[00:00:05] Del Bigtree
Did you notice that this show doesn't have any commercials? I'm not selling you diapers or vitamins or smoothies or gasoline. That's because we don't want corporate sponsors telling us what to investigate and what to say. Instead, you're our sponsors. This is a production by our non-profit, the Informed Consent Action Network. If you want more investigations, more hard-hitting news, if you want the truth, go to ICANdecide.org and donate now.

[00:00:49] Del Bigtree
Good morning. Good afternoon. Good evening. Wherever you are out there in the world, it's time to step out onto the Highwire. A lot of you guys have written in over the years and you're really freaked out that they might be injecting us with microchips that can track us and things like that. And some of you even think you've already been injected with one. And I don't know, who knows. But my thing is, you know, I don't think you need one if you have one of these. Unless you've learned to live without one of these, no one needs to microchip you, they got you. Right now, it seems really convenient it gives you a lot of different movies and video games and anything you want to do, you can text, you can tweet, you can get on fire out of TikTok video. But what happens when this thing starts deciding what you can and cannot do, where you're at and whether you're allowed to enter? It's happening, folks. We need to wake up. This is what the Highwire is about. Take a look at this.

[00:01:49] Male Voice
So look at this. You're in London. You're on a business trip. You're staying in Greenwich and you want to buy some food. So you're going to the local oldies like this one, and you think, I'm going to go in here and buy some food so I can feed myself. And then you approach the barrier. And look, you can't even get in the shop without having a QR code to scan here or to scan here. And then you can go and buy things. Now, this looks to me like the beginning stages of the digital prison that we keep talking about. What do you think?

[00:02:42] Del Bigtree
A digital prison, indeed. And if you think about it, let's be realistic, we all just went through Covid, which means that almost everyone in our government thinks it's okay to block you from going to stores or even into your own place of business to do your job. They think it's okay to block that. And your cell phone could very well be the way that they do that. What if it holds all of your records? What if it has your health records? What if it has your social credit score? These are all things that as much as we would love to just go right back to sleep and say the world is just going to be hunky dory, I don't think we should. I actually think we need to wake up even more, wake up the person next to us and those on this side too, and say, "Hello, everybody stand up, Get up. We're needed right now. We got to wake up." This is what the Highwire is all about. It's why we have hired one of the greatest attorneys the world has ever seen so that we can sue when we think our government is getting out of control. And yes, we've won lawsuits against the National Institutes of Health, FDA, Health and Human Services, the CDC and many others. We have stopped laws in Washington DC that tried to allow kids to vaccinate themselves without parental consent. All of this is being done for you. All this is being done by a spectacular law firm. And today's show is really going to be featuring Aaron Siri, who gave an incredible speech. We're going to meet him, talk about that and why he thinks that speech is one of the most important he's given yet. But first, it's time for the Jaxen report. Alright, Jefferey let's try to just put a nice little sweet spin on all this today, shall we? Because it's getting a little bit scary out there.
[00:04:26] Jefferey Jaxen
Alright Del. We can do that. And it's actually good news here. So at The HighWire, we've worked to maintain the highest standard of transparency and integrity in evidence based investigative journalism, something that's very hard to do in this landscape today. And one of the ways that we do that is we put the power of this information that we have directly from the source as we find it into the viewers hands. They can get that every Monday when they sign up for our newsletter. They get all the sources, all the documents. And this is called the Highwire protocol. And this is something we really pride ourselves on here. And we have lots of core values, five of them, and particularly the ones I want to focus on again, integrity, independence, transparency, accountability. Why am I talking about this? Well, currently we are in the middle of I would I would describe this as a century defining shift in the media landscape. And it's it's no less than that. We brought to you just a couple of weeks ago how Vice was shutting down. And I'm going to start going through what this means for the viewers. "Vice media prepares to file for bankruptcy." And that was the headline in Wall Street Journal. And from there, we keep going. LA Times, they're announcing now "Los Angeles Times Announces 74 Job Cuts Due to Economic Challenges."

[00:05:39] Jefferey Jaxen
Wonder why they started making cuts? Could it be reporting that looked a little bit like this during Covid? This is "Mocking anti-vaxxers. Covid deaths is ghoulish yes, but maybe necessary." Okay. You know don't want to revel in someone losing their job. But, it's a time has come if you're going to start keep talking like that with all the evidence that's out there. But looking at the whole industry and not just focusing on one or the other, the media industry itself is losing record numbers. And this is the headline of Axios "Record number of media job cuts so far in 2023." So the media industry has announced over 17,000 jobs are being cut this year.

[00:06:14] Del Bigtree
Wow.

[00:06:15] Jefferey Jaxen
So this this is making it the highest year to date level of cuts on record. So this is what we're in the middle of right now. And there's a titanic shift of really the power base here, the center of gravity of media, of trust, of integrity. And one of the, if you could really point to looking back, maybe, ten years from now, you look back and go what was the one symbolic defining example of where are we going to call it legacy media? Mainstream media? That would probably be CNN. CNN is kind of like the California of legacy media. How CNN goes is how the rest of the mainstream media goes, because it's it commands such a pull, such a funding base. We saw the writing on the wall at the end of 2022, and this is what the headline started looking like there. And we really perked our ears up.

[00:07:03] Jefferey Jaxen
"CNN Makes Massive Staff Cuts as News Industry Prepares for a Dark Winter." Maybe that's a dark winter Biden was talking about. It didn't have to do with us, had to do with the media, the mouthpiece there. And then we started seeing people drop one by one. So the really one of the head anchors there, Chris Cuomo, he was one of their lead anchors, really one of the biggest voices there at CNN during the entire pandemic response. A lot of stuff happening that he was reporting on inaccurately. "CNN fires anchor Chris Cuomo overall in Brother ex-Governor Sex scandal." That's out of Reuters. But then it starts, we talked about integrity in a newsroom. Then it starts getting kind of dark. So CNN starts going down the wrong path. So Cuomo is out. Now his producer "Chris Cuomo, CNN producer John Griffin charged with luring girls." And I'm going to keep going on these headlines. Tell me if you can see a pattern. "Second CNN producer, a senior staffer is under criminal investigation involving juvenile victims." This was the producer for Jake Tapper. Another main voice at CNN there. So what they do? They brought in another producer for Jake Tapper. And lo and behold, "Golden boy producer for CNN, Jake Tapper." This is the new guy, "fired after inappropriate relationship with staffer." And so you look at these headlines and you say, well, that's interesting because that guy must have been following the example of the former president who had to step down, and that was Jeff Zucker.

[00:08:25] Jefferey Jaxen
And he stepped down just, about a year over a year ago. "CNN President Zucker resigns after relationship with colleague" that's out of Politico. And so what we're talking about here, really besides integrity, is we're going deeper here as this shift happens and people are choosing the media that they decide to give their attention to, we need to introduce the idea of a moral compass. We need to talk about the quality of people and your organization and the effect that that quality has on information because integrity matters. And so we have a point here now where we enter Chris Licht, he's the executive producer at The Late Show with Stephen Colbert of a year ago, he left. He goes into CNN to replace Zucker as the head there. And he was, he's trying to bring some sort of balance and you kind of laugh. Our audience probably laughs and says, balance come from Stephen Colbert? But that was really what he came in to do. He tried to give CNN some balance in this space because it's a really bad space they were in and he's out as well. This is the headlines recently, "Chris Lick is out at CNN after centrist journalism Trump town hall and Tanked ratings." And you go into this article and it says "Lick was only in charge for one year, but he made several major and terrible decisions, including that CNN would attempt a more neutral, nonpartisan approach to news coverage." What a terrible decision.

[00:09:44] Del Bigtree
Right? I've been watching that, too. And frankly, I was thinking, wow, CNN might actually move to the middle where most of America is at. And then you see he's getting fired. Obviously, they had some stumbles in that direction. But it just seems like we have just extremists on both sides. And you just got Fox and MSNBC on two different sides. It just seems like a lot of America sort of left in this middle space saying, "I'm kind of a little bit of both. Why is there no one here for me?"
Exactly. And this this was the problem. This is the problem with censorship, the censorship we've endured over the last especially during Covid for three years. It polarized raises the conversation so far that this is what you get. And so it's outlets like ours, it's long format podcasts where people really can have an open debate and discussion. They're trying to relink trying to square these two ends that are that have been pulled apart by really this this censorship that's been going on. And we go back to the article. How bad was Chris Licht? Well, it says here in the article during Covid, this is a serious article "Licht also believed officials may have overcounted the numbers of Covid 19 deaths and that it's hard to have difficult conversations without being demonized or labeled." I guess that's a that's a really bad thing.

Yeah,

But what we're really looking at now and this is is really the point I want to get to for the audience. We're the mainstream, whatever you want to call them, legacy media, mainstream media, they're they're fallen and they're beginning to infiltrate what was once called the alternative media, what was once called people that didn't have corporate backing. They're attempting to look like, dare I say, us. Look like regular people. And kind of just forget all that whole mainstream media thing happened and the lies and the inaccurate reporting. And so we bring in now the the next version of this. So we have a group called News Nation. Now, News Nation has been around for a while, but it hasn't been called News Nation. So the history it started as a superstation out of Chicago, the Chicago market, WGN, it changed his name to WGN America. But then Nexstar Media purchased this this Superstation out of that Chicago market for $4.1 billion in 2019 billion.

With a B?

4.1 billion. Correct.

Wow. Okay.

Yeah. And this is you know,

That's it, the Highwire is for sale.

But this is people should understand this because where I'm going to go with this is really important now. So in 2019, okay, so Nexstar comes in, they're the new owners and they also own the Hill. This is a large conglomerate media group. And they put out they commissioned a survey because that was a cable news organization and they commissioned a survey to their viewers and their listeners and their watchers. And they said, what do you want to see in a new station? And they said, basically the audiences were tired of biased leaning, opinion based news programs. So what they did was they started this Newsnation group and we can see here what type of profits Nexstar Media Group is pulling in. This is from their press release. "Nexstar Media Group reports record first quarter net revenue of 1.26 billion." This is a gigantic organization and they're flying under the radar. What's one of the first things they do when they start their news organization? They throw out their casting hook and they reach out and grab Chris Cuomo shamed CNN host and anchor "Chris Cuomo to host a primetime show for News Nation." So now they have somebody, but apparently that didn't go too well. And the people saw through that pretty quick because Chris Cuomo allegedly was complaining about his time slot because the viewership wasn't wasn't up.

This was New York Post. "Chris Cuomo Demands New time slot at newsnation as rankings tank: sources." So they don't want to see that. They bring in Elizabeth Vargas she joined she was a former ABC News anchor. So again, they're stacking it with these, dare I say, like legacy media rejects and they're packing them in here. And then we have another, another data point here. We'll take a break from Newsnation for a second. And we have a woman named Krystal Ball. What people have seen her recently, she's in breaking points. That's her organization. But she came from MSNBC. That was her organization. And this was some of the headlines, leading up to her switch to the alternative, let's say. "MSNBC cancels the cycle. Abby Huntsman and Krystal Ball out." She then went to the Hill, "Krystal Ball and Saager Enjeti depart the Hill Start Independent podcast." That podcast was Breaking Points. That was in 2021. And notice the date and the timing on this 2019, 2020, 2021 Covid. I've said it before, Covid killed the media, the mainstream media. Everyone was jumping ship here trying to start their own thing. And the problem is, I'm still seeing slanted coverage on some of the most important topics, similar to how the mainstream covered them.
[00:14:24] Jefferey Jaxen
And it's like the legacy media outlets like CNN handled them the same way at some of these topics as these these new alternative media outlets or whatever we're going to call them now because we're in a new space, so we don't really know what to call them. So what's different? Okay, they get to live stream on YouTube. They have some Spotify channels. Alright. That makes them look different to the audience. That makes them look edgy. I guess one of the good things is they can have guests on that their former employers wouldn't let them have on. So they can have conversations with guests that we've been talking to. They can jump over there and have the conversations as well. So that's I think that's really, really good in that space. But now let's talk about kind of like the big ship that's moving through this whole thing. And that's Tucker Carlson, formerly of Fox. And watching Tucker Carlson, you could see his trajectory was different than like a Chris Cuomo who, just was Chris Cuomo until he was out from CNN, found a new place to go back to Chris Cuomo. But Tucker Carlson had a trajectory, trajectory and his stories were different. Their show kind of, more of an analysis, maybe some braver news reporting for the mainstream.

[00:15:28] Jefferey Jaxen
And so his first episode, he went to Twitter, Elon Musk, he had a situation, a deal with Elon Musk, and he started streaming his show live from Twitter directly out on the platform itself. So no more Fox News directly from Twitter. This was really a ground breaking thing. "First episode of 'Tucker on Twitter' nets more than 70 million views." And then what happens now he's he's racking up millions and millions of views. And a lot of people will say, "well, those aren't the same as the regular media counting views." And that's true because Twitter counts them a little different. The reporting, the Nielsen reporting and the other news rankings, when they talk about Fox News and CNN, they take a snapshot of a time frame and they show how many people watched during that time frame. For Twitter, arguably, it's how many people scrolled over that and saw that post. So the counting is a little higher. But nonetheless, this marks a huge deviation and a huge audience share eyeballs are on him and Fox doesn't like that too much. So Fox gave him a cease and desist order. So we have really one of the first big showdowns here as the legacy media is trying to claw back some of that audience through a legal through legal means.

[00:16:35] Jefferey Jaxen
So that's the report. Cease and desist letter, Tucker Carlson said he's not going to stop his show. His lawyers are backing him 100% here. So that's in a nutshell. We have so many people in these spaces now. Obviously, we have the Joe Rogan's, we have the Daily Wire, has a lot of people as well. We have obviously the Highwire here with the health based journalism. America's kind of health watchdog is what we've been throughout Covid as well. So this media landscape is really shifting. And as far as the old the old media is concerned, they'll call them the old media. I'm not sure where they're going to go, but it looks like a lot of their talent is seeing the writing on the wall and is jumping in to start to look like, like we look like normal people look. But it's about the messaging. You have to pay attention to the information about the messaging and the integrity, the transparency and the accountability. And that's where that Highwire protocol comes in. That's why it's really important. And I'm very proud of that Highwire protocol. The team, we designed that and we put that out there. And that's something that we really need to hang our hat on because there's really no other organization that's doing that.

