InformedCHOICEWA.org

April 9, 2021

Dear WA State Board of Health members,

As an individual citizen and as the Public Policy Director of ICWA, I have been giving comments and submitting published studies and data regarding the state's response to COVID-19 to the board and the Department Health for more than a year.

A team of investigators has now published an in-depth paper that details key concerns in seven areas: asymptomatic transmission, PCR testing, effective treatments, violations of federal law, inaccurate projection models, violations of medical ethics, and ongoing COVID-19 vaccine clinical trials. Please see the 4-page Executive Summary attached, and this link to the full 444-page paper. We have joined thousands of others now calling for a grand jury investigation into the CDC's misconduct.

We are especially concerned about the massive vaccination rollout that is not providing fully informed consent to recipients, not properly collecting adverse event data, and not heeding the red flags being seen in VAERS.

Please see our attached article on the experience of a WA State woman injured by the Janssen (J&J) Vaccine.

Our nation is being deluged with false and misleading marketing messages, driven by the 1.5 billion dollar federal "vaccine confidence" campaign. Emergency Use Authorization regulations are very clear about what can and cannot be said in promotions of EUA products. The CDC and our own DOH are violating them. In fact, our DOH has now added SARS-COV-2/COVID-19 vaccines to the "Recommended Vaccines" on their "Action Reports" being sent to to parents through schools. Such inclusion falsely implies to parents that the vaccines have been licensed and approved for children, violating EUA requirements.

Now the Biden administration is working with the private sector to implement "vaccine passports." Why the private sector and not Congress? Because federal and state constitutions and many federal and state laws and regulations do not allow coercion to be used to compel unwanted medical interventions nor do they allow violation of bodily integrity to be the price of freedom. But it is just as unlawful for private companies to require vaccine identification as it is for the government.

Florida's Governor DeSantis is standing up to protect the rights of Americans and his state's citizens. And so have the governors in Texas, Utah, Idaho. Governors in Mississippi, Iowa, Nebraska, Georgia, and Tennessee have indicated they will not allow vaccine passports in their states.

Despite your unwillingness to take action in the past with our concerns, we are turning to you again and asking you to help protect the medical freedom of WA State citizens. Perhaps this is the place where you will draw the line and step forward. Because if Americans are forced to accept a medical intervention in order to freely live, then there is no freedom.

Sincerely,

Bernadette Pajer
ICWA Public Policy Director

EXECUTIVE SUMMARY

March 19, 2021

COVID-19: Restoring Public Trust During A Global Health Crisis

An Evidence-Based Position Paper to Ensure Ethical Conduct

Executive Summary
COVID-19: Restoring Public Trust During A Global Health Crisis

During our investigation into the variety of topics this manuscript covers, a theme began to stand out as a consistent concern. Safe and effective treatments for COVID-19 are inexplicably being withheld. As you read the full position paper, you will encounter many similar examples of what appears to be willful misconduct across several topics. These areas, and pertinent takeaways, are outlined below.

Topic area 1 - Asymptomatic transmission is the basis for public health policies regarding masking and social distancing.

- Wuhan Participant Study - **9,898,828 enrolled participants** were tested using qualitative COVID RT-qPCR testing. Only 300 possible asymptomatic carrier candidates were identified. Of the 300 possible asymptomatic carriers, all were tested using live cell culture to determine if their PCR samples could produce replication-competent virus. All 300 live cell cultures were negative for being able to produce replication-competent virus, indicating that none of the 300 people identified as potential asymptomatic carriers from the 9,898,828 people tested were infectious. **Therefore 0.00% of COVID transmissions were asymptomatic**.
- Asymptomatic transmission is widely assumed globally but has never been definitively proven based upon the five medical gold-standards of empirical evidence for the evaluation of infectious disease discussed in the position paper.

Topic area 2 - PCR testing is the major basis for the diagnosis of COVID.

- RT-qPCR tests are quantitative tests. However, it appears that PCR testing is intentionally being used qualitatively, and cycle threshold values are being manipulated to increase or decrease case counts.
- **Qualitative COVID RT-PCR tests are being used to do exactly what they are not calibrated to do**, while confirmatory serologic viral load and antibody testing has been deemphasized.
- Qualitative COVID RT-PCR cannot determine whether a person is infectious and therefore should not be used to establish a diagnosis without the assistance of additional confirmatory lab testing.

Topic area 3 - Effective treatments for COVID exist and are inexplicably being withheld by the FDA and CDC.

