccines did not remain at the site of injection and might continue to circulate for days to weeks. As such, we were reassured that we did not need to really worry about any long-term consequences.
- 76. As of October 2, 2022, the Canadian Government states on their website: "COVID-19 vaccines that use mRNA platforms contain modified nucleotides that code for the SARS-CoV-2 spike protein. A lipid nanoparticle formulation delivers the mRNA into the recipient's cells. Once inside the cytoplasm of a cell, the mRNA provides instructions to the cell's protein production machinery to produce the trans-membrane spike protein antigen that becomes anchored on the cell's external surface. The mRNA does not enter the nucleus of the cell and does not interact with, or alter, human DNA. The mRNA, lipid nanoparticle, and spike protein are degraded or excreted within days to weeks from time of immunization." ⁷⁵

⁷³ Jack Phillips, "Fda Responds to Nordic Countries Suspending Moderna Covid Vaccine Usage.," *The Epoch Times* (October 11, 2021), https://www.theepochtimes.com/mkt_breakingnews/fda-responds-to-nordic-countries-suspending-moderna-covid-vaccine-usage_4042820.html.

⁷⁴ David Gortler, "The Fda Shouldn't Cut Corners on Child Vax Safety," *National Review* (October 29, 2021), https://www.nationalreview.com/2021/10/the-fda-shouldnt-cut-corners-on-child-vax-safety/.

⁷⁵ Government of Canada, "Covid-19 Vaccine: Canadian Immunization Guide. For Health Professionals.," (August 29, 2022), https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html.

- 77. It was difficult to initially obtain what is typically very standard pharmacokinetic and biodistribution data provided about a new vaccine or drug. We now have confirmation that both Pfizer ⁷⁶ and Moderna ⁷⁷ genetic vaccines do distribute widely throughout the body and brain, despite reassurance that they stay at the injection site.
- 78. Canadian immunologist and vaccine researcher Dr. Byram Bridle (Guelph University) was awarded a large government grant for research on COVID-19 vaccine development. Only through a Freedom of Information Act, did he and other scientists subsequently gain access to Pfizer's rat biodistribution study from the Japanese regulatory agency. It clearly showed that when injected intramuscularly, the concentration was highest at the dosing site, then the liver, and then detected in the spleen, adrenal glands, and ovaries.⁷⁸
- 79. When injected intravenously, the S1 protein of SARS-CoV-2 was found to cross the bloodbrain-barrier in mice. Inflammation potentiated this uptake. The S1 protein entered all brain regions, with no statistical difference among them, including cortex, olfactory bulb, striatum, thalamus and hypothalamus, hippocampus, cerebellum, and brainstem.⁷⁹
- 80. A prospective biodistribution study among 13 healthcare workers at Harvard, revealed that the spike protein did circulate in their plasma for several days to weeks.⁸⁰ Specifically, spike (S1 antigen) was detected as early as day one post vaccination and peak levels were detected on average 5 days post first injection, and in all participants declined and became undetectable by day 14.

⁷⁶ Australian Government Department of Health - Therapeutic Goods Administration, *Nonclinical Evaluation Report. Bnt162b2 [Mrna] Covid-19 Vaccine (Comirnatytm). Submission No: Pm-2020-05461-1-2.* (January 2021), https://www.tga.gov.au/sites/default/files/foi-2389-06.pdf.

⁷⁷ European Medicines Agency, "Assessment Report - Covid-19 Vaccine Moderna," (March 11, 2021), https://www.ema.europa.eu/en/documents/assessment-report/spikevax-previously-covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf.

⁷⁸ Pfizer Japan, "Sars-Cov-2 Mrna Vaccine (Bnt162, Pf-07302048). Overview of Pharmacokinetic Test," (2020), https://www.dropbox.com/home?preview=Pfizer_ovaries_study_in_English.pdf.

⁷⁹ E. M. Rhea et al., "The S1 Protein of Sars-Cov-2 Crosses the Blood-Brain Barrier in Mice," *Nat Neurosci* 24, no. 3 (Mar 2021), http://dx.doi.org/10.1038/s41593-020-00771-8.

⁸⁰ A. F. Ogata et al., "Circulating Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) Vaccine Antigen Detected in the Plasma of Mrna-1273 Vaccine Recipients," *Clin Infect Dis* 74, no. 4 (Mar 1 2022), http://dx.doi.org/ 10.1093/cid/ciab465.