[00:17:37] Del Bigtree
I agree. When we think about all of this that's happening, it's amazing to think that they got terrible ratings on television, that they think they can come and do the same whitewashed, boring, propaganda on the Internet. And somehow because they have, cell phones shooting instead of real studio cameras or something, that it gives them a different look. It'll be interesting to see how Tucker fares here. And he's, of course, a little different. He got fired. I think, at the top of his game. And that's why they're suing, trying to stop him from taking, sort of that a little bit more honest messaging to the Internet. So very, very interesting. And for those of you that don't know what the Highwire protocol is, it's just our commitment to transparency. We provide you with all the evidence. Everything you watch on this show is available to be put in your hands. Of course, we only get to pull one paragraph or a sentence or a headline, so you should be asking yourself naturally, "Well, what are the rest of the articles say? Or what are the rest of that science study peer reviewed study say?". Well, we put the entire thing in your hands. You want us testing us. We want you making sure that we're getting it right and all you have to do is be a part of getting all that evidence in your hand is just go further down the page on thehighwire.com here and just put your email right there in and subscribe.

[00:18:52] Del Bigtree
That lets you know everything we're up to. You'll be the first to hear about our legal wins when we win them and you'll get, something that looks just like this. Literally everything we talk about on the show this week will be in your hands by Monday. So you can say, "Hey, I want to look deeper into one of the subjects that we were covering." And also, when you go and talk to your friends, you're not stuck saying, "Del Bigtree on the Highwire said" you can actually say no. Here's what this CDC study actually said you should. Try it. It's a great party trick blows people's minds. Anyway, that's what the High wire protocol is all about. We're demanding that every other news agency do the same. Show us your work. We all did that in high school, right? Show us your work. Where's your information coming from? You said an expert says, where's that expert's information coming from? Where's the studies? Where's the graphs? If anyone had demanded this during Covid, maybe these news agencies wouldn't have gotten away with forcing us all into hiding. Alright. Just amazing to see how this is all shifting. Of course, we're growing every day. And I just want to thank all of you that are out there that have shifted your addiction from the television over to the Internet. And joining us now on the Highwire, thank you for all the millions around the world that are making us such a big hit here.
[00:20:03] Jefferey Jaxen
Right. And at the top of the show, you showed Aldi, which is a supermarket. It was a video in the UK of of a person going in there and it noticed there was digital gatekeeping at the front of the store before you can even go in. And then also when you leave the store, as you go out, you have to swipe your iPhone. That's that digital ID. And this is part of a concerning trend that's been going on. We've been reporting on this for a while now. We really saw it during Covid. And the W.H.O. is at the center of this or one of the really big players in this. And they have something called the pandemic treaty. We've reported on this before, but this is some of the headlines just recently Out of America. "Biden's Pandemic Treaty Would Surrender Power to Bureaucrats, House Rep warns." This is obviously one of the big issues here is they're going to say, we did it wrong this time. Next time we'll do it right. And the European Union's vaccine passport network during Covid, what they rolled out, what they really built out the green passes in Italy and everything that was one of the strictest outside China in order to move around, in order to even enter stores, shopping, restaurants, you had to scan these passes and these Covid passes show you were vaccinated. And so what's happening now is we thought Covid was over. We thought, okay, the digital vaccine passport is died. We really we won. But the W.H.O. has just made a really concerning announcement. Take a listen.

[00:21:25] Del Bigtree
Alright.

[00:21:25] Dr. Tedros Adhanom Ghebreyesus, Director General at the W.H.O.
While the emergency phase of the Covid 19 pandemic is now over, investments in digital infrastructure remain an important resource for health systems and for economies and societies at large. Like many countries, the European Union made significant investments in Covid 19 certificates to help people move around as safely as possible during the pandemic. The European Union certification system was used by all 27 EU member states and more than 50 other countries. Building on the success of the EU system, W.H.O. is proud today to launch the Global Digital Health Certification Network. So thank you so much to European Union for the excellent certification system that you have transferred to us and we have the chance to build on it. WHO will begin operations of the network today with the existing Covid 19 certificate as a global public good. Soon after, we will expand this infrastructure by incorporating other uses, such as a digitized international certificate of vaccination, routine immunization cards and international patient summaries.

[00:22:53] Del Bigtree
God, I wish these people would just go back to trying to, like, stop mosquito borne illnesses in Africa and leave the rest of us alone. Who ever thought we would be living in a time where the W.H.O. is starting to say what the United States of America or England or France is going to do. This is this is absurd. And what you've seen, we've talked about this is like Bill Gates is one of the top funders there. I'm sure he funds these, vaccine passports and QR codes that are going to let us in and out of places. Man, we are getting we are we're being attacked from a very weird position. And that's a lot of what we're reporting here. That's all. I'm just like watching this mind blown that we're seeing ourselves in this position.

[00:23:36] Jefferey Jaxen
And that was really a landmark speech by Tedros there because he laid it all out. He was basically saying, look, this whole infrastructure that the EU built, let's let's not just throw that away. Let's build upon that. Let's keep moving with that. Even though covid's over, we're still going to use that. And he said it was a great success. It was a great success. But, we've reported over how bad the technology was. But not only that, people revolted in most of those countries because of the lockdowns, because of the strict digital access, because they couldn't live their lives. I don't know if that was a success. I think I have to disagree with them. But we go into the, just so people really understand this, we go into the press release the Digital health Landmark Digital Health Initiative that the EU and the WHO collaborating on here. And it says "in June of 2023, who will take up the European Union's system of digital Covid 19 certification to establish a global system that will help facilitate global mobility and protect citizens across the world from ongoing and future health threats." So we see this in the United States. People say, well, that W.H.O. pandemic treaty is just a conspiracy theory. It's not going to do anything that to the sovereignty of the United States. It's going to change nothing really.

[00:24:42] Jefferey Jaxen
But that's not true. Because behind the scenes, it's already being built out. The agreements are already being made. So we have in 2022, the Biden at the G20 signed on to this, "world leaders signed declaration to adopt vaccine passports for international travel." That was Biden signing on to that as well. So we have this and it's already starting to roll out through the corporations. A lot of times this is how we see it coming. We see, something that gets very little media attention, something that a president or a leader signs on to, and then you hear nothing about it. And all of a sudden you see these corporations come in and start building out this infrastructure and you go, That's funny. I thought that was, something that happened 3 or 4 years ago. It's not even important anymore. And so you see Apple now, "Apple's TSA approved digital ID is now live in four states coming soon to many more." So this is TSA approved. So are you going to travel without this and why is this a problem? Ultimately, there's only two ways this can go for the public. They're going to gate keep you on your vaccine status or they're going to gate keep you on your social credit or your carbon credit score or social credit score. But carbon credit, how many how much, carbon you're giving off and through your purchases and track you with that.
**Jefferey Jaxen**

And that's how these things will be gate capped. And then the vaccine piece specifically that's been in the works as well, Tony Blair says this. This was out of one of the organizations he was talking at: "Tony Blair calls for digital libraries to track vaccines. You need the data. You need to know." So this is not just for you. It's for everybody else that needs to do that. And of course, we have again, that Aldi. Just give you some background on that. We see these companies building out the video that you showed at the top of the show about Aldi kind of gatekeeping at the front and back of the store. You can't go in to buy groceries, can't leave without scanning. This is the headline. This was 2022. When they start building it out, "ALDI Shop & Go brings technology to discount retailer in new checkout free store." So this is kind of a new prototype checkout free store. You can't go in and you can't leave without that iPhone that you talked about. So this is concerning. And I think it's really important. Again, we go back to what Catherine Austin Fitts said. Cash is king. We start paying for that and we shop at the places that respect our digital freedom. At this point,

**Del Bigtree**

Yeah. Wow. It's really amazing. I guess in some ways we're going to have to figure out a way to work with all of these technologies. But they should be benefiting humanity, not imprisoning us. And it's really going to just take all of us working together and getting the right people elected. We really need, I think, some younger people in government that actually understand what these technologies are, what they can do and where they're going. I think so many people just signed dotted lines without any concept of what we're really facing here. So really interesting reporting. Jefferey, as always, thank you so much. 4th of July is coming up. So, happy 4th of July. I hope you and your loved ones have a really great time.

**Jefferey Jaxen**

Thank you Del. And God bless America.

**Del Bigtree**

Alright. God bless America. I'll see you next week. There's so much great work that happens here at the Highwire. And one of the great things that we've done is we want to sort of give back to you. We want for those of you that support us, that make this possible, make it possible for us to be like one of the most successful nonprofits, especially when it comes to suing the government in the United States and winning, delivering, data that they're trying to hide, whether it's the Pfizer data and the doctors that were behind that, or when we brought you the V-safe data, we're going after the Moderna data, 180,000 pages just a couple of weeks ago. It's official. The FDA is being forced to produce 180,000 pages of the trial data from the Covid vaccines every single month until we get it all. That's because of you. You made that possible. When you think about all of those elves that are running around at the FDA right now with their hair on fire saying, why did this happen? I thought we lied. I thought we told them that there wasn't that much here. And now they're going after all of it. You're going after all of it. You're making that happen.

**Del Bigtree**

That's what donating to the Highwire is all about. And that's why we created the Informant. Because for those of you that make this possible, you deserve a deeper dive and look into the work that we're doing and to be kept abreast of all the action. And it comes out every month. It's July 1st is the next drop, and you'll be the first to know before everyone else that is watching the Highwire. You'll know it first. So if you want to be a part of receiving that gift and also to be able to say, "Yeah, I did that. I made the FDA run around for the people of America and the world when they were trying to hide information from us, I made a difference." You want to be that person, then become a recurring donor and we're going to gift you with the Informant. That's how you get it. TheHighwire.com just go up and hit donate to ICAN look how easy it is. And then you just say, "hey, you know what? Maybe instead of a cup of coffee, I'll just get to become a recurring donor and, take it out of my account." We're asking for $23 a month for 2023. Or if you have done really well in your life and you want to be a part of a big special project that we're working on, then go ahead and reach out to us through info at ICANdecide.org and we'll get back to you about something you may want to get involved with.

**Del Bigtree**

We're helping change the world here and I will tell you this, this show and everything we do is awesome. But all of it was really started so that we could report on the incredible wins that our legal team was having. That's all that the Highwire was about. We were winning in court. We were beating the government. We were revealing things that nobody knew was true. And then we were like, "Well, how is the world going to know about CNN's not reporting on it, not MSNBC or Fox or anybody else?" Well, we decided it's time to have our own show. That's how this all started. The Highwire. Why did it start? Because one of our powerhousees is the lawyer. The attorney that works for us, Aaron Siri. He just gave an incredible speech on the Senate floor in Arizona on the novel coronavirus at the Southwestern Intergovernmental Committee. And Aaron Siri joins me now. Aaron, it's great to see you. How are you doing?

**Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team**

Good. Good to see you Del.

**Del Bigtree**

Awesome. Look, but before we get into this incredible speech that you just gave and it's being clipped and going viral all over the country, first of all, I just want to say I'm getting really pumped for Freedom Fest. We're going to have this opportunity so the first time you and I think we'll ever be on stage, have we ever been on stage and having a chat in front of an audience? I don't think we've done that yet, have we?

**Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team**

I believe this will be the first time.
Alright. So there it is, folks. If you want to see Aaron Siri and Del Bigtree on stage, you better be at Freedomfest. We’re going to be doing this on the main stage on Friday, July 14th. You can still get your tickets. It’s going to be an awesome event. If you’ll get in there and see this live. And by the way, let’s bring our people. We’re about to take over Freedom Fest, right? We were there last year. It was awesome. We’re going to be doing a live show the day before from Freedom Fest, and then we’re going to have this incredible panel. And I’m also giving a talk on the same day. So it should be a lot of fun. Alright. Let’s get to this talk that you just gave recently at on the state Senate floor in Arizona. First of all, what was the sort of set up why why were you asked to give this talk to begin with?

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Um, it was a two day event that was hosted by the Arizona Senate, as I understand it, it was held in one of their official committee rooms, and it was an official part of the Arizona Senate deliberations, as I understand it, meaning it was read into the Arizona State Senate record. And what they want to do was hold two days of effectively testimony by various individuals to talk about what really happened over the last few years vis a vis Covid in all its different all the different issues. And I was asked to come and talk about Covid 19 vaccines.

Del Bigtree

And when you were preparing for that, what was sort of your personal, you’ve done so much work for us. You’re one of the most knowledgeable people. Not just because the lawsuits we’ve had you file, all the data that has poured in from that, all the, whether it’s, the V-safe data and the Pfizer and Moderna data that you’ve gotten. You have really been on top of this. So how do you look at this mountain of information and what you narrow it down into a talk on the Senate floor?