- **Comprehensive nutritional study** - Used vitamin A (100,000 IU/day), vitamin C (1,000mg/hour during waking), vitamin D (50,000 IU/day), and Lugol's Iodine (25mg). **One hundred seven out of 107 patients fully recovered within seven days of treatment.**
- **Vitamin D study** - 191,779 participants **across all "latitudes, races/ethnicities, both sexes, and age ranges"** demonstrated that participants with deficient serologic vitamin D (<20 ng/mL) were more than twice as likely to be infected by the SARS-COV-2 virus (12.5% vs 5.9%) when compared against participants with a healthy amount of serologic vitamin D (≥ 55 ng/mL).
- **Ivermectin study –** "Viral clearance was treatment dose- and duration-dependent. In six randomized trials of moderate or severe infection, there was a 75% reduction in mortality (Relative Risk=0.25 [95%CI 0.12-0.52]; p=0.0002); 14/650 (2.1%) deaths on ivermectin; 57/597 (9.5%) deaths in controls) with favorable clinical recovery and reduced hospitalization."

- **Hydroxychloroquine (HCQ) study** – A meta-analysis of 192 studies concluded that HCQ is effective when used early. Early treatment is most successful, with 100% of studies reporting a positive effect and an estimated reduction of 67% in the effect measured (e.g., death, hospitalization, etc.) using a random effects meta-analysis (RR 0.33 [0.25-0.43]).

- **National Health and Nutrition Examination Survey studies** – The CDC has known for at least two decades that Americans are deficient in the following key immunological nutrients: **Vitamin A** (35-45% of the population is deficient), **Vitamin C** (37-46%), **Vitamin D** (65-95%), **Vitamin E** (60-84%), and **Zinc** (11-15%).

Topic area 4 - Violations of federal law appear to have been perpetuated by the CDC with respect to death certificates, irrevocably altering COVID-19 mortality metrics and causing unnecessary harm to the American public.

- Data quality was irreparably compromised by the CDC's implementation of the NVSS COVID Alert No. 2 document on March 24, 2020, **which significantly altered death certificate reporting**, as well as the CDC's adoption of the Council of State and Territorial Epidemiologists' position paper on April 15, 2020 **that defined the criteria for COVID cases without safeguards in place to ensure that the same person could not be counted multiple times.** Both practices have significantly affected data aggregation and interpretation, and both adoptions appear to be in violation of the Administrative Procedures Act, the Paperwork Reduction Act, and the Information Quality Act at minimum.

- For the previous 17 years, pre-existing/comorbid conditions were reported in Part I, not Part II, of death certificates—without incident. **By reporting in Part II rather than Part I, the role of comorbidities as cause of death has been deemphasized.** This change significantly impacts statistical aggregation, according to Certified Death Reporting Clerks we interviewed. A point of contention with the 2020 change is that it was made without official notification in the Federal Register to initiate federal oversight and invite mandatory public comment.

Topic area 5 - Inaccurate projection models have been widely used to justify public health policies.

- All computer projection models make assumptions and require inputs. Unfortunately, vast uncertainty surrounds most inputs, especially at the start of a public health crisis.

- Many models assume everyone is equally susceptible to infection. However, susceptibility depends upon variables such as available nutrient status, pre-existing conditions, age, genetic predispositions, socioeconomics, individual mental outlook, stress exposure, restorative sleep, bioaccumulation of chemical pollution, environmental exposure, place of residence, and multiple other factors unique to the individual.

- Many COVID-19 projection models presume the frequency of asymptomatic transmission. The underlying assumption is that such infection *is possible.* However, a 2018 modeling study noted, ***"In practice, incorporating asymptomatic carriers into models is challenging due to the sparsity of direct evidence."***

Topic area 6 - Violations of medical ethics appear to have been perpetuated by the CDC and FDA.

- Withholding evidence-based treatment from 399 American men during the Tuskegee Experiment was evidence of willful misconduct and the impetus for our current medical ethics laws. From 1943 to 1972, evidence-based treatment for syphilis was willfully withheld from 399 participants enrolled in the Tuskegee Experiment. **With this understanding, would the withholding of evidence-based treatments from 332 MILLION Americans during COVID-19 also be considered willful misconduct?**

- Since the **Moderna/NIH clinical trial does not end until October 27, 2022**, and the **Pfizer/BioNTech clinical trial does not end until January 31, 2023**, the experimental COVID biologics (vaccines) are considered to be under investigation for safety and efficacy until the trials conclude.