- Similarly, a more recent study observed vaccine mRNA in the blood at 15 days postvaccination. ⁸¹
- 82. In a retrospective longitudinal multicenter cohort study among 37 sperm donors (216 samples), the Pfizer COVID-vaccine was found to impair semen concentration and total motile counts for at least 3 months post-vaccination.⁸²
- 83. Post-vaccination with Pfizer or the Moderna COVID-19 mRNA vaccines, spike protein mRNA has now been detected in the breastmilk of lactating women. The Centers for Disease Control and Prevention recommend the COVID-19 mRNA vaccines to breastfeeding women, although the possible passage of vaccine mRNAs in breast milk resulting in infants' exposure at younger than 6 months was not investigated. But, in this recent trial of 11 lactating women, trace amounts of BNT162b2 (Pfizer) and mRNA-1273 (Moderna) COVID-19 mRNA vaccines were detected in 7 samples from 5 different participants at various times up to 45 hours post-vaccination.⁸³
- 84. Recent post-mortem autopsy of a 76-year-old man with Parkinson's Disease who died three weeks after receiving his third COVID-19 vaccination revealed a multifocal necrotizing encephalitis of unknown etiology, and in the heart, a chronic cardiomyopathy and mild acute myocarditis and vasculitis were present. Surprisingly, only spike protein BUT not nucleocapsid protein could be detected within the foci of inflammation in both the brain and heart, especially in the small blood vessels, suggesting COVID VACCINErelated inflammation and injury rather than due to viral SARS-CoV-2 infection.⁸⁴
- 85. A recent published case report described a 22-year-old man who experienced COVID-19 vaccine-induced encephalitis (brain inflammation) and status epilepticus (prolonged seizures). He was admitted for a first seizure 6 days post receiving his second Moderna

⁸¹ T. E. Fertig et al., "Vaccine Mrna Can Be Detected in Blood at 15 Days Post-Vaccination," *Biomedicines* 10, no. 7 (Jun 28 2022), http://dx.doi.org/10.3390/biomedicines10071538.

⁸² I. Gat et al., "Covid-19 Vaccination Bnt162b2 Temporarily Impairs Semen Concentration and Total Motile Count among Semen Donors," *Andrology* 10, no. 6 (Sep 2022), http://dx.doi.org/10.1111/andr.13209.

⁸³ N. Hanna et al., "Detection of Messenger Rna Covid-19 Vaccines in Human Breast Milk," *JAMA Pediatr* (Sep 26 2022), http://dx.doi.org/10.1001/jamapediatrics.2022.3581.

⁸⁴ Michael Mörz, "A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after Bnt162b2 Mrna Vaccination against Covid-19," *Vaccines* 10, no. 10 (2022), https://www.mdpi.com/2076-393X/10/10/1651.

vaccine. Remarkably, antibodies were detected in his cerebral spinal fluid against SARS-CoV-2 spike S1 receptor-binding domain.⁸⁵

- 86. Since the spike protein generated from these vaccines can circulate into our brains, we need more studies to see what effect this may have. COVID vaccines might promote neurodegenerative diseases and neuroinflammation in some patients. ⁸⁶
- 87. "SARS-CoV-2 S1 RBD binds to several aggregation-prone, heparin binding proteins including A β , α -synuclein, tau, prion, and TDP-43 RRM. These interactions suggests that the heparin binding site on the S1 protein might assist the binding of amyloid proteins to the viral surface and thus could initiate aggregation of these proteins and finally leads to neurodegeneration in brain."^{87, 88}
- 88. Numerous studies have also suggested that these mRNA vaccines, including the spike protein they produce, can impact one's innate immune system negatively, including through immune suppression.⁸⁹
- 89. The mRNA lipid nanoparticle-based SARS-CoV-2 vaccine is highly inflammatory, and its synthetic ionizable lipid component is responsible for the induction of inflammation. Further, this platform induces long-term unexpected immunological changes affecting adaptive immune responses and heterologous protection against infection.⁹⁰

⁸⁷ D. Idrees and V. Kumar, "Sars-Cov-2 Spike Protein Interactions with Amyloidogenic Proteins: Potential Clues to Neurodegeneration," *Biochem Biophys Res Commun* 554 (May 21 2021), http://dx.doi.org/10.1016/j.bbrc.2021.03.100.

⁸⁸ Greg Nigh. Stephanie Seneff, "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the Mrna Vaccines against Covid-19.," *International Journal of Vaccine Theory, Practice, and Research* 2, no. 1 (2021).

⁸⁹ Stephanie Seneff et al., "Innate Immune Suppression by Sars-Cov-2 Mrna Vaccinations: The Role of G-Quadruplexes, Exosomes, and Micrornas," *Food and Chemical Toxicology* 164 (2022/06/01/ 2022), http://dx.doi.org/https://doi.org/10.1016/j.fct.2022.113008.

⁹⁰ Z. Qin et al., "Pre-Exposure to Mrna-Lnp Inhibits Adaptive Immune Responses and Alters Innate Immune Fitness in an Inheritable Fashion," *PLoS Pathog* 18, no. 9 (Sep 2022), http://dx.doi.org/10.1371/journal.ppat.1010830; ibid.

⁸⁵ H. T. Fan et al., "Covid-19 Vaccine-Induced Encephalitis and Status Epilepticus," *Qjm* 115, no. 2 (Feb 21 2022), http://dx.doi.org/10.1093/qjmed/hcab335.