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Yeah. Well, they asked me beforehand to present on a number of topics regarding the Covid 19 vaccine, and those topics were very broad. So to your question, how do you narrow all that down? But the all those questions, really, when you think about them v-safe, VAERs’s all the different issues around the vaccine. All the questions were asking really came down to one question, which is how could this system that everybody relies upon be so broken? How could it fail us so badly? Most people who’ve never thought about vaccines a day in their life right. Got a first they got a first row seat into the rollout from beginning to end of a vaccine in a very, very narrow timeframe where normally it takes decades to, you know, the whole idea of, you know, licensing and authorizing it and rolling it out. And public uptake takes decades until there’s even a any significant portion of the society that has it. This happened very quickly in that regard. So to understand that. To understand the answer to that question, you really have to understand how vaccines have been treated in this country, especially in 1986.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

And so what I what I tried to do and it was a great opportunity because sitting on the panel right next to me was the head of the House Health Committee. Of Arizona, as well as deputy head and the head of the Senate Health Committee. So these are the two effectively most, you know, powerful folks in Arizona that are going to dictate the laws and what gets out of committee. Vis a vis health laws in Arizona and I had an opportunity to speak directly to them. And so I wanted them to understand not just about Covid 19 vaccines, because I think in many ways, people they see the problems and they’re left mystified at how this could happen because you can’t understand what went wrong with the Covid 19 vaccines until you understand the paradigm in which Covid 19 vaccines fell into. And to understand that got to understand how vaccines in general are treated from a regulatory perspective, economically and so forth. And that is it’s actually a really fascinating story because it spans 40 something years. And I got an opportunity to tell it with a bunch of deposition videos and so forth, try to make it as fun as I could during the two hours that they sat there and listened to me talk.

Del Bigtree

Well, it’s an incredible tour de force, Aaron, and we’ve decided to just play it in its entirety for many reasons. First of all, this is a conversation that we’ve had A lot of the work that we did early on with ICAN was around the childhood vaccine program. Covid was just sort of this gift because, as you said, it woke up a lot of people to what you and I had discovered was a disastrous approach to making products and delivering them to our country. Just regulatory problems, manufacturing problems, no oversight, no proper safety trials. But everyone thought this was an anomaly. And I think that that’s what you probably set straight here in front of the Arizona Senate. So without further ado, why don’t we just go ahead and let you take the stage here. And for everyone that’s watching, this is about to be one of the most thorough explanations of the entire vaccine issue you will ever get. It might make you uncomfortable if you’re new to this show. Maybe this wasn’t what you were prepared for, but this is something you have to see. You have to understand this because this is what we need to change and change it immediately. We are going to make these systems work better. That’s what our lawsuits are all about on the work and our legislative work is all about. Of course, Aaron, you’ve been at the center of it, so everybody grab some popcorn. Here we go. This is called the novel Coronavirus Southwestern Intergovernmental Committee. This was on the Senate floor in Arizona. Enjoy.
Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

My name is Aaron Siri. I'm an attorney. My firm has over 30 professionals that exclusively engage in vaccine related work. I tell you that in full disclosure, those professionals do vaccine injury claims, vaccine exemptions for military immigration, school work and vaccine policy work. The I guess the unique nature of the vaccine policy practice we have is that we don't represent pharmaceutical companies. We bring the cases that typically are seeking to hold companies and the government accountable with regards to their work and practice related to vaccines. I was asked to come today and speak with regards to the five topics that are on the slide in front of you. On the top right corner with relation to data transparency, V-safe and VAERS's clinical trials for mRNA vaccines, lack of informed consent, pharmaceutical immunity and injuries and deaths related to Covid 19 vaccines. And looking at these five topics, to me, they all really come down to the same question I think I'm being asked to really talk about, which is how could the system be so broken when it comes to Covid 19 vaccines? And that is the question I get all the time from people. I've got family members come up to me and say, my son or daughter, my spouse, my parents were either seriously injured or died after a Covid 19 vaccine.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

And how could it be that the very same people that I relied upon to get that shot, the very same medical organizations, medical institutions, public health authorities who all told me, go get it, it's safe and effective after where there was an injury, and I went back to them and I pleaded and I cried sometimes and I asked for help, they then told me nothing to see here? Nope. It's an illusion. We're not seeing that signal. Your injury is anecdotal and they don't get either help or not even recognition. These five topics that I was asked to talk about to really do come back to that same question. How can it be that the injury is ignored? Because when most people go up to somebody and they say, "I've been hurt, I've been injured," they get empathy, they get sympathy, but you add the word vaccine before injury and you often get a very different reaction. Why? Well, to understand that and to understand why Covid 19 vaccines and why public health authorities, why medical associations, why even cultural cognition around those products are so different than the way really most other products are treated. You need to understand the framework, regulatory and market that Covid 19 vaccines fell into.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Covid 19 vaccines didn't just fall into a vacuum. Right? It's not like there was some tabula rasa plate that they just boop. No. Covid 19 vaccines fell into a very long standing developed paradigm that exists in our country, in the United States and many parts of the world with regards to how vaccines are treated and how they work, both treated by regulatory agencies and and how market forces work with regards to those products. So we begin with a very simple question. How do we assure the safety of any product? Cars, planes, buildings. This microphone, that computer in all forms, whether they're toxic, whether they can hurt you, whether they can leach chemicals, whether they can explode, how do we ensure they're safe? The primary way we ensure product safety in the United States and in all developed countries is self regulation. Market forces. Companies don't want to lose money. They want to make money. And when they are doing any act conduct, they have a product that is going to cause them to lose money. They desist from those conduct, from those actions. But if there's conduct they can engage in to make money where there's no potential for liability, well, they usually take the shortest route to make as much profit as they can.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Okay, so market forces are critical for assuring the safety of every product on the market. It's why your cars are safer. It's why planes are safer. It's why pretty much every consumer product around you is safer. The second way we ensure product safety in this country in most parts of the developing world is regulatory agencies. It's a far, far weaker and less effective way to do it, but it's there. Next slide, please. So let's start with market regulation with regards to vaccines. Next slide, please. Here's the thing. When it comes to vaccines, in 1986, Congress, in its wisdom passed something called the National Childhood Vaccine Injury Act of 1986. And what this act did is it removed liability for injuries from vaccines, childhood vaccines, including if they're given to adults, so that pharmaceutical companies no longer were liable for injuries caused by their vaccine products.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

That is the law in this country since 1986. I am not aware of any other product. I should I can actually declaratively say there is no other product that has that kind of immunity. Period. Full stop. Not planes. Not drugs. Not all. Not pretty much every product you interact with companies who make those products, sell those products, have you take them, they still have to be liable for the damages they cause. But when it comes to vaccines, since 1986, the pharmaceutical company has not had any market force check of any significance on what they do when it comes to those products. We're going to talk more about that. But I just want you to really just absorb that for a second. Think of all the products out there that are dangerous that could potentially hurt people. And the product you give immunity to is one you give to babies over and over again and injection into the body. Next slide, please. Why were vaccine manufacturers granted immunity for the injuries their products cause? Well, in 1986, leading up to 1986, there were only three routine vaccines given to children in America DTP, MMR and OPV. Two of those are injected. One is given orally. The amount of liability that those companies were facing from injuries from those products far exceeded the revenue that those products were bringing in. In fact, every manufacturer that was making them went bust or withdrew from the market, except for one manufacturer was left for each of those three shots.
Asthma upon hepatitis

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

And that's it. The manufacturers threatened to stop making their products. Now, what normally happens when a product is causing more injury than good that it's doing it as measured by dollars, which for better or worse, is how we do it in this country. That's how we do it. We measure it by dollars. Well, usually they go make a better, safer product. Congress decided, however, in its infinite wisdom that, "no, it's okay. You don't need to make your product safer. You don't need to make it better. We're just going to give you immunity so nobody could sue you. This way you could still make money from selling these products." That was the solution. You can keep selling your harmful products. That's fine. And you don't have to worry now about anybody suing you. That is what broke the market forces that assured product safety with regards to vaccines. But here's the real sin of that act, and I'll call it original sin. When they gave the immunity to pharmaceutical companies, they didn't just do it for those three vaccines existing in 1986. They gave it for any vaccine that the pharmaceutical companies develop for children from that day forward. Okay. Alright. Next slide, please. What is the impact been? The impact has been actually incredible. And let's start with clinical trials. On the left side of this chart, you could see that Pfizer's top five selling drugs of all time, well, at least according to the website that I've linked to below, I've verified it, but that's what that website claims.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Take a look at the orange chart. You could see those five drugs Enbrel, Eliquis, Pcv13, Lyrica and Lipitor. You might notice that one is different than the others. For four out of those drugs you had at least two years of safety review period. One had 4.9 years, seven and a half years, almost 6.6 years. And four of them had a placebo control in their clinical trials that were relied upon to license those products. One of them didn't. Guess what? You probably already guessed it. Which one's the vaccine among there's only one vaccine on that list. Pcb 13. That's right. So when you look at that list, you can immediately see out of the top five drugs sold by Pfizer of all time. The only one of them is a vaccine, and that is the one that had the shortest safety review period of half a year and did not have a placebo control group in the clinical trial relied on licensed that shot. Take a look at the chart to the right. That is a list of all the vaccines given to babies in the first six months of life. Each of those vaccines is given three times in the first six months of life. 15 total shots.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Take a look at the safety review period. Often days or weeks. And there was none of them had a placebo control group. Not a single one. By the way, you don't need to take my word for any of this. You can just go to the FDA website yourself, and we're going to do that in a second. And you can see all this data with your own eyes. That's the first impact. Okay. The first impact that getting rid of market forces had and it's incredibly critical was that drug companies no longer had an incentive to really understand the safety profile of vaccines before they were licensed with drugs they want to know if you put a drug on the market and it causes harm, the pharmaceutical companies have to pay. They want to know clearly what the safety profile is of a drug before it goes on the market because you put it on the market and they sell $3 billion worth of it, but they cost $10 billion worth of damages. They got to pay that $10 billion. That doesn't work out so well math wise. But when a vaccine, when they're doing the clinical trial before it goes on the market, there is no concern about having to pay for damages. There is no incentive to look at it. It's not nefarious. It's not devious. It's just the economic structure that Congress created for them. Pharmaceutical companies are there to make money and they will take the path of least resistance to get there.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

In fact, if they don't do that, I'm not sure they're actually doing what they're supposed to do vis a vis their shareholders. These two charts, I think, make that crystal clear. The impact on clinical trials by getting rid of market forces. Next slide, please. And why are clinical trials so important? Here's why. After a vaccine or drug is put on the market and licensed. If you then want to do a placebo controlled trial, they tell you it's unethical, it's unethical to withhold the vaccine from any child because it's now a licensed product. So you can't do a placebo controlled trial after it's licensed and without a placebo controlled trial they tell you typically you can never establish causation between a alleged injury and the product. The only thing you can do after licensure typically are what's known as retrospective, typically epidemiological studies. You take historical data, you look backwards, and you do these studies, but they say those can never prove causation. So it's an incredible system. You license a product without a proper clinical trial. And then after its license, you say you can never do one because it's unethical. And anybody who claims an injury. You can just say it's correlation, not causation, because you don't have a clinical trial with placebo. Next slide, please. Just to be clear, I'm showing you all this not to not to take issue with other vaccines, but I want to explain the paradigm in which Covid 19 vaccines fell into.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Okay. Let's take a look at one of the vaccines and we'll just start at the very first vaccine on the childhood schedule, hepatitis B, that is the childhood schedule by the CDC. And you can see in the very first shot there is hepatitis B given at birth, right when they come out into the world on the first day, then a one month and then at six months. Next slide, please. This is the package insert for the hepatitis B vaccine given to babies on the very first day of life. This is from the FDA website. And in section 6.1 of every package insert, that's that piece of paper and every drug and vaccine you get, it's a big piece of paper. Yep. Blank one right there. For if that means must me meant it was a and in section 6.1, under the federal regulations, the pharmaceutical company must summarize the clinical trial experience. It's required to do so, by do so by law. Let's read together exactly what the clinical trial was that was relied upon to license this hepatitis B given to one day old babies. Now, think about this. You're given the shot to a one day old baby. Okay. Asthma is not usually diagnosed until a few years of age. Developmental disorders are not diagnosed until they're usually in school.
Autoimmune. All kinds of issues often take years to assess, especially with the baby. You've ever seen one? A really small. They don't talk. They can't really explain what's wrong. You'd expect the safety repair would at least be years. Well, let's read it in three clinical studies, 434 doses of a combo recombinant HB five micrograms were administered to 147 healthy infants and children up to ten years of age who monitored for five days after each dose. There are three markers of a clinical trial that you typically look at to see if it's good. One, how many people are in the trial? How robust is it? Meaning? So 147 folks, children up to ten years of age. It is not what they would what epidemiologists and statisticians would call it, properly powered to assess anything. Okay. Two even if it was properly powered by having enough children, five days of safety monitoring. Five days. If I was to try and make up literally come up with the most sinister thing you can think of, of vaccine, just make it up. I would never have dreamed of saying that. I would never dream to say, Yeah, you know, the FDA license, the Hep B vaccine for babies with five days of monitoring after the injection. Nobody would believe you because it sounds crazy. It is crazy. By the way, don't be. But there it is, black and white and FDA website. And next slide, please.

In fact, I'd love to just, I just want to because it's so unbelievable, I'd like to just walk you through this for a second. Can you kindly click on the Google Link? Now we're going to go to Google because that's, you know. Dr. Google knows everything. Can you kindly type in FDA licensed vaccines? Everybody can do this at home. Anybody ever questions you about the hepatitis B vaccines I just talked about? You can do this. Kindly click on the first link. We are now on the FDA website. Can you please scroll down to hepatitis B vaccines? Great. Stop right there, please. You could see there's a four standalone shots. You can only give a standalone shot on the first day of life. A combivac chip, and then three other products only combivacs and Hendrix, B, by the way, are licensed for first day of life. The other two are only 18 and older. We'll take a look at combivacs hb. But before we do that, by the way, just, you know, combivacs B was only safety monitored for four days. So let's look at the longer period, you know, can you kindly click on hepatitis B for Combivacs HB? Excellent. Thank you. Scroll down, please. Can you click on the package insert, please? Voila. And zoom in just a little bit. Make it bigger so folks can see it. Now, scroll down a little more to the table of contents.