- **With this in mind, every person has the legal right to decline the use of an experimental product still in clinical trial.** On this point, we must stand resolute in protecting the individual civil rights each person has over their own bodily sovereignty that are protected by existing informed consent laws. This is especially important since **very limited short-term safety data exists, and no long-term safety data exists.**

Topic area 7 - Clinical trials continue while adverse events are increasing each week that experimental COVID biologics are distributed.

- According to the federal Vaccine Adverse Events Reporting System (VAERS), **1,524 people have died** and **31,079 people have experienced adverse events** after receiving experimental COVID biologics for records reported from December 13, 2020, to March 5, 2021.

- The Pfizer/BioNTech clinical trial design measured serologic antibody production post-vaccine administration in Phase 1 only and in fewer than **25 enrolled participants total**. Establishing serologic antibody production is the key to determining the efficacy of the experimental COVID biologic. Considering **this was not done in Phase 2/3 constitutes** a major design flaw of the clinical trial because **the trials cannot demonstrate that the biologic actually provides immunity**.

- Only 40,137 of 43,998 enrolled participants were included in final efficacy analysis. A reason for **3,861 enrolled participants not being included in final efficacy analysis** was unable to be located within the New England Journal of Medicine (NEJM) peer-reviewed publication.

- Only 37,706 of 43,998 enrolled participants were included in final safety analysis. A reason for **6,292 enrolled participants not being included in final safety analyses** was unable to be located within the New NEJM publication.

Conclusion:

The collection of this growing body of evidence demonstrates that an independent grand jury investigation and congressional investigation into the research discussed in our position paper is a reasonable and necessary action on behalf of all Americans.

For a copy of the full position paper, visit: **https://www.greenmedinfo.com/slide/covid-19-restoring-public-trust-during-global-health-crisis.**

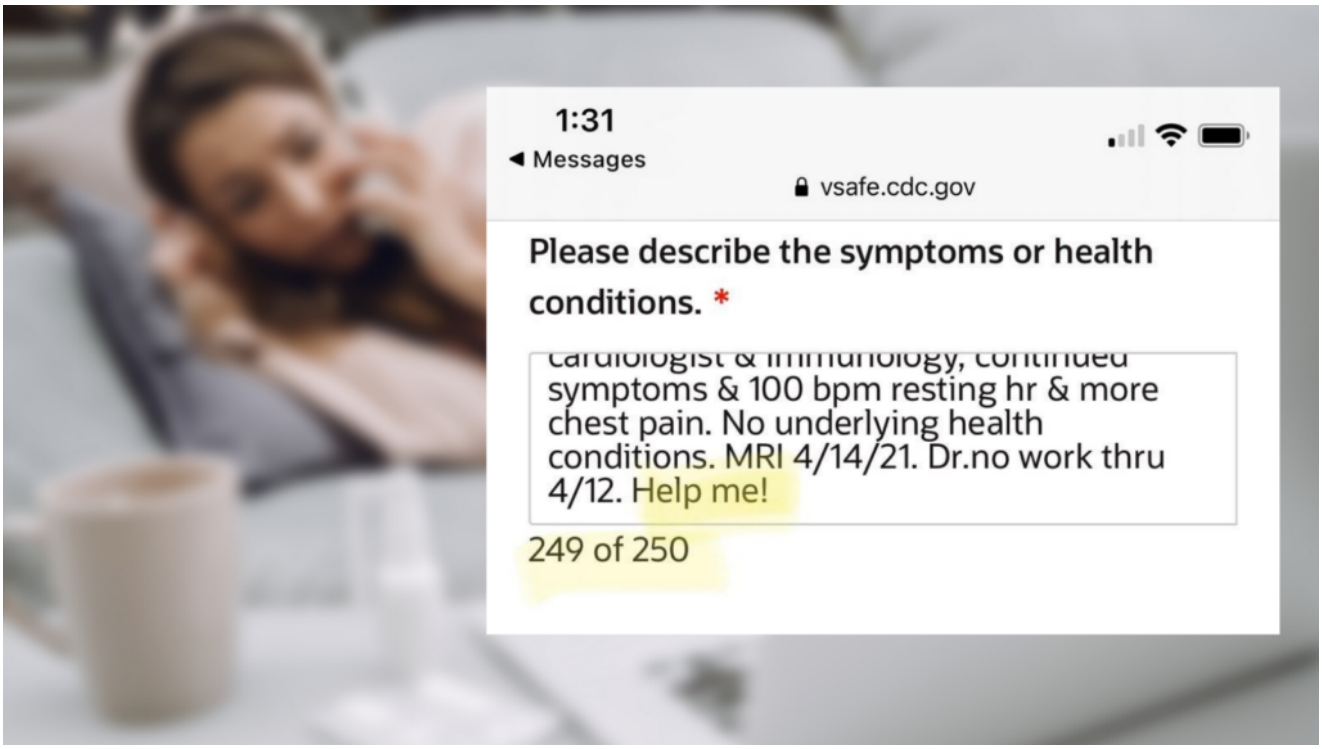
You can learn more about the call for an investigation into the CDC's conduct during COVID-19 at **https://standforhealthfreedom.com/action/investigate-the-cdc**.