⁸⁶ P. R. Oldfield, J. Hibberd, and B. W. Bridle, "How Does Severe Acute Respiratory Syndrome-Coronavirus-2 Affect the Brain and Its Implications for the Vaccines Currently in Use," *Vaccines (Basel)* 10, no. 1 (Dec 21 2021), http://dx.doi.org/10.3390/vaccines10010001.

- 90. Studies have indicated that spike protein can interact with tumor suppressor proteins p53 and BRCA, suggesting the possibilities of increased cancers and the return of aggressive cancers.⁹¹
- 91. Most concerning, is a recent in vitro liver cell study, showing that these mRNA vaccines led to increased production of an enzyme called "reverse transcriptase" which allows mRNA to become DNA. And it found the spike protein INSIDE the cell's nucleus which acts as our genetic control center. ⁹² If correct, this raises the possibility of truly ominous considerations. We are still being reassured by Canadian health authorities that the spike protein getting into our cell's nucleus is not possible.
- 92. Excess all-cause mortality has increased in many Western societies since the Fall of 2020 and especially since 2021 (see below). Note that the current increase was not observed until late into the first year of the COVID-19 pandemic. Dr. Denis Rancourt and his team have extensively reviewed all-cause mortality in the United States during this period and concluded that it is NOT explained by COVID-19 the virus itself.⁹³

⁹¹ N. Singh and A. Bharara Singh, "S2 Subunit of Sars-Ncov-2 Interacts with Tumor Suppressor Protein P53 and Brca: An in Silico Study," *Transl Oncol* 13, no. 10 (Oct 2020), http://dx.doi.org/10.1016/j.tranon.2020.100814.

⁹² Markus Aldén et al., "Intracellular Reverse Transcription of Pfizer Biontech Covid-19 Mrna Vaccine Bnt162b2 in Vitro in Human Liver Cell Line," *Current Issues in Molecular Biology* 44, no. 3 (2022), https://www.mdpi.com/1467-3045/44/3/73.

⁹³ Marine Baudin Denis G Rancourt, Jeremie Mercier, "Covid-Period Mass Vaccination Campaign and Public Health Disaster in the USA. From Age/State-Resolved All-Cause Mortality by Time, Age-Resolved Vaccine Delivery by Time, and Socio-Geo-Economic Data.," (August 2, 2022), https://denisrancourt.ca/entries.php? id=116&name=2022_08_02_covid_period_mass_vaccination_campaign_and_public_health_disaster_in_the_usa.



- 93. Scott Davison an Indiana life insurance CEO says deaths are up 40% among people ages 18-64, stating: "We are seeing, right now, the highest death rates we have seen in the history of this business. The data is consistent across every player in that business. "Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic," he said. "So, 40% is just unheard of." ⁹⁴
- 94. Similarly, one of Germany's largest health insurance company CEO's was abruptly fired after he released data suggesting German health authorities are significantly underreporting COVID-19 vaccine injuries. Schofbeck wrote: "If these figures are extrapolated to the whole year and to the population in Germany, probably 2.5-3 million people in Germany have received medical treatment for vaccination side effects after Corona vaccination." 95
- 95. In Alberta, the number 1 cause of death in 2021 was "ill-defined and unknown" at 3,362 deaths. Dementia (2135 deaths) and COVID-19 (1950 deaths) rounded out the top 3 (see

⁹⁴ Margaret Menge, "Indiana Life Insurance Ceo Says Deaths Are up 40% among People Ages 18-64.," *The Center Square - Indiana* (Jan 1, 2022), 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.

⁹⁵ Nolan Bowman, "German Insurance Company Fires Ceo Who Released Covid Vaccine Injury Data, Then Scrubs Data from Website.," *The Defender - Children's Health Defense*March 14, 2022, https://childrenshealthdefense.org/ defender/german-insurance-fires-andreas-schofbeck-covid-vaccine-injuries-data/.

below). ⁹⁶ This at a time when the medical community has now created a new diagnosis called SADS – Sudden Adult Death Syndrome.⁹⁷



Alberta's top 10 causes of death in 2021, according to the Government of Alberta.

96. The Precautionary Principle, non-maleficence – First, DO NO HARM.⁹⁸ This should be our guide with respect to these novel genetic vaccines. It is my strong opinion that the risk benefit analysis appears to favor injury from the novel genetic vaccines, and the unknown long-term sequelae are real and very concerning. *Where there is risk, there must be choice*. Informed consent and patient autonomy remain bedrock principles of medicine that must be upheld, especially during a novel pandemic.

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⁹⁷ Frank Chung, "What Is Sads? Healthy Young People Dying from Sudden Adult Death Syndrome," *NZ Herald*June 7, 2022, https://www.nzherald.co.nz/lifestyle/what-is-sads-healthy-young-people-dying-from-sudden-adult-death-syndrome/TIOAK4SYPF5LFSKP5QZCVG23IM/.

⁹⁸ R. Gillon, "Defending the Four Principles Approach as a Good Basis for Good Medical Practice and Therefore for Good Medical Ethics," *J Med Ethics* 41, no. 1 (Jan 2015), http://dx.doi.org/10.1136/medethics-2014-102282.

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