There we go. Section 6.1 Adverse Reactions Clinical Trial Experience. Can you kindly scroll down to section 6.1? And that is all of the text in Section 6.1, other than some of the reactions. And you could see right there it is in three clinical studies, 434 doses, what we just read before. So there it is on the FDA website. Last I checked, not an organization that is opposed to vaccines. When we saw this years ago, it seemed so unbelievable. We, on behalf of the ICAN Informed Consent Action Network, which is a nonprofit that we regularly represent in vaccine policy matters and supports our work, we FOIA'd the FDA for the clinical trial reports used to license this product. And when we finally got those reports, including requiring a lot of legal work and a lot of action on our part. It confirms it was five days of safety monitoring. And then we actually formally petitioned the FDA to withdraw this product until a proper clinical trial was conducted. That petition was done in the same formal manner that Moderna, Pfizer and other pharmaceutical companies use to license vaccines. And the FDA was required to respond in six months. It's been over a year. They keep providing excuses because they don't have anything else to support the license product. There is no way you can say this product was safe and effective when it was licensed, which is the standard they must support that they must hit.

We're going to get to the question of how the FDA could do this, I promise. I know people must be thinking that we're going to get there. Can we go back to the slide presentation, please? Thank you. My only point is I really just want to drive home the how drugs are treated and how how planes are treated and how vaccines are treated because of the lack of market force. Next slide, please. Thank you. This is a little excerpt from a deposition that I took of a doctor named Dr. Stanley Plotkin. He is really the godfather of modern vaccinology. The textbook for medical textbook for vaccines is called Plotkin Vaccines at the CDC, the vaccine committee, the gavel there is the Plotkin gavel. He's invented like six vaccines. And in a deposition that I had the opportunity to have with him, I went through this with him with regards to Combivacs Hb and how it's it's something isn't it problematic that you can only attest causation with a proper clinical trial, but then you let these vaccines get licensed without a proper clinical trial? Isn't that problematic? Please play the video. Dr. Plotkin, earlier you you testified that there are two hepb vaccines in the market, one by Glaxo GSK, that's Andrex, and the other one is by Merck, Combitacs H. Right?

[00:56:44] Stanley Plotkin, M.D. World's Leading Authority on Vaccines
Yes.

Okay. This is the product the manufacturer insert for Combivacs HB. Correct?

[00:56:50] Stanley Plotkin, M.D. World's Leading Authority on Vaccines
Yes.

And the clinical trial experience would be found in section 6.1, correct?

[00:56:55] Stanley Plotkin, M.D. World's Leading Authority on Vaccines
Yes.

Okay. In section 6.1, when you look at the clinical trials that were done pre-licensure for Combivacs HB how long does it say that safety was monitored after each dose?
Stanley Plotkin, M.D. World's Leading Authority on Vaccines

Five days.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Okay. Is five days long enough to detect an autoimmune issue that arises after five days?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
No.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Is five days long enough to detect any neurological disorder that arose from the vaccine after five days?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
No,

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
There is no control group. Correct?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
It does not mention any control group. No. No.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
If you turn to Section 6.2 under immune system disorders, does it say that there were reports of hypersensitive reactions, including anaphylactic anaphylactoid reactions, bronchospasms and urticaria having been reported within the first few hours after vaccination?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
Yes.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Have there been reports of hypersensitivity syndrome?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
Yes. That's what it states

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Does it? Reports of arthritis?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
It is mentioned.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
But also reports autoimmune diseases including systemic lupus erythematosus, lupus like syndrome, vasculitis. There have been reports of Guillain-Barré syndrome. Correct?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
Yes.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
As well as multiple sclerosis, exacerbation of multiple sclerosis, myelitis, including transverse myelitis, a seizure, febrile seizure, peripheral neuropathy, including Bell's palsy, muscle weakness, hyper hypesthesia and encephalitis. Correct?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
Correct.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
But these are events that are reported after vaccination. And as you've just we've just discussed, in order to establish whether it's causal between the vaccine and the condition, you need a randomly a randomized placebo controlled study. But that was not done for the hep, this hepatitis B vaccine before licensure, was it?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
No.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Okay. And given that the vaccine now appears on the CDC's recommended list, isn't it true that it would now be considered unethical to conduct such a study today?

Stanley Plotkin, M.D. World's Leading Authority on Vaccines
It would be, yes, it would be ethically difficult.
That problem is repeated with vaccine after vaccine after vaccine. It's become the norm. And it's what you saw effectively with Covid 19 vaccine. You got a guaranteed market when it comes to childhood vaccines, just like Covid vaccines add no liability. And this is what you get 1986, you could see what the CDC childhood schedule was. That is the childhood schedule in 2023 to really drive this home. Next slide, please. Those two are interfaced with each other. So you could see all the red are the vaccines that are currently given. You can see the time period. Two children on the CDC child schedule. The green ones were the ones that were given in 1986 before pharmaceutical companies had immunity, when they actually had to pay for damages harms from their vaccine products. Next slide, please. So what has that done? What it's done is it's taken vaccines as a percentage of the revenue portfolio of pharmaceutical companies from a very small percentage in 86 to a very significant percentage depending on the pharmaceutical company over time. That has generated a few billion dollar, what I call kitty, for the pharmaceutical companies to do what they are supposed to do, what every company does promote their product. Car companies advertise to you that their cars are great all day long with all kinds of snazzy ads. Pharmaceutical companies just use indirect messengers to do the same thing. When you see an issue, by the way, with a car.

How do you normally see when does the news finally report an issue with the care? It's usually when there's a class action lawsuit, right? You never see that with a vaccine, though, right? You see what drugs you see with the vaccine because you can't bring those suits. From pharmaceutical industry has taken those few billion dollars and they spread that money around very efficiently to medical journals, medical associations, medical schools, public relations firms, news advertising, lobbyists. There is all kinds of books and all kinds of peer reviewed studies that document all this. You need not take my word for it. And it has all of these professionals and intermediaries that are viewed as reliable authorities, essentially repeating the same mantra over and over again. Everybody may have heard this phrase before. It's three little words. That's right. Safe and effective. Safe and effective. Right. You hear it over and over. You. Some people think it's from God, by the way. I mean, that's how often you hear Safe and effective. I'm not sure the organizations that really parrot this mantra. Ever really look that far into the substance. Um, but that is significant. That is part of what the pharmaceutical industry has been able to do because they've just basically have nobody pushing back on them. They take their money and they. You know, they make sure their product is well received and well regarded.

Next slide, please. Okay. So we looked at the pre-licensure safety issues and we looked at the money that they've been able to use to influence various organizations. Some have said to me, okay, fine, well, look, maybe before it was licensed, they didn't do the proper studies. But, you know, the CDC tells us all the time that they really rigorously study vaccine safety. We need not worry at all. You know, they are sure Covid 19 vaccines are safe, just like they're sure every other vaccine is safe. Worry not. We study them. Now, let's use an example to look at the Post-licensure safety studies. Right. Because you're not assessing the safety before it's licensed. We just saw the hepatitis B vaccine. After licensed. What is the injury that the CDC, FDA and all NIH have claimed that they have studied more than any other alleged injury from any vaccine? They say vaccines do not cause autism. That's right. They say that. Okay, if it's true that, in fact, they haven't really studied whether vaccines cause autism. And that's the injury they claim they've studied the most. Then it really will cast doubt on whether they studied the 100 other serious injuries that parents routinely claim vaccines cause injury. Right. So we're going to use autism as the litmus test for what does the post-licensure safety literature look like? Right. I can tell you we have nine professionals that are firm that just do vaccine injury work.

Three of them are medical professionals, lawyers, paralegals. You can sue for vaccine injury. You just sue the secretary of the Department of Health and Human Services. You sue the federal government. Same people tell you the vaccines are safe, by the way. And in those we have to when we get a call, we try to look into my kid got Hep B shot within our within 15 minutes started sneezing within 20 minutes of the emergency room, had a grand mal seizure and then ended up with some kind of seizure disorder, blah, blah, blah, some other issue. And we then say, okay, we usually want to look at the clinical trial literature, clinical trial studies, use license it. That's pointless. Then we look at the Post-licensure safety literature, okay? And I'm going to use autism as the example, and I'll make clear. I'm not saying vaccines cause autism, but I am saying is that if our federal health authorities claim it doesn't, they definitely should have the studies, I think. Right? Next slide, please, in that regard. We did something very simple. We send a Freedom of Information Act again, on behalf of my client Informed Consent Action Network, ICAN, asking the CDC to produce the following. All studies relied upon by CDC to claim that DTaP vaccine does not cause autism. Dtap is given to 3 to 4 and six months of life. Three times first six months of life.

Same thing for Andrew Complex. Remember those two? That's the hep B vaccine we just looked at. Again, given three times in the first six months of life. Prevnar 13, Hib vaccine, IPV as well as whether the cumulative effect of these vaccines cause autism. Simple request. This is the most thoroughly studied issue when it comes to vaccine safety in the history of the world apparently. That's what I that's what I've been led to believe. So you would think that the CDC would have endless studies to support that these vaccines don't cause autism. After all, these are all the vaccines injected in the first six months of life into children. They are indeed vaccines. And if you're claiming vaccines don't cause autism. You should have studies to show that these vaccines don't cause autism, because we also know that autism can be diagnosed before, you know, within the first year of life. Well, they did not provide a list of studies and we finally have to sue them in federal court. What you're looking at right here is actually a order signed by a federal judge after a federal lawsuit we had to bring against CDC demanding those studies for those five vaccines. The CDC finally provided a list of 20 studies, and you can see them listed in that order in this court order right there. You can can just take a look on the on the right side.
[01:06:25] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
You can see I signed on behalf of ICAN. You can see the Department of Justice signed on behalf of the CDC. And you can see at the bottom right there on the third page, that's a federal judge signing it as a as a binding order of a federal court. Here's the thing about those 20 studies they provided. They have words that make sentences and we could read them. So we did. And when you read the studies, okay, here's the here's the crazy thing about it. Not one of them provides a single study that supports that the vaccines we asked about do not cause autism. 18 of those studies involved thimerosal, which is an ingredient that is not in any of the vaccines we asked about. Or an MMR vaccine, which is not given in the first year of life. One other study involved antigen exposure which not vaccine exposure. And that study explicitly states it cannot prove one way or another whether vaccines cause autism or not because they're not studying vaccines. Finally, there was one last study. It was actually a review by the Institute of Medicine that involved MMR, not a vaccine we asked about. The aerosol, not an ingredient in the vaccine, asked about, but the DTaP vaccine. Ah. Finally. Finally, there's a review of at least one of the vaccines given in the first six months of life. Alright.

[01:07:51] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
So again, we used, you know, that that little skill we learned in third grade, first grade kindergarten. And we opened the and we took a look at it. Next slide, please. So what did it say about DTaP vaccine? Well, here it is. Here's the Institute of Medicine review, its conclusion. It says the evidence is an inadequate to accept or reject a causal relationship between diphtheria toxoid, tetanus toxoid, acellular pertussis containing vaccine and autism. We don't know. And when you actually look at the summary above, it does not identify a single study to show that DTaP vaccine does not cause autism. Remember, this is a is a survey by the Institute of Medicine looking at all the medical literature, trying to answer the question of does DTaP vaccine cause autism or not, commissioned by our federal health authorities. Okay. And why did they look at this? Because DTaP autism remained one of the most commonly claimed injuries from the DTaP vaccine, which is why our federal health authorities commissioned Institute of Medicine to review that question. If you look closely at this summary, there actually is one study they did identify right there. It says Guyer and Guyer 2004. Guess what? That study actually did find a correlation between autism and DTaP. But the Institute of Medicine threw the study out. You know why? It said it's unreliable because it relies on VAERS data. Irony, isn't it? We'll get into VAERS later.

[01:09:14] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Just just to recap that very quickly, we formally asked our federal health authorities for the studies using the mechanism Congress provided for members of the public to get answers out of our out of our government. Right. Federal government and those employed in those agencies. We pay the bill. I'm not sure they remember that. We pay the bill. They work for the public. When somebody works for you, you got to have a way to check up on them. And Congress the way that they designed was the Freedom of Information Act. That's how you get that is the legal way to demand answers, to demand documents out of the federal government. We use that mechanism. We ask for the studies they relied upon to claim that vaccines don't cause autism. For all the vaccines given in the first six months of life, they did not have a single study to produce. Here's the worst part. Okay, that's not bad enough. And again, I use that as an example for all the other injuries that are claimed from vaccines, just like you see with Covid vaccines. What the science probably looks like out there. I'll tell you, from our work, it's vacuous. It's almost nonexistent for the most part. There isn't these robust studies that they do to assure vaccine safety, not before licensure, not after licensure. Again, we'll get into why why it's like that. But a big part of it's the market forces.

[01:10:37] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Here's the thing. And you've seen this with Covid vaccine. And this is the part that, frankly, is the most troubling, is that when there is no evidence, like you just saw with autism, they use them as current federal health authorities, they use the lack of evidence. To claim it doesn't cause it. I'm going to say that again. Vaccinologists and I have depoosed many of them. You just saw me depose one. You're going to see another clip of that of that deposition about a second deposed vaccinologist immunologist, infectious disease experts, pediatricians. Part of what I do for my job and I will say that I encountered this over and over again they use in vaccinology. I don't think they do this in other areas of science because it's nonsensical. But in vaccinology, the lack of evidence is used as a base to say there does not cause the issue should be used to say we don't know, but it's not. Kids might call that lying. I won't use that term, but kids might call that lying just to drive this home. Here's the childhood vaccine schedule. The one in yellow is the one vaccine they studied for autism, MMR, and those are some of the vaccine ingredients. And that's the one ingredient they studied just to bring home. When they say vaccines don't cause autism, this is what they did. Kindly hit play.

[01:11:52] Nana Bennett
It is my great honor to use the Stanley Plotkin gavel to open this meeting.

[01:11:58] Male Voice
It's our good friend and colleague, Dr. Stan Plotkin.