For questions or inquires, please email **COVIDResearchTeam@protonmail.com**.

A WA State Woman's Struggle with J&J COVID-19 Vaccine Injury

informedchoicewa.org/news/a-wa-state-womans-struggle-with-jj-covid-19-vaccine-injury/

April 8, 2021



by Bernadette Pajer

On March 25, I received the below email from a woman in WA State who wants her information shared. I will refer to her as R to protect her privacy. She wants her story to be about healing, and when she eventually speaks publicly, a story of hope.

A journalist had reached out to R for an unrelated story, but upon learning that she was not well enough to talk, their conversation shifted to R's vaccine adverse reaction. R asked if the journalist knew of any person to contact for help or information about vaccine injury, and the journalist connected her with me.

As a woman of science, who supports vaccination, R wants her experience to add to the body of knowledge and data that is so important for vaccine safety improvements in both administration and product design.

ICWA and the Medical Freedom Community are grateful to R; the details she is providing are helping our vaccine-risk-aware doctors and scientists who are studying COVID-19 vaccine mechanisms of injury. These doctors and scientists have shared their ideas about healing protocols with R so that she can talk them over with her health care providers. These

protocols are based on their past experience treating vaccine injuries and the latest information about the COVID-19 spike protein and the other vaccine ingredients. Several doctors have recommended hyperbaric oxygen treatment (HBOT) for R's brain inflammation, and IV-nutrients, as well as other protocols, which she is considering in consultation with her health care providers.

R has been frustrated by her experience with the medical system, the FDA, the CDC, the V-Safe App, and VAERS. Despite her pleas for help, they have done nothing. She has been unable to get anyone on the phone. The CDC's message says their voicemail box is full. The FDA's automated telephone system said to wait for an operator, then the next automation said there was no operator, and the call was disconnected.

More details about this are provided in the brief update that follows the text of her initial email, which R slightly edited from her original to improve clarity and remove personal details.

I and ICWA thank R for reaching out to us and for sharing these details. We all send our hopes and prayers for a full recovery.

Dear Bernadette,

Although I'm not in medicine, my PhD from included research in neuroscience, and I studied pharmacology and neurophysiological behavior with . That background has helped me navigate the COVID response I have been in charge of for an educational institution with epidemiologists and medical professionals. I have been searching to see what I can find online about severe adverse reactions to the COVID-19 vaccine. I don't want what I experienced to go to waste if it can help someone else or give a puzzle piece to researchers.

There's very little out there that I can find. I am still dealing with neurological symptoms 11 days after my injection, on March 14. CDC hasn't reached out. Public Health nurses didn't know what to do. None of the medical professionals I've reached out have known what to do, understandably, because the vaccine is so new. Some have been willing to take down symptoms and said they would look to see what they could find. One said they don't report adverse reactions and people need to do that themselves. I showed a screen shot from VAERS that said healthcare professionals should report and provided the link.

Yesterday, I tried to look for people interviewed in articles and reach out to them because I didn't know where else to turn. I received the Janssen Johnson and Johnson Covid-19 vaccine (Lot # 1805031) on March 14, 2021 in , Washington . While three other people I know were vaccinated on the same day with the same vaccine on the same site, I was the only one who has had severe adverse reactions that I am aware of. One doctor that I saw at said she saw another woman that morning, age 20 with very similar severity, but hers was from a Moderna vaccine, first dose. That was a counterexample (wondering if the difference might be in the adenovirus vs mRNA) but now I don't think it's vaccine specific.

I found an article that suggested – women and young people, as well as those who have been diagnosed previously with COVID-19 have seemed to have more reactions: **COVID vaccine side effects: Women, young people report more** (today.com) To my knowledge, I didn't have COVID. The one time I went for a COVID test (potential exposure), it came back negative. I realize that doesn't mean I've never had it.

I have reported in V-safe every day until it stopped (7 days I believe) and VAERS twice. Nurses have wondered why CDC hasn't contacted me due to the severity of symptoms. A doctor this morning said I should have been taken to the hospital with a 104.8 fever the night of my vaccine and when I reported it in V-safe and VAERS it should have alerted someone to reach out. I wasn't responsive, but was told fatigue was expected.

I am trying to reach out to anyone who might know or benefit from the information. One MD with a focused interest in epidemiology said that researchers may be more focused on children and pregnant women next and not looking into cases like mine until a couple years from now. A chiropractor (because of stiff neck and severe neck pain) on March 17, 2021, showed me how to search VAERS to see what else had been reported and if anyone else was experiencing what I

had. My report hadn't shown up at that point and I only found through March 6. I found others in New York, New Jersey, and Florida (same lot number) who described some similar adverse reactions.

I was treated on site for anaphylaxis. It's 11 days later and my symptoms are still not gone. I have spoken with 8 doctors, more than 6 nurses, 1 PA, 1 neurologist, chiropractor, and a family friend who is a cardiologist. No one knows what is going on because it is too new. I understand that the vaccine is still not yet approved by FDA and is in the last phases of trial (authorized for emergency use). Being a researcher myself, I believe this information is an important data point to include and bring to someone's attention.

Today, one doctor who has been talking with me since last week and a separate neurologist who specializes in light and sound sensitivity contacted me and said my symptoms sound most aligned with what they see in concussion. I have not hit my head or any activities that would have caused concussion. The chiropractor told me on March 17 that there seemed to be evidence of brain swelling and his thought was that something may have breeched the blood brain barrier. Another doctor thought it might be a cytokine storm initiated by the vaccine. Another thought I might have been exposed to or had COVID in the past and the vaccine immune response was possibly stronger because of that. These are some of the symptoms: Injection at 10:55am March 14, 2021.

- Shooting pain through the arm that received the injection, down through my fingers and up through my neck about 5 minutes after the vaccine injection
- Wrist and joint pain following shooting pain
- Wrist went limp (injection side)
- Anaphylaxis treated on site within 20 minutes of the vaccine injection
- They told me to expect to feel drowsy
- Passed out and unresponsive at home (between the time I got home and three days later, I had very little memory)
- Sharp pain at kidney height on the right side by about 7pm when I woke up that spread through my entire back (and glutes)
- Severe chills and increasing body pain all over, more severe pain in neck (and stiffness) and headache
- Arrhythmia, racing heart (on and off for three consecutive days)
- Pain around lymph nodes in my arm pit on injection side
- Strong jaw pain (hurt to even try to open my mouth – still 10 days later – doctor on Thursday said TMJ)
- By around midnight March 14/15, I took my temperature and it read 104.8
- The next day, the fever kept hovering at 103 even with ibuprofen – Fever lasted 9 consecutive days (mostly around 101.6-102.5 with ibuprofen)
- Light and sound sensitivity (light sensitivity was so severe the first three days I couldn't turn on lights to use the restroom and even cloudy daylight the next morning was too much)

- My mom came to check on me and I vaguely heard her and myself say I was getting up but couldn't move and wasn't alert for hours.
- There were three instances where she checked on me and 4 or more hours passed after I said I was getting up but couldn't move and thought only a moment passed when she came back but it had been several hours.
- My legs buckled from under me when I tried to stand up to walk to the restroom and I lost balance.
- I could stay alert a maximum of about 5 minutes to try to hold my phone to respond to a text asking if I was okay and the phone would drop out of my hand and it felt like I passed out.
- When my parents tried to get me to talk, I couldn't form words and my speech was really slow.
- By Wednesday, March 17, I was alert more than 5-10 minutes at a time, but it was too much effort to lift a remote to turn on tv or watch, so I stared at a wall and felt like I couldn't move and would feel like I passed out.
- A doctor asked if I was feeling fatigue. I described that in the past, I've been able to function at work, write research with a migraine and very little sleep (working full time and doctorate full time as a context). This was different. This was not fatigue. The best I could describe was coma-like sleep.
- Severe body pain lasted through 8 days after the vaccine.
- I had short term ringing in my ears (no more than a minute at a time)
- I had difficulty reading, writing and speaking, to the point I couldn't even continue with remote teaching.
- If I responded to someone at work, the longest I could look or read was about 1-5 minutes and felt like my eyes just closed and was out for a while, then I'd need to pick up where I left off sometimes an hour or two later.
- I've missed all of last week and this week for work when I was fully anticipating being able to work through fatigue and muscle aches.
- I still can't lift my injection arm higher than parallel to the ground. It was more than a little sore, it hurt with fabric touching it and felt like I was punched in the arm.