[01:12:01] Male Voice
Dr. Plotkin. Virtually every country in the world is affected by his vaccines. He was involved in pivotal trials on anthrax, oral polio, rabies vaccine, the Rubella vaccine, the rotavirus vaccine, rabies.

[01:12:14] Male Voice
He has earned the Distinguished Physician Award of the Pediatric Infectious Disease Society, the Finland Award of the National Foundation for Infectious Diseases, the Hilleman Award of the American Society for Microbiology, the French Legion of Honor, and the Bruce Medal in Preventive Medicine. He's a member of the Institute of Medicine and the French Academy of Medicine.

[01:12:32] Julie Gerberding, MD., Former Director, CDC
One of the very special things about him is the global impact that he's had, not just from the products but from his book.
[01:12:40] Male Voice

[01:12:47] Stanley Plotkin, M.D. World’s Leading Authority on Vaccines
I hope you all have indeed read the book, and I hope it's more accurate than the Bible.

[01:12:53] Paul Offit, MD., Director, Vaccine Education Center, Children's Hospital of Philadelphia
He trained just a generation of scientists, including myself, to think like he thinks.

[01:13:03] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
This is an excerpt from the IOM report. Right?

[01:13:07] Stanley Plotkin, M.D. World’s Leading Authority on Vaccines
Yes.

[01:13:08] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Okay. Can you read the causality conclusion with regard to whether DTaP and Tdap cause autism?

The evidence is inadequate to accept or reject a causal relationship between diphtheria, toxoid, tetanus toxoid or acellular pertussis containing vaccine and autism.

[01:13:26] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
If you don’t know whether DTaP or Tdap cause autism. Shouldn’t you wait? Until you do know, until you have the science to support it, to then say that vaccines do not cause autism.

[01:13:45] Stanley Plotkin, M.D. World’s Leading Authority on Vaccines
Do I wait? No, I do not wait because I have to take into account the health of the child.

[01:13:54] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Okay. And so for that reason, you’re okay with telling the parent that DTaP Tdap does not cause autism even though the science isn't there yet to support that claim.

[01:14:11] Stanley Plotkin, M.D. World’s Leading Authority on Vaccines
Absolutely.

[01:14:13] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Let that sink in for a moment. Think about that. Really. I mean, it's it can be funny, but it's serious. I mean, this is you’ve seen the same exact thing with Covid 19 vaccines. They use the absence of evidence to claim nothing to see here to tell you it does not cause that injury. There is study after study after study that surveys parents across this country with kids with autism. And they will tell you a significant proportion, a majority in those studies often will tell you that it’s vaccines and they don’t point to just MMR. They point to all kinds of vaccines, often Prevnar vaccine DTaP vaccine. And they say that they believe that's what's caused their child's autism. When did we stop listening to parents? When do we stop listening to mothers? We stop listening to them. When we let the market forces disappear and we let vaccinologists and statistics take over how we treat these people rather than actually listening to the individual people who are telling you what harm them. Okay. So. That's all I have on the market forces bit. There's a lot more to say, but I hope that drives it home. What happens when you eliminate the most important safety check on a corporation that is powerful, makes billions a year, has incredible reach. Pharmaceutical companies have 1400 lobbyists. I'm not aware of a single vaccine safety lobbyist in Congress. Okay. I'm not aware of any.

[01:15:53] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
There’s you know, they can go out. They can pretty much do what they want and they do not have to worry about class action lawyers or product liability attorneys because they have been neutered, cannot go after them for the most part for any of their vaccines. And that is an environment in which Covid 19 vaccines fell into on the market regulation front, they’re used to having the run of the mill. So let's now talk about the second way we assure product safety the far weaker and less effective way. No knock on government, far less effective way, which is regulators next slide, please. So I actually had the opportunity to depose a doctor Kathryn Edwards, you saw the vaccine book right there. It’s on the screen. This is the form of medical textbook. She's one of the four editors. She’s one of the leading vaccinologist in the country. She actually is one of the head of one of the four safety systems for vaccines in America that CDC runs called CISA. You know, she is probably one of the top three vaccinologist in the country. Some call her the godmother of vaccines, vaccinology. This is a case involving vaccines and autism. And I had an opportunity to depose her. And you can hear what she has to say about the state of the science regarding vaccines and autism, please hit play.

[01:17:07] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
According to your profile you have done most of the clinical trials relied upon to license many of the vaccines on the market.

Yes, sir.

[01:17:16] Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Okay. So you're highly experienced at conducting clinical trials, correct?
I'm highly experienced conducting clinical trials.

And you're familiar with many of the clinical trials that relied upon to license many of the vaccines currently on the market, correct?

I am.

In your opinion, did the clinical trials relied upon to license the vaccines that Yates received, many of which are still on the market today. Were they designed to rule out that the vaccine causes autism.

No. You've badgered me into answering the question the way you want me to, but I think that that that's probably the answer.

Is it? Is that your accurate and truthful testimony?

Yes.

In the expert disclosures for this case it asserts that, among other things, you will testify that, quote, "The issue of whether vaccines cause autism has been thoroughly researched and rejected," end quote. It's your testimony that MMR vaccine cannot cause autism.

That's correct.

It's your testimony that hep B vaccine cannot cause autism?

That's correct.

It's your testimony that it cannot cause autism?

Yes.

It's your testimony that Hib vaccine cannot cause autism?

Yes.

Your testimony that varicella vaccine cannot cause autism?

Yes.

It's your testimony that Prevnar vaccine cannot cause autism?

Yes.

And it's your testimony that DTaP vaccine cannot cause autism.

And you have a study that supports a DTaP doesn't cause autism?

I have I do not have a study that that DTaP causes autism. So I don't have either.
Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Do you have any study one way or another of whether Ipol causes autism?
Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"
I. No, I do not, sir.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Do you have any study one way or another of whether Hendrix B causes autism?
Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"
I do not have any evidence that it causes autism, nor that it does not.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
And what about Hib titers? Vaccine, any evidence one way or another, whether it causes autism?
Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"
No

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
What about Prevnar vaccine? Any evidence one way or another?
Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"
No, sir.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
And how about varicella vaccine? Let me just finish. Are there any studies one way or another that support whether it does or doesn't cause autism?
Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"
Part of MMR, but. But not as varicella by itself, no, sir. No studies that say it does or no studies that say it doesn't.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Right. Now there have been studies that have found an association between hepatitis B vaccine and autism correct?
Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"
Not settings that I feel are credible.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
Okay. Which study? Which study do you are you referring to when you say that?
Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"
Well, why don't you show me the study and then I'll see whether I agree with it?

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team
The point is, is that parents claim all kinds of issues and injuries from various vaccines. Most of them, by the way, are immune issues or immune mediated neurological disorders. I can tell you that chronic health issues among children, according to public health authorities, when in 1986, from around 12% to around 50% today, most of those are immune neurological, immune mediated neurological issues. I'm not saying vaccines caused all those that rise in injuries. I'm saying that if, though, you should probably start and study a product given to babies over and over again to modify their immune system, maybe rule that out first before you say that you don't have any concerns with those products in terms of safety. And so. That is on the market for side. Let's move on to the regulators. Next slide, please. Congress, when it eliminated the market, forces recognized that it left a vacuum with regards to assuring the safety of these products. And so what it did was it put the federal health authorities, the Department of Health and Human Services, that is the Department of our federal government, under which CDC, NIH, FDA all exist, and made the secretary of HHS responsible for vaccine safety. Thank you. You can see it on that chart right there. Next slide, please. The 1986 act actually has a section called the Mandate for Safer Childhood Vaccines. This section is literally the section underpins all of vaccine safety in our country. Okay. This is the section of the law that mandated the secretary of HHS, which stepped into the shoes of the pharmaceutical companies to assure that vaccines are safe.
And it's a very simple section. It's got three parts. The third part will start at the bottom. Section C requires that every two years the secretary of HHS inform Congress and provide a report how it made vaccine safer. Simple enough. Simply creating a report. Well, we FOIA'd for those reports. Next: And you could see they advised us they've never submitted that report once to Congress. Never. Not one time. That's the easy part, by the way, of making vaccines safer. Okay. Just tell Congress every two years what you did to make it safer. Then let's look at the next part going up the list. Section B. Section B is a task force comprised of the head of the FDA, CDC and NIH that's supposed to make recommendations to the secretary of HHS how to make vaccines safer. Yeah, well, we FOIA'd for all those recommendations. The response we got, they disbanded the committee in 1998. The first part of this mandate for safe childhood vaccines actually provides, when you read it, that the Secretary of HHS shall make and assure improvements and otherwise use a secretary with respect to the licensure, manufacturing goes through every possible aspect of vaccine manufacturing, marketing and so forth in order to reduce the risk of adverse reactions to vaccines, meaning it made the Secretary of HHS responsible for vaccine safety. If the Secretary of HHS is not doing the easy part, just submitting a biannual report to Congress and doesn't even bother to keep a task force to make recommendations, you think the secretary is doing the hard part? And we just saw what some of the vaccine safety science looks like pre and post licensure.

Let you judge whether you think he’s doing his job. Next slide, please. Now, you might say, well, why? Why did HHS abandon its vaccine safety duties? I don’t. I believe most people who go into public health are good intention. They mean well. They want to help people. Problem is, is that HHS is hopelessly conflicted. Congress made HHS again, which includes CDC and FDA and so forth, not only responsible for vaccine safety, they’ve also made them responsible for promoting vaccines. And when an agency is responsible for both promoting and safety, they come into conflict and one of them wins out. And here promotion function won out. For example, when it comes to transportation in America, there’s the Department of Transportation. They’re responsible for promoting more air travel, more airplanes in the sky. Well, you got government officials gladhanding with industry saying, “hey, get more planes in the sky, do more.” We want more transportation in America. It’s hard to do at the same time shake someone’s hand and then slap them for safety issues. So Congress created a completely separate agency independent of the Department of Transportation called the National Transportation Safety Board, completely independent. Similarly, nuclear power plants. The Department of Energy promotes nuclear power plants in America. They try to get more built. It’s hard to try to make more builds and slapping them at the same time for safety.

So they created a completely separate agency called the Nuclear Regulatory Commission. But when it comes to vaccines, there’s no separation. HHS responsible with promotion and the safety function and the promotion function has won out within those agencies. Second reason they’ve abandoned is because not only is HHS responsible for promoting promotion of vaccines, as I mentioned earlier, you can sue for a vaccine injury in America. You just don’t sue the pharmaceutical companies. You sue the secretary of the Department of HHS. You can see it on your screen under number two. That is the quote. And have an example there of a petition you file in the federal court of claims. You file in the federal court of claims in Washington, D.C. That’s the only court in America typically you can file sue the federal government for money in case you are suing. The very same federal health authorities that are telling you vaccines are safe. Think about that. And they’re represented, by the way, by little law firm. You might have heard of them called the Department of Justice. That some of our money. And they vigorously fight these claims because they have to. That’s their duty under the law. And when you go and you file these claims, by the way, you don’t even get an Article three judgment. Article three of the Constitution, you get a special master, you know, discovery pretty much as of right. We can't deposes pharmaceutical companies. We can't take depositions. We can't do any of the things we normally do in a lawsuit.

We have a hand Pfizer hardback, but we’re supposed to provide years of our records to the DOJ so they could hire, you know, with our money, all kinds of experts to try and pick them apart. The important point is this. HHS is responsible for defending against any claim of vaccine injury in court. If they do a study that shows that vaccines are responsible for 3% of this serious issue, what will lawyers like my firm and a few other the other firms that do vaccine injury claims? This program will use it as an admission against interest. We will use it against the federal health authorities to establish liability. That is an incredible conflict that should not exist. But it does. There it is. And you can read it in black and white right there on the screen and you have the citation to the law. Finally, there is a revolving door between the federal health authorities and pharmaceutical companies. If you look at all the labs, you know, the former heads of the FDA and HHS and where do they go work afterwards? They usually go to work for pharmaceutical companies making a lot of money. So the leadership in these agencies are you know, they know if they don’t behave and they don’t toe the line, they’re not getting that lucrative job when they go out of government positions. It’s a real big problem. We’ve actually tried to work with members of Congress to pass to try to get legislation adopted that would prohibit the public officials that work for us get paid by us to then go and work for pharmaceutical companies against our interests when they leave government.
Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

That hasn't gotten much traction. 1400 lobbyists versus zero. Maybe that's something to do with it in terms of pharmaceutical lobbyists. And what this done over the last 37 years, because this has been going on since 1987, is it really it's turned the federal health authorities, they don't view themselves as regulators. They really view themselves as partners with industry to get these products out there. And I think when you look at Covid vaccines, you really see that in action. I'm going to go through a few examples in a minute. Next slide, please. I'm going to go through a few more pieces regarding the bigger picture, and then I'm going to move on and talk specifically about Covid 19 vaccines. So here, by the way, is in terms of the incestuous relationship between pharmaceutical companies and the federal health authorities, you don't need to take my word for it. Here is a congressional report from 2000 that specifically looked at the FDA and the CDC vaccine committees. And look what they concluded. Quote, "The overwhelming majority of members, both voting members and consultants, have substantial ties to the pharmaceutical industry," end quote. They're talking about VERBAC, that is the FDA advisory committee that effectively decides on whether to license vaccine. You've seen them in the news regarding Covid vaccines. This is in 2000 when most vaccines on the childhood schedule already on their. Again. I didn't say this. Congressional report said this.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Next button, please. You would think they'd clean up their act, right? It's kind of an embarrassing report. You should read that congressional report. It is extremely embarrassing. Nope. Here's a 2009 report by the HHS inspector general again, finding the same conflicts persisted. They didn't clean up their act. And in fact, do you remember you would think that after 2009, finally they cleaned up their act. Congress has harpooning them. Their own inspector general is writing reports just showing like I mean, they're they're embarrassing reports. You think they'd care? Well, I can tell you now much has changed. And I'll use an example to show that you've many people in this room have already seen it clearly with Covid 19 vaccines. I'm going to use that the example in the following way. Dr. Kathryn Edwards, who you saw me depose a minute ago right. You saw that little clip. She was also the Vaccinologist, the Vaccinologist on the five member Independent data Safety Monitoring Board for the Pfizer Covid 19 vaccine. She is the person who was responsible when the Covid 19 vaccine, Pfizer was going through its clinical trials for assuring the safety while the trial was ongoing. Well, I had an opportunity to ask her a few questions to see is she really independent. When I had her on the stand this time, it was in trial, which you saw was in a deposition. This was when I was cross-examining her on the stand in front of a jury. Next slide, please.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Isn't it true that you've also been an advisor to Pfizer?

Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"

Yes, sir. I have been an advisor to Pfizer and I've been working very, very closely with Pfizer, particularly their Covid vaccines and and going over lots of reactions and adverse events. So yes, I am working and being paid by Pfizer for my assessment of vaccine safety.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

You're part of the Data Safety Monitoring Board for the Covid vaccine. Is that what you meant when you said that?

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

You're one of the five members of that data safety monitoring board over the Pfizer Covid 19 vaccine, right?

Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"

Yes, sir, I am.

Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"

And that's supposed to be an independent data safety monitoring board, correct?

Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"

It is an independent data safety monitoring board.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

That's the board that all of us in America are hoping on and relying upon is going to independently make sure that safety is properly assessed as the clinical trial for that Pfizer Covid 19 vaccine is ongoing, correct?

Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"

That's true. And let me tell you that that we have worked very hard to go over this very, very hard to to do that indeed as comprehensively as we possibly can.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

And since it's supposed to be independent, it's critical that the members of that Independent Data Safety Monitoring Board are in fact, independent of the pharmaceutical company whose product is being evaluated, correct?

Kathryn Edwards, MD. World Leading Vaccinologist, "The Godmother of Vaccines"

That's correct.

Paul Offit, MD., Director, Vaccine Education Center, Children's Hospital of Philadelphia

But isn't it true that directly before becoming a member of the Independent Data Safety Monitoring Board of the Pfizer Covid 19 vaccine, you were an advisor to Pfizer?
Kathryn Edwards, MD. World Leading Vaccinologist, “The Godmother of Vaccines”

Pfizer pays me to evaluate the safety of their vaccines because I’m an expert. So I do get paid to do the work that I’ve been doing, but I’ve been doing the work conscientiously and comprehensively.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

My question was, before you became a member of the Independent Data Safety Monitoring Board for the Pfizer Covid 19 vaccine, isn't it true that you were separately before you held that independent position? You were an adviser to Pfizer?

Kathryn Edwards, MD. World Leading Vaccinologist, “The Godmother of Vaccines”

Yes, sir. But I think what you’re presuming is that because I have been an adviser, makes me on their dole or makes me going to say what they want me to say. That is not and has never been a part of my being. I say what I believe based on my expertise.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

So you don’t think that financial incentives can sway people’s judgment at all?

Kathryn Edwards, MD. World Leading Vaccinologist, “The Godmother of Vaccines”

It does not sway my judgment, sir.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Why bother having an independent data monitoring board? Why is it Pfizer just have some of its employees on it?

Kathryn Edwards, MD. World Leading Vaccinologist, “The Godmother of Vaccines”

Because we are independent.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

Meaning folks who are never advisors to Pfizer.

Kathryn Edwards, MD. World Leading Vaccinologist, “The Godmother of Vaccines”

We are independent from Pfizer in this assessment.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

I don’t think I need to say anything. So there it is. But. But she believes it. Understand? Understand the folks in the federal health authorities these vaccinologists, she runs one of CDC's for safety systems for vaccines in this country. This is what I said earlier. They really view themselves as partners with this industry. And that is something that is not didn't happen with Covid 19 vaccines that happened over 37 year period. In which there has been no check on vaccines, There are no moneyed interests, if you will, pushing back on pharmaceutical companies for all of those years. They get to do what they want to get to influence who they want and the normal market force check. Class action and product liability attorneys and cut out of the mix and the regulatory agencies because of the way the 1986 Act was structured are hopelessly conflicted. Okay, let’s move on to Covid 19 vaccines with that paradigm in place. Okay, that backdrop, let’s specifically look at Covid 19 vaccines and hopefully things will make more sense now, when I talk about Covid 19 vaccines, because honestly, I think without understanding that backdrop, it’s harder to understand how federal health authorities, how the you know, how folks who’ve been injured by Covid 19 can be treated the way they’ve been treated and how vaccines can be treated the way they were. Next slide, please. So with Covid 19 vaccines, you got the same exact problem.

Aaron Siri, ESQ., Legal Counsel, ICAN Legal Team

There is no market forces that assure the safety of this product. Why you can’t sue Pfizer or Moderna or J&J for injuries from their Covid 19 vaccine. And the only reason I bring up the safety and efficacy of vaccines is not to take issue with the safety and efficacy of vaccines. They're just a product. You know, there are statins, heart medicines. They have safety and efficacy, safety and efficacy profiles as well. I’m not talking about those today because nobody mandates you to take heart medicine. Everybody mandates you to take other products. Whence the moment that they coerce and mandate you to take a vaccine. They make the question of the safety and efficacy of those products no longer just a medical issue. They make it a civil and individual rights issue. So I’m not talking about this from a medical perspective. I’m talking about the safety and efficacy from a civil and individual rights perspective, just to be very clear. Everybody should be free to get as many vaccines as they want. Whereas many masks they want hide out in their basement forever if they want, because that’s America, that’s freedom. But nobody should be coerced to do that. Okay. So moving on to Covid 19 vaccines. Taking the backdrop of what’s been happening over the last 37 years. And let’s apply it to Covid 19 vaccines. Just like with other vaccines. The 1986 Act, the National Childhood Vaccine Injury Act, also applies to Covid 19 vaccines once it was added to the childhood schedule.
And so you can't sue for injuries from Covid 19 vaccines. There is actually an additional layer of protection for Covid 19 vaccines that doesn't exist for other vaccines. Not that it frankly makes much of a difference because pharmaceutical companies are immune anyway, but it's a little bit even more pernicious. So I think it might be worth pointing out that when it comes to Covid 19 vaccines, not only do they have the 86 Act protection, they also have something called PREP act immunity. Okay. That is an immunity that is given by a declaration from the secretary of the Department of Health and Human Services that says that basically you can't sue for injuries or not only injury issues, but efficacy issues from products developed to respond to what they secretary says is an emergency in this case Covid, which would include Covid 19 vaccines. And so under the Prep Act, not only can you not sue for safety and efficacy issues, it actually makes it, which is that you can't even sue for willful misconduct, that if there's willful misconduct, you can't just go bring a lawsuit against Pfizer or Moderna. If somebody walked into this room here today and presented us with clear, convincing evidence of pharma, you know, those executives, pharmaceutical executives talking to each other, plotting scheme and clearly committing intentional misconduct, the HHS itself would have to first bring an action against those pharmaceutical companies before you can even bring a claim civil attorney like myself and the odds of the federal government, if they told you this product is safe and effective and convinced 270 million Americans to go and get it, the odds of them admitting there's an issue are kind of low.

So anyway, the more important point is market forces also gone for Covid 19 vaccines. Next slide, please. Um, and by the way, not only market force is gone, the federal government, when they purchase Covid 19 vaccines, contractually agreed and assured Pfizer, Moderna, that they would have prep act immunity for the use of their products, which is something I've never even seen before. The whole idea of prep act immunity is that if there's a reason to have it, not it shouldn't exist because of a contractual pre guarantee by our federal government. Again, just emblematic of the way our federal government views their relationship with these pharmaceutical companies that they would contractually agree for a product that hadn't even been developed yet. Not even created yet. Don't worry, we assure you nobody can ever see you, not only under the 86 Act, but the prep act as well. So that's so that's market forces on Covid 19 vaccines. Let's move on to the regulators. Okay. Let's start with the FDA. This is the FDA home page. Does this look like a regulator to you? What does this look like? Looks like a marketing ad.

What is the FDA's job to assure the product is safe and effective to its standard? And let's not let's just put that issue aside to its standard before it is put on the market. What product is it advertising on its home page? The Bivalent. Is that licensed? Oh, they're advertising an unlicensed vaccine. You think the FDA, I mean, it's only been authorized, so only emergency use authorized. It hasn't been found to be safe and effective to the FDA standard such that it could be licensed yet. Do you think the FDA, after telling 270 million Americans, go get this shot advertising like this? Next slide, please. Dr. Peter Marks, who's the head of the vaccine division of the FDA, doing cutey videos on YouTube, telling you "just a minute" and giving you basically trying to convince you to vaccinate you and your kids again for an unlicensed vaccine. When it finally comes time for the FDA to actually evaluate the clinical trial data. In which Dr. Kathryn Edwards, independently, by the way, oversaw that it was safe while it was going on. Do you think the FDA is in a position to truly, independently and objectively evaluate the safety and efficacy of the Covid 19 vaccine to determine whether to license it? After telling everybody yet it advertising on his home page, putting out these YouTube videos and go. Maybe after looking at it, if they find an issue, go, Oops.

Sorry. You remember we told you to get that shot? It's kind of a problem. No. That just creates a real problem. The FDA does not stay in its lane, so to speak. It should be a cold, hard, independent regulatory agency that clinically looks at the data to decide whether it's safe and effective to this standard. Nothing more. But instead it views itself as a partner with industry and goes out and promotes these products even before it's licensed. Just want you to really think about that for a minute. It's now it's normalized. If you saw the atomic nuclear agency responsible for the safety of nuclear power plants doing something like this, people would freak out. Next slide, please. Another example of the FDA not doing its job. We asked the FDA after it took 108 days to license the Covid 19 vaccine for Pfizer to also release all the data it relied upon to license that shot. The FDA refused. We had to sue them in federal court. They took the position that they're only going to produce 500 pages a day, which would have taken at least 75 years, probably longer. And, you know, as some of you might know, the, you know, federal judge and an excellent decision agreed that, no, that's not going to accord with the purposes of the Freedom of Information Act and ensure transparency and ordered that it be produced at 55,000 pages a month.

The FDA had to be ordered by a federal judge by a separate branch of government to timely just produce information, just the data it relied upon to license the Covid 19 vaccine. Next slide, please. And you would think, by the way, the FDA would learn its lesson because when we went and we asked for the Moderna data, the data that the FDA relied upon to license the Moderna vaccine and the Pfizer vaccine for 12, 15 year olds, that they'd produce that in a timely manner. In a lawsuit, we brought on behalf of a doctor's group as well as the De Garay family, which I'll tell you about in a second. The FDA again took the position that they wanted decades to produce that data. And this is a decision actually from the court. We just got a few about a week ago, a week or two ago, and the judge decided, no, no, you've got to produce it all within 24 months, which is about an average, about over 180,000 pages. I'm hoping the FDA is starting to get the message, but I'm not sure they are because they have all our money and they really they view themselves as antagonistic to the population. They view themselves as partners with the industry is the only product where the federal government, instead of actually siding with consumers and protecting consumers, sides with the companies to defend against any claims made by consumers that the product causes injury, as we talked about earlier.
Next slide, please. So two more examples of the FDA and how it conducts itself with regards to Covid 19 vaccines. Maddie De Garay was only one of 131 children in the Pfizer clinical trial for 12 to 15 year olds. I bring her up because she was also a plaintiff. Her parents were a plaintiff in that lawsuit I just told you about seeking the Pfizer data for 12 to 15 year olds. Young Maddie was dancing in TikTok videos, as you could see, before she got the Covid shot. And within within 24 hours of getting her second dose. Next slide, please. She was in the emergency room and slowly descended a cascade of health issues that rendered her in a wheelchair to this day and a feeding tube. The fact that the Covid 19 vaccine caused her to suffer these incredible harms, you know, is is tragic, but drugs, vaccines can cause harm.

It happens. What's really problematic? Is that when Pfizer reported that injured to the FDA did not report that she was in a wheelchair and a feeding tube, but reported it as functional abdominal pain, basically reported that she had a tummy ache. We sent letter after letter to the FDA with all of Mr. De Garay's records, medical records showing clearly, I mean, dozen emergency room visits, all the initial visits documenting that it was a reaction to the vaccine. And the FDA. Finally, by the way, after over 100 days, eventually responded to us. You know what they they told it to De Garay family? Told them to follow VAERS report. Yeah. I'm not kidding. Can't make this up. We FOIA'd then for the internal communications that Pfizer had, the FDA had with Pfizer about Mr. De Garay. And we finally got them, took a whole federal lawsuit to get them. And what you see is eventually, finally, the FDA demanded, demand is too strong. Asked Pfizer, can you please give us more information about Maddie De Garay? Because, you know, we're getting all these letters and so forth. And Pfizer submits a report to the FDA. In that report, it finally discloses all the harms that we just talked to you as far as from the records that we have seen. Now, on that basis alone, if I'm in the FDA, I'm going, "Whoa, whoa, wait a second. You told me functional abdominal pain. There's a whole lot more than that. Why didn't you tell me that to begin with?" No, I didn't see any communications saying that.

Instead, there's this report. And when you read it the first time I read it, I was like, Oh, wow, here it is. Pfizer's admitting their vaccine caused Maddie's injuries. And when you get to the very bottom of that narrative, then you have the Pfizer paid principal investigator say that he does not. Quote unquote "feel." That's the word. Feel. Doesn't feel. That Maddie's injuries is related to the Covid 19 vaccine. And then if you and these read then the communications within the FDA. Dr. Peter Marks Remember Mr. Just a minute. Right. That's his communications. Mr. Just a minute. He goes, Oh, basically he goes, Great. Pfizer says they don't feel it's related to the vaccine. He sends that to the director of the FDA. And that's the end of the story from what we can tell from the documents we got. I don't feel that that's appropriate, by the way. I don't feel that was a good idea. I don't feel that that's good oversight. I don't feel that's what regulators should do. But, you know. If we make decisions based on how people feel, then they should immediately recognize autism and all the other injuries that the parents who are with these children are saying they feel caused their children's injuries. Her parents who are in the best position to judge what happened to Maddie, feel it's related to the vaccine. In fact, they have the medical records to show it, but that's not good enough.