While I saw reports of combinations of these things, like high fever, and things reported in VAERS like non-infectious encephalitis, or allergic reaction, or jaw pain, inability to hold a pen to check out of the vaccine site, or passing out after extended time of waiting in the observation area (not from the needle) and falling and hitting their head needing medical treatment, I've not seen someone with as many as my symptoms listed and for such a long duration.

Today is the first day I've been able to sit up long enough to read and type and even getting this has taken me at least 4 times as long as it normally would.

In terms of health history: I work out (prior to COVID, with a trainer for lifting weights and cardio), don't drink alcohol, don't smoke, don't drink caffeine (sodas, caffeinated tea or coffee). I don't take any prescriptions and have very rarely taken even over the counter pain medication

(it was the most ibuprofen I took in probably a decade to try to reduce my fever a couple times a day multiple days in a row). I'm mostly vegetarian (but eat eggs, stocks etc), have a diet rich in omega oils and low in saturated fat, low in processed sugars. have low blood pressure 90/70 (three days ago at one doctor's appointment) and that is consistent, low cholesterol levels, and my most recent endocrine labs and blood work (November 1, 2021) showed everything normal (including thyroid). I don't have food allergies. All of my blood work across the years has always come back normal (except for a vitamin D deficiency a couple times when a neurologist was checking for causes for severe migraine).

In December 2020, a doctor recommended methylfolate (just a pre-processed version of folate). It was the first thing that helped my migraines stop. Even though I had enough B-vitamins and folate, I may not have been processing standard B-vitamins in a usable way in the same way as other people. I asked if there might be some substance in the delivery of the vaccine that my system may have seen as a toxin that wasn't processed and broken down in the same way as others. My doctor didn't think that might be the cause. I did look up HBDC (in the vaccine) that led to this: **Risk Evaluation for Cyclic Aliphatic Bromide Cluster (HBCD) | Assessing and Managing Chemicals under TSCA | US EPA**, but when I asked around, people suggested it was in such little amount that it shouldn't have any impact.

I did have a severe reaction to DPT (diphtheria, pertussis, tetanus) vaccine at about 14 months old in the 1980s. 108 fever reported at the ER, brain swelling and grand mal seizures. When I reported this at the vaccine site prior to getting the J&J vaccine, they brought several people over and there were mixed opinions if I should receive the vaccine or not. One said that unlike Moderna and Pfizer, the Janssen (J&J) vaccine didn't have PEG and they hadn't seen any allergic reactions so far and thought it should be fine. One nurse said that the DPT vaccine I'd reacted to as a child was known to cause such reactions and is no longer distributed.

Going into University , they said I'd need a booster for the DPT vaccine to attend or I would need a blood test to see if there were still antibodies. They said there would not be antibodies nearly 20 years later, but I took that option. I had antibodies. The University medical staff told me when giving me the results they were surprised to see how many antibodies were still present as if I'd been more recently vaccinated, so they did not require a booster then.

I have had other vaccines between the severe reactions, such as Hepatitis series in 1995 with no problems and a Tetanus booster in 2018 when a doctor brought up that I should have a booster and I told my concern with the pertussis (DPT) so he said to just get a tetanus booster. I had no problems with that booster.

I talked with three doctors before getting the COVID vaccine and told my history. If it was just for myself personally, one of my doctors said I am healthy and do not have the risk factors for severe COVID and taking the vaccine with unknown response for people who previously had a known severe response might be more of a risk to take the vaccine this early, but because I am a leader in education and travel internationally (non-covid times) those might be decision factors if travel requires vaccines and if people are looking to me about decisions for vaccination. I

didn't want people to think I was against vaccines or people to decide against taking the vaccine because I didn't take it. The opinions were mixed. Some recommended I not take it. Some said I'd be fine and there were only reports of one or two severe cases for all the vaccinations. If that is accurate, I'm number 3. I have a hunch that it's not getting reported though, and when people do try to speak or post online, others call them crazy anti-vaxxers.

I'm starting to post now that people need to stop shaming those who have contributed to science by getting the vaccine and are experiencing severe reactions – they are not antivaxxers – they took the vaccine. I also am posting that good science does not try to hide or shame data or news outlets for reporting on data that exists. On site before I got the vaccine, they brought other nurses over who were unsure and said I'd need to make the decision, but they'd not seen anyone show allergic or other reaction. They ended up monitoring me for about an hour total (40 more minutes after being treated for my tongue swelling and my throat constricting). In hindsight, a nurse told me I should have never been allowed to make that decision on my own, and medical professionals shouldn't have allowed me to take it when I identified one severe adverse life-threatening reaction to the DPT vaccine in the past.