But if Pfizer paid principal investigator feels it's not related, then it's actually accepted. Just an incredible reality. I don't think that would exist with any other product that I'm aware of. Next slide, please. Let's look at one other thing with the FDA and let's move on to CDC and then we'll wrap this up. One other example. Of how it could be the FDA's acting the way it does. Let's look at the clinical trial that was conducted regarding the Pfizer Covid 19 vaccine and what is the the worst outcome that you're worried about from Covid and in the clinical trial? Death. And when you look at the FDA report of the number of deaths in the vaccine group, those who got the Pfizer Covid 19 vaccine and those who got a placebo, and folks here might remember, they vaccinated the whole placebo group after about two months of safety on average. So for the time period, they had that data and there were 21 deaths in the vaccinated group and 17 in the placebo group. I'm just a lawyer, but I'm pretty sure 21 is bigger than 17. By a lot. That's a pretty big differential. And when you do a clinical trial, the whole purpose of a clinical trial is a statistical comparison. It's a new product. You don't know how it affects the human body yet, which is why you're doing the clinical trial with the placebo.

So what you do is you look at those who got it, those who got a placebo and you compare the rates. It's a statistical comparison because you don't know exactly how the product affects the body. That's the point of a placebo controlled clinical trial. So you can source that out statistically, blindly without the influence and corrupting judgment of the company who's conducting the trial, right. When they looked at efficacy of the Covid 19 vaccine, you might recall, and they said it was 95% effective. Putting aside how they got to those two data points of how many had a, you know, the eight that had a in the vaccinated group that they say, you know, had Covid and 100 and something in the unvaccinated in the placebo control. That was a statistical comparison. They just compared the numbers. But when it came to the deaths. When there was 21 deaths in the vaccine, in 17 deaths, placebo. They decided to do something different. They decided to, quote unquote "assess each death" to see if it's related potentially to the vaccine. And who did that assessment? No, not the FDA. Pfizer's paid investigators, Dr. Kathryn Edwards and all the other folks, the same guy who didn't feel. The principal investigator for Maddie De Garay's situation. They're the ones who did that assessment and provides it to the FDA. If there were less vaccinated deaths in the vaccinated group and more deaths in the placebo group, we think they would have done that?
I don't want to speculate, but they didn't when it was the wrong way. When it's the right way, then they accept the statistical comparison. So we actually wrote the FDA and we said, Hey, FDA, you're doing statistical comparisons for other stuff in this clinical trial. Why aren't you doing this for this death data? This is highly concerning. Because if you're going to allow the pharmaceutical company, the sponsors paid investigators to basically exercise their judgment to determine whether the vaccine caused or doesn't cause, why do a clinical trial at all? What's the point? Next slide, please. So we wrote the FDA and we asked you could see up top, why are the death data from the randomized controlled trials treated like a clinical case series rather than a randomized clinical trial when it comes to assessing causality? With regards to the death? Question mark and everything on these slides, by the way, has got links, so you can look these up yourself. And here's the FDA response. "We're unable to respond substantively at this time due to resource constraints and the ongoing pandemic response," end quote. Is it? I thought that stopping deaths from the Covid vaccine was pretty important, but apparently it's not that important. I don't know what to say about that, but there it is, black and white. You can read the FDA letter yourself. They just don't want to answer because they don't really have a good answer. That's the FDA, in my view.

That's my experience with the FDA when it comes to Covid 19 vaccine. So if you think the FDA is out there acting like a regulator, assuring the product is safe, really doing a proper safety and efficacy, you're ignoring what's really going on. Don't judge by what people say, judge by what they do. Look at what the FDA is doing. Next slide, please. Let's move on to the CDC. Okay. So with regards to the CDC, let's start with the VAERS's data. There's two safety systems that they really relied upon to say that Covid 19 vaccines are safe after they came on the on the market. One is VAERS's and one was v-safe. The CDC put out a report with something called proportional reporting ratio. That is a, it's a statistical method that the CDC decided they were going to use to determine whether or not there were safety signals in the VAERS data. Okay. CDC came up with this ratio, and it's a long standing methodology they have before the Covid 19 vaccine was rolled out. Then they applied that preset method of determining whether there's a safety signal with the VAERS data. And I don't think they like what they found because they wouldn't release it to the public. It took legal action to get it. And you can see a sampling over there in the yellow column for some of the issues that are denoted in the first column. One would mean that there's essentially no signal.

Two would mean that there's a significant signal that's like 100% increased rate than expected. You could see here that there's 60, 70, 30, 40 times the rate that they expected for some of these issues. When we confronted the CDC and we said, what aren't you highly concerned about these ratios that were the result of your own predetermined way to analyze VAERS data? They told us, No, no, no, don't worry. FDA did this something called empirical Bayesian analysis, and they looked at the same VAERS data and they concluded, there's no issue. There's no signal. So we're good. Don't worry, everything's fine. So we said, okay, fine. Then can we please have the empirical Bayesian analysis data? The FDA won't give it to us. We're actually in federal court in Washington DC right now trying to get that data. They don't want to produce it. Wonder why? Well, guess we'll have to wait and see what that data shows when we finally do get it. Next slide, please. So that's the VAERS data, in my view, in a nutshell. They applied a statistical methodology. They found serious signals. When those signals came about, they decided to do a different methodology that they now want to hide from the public. Alright. What about V-safe? Okay. This is the other safety system that they said that they use to assure the safety of the Covid 19 vaccines. V-safe is the premier system the CDC relied upon to ensure the Covid 19 vaccine were safe.

It was specifically designed to review the safety of Covid 19 vaccines. It was rolled out in December of 2020. At the same exact time, the first Covid 19 vaccine was rolled out in December of 2020. It wasn't like VAERS. It wasn't there for you to just report an issue from a Covid 19 vaccine. It was there to sign up the day you got the shot and then submit a report daily for a week and then every week for six weeks. And then at 12, 24 and 52 weeks and it provided information as well. And most of the 10 million people that signed up for V-safe signed up in the first five months of the vaccine was rolled out when everybody was enthusiastic, when people were mandated to get it. These were the folks who wanted the shot. Remember, this was the time when they were clamoring over each other to get the shot because you had to wait in line and have to be of a certain type to get the shot. So these 10 million people sign up for V-safe almost like a patriotic duty. They want to participate in this exciting new vaccine. And they're filling out these surveys. Okay. Here's the thing about the V-safe data. In some ways it's it's definitely better than VAERS data because there's you don't have a denominator. It's from an unknown population size, so it's hard to determine the rate of harm. V-safe, we know there's 10 million users, so if half a million report myocarditis, that means we know that there is a 5% myocarditis rate.

We can get a rate, but you can't do inverse. So in that way, it's way better than VAER's. Separate, it collects data in a systemized manner. That is the same for every user, just like a clinical trial. How do clinical trials collect data? They ask the participants questions and they record it. That's how they collect the data. How else are you going to get the data? That's what V-safe does. Ask the participants questions in a systematic way. Difference between V-safe data and clinical trial data in the clinical trials are about 30,000 people for Covid 19 vaccines. Here you got 10 million and there the data is collected by the pharmaceutical company, filtered through them, given to the FDA. And then you got to fight in court because they want to hide for 75 years and get it to the public. Here the data is not filtered through pharmaceutical company. It's just standardized data. As you can imagine, the CDC didn't want to just give it to us. We fought for it. We spent a year and a half in federal court fighting for that data. Let me show you what that data finally showed. And I think you'll quickly see why the CDC fought so hard in federal court to two federal lawsuits until they finally capitulated and provided this check the box data in the V-safe system.
Next slide, please. Let's start with what's what was collected. There are actually only two things collected. To check the box data types collected in V-safe. One: Symptoms. Two: what they call health impact. Next slide, please. Let's look at the symptoms. There's a list of about ten symptoms and if you could call it 13, 15, 14, because there's a number of sub ones that are in there. But when you look at these symptoms, okay, which were collected for only one week after the shot, there are the exact symptoms that the CDC tells you are totally normal to have after the shot. Because they call it reactogenicity. It means you have an immune response, which is good. It means they believe the vaccine is working. They tell you these are the symptoms you should have. These are good to have after the shot. Don't take my word for it. Here's the director of the CDC Immunization Safety office, Tom Shimabukuro, saying exactly mus in a in a document in an email that we had to FOIA, we came in for one of our FOIA requests. We have over a thousand FOIA requests to the CDC, FDA on behalf of the Informed Consent Action Network. So we get a lot of their internal emails. And here he is admitting exactly that. When you look at this list, like pain and you know, the symptoms that that really just don't matter. And you look at it, you might say you might quickly realize what's not on this list.

What's not on this list are the issues that you actually would care about. How about myocarditis or pericarditis? Or at least how about chest pain? Or all the other issues that we are seeing with the Covid vaccine, at least if they were not there when they started the rollout of V-safe, why not add them? So you might say to yourself, well, maybe the CDC didn't know the Covid 19 vaccine could cause transverse myelitis, blood clotting. All of these issues were now aware of from the Covid 19 vaccine. Next slide, please. Yeah, they don't get that pass because this is an October 2020 CDC presentation. Preliminary list of VAERS, adverse events of special interest that they themselves denoted as potentially being caused, that they were worried that Covid 19 vaccine could cause. Look at that list. That list includes all of the issues. Many of the issues that we now see from Covid 19 vaccine. October 2020. Remember the first Covid 19 vaccine was authorized and rolled out until December, December of 2020. That's two months before. Next slide, please. It's even worse. This is version one of the V-safe protocol. From November 19th, 2020. Let's take a look at this list. And what is this list? It is the adverse events of special interest. This is CDC's own document. This is their protocol for designing V-safe. What they they call pre-specified medical conditions. And what do they have on the list? Anaphylaxis, coagulopathy, Guillain-Barré syndrome.

Marketed, pericarditis. Seizures, stroke, transverse myelitis. So many of the issues and harms we are seeing the CDC itself identified all of these harms as adverse events of special interest in a table they called, pre-specified medical conditions for V-safe was rolled out. That's their document. There's a link right there. You go see for yourself. But yet not one, not one of these ended up, let's check the box options. Neither of these actual conditions nor any of the symptoms of these conditions. Not one. You know, it's hard to show premeditation. Bad conduct, like when you want to charge a criminal defendant, it's hard to show center like a criminal state of mind purposely doing something. When you when they identified themselves in version one of v-safe, all of these potential harms and then chose, chose to then not include them. This is their own design protocol for v-safe. To me that shows premeditated conduct on their part in terms of how they chose to design. But but it is directly in accord with how they do vaccine safety for 37 years. Next slide. Okay, so the check the box symptoms, that first category stuff totally useless to safety. In a system called V-safe, you would think. That it should be able to assess what? It does have the word safe in it, right? Okay. And the vaccine news, Vaccine safety. Okay.

So you would think so it's not going to be in the check the box symptoms that the only other data they collect that check the box is what they called health impact. In which they asked users one you could check unable to work. Two, unable to do your normal daily activities like go to school or three, get care from a doctor or other health care professional. And if you click that you needed care from a doctor, then it had a sub list that you could see there. Did you need telehealth? Was it urgent care? Was it emergency room or was it hospitalization? Okay, so here you have it. This must be where they figured out the safety issue, right? You design V-safe, you put it out there, you said to the American public. We're using millions of your taxpayer dollars to create this massive system called V-safe. We're going to roll it out. We've got 10 million users, and we're going to assure you, don't worry, America, this product is safe. We're going to assess it with the data in this system. Well, it's not the symptoms checklist because that was collected for one week. And by the way, the numbers were like 60, 70%, 40% of users reported those symptoms. And CDC said all good. Okay. So then it must be here. It's got to be here. This was collected for for that first week up every week, up to six weeks. And then at 12, 24 and 52 weeks. So maybe the CDC had to have some threshold where people said, hey, I had to seek medical care after the shot.

And they're not reporting medical care because they're reporting Medicare because they believe it's related to the vaccine. Remember, these are the vaccine studies you signed up for V-safe. So what was that threshold? One in 100? one in 1000? 1 in 50? 1 in 20? Like, there's got to be a number where the CDC goes, that's it, we got to pull the plug. We got to pull the plug. Too many people are reporting needing medical care, hospitalizations, emergency room, right? You would think there's got to be some threshold. Okay. Let's look at what the CDC disclosed to the public regarding this data for a year and a half first. When we were fighting with them in federal court to get it. Next slide, please. And then we'll look at what the data showed. These are over 40 studies relying on v-safe and VAERS data that the CDC put out. You can click on all these links. You can read them yourself. Thats every single one we can find. All of them. This is the body of science that the CDC relied upon to say Covid 19 vaccines are safe don't worry. And almost all of them rely upon VAERS data and v-safe data. Here's the thing, though. For the V-safe data. They only disclosed the very first week of people reporting those health impacts. That's it. They never disclose, second week. Third week. Fourth week, fifth week. Sixth week. And anybody who does vaccine injury work in the federal Court of Claims knows vaccine injuries.
Numerous accepted uncontroversial vaccine injuries like Guillain-Barré syndrome, transverse myelitis, COPD often take at least a week, if not weeks to manifest. You're going to have an autoimmune reaction, it takes a while before you have auto antibodies. Self antibodies to build up in your body, to have that reaction. Doesn't happen within 24 hours after the shot. It takes time. They knew they needed to publish the data one week was not going to be reflective of actual safety. They needed to publish the data one week, study after study after study in which they told you this shot was safe. While we were in federal court for a year and a half fighting to get them to release all the check the box data. This is all the American public was told. And when they finally capitulated. Next slide, please. This is the data showed. 7.7% of V-safe users reported needing medical care. 7.7%. By the way, half a million of those users never filled out a single survey. I'm not even backing those out. But if you did, it would be over 8%. So said they needed medical care and on average, they sought a 2 to 3 times, not just once, 2 to 3 times, and 70% of the time over 70% they reported needing urgent care, emergency room or hospitalization.