I chose to find a site that administered the J&J because it was a single dose and if I had a negative response, I would be considered fully vaccinated, whereas if I had a two-dose and couldn't take the second due to an adverse reaction, I would not be able to take the second dose and wouldn't be considered fully vaccinated. The doctors I have spoken with said this may call into question whether I will be able to take any booster (or even any other vaccine) in the future. I am trying to find out if there was any commonality between the DPT vaccine that I also experienced brain swelling and a high fever after receiving so I can know what to avoid and what I can take and what led to the throat closing and tongue swelling in this vaccine (and apparently brain swelling and high fever – although 104.8 was not the highest I'd experienced in my life).

Now I am in a place where three doctors (one doctor, a neurologist, and a chiropractor) are all concerned that I have had and still have brain inflammation/swelling. The neurologist specializes in sound and light sensitivity and is concerned I have brain tissue damage and may need help in recovering fully. If I knew what was going on, I could work to at least treat what is occurring – if it is concussion-like – to know what to do so I can recover and not make things worse. If there is something to help decrease damage in the process, it would be helpful to know. I'm hoping that speaking about it could help (even if not me now) others in the future.

The only thing I could rationalize for myself for the risk of taking the vaccine is the chance to protect myself from potential COVID-19 neurological symptoms or cytokine storms in the brain leading to inflammation. I was taking the vaccine for others, when the risk seemed too high for myself personally compared to not having any of the risk factors for severe COVID-19. As brain swelling or inflammation was not listed as a consideration or potential adverse reaction, I weighed my risk in terms of chance for not getting brain swelling if I experienced

> COVID if I had vaccine protection. Now, I took the vaccine and have experienced more severe reaction than most people I know who got COVID-19 and recovered and those without risk factors (like me).
>
> I wanted to be a model for people that it could be safe even if allergic reaction occurred and need to be treated on site, but now I feel like I'm not able to even be the role model I hoped to be. If you know anyone you can connect me with, I would appreciate it. I realize if I was in an official trial, I would have had closer monitoring and medical professionals to help along the way who are more in the loop of what is going on with others in a trial (vs. a PCP who hasn't been able to learn about it or watch the trials). Because I am essentially in phase 4 trials, I don't know who to turn to for help. The cardiologist said submitting the V-safe and VAERS form with even just the 104.8 fever should have alerted someone to reach out and ask me to come to the hospital to monitor. I've now missed two full weeks of work (by Friday). This is the most I've written at a time since March 14, and it's required me to take several breaks. It's hopeful though that I'm able to sit up for more than 20 minutes, but after, I still feel like my eyes are closing and have to lay down. It's not fatigue. I've not been able to focus enough to even carry on with remote work.
>
> Even if you don't know who to connect with, hopefully any of this will add a puzzle piece during the time other people are getting vaccinated.
>
> Thank you,
>
> R"

UPDATE

R is reporting that since March 28, she has ended up in the Emergency Room and Urgent Care twice, experienced chest pain, racing heart, nausea, and vomiting. Each ER and Urgent Care visit since has ruled out all potential underlying health conditions as a cause of symptoms. To try to explain the severity of fatigue and sleep, they tested for mononucleosis and the test was negative. They tested for COVID-19, Influenza A and Influenza B, and all were negative. All tests showed no autoimmune conditions and those were all ruled out. The IV for fluids at the ER did not resolve the dizziness, indicating the dizziness is not due to dehydration.

The emergency room visits have diagnosed R's symptoms as an adverse reaction to the Janssen (J&J) COVID-19 vaccine. She has spoken with three neurologists, had a referral to a cardiologist, and an MRI is now scheduled. For someone who did not even miss a day of work for a migraine, she is discouraged that she cannot push through this and keep working. She has had to file for disability because she has missed 4 weeks of work. Doctors have asked her not to drive until they understand her symptoms. She is still having difficulty sitting up for

30 minutes because of dizziness, light and sound sensitivity, difficulty with speaking, reading, writing, neck pain, headaches, nausea, and severe weakness. She has been told by several medical professionals that they do not know if this will be long term.