The rates 4.2% in the first six weeks for those who don't like the fact that they collected a 1224 and 52 weeks, by the way, even though they're pretty clearly only asking if the person thinks it's related to the Covid 19 vaccine, does that maybe help explain why they didn't release data that they already have? They've already been studying the data during the year and a half and the over 40 studies they published regarding V-safe data? Apparently that wasn't the high enough rate for them to pull the plug on the shot. That number represents probably the very best data point you're ever going to get on the safety of the Covid 19 vaccines because it's over 10 million users. It's collected from people who are on a standardized form. Unfiltered by the pharmaceutical companies. And that is the rate of people who said they need medical care 2 to 3 times on average and over three out of four approximately, needing to go to the hospitalization emergency room or urgent care. There was another, by the way, 25% who reported missing school or work or not being informed, normal daily activities. So in all that's 32% of V-safe users reported a health impact. If I recall correctly, one of the arguments for why they had to mandate the shot like a member of the military, was to make sure people didn't miss work and didn't be, you know, we could have a stand up ready military force got 32%. I don't think that, you know, young fit men in the military and women in their 20s.

I don't think 32% were taken out because of Covid from being able to perform normal daily functions. But apparently, on average, 32% were after the Covid 19 vaccine. Next slide, please. This is just one example from that data and then we'll move on. So when you data mine in the V-safe data, you can actually see this is Pfizer's vaccine. Okay? And what you can see here is that for three years and older, that's just the way they stratified the data. Thank you. That that report is seeking medical care after the first dose. Now, between days one and seven, which is all the CDC would have told you. All it told the public. 0.32% sought medical care between days eight and 14. This is not cumulative. Kids, not cumulative. Another 0.67% of V-safe users sought medical care. And then look at the increasing intervals. Okay. Again, those are not cumulative numbers. That is the percentage of V-safe users in each of those time intervals that were seeking medical care according to the V-safe data that should have been that should have made alarm bells go nuts. Instead, they hid this data from the public and forced only reason they gave it out is because of two federal lawsuits demanding it. Next slide, please. So that's VAERS and that's V-safe. I was asked to talk about those two safety systems, and now you have my view and my judgment on those. Again, I'm not judging the CDC based on what it says.

I'm judging it based on what based on what it did regarding those two safety systems. I'll talk about one last topic and then I'll close this out. So the other so we talked about deaths. And now let's talk about the other thing that they claim justified, the vaccine mandates in particular, and that's that it prevents transmission, right? Here's the thing. And eventually, as everybody here knows, they eventually effectively capitulated. "No Covid 19 vaccine can prevent transmission." Right? And so here is Rochelle Walensky, soon to be the former head of the CDC. You saw them going out and acting surprised that the Covid 19 vaccine. "Oh, my. Doesn't prevent transmission." The reality is almost all most of the non-live vaccines like Covid 19 vaccines, don't prevent transmission. This should have been absolutely no surprise that this vaccine doesn't prevent transmission. Look at the other vaccines that are non-live for respiratory infections, and they should have well known. In fact, it would be really difficult for me to believe they didn't know that it was highly unlikely this vaccine would prevent transmission. Next slide. For example, here is the pertussis vaccine. Okay. This is the other common respiratory infection non-live vaccine we give in America. Pertussis vaccine does not prevent infection transmission. It just doesn't. That's not me saying it, by the way. These are all the premier, you know, pharma paid many of them pharma funded and paid scientists regarding pertussis vaccine in a effectively what you call a consensus paper about whether pertussis vaccine does not prevent transmission.

You know, what was happening is that the way you judge how much how much circulating pathogen there is, is the inter epidemic intervals. When the inter epidemic intervals get narrower, that means there's more circulating pathogen. When they get wider, that means there's less. With pertussis, they seem to be staying the same or getting narrower. So the FDA finally did a study where they tried to look at whether the vaccine prevents infection transmission and oops, they concluded it does not. And and all the studies afterwards reconfirmed that. And here you have quote, This is a consensus paper from, you know, Dr. Kathryn Edwards, by the way, is one of the one of the authors on this. And she would not put her name on almost anything that says something bad about a vaccine. But there she is. She's considered a pertussis vaccine expert, by the way, as well. She says "a pertussis vaccine cannot avoid infection transmission. Acellular pertussis vaccines do not prevent colonization. Consequently, they do not reduce colonization of Bordetella pertussis and do not exert any herd immunity effect,“ end quote. There's a citation to the paper not to bore anybody but the pertussis, a bacteria has about 3000 antigens on its surface. The vaccine has five of those antigens. Having immunity to those five antigens apparently reduces symptoms. All the studies show it definitely reduces symptoms, apparently. But what it doesn't do is that it cannot prevent colonization multiplication of the bacteria in your nasal pharynx.
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You shed it your transmissible for just as long, whether you had the vaccine or not have a vaccine. And even worse, you've had the vaccine, that first immune response that you've been primed with the vaccine causes something called linked epitope suppression. You will have that same defective immunity over and over and over again. It makes you a chronic carrier to shed pertussis for the rest of your life. Versus the people who've actually had pertussis. They have immunity to the entire pertussis bacterium. They do not. When they come reinfected are able to then transmit again. Read the study. I'm not saying that. I'm not, I'm just a lawyer. I just read. That's what they all say. You can read it for yourself. Next slide, please. They knew this about other vaccines, too. Polio Vaccine, The holy grail of vaccines. There are two types of polio vaccines. There's a Salk vaccine developed in 1955 that's injected in the arm. It creates immunity. Systemic immunity, what they call in the bloodstream. And then there is the Sabin vaccine developed in 1961. That is the oral vaccine. Okay. Oral vaccine creates immunity in your intestinal tract. IGA antibodies versus the injected vaccine, which only creates immunity in your bloodstream. Here's the thing about polio. It's infected from fecal to oral contamination. So if you want to stop transmission, you got to stop the virus being able to multiply in your intestinal tract.

The inactivated polio vaccine, the only vaccine given to children in this country for over two decades, does not in any way stop the infection and transmission of polio. The virus. You have only received an inactivated polio vaccine, an IPV vaccine which is only given in America for over two decades now. You develop IgG antibodies in your blood. You do not develop immunity in your intestinal tract. Don't take my word for it. Again, I'm just a lawyer. I just read. That's what the studies show. This is the collaboration between the CDC and the W.H.O. to eradicate polio. And here's what they say in Bill and Melinda Gates Foundation. You got to believe everything they say. UNICEF, it says, quote, "IPV induces very low levels of immunity in the intestines. As a result, when a person immunized with IPV is infected with wild polio virus, the virus can still multiply inside the intestines and be shed in the feces, risking continued circulation. Ipv does not stop transmission of the virus," end quote. Not my words. That's the CDC, the W.H.O., Rotary, UNICEF, and Bill and Melinda Gates Foundation. If you have an issue with that claim, take it up with them. Not me, please. And I'm not trying to take issue with the polio vaccine. I'm just pointing out again, it doesn't stop infection transmission. It shows that they know these vaccines. Let's just do two others. They can see the quote about diphtheria vaccine from CDC scientists.

Again, diphtheria vaccine only creates immunity to something released by doesn't matter, meningococcal vaccine, same thing. The point is, those are just examples. Going into this Covid 19 vaccine universe. These pharmaceutical companies and health authorities are well aware that most inactivated vaccines don't stop infection transmission. They don't contribute to herd immunity. They should not have been surprised unless there I guess like I mean, maybe Dr. Rochelle Walensky, maybe she'll give her the I'll actually give her the benefit that she knows nothing about vaccines. Okay. And they didn't know this, but they shouldn't have been surprised. But yet they are. Next slide, please. And here's the part that's really problematic from my perspective. They could have easily tested for whether or not Covid 19 vaccines prevent infection or transmission in the clinical trial. They were telling every American to test. Millions of test kits were being remember? Shipped to everybody. They were giving out free test kits. Remember this period of time when the clinical trials were going on? All you have to do in the clinical trial is pick a few thousand people in the vaccinated group, a few thousand in the placebo group, and just test them every few days or once a week for 2 to 3 months and then check the rates of positivity between the two groups. You would have known. You would have known whether or not prevent infection transmission and you would have had data on whether or not it causes linked epitope suppression.

And for example, once you roll the vaccine out, will it increase cases? You know, because when you look around the world, look at developed countries that use the shot versus countries that didn't use the vaccine. Where do cases explode? Oh, that. Listen, that's just correlation. Come on. Because correlation doesn't mean anything, right? Exactly. Countries that use the Covid vaccine had exploding cases. Countries that did not, many of them. You do not see that explosion curve. Could it be that the Covid vaccine not only caused increased circulation? Because think about it, it reduces symptoms. But it doesn't prevent infection transmission. Who's likely to walk around the unvaccinated person that gets Covid and spread it? Or the vaccinated person? The unvaccinated person who's got more likely to have symptoms, right? They say, where is that person? At home, in bed. The vaccinated person is they're not having symptoms. Where are they? They're roaming around. Because more likely to spread and if the Covid vaccine cause linked epitope suppression meaning that immune response to just the spike protein results in you being able to have less symptoms but does not but primed you such that you always have that same defective immune response over and over again. It made you a constant basic potential being infected and transmitted every time you come into contact with Covid. They knew about that science. Why don't they rule it out? They could have millions of tests.

They didn't have a few extra thousand to spare in the trials? Alright. Last slide, please. With all of that said, the critical issue for my perspective is this, is recognizing these are just products. Vaccines are not given by God at Sinai. They're just products. There is what public health authorities tell you about their safety and efficacy. And then there is a reality to what that actually is. There is a reality. It exists out there somewhere. But I know where you can't look to find it. And why that's critically important is this. They use the claim that these products are safe and effective to mandate them. Make you get them under penalty of losing your job. Not being able to go to school, not being able to participate in civil society. Like I said before, you want a Covid vaccine, great. You should be able to get it as many shots as you want. But if somebody has concluded they do not want it and they cannot leave their house and they cannot get a job and they cannot go to school and they cannot participate in civil society, then they don't have any rights. What good is the right to freedom of speech alone in your house? The right to assemble alone in your house. The right to religion alone in your house. You got all your constitutional rights, but you only exercise them by yourself. That's why informed consent, the ability to say no is a fundamental right.
No government should ever coerce anybody to have to take a medical product. Period. Ever. So here's the thing about mandates. You don't need to mandate something that's safe and effective. You don't need to. We'd all die if we don't drink water. Nobody needs to mandate us to drink. We would all die if we don't eat food. Nobody needs to mandate us to consume food products. Buy them, go to supermarket, get them, bring them home, cook them, consume them. It has always been the tools of those in power that when they cannot persuade you on the merits. They resort to what? Coercion. Bullying. Mandates. When you look at the long line of issues with vaccines that I've just gone through. Maybe some of those resonate with you. Maybe they don't. You're a parent. You're making a decision for yourself. Maybe you look at the clinical trial data and you say, well, I don't know, about five days of safety. Maybe. Maybe I don't want to use that product. Or you look at the Post-licensure safety studies and you say, whoa, I'm not comforted by those. I'm not comforted by those. Or you look at the lack of immunity. And go, you know what? If the company that makes this product won't stand behind its safety, maybe it's unwise to consume that product. There might be a myriad of issues you have with one or more products at the end of that long line, that long litany of issues, is the ability to say no.

That's what that is. The last stop on the train that you can use to protect yourself and your children and your family. When you go into a doctor's office, you've now been informed and you don't consent, overriding that decision with bullying mandates, coercion is what dictators and bullies and thugs have done throughout the ages, and it's exactly what this country was founded against. Whole idea of individual and civil rights in the Constitution was a rejection of the idea that somebody else, some dictator, monarch, king, central committee knows better than you on how to make decisions about your life. When the founding Fathers created the Bill of Rights and they were adopted in 1791 in the United States of America. Times weren't easy. You think 1791 America was an easy time? There's no running water, no plumbing, no electricity. Times were hard. And those rights were written not only for that time. They were written for the harder times than that. An American's cast away those rights with abandon as soon as some fear came about in the early 2020. We got to remember how fundamental the American experiment individual rights are to the American experiment. It is, in my view, the central core feature of what distinguishes America from everything that preceded it. It is the idea that we respect individual rights, that individuals can cast off, choose their own risks, cast off, make their own destiny, not to have somebody else make decisions for them.

Because once you do that, who makes that decision? Always the government. Some central authority, the FDA, the CDC. And you can see exactly what that's wrong during this pandemic. And if we let the idea that you can coerce a medical product take hold on the adult population. Pharmaceutical companies are really smart. They're going to load as many products as they can into that model. That is something that needs to be fought against, in my view, tooth and nail. Not the products, the mandate of the products, the products themselves. Leave that to the medical folks to take issue with. But the mandates are what need to be stood against. Even for those and I'll end with this. Even for those that maybe like the Covid vaccines sitting in this audience who say, you know what, I love the Covid vaccines. They're great. I love every vaccine. I love masks. Wonderful. The day may come when you don't like a medical product. Maybe you love every mandated medical product today so you don't have an issue. You can participate civil society. You can have all your. Quote unquote "rights" in that context. But the day may come when you don't want a medical product. And if you see those rights now right ceded are rarely returned. That's why everybody, whether you love mandated medical products or not, you should really appreciate and understand, you can't let these things be mandated. You got to always persuade on the merits. And if you can't, that's the end of the story. Thank you.