The NIH says in **Coronavirus and the Nervous System | National Institute of Neurological Disorders and Stroke** (nih.gov): "Most side effects of the vaccine may feel like flu and are temporary and go away within a day or two. In early vaccine development, there were extremely rare reports of unexplained neurological illness following COVID-19 vaccination, but regulators found no evidence the vaccines caused the illness. The U.S. Food and Drug Administration (FDA) continues to investigate any report of adverse consequences of the vaccine and none have appeared as of yet."

None have appeared as of yet? The NIH page was last modified on March 12, two days before R's experience, but she was not the first to report neurological reactions, and when she searched VAERS, she found reports similar to what she was experiencing from people receiving the same vaccine, the same lot number.

Is all the data disappearing into a black hole? That has been R's experience so far.

V-SAFE APP: R reported her reactions using the CDC's V-Safe app and has not been contacted. The V-Safe App has proved useless to R. During the first week, the app prompted her every day to report any symptoms, but despite her reporting severe and progressing health problems, nobody from the CDC contacted her. The next week, the app stopped asking for daily reports, and began once weekly check-ins. Again, nobody contacted her despite her reporting ongoing severe health problems. This Sunday, the app checked in again, and the images are below. Again, nobody has contacted her.

VAERS: R reported to VAERS on March 14th, but her report is still not showing in the system. She has a VAERS ID # and it is simply not there.

VACCINE MAKER: R reported to the maker of the vaccine she received, Janssen (Johnson & Johnson), but when attempting to follow-up, her case numbers had disappeared from Janssen and they told her they had no record of her in their system. She recreated the report on a phone call, was given a new case number and told she could call in with that new case number if there were any new symptoms. When she called in to report the ER visit and chest pain, she was told, again, that there was no record of her in the system or any of the previous case numbers provided. She asked them to listen to the recorded calls from earlier in the day (giving the time and duration of call to track easier) as evidence she did call. She expressed her concern that three case numbers and all evidence of written documentation of her injury went missing when she reported the severe adverse reactions. R expressed that as someone who has been trained in the importance of data collection and research, losing data and evidence of a case three times is unacceptable.

R is concerned that medical professionals may not be getting the information they need to know the range of potential adverse reactions. They need that information to begin to help people with rare adverse reactions. She knows not all data is being released to the public that exists. When R called Janssen initially and asked for help and asked if any other reports were received of similar rare adverse reactions, she was told that they do have data that is not being released to the public and they could not answer her question, nor could they point her to medical professionals who have inside information from earlier phases of the trial who may know how to help her. They offered that one of her doctors may call in and provide her symptoms and they may release some limited information directly to the doctor if it might help in treatment.

If R's experience is happening to others, how will the FDA "continue to investigate any report or adverse consequences of the vaccine." R is concerned about how accurately data is being collected during this late phase of trial before FDA approval. In her search for information, she found a *Seattle Times* article from December that expressed concerns that injury claims from COVID-19 vaccines would be under the Countermeasures Injury Compensation Program, "which was set up specifically to deal with vaccines under emergency authorization, has just four employees and few hallmarks of an ordinary court. Decisions are made in secret by government officials, claimants can't appeal to a judge." The article continued, "experts are concerned that with the sheer volume of people expected to get coronavirus vaccines in the U.S. — more than 200 million — even a successful rollout with relatively few ill effects could be enough to swamp the program. What's more, such cases are complex and it's often hard to prove a direct link between claims of illness and a vaccine."

R has been learning first hand how difficult it can be to even get a diagnosis, let alone medical help.

While billions were spent to develop the vaccines, and billions are being spent to promote them, ICWA has been unable to locate any evidence that the federal government spent any time or resources preparing to medically assist the injured, other than issuing guidance for injection sites to be prepared to handle cases of anaphylaxis.

On February 4, 2020, the Secretary of Health and Human Services placed all COVID-19 vaccines under the Prep Act, shielding the entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of COVID-19 vaccines from liability for any injuries and deaths. One of the tragic omissions of the PreP Act is that it doesn't ensure that those reporting adverse reactions are properly medically supported.

The science of vaccine injury (and deaths) has been ignored for decades, and our medical system teaches physicians how to overcome vaccine "hesitancy" not how to recognize, diagnose, or treat vaccine injuries. What we are witnessing with the rollout of the EUA COVID-19 vaccines is not completely new, but the scale of it dwarfs anything seen before.

Thank you for reading this lengthy and critically important post. I ask you now to take action. Please share this post with your legislators, with doctors, with those administering vaccines, and with your friends and neighbors. Please support R on her injury and healing journey by sharing her story and let's all work to fulfill her hope of improving the scientific integrity of this vaccine rollout.