No. _____

IN THE

Supreme Court of the United States

In re Joy Garner, individually and on behalf of The Control Group *et al.*,

Petitioners,

ON PETITION FOR WRIT OF MANDAMUS
TO THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

PETITION FOR WRIT OF MANDAMUS

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QUESTION PRESENTED

Lifelong vaccine injury rates spiral today above 60%, proving the trajectory that America's collapse to chronic illness is mathematically imminent. A mathematical trajectory can be so shocking it is dismissed outright on no grounds other than raw disbelief, but the math remains true nonetheless. That is the situation here and now. Math proves the President's vaccine program is *the* kill shot to America. There is no circumstance more extraordinary (clearly deserving of mandamus), than the imminent destruction of our Nation by the very office of its President. Disbelief aside, simply acknowledge the math. See App. E, 97a (Science Graphs). It proves we are witnessing an absolute constitutional crisis.

The District Court dismissed this scientifically vetted national security case on *standing* grounds by disregarding the most important allegations in the verified complaint that did establish *standing*.

Petitioners ("Healthiest Americans") are in the fully unvaccinated scientific control group, statistically the healthiest citizens by >1,000%. Staggering! America's confirmed national data show more than half of vaccinated citizens are disabled and dying prematurely (i.e., heart disease, cancer, autoimmune disorders). Control groups prove causation, and routinely change our entire perspective of pharmaceutical side effects. This

case advocates for the control group's right to exist and not go extinct.

Helping our country heal, Healthiest Americans are learning that America's dependence upon vaccines is teaching us valuable lessons about this relationship with biotech. Our Nation has never faced an infectious disease threat anywhere near as threatening as the current *vaccine-caused* mass disability pandemic. The District Court erred by acting as if the scientifically vetted pleadings were untrue, as if Federal courts had no power to save America from self-destruction by protecting scientific control groups necessary to resolve emergencies.

In 2021, the government administers more than 100 vaccines on an American during his lifetime. Increasing vaccine injury rates prove the trajectory that America's collapse to chronic illness is mathematically imminent unless we learn. The government acknowledges that zero unvaccinated control group studies have ever been published by the government.

In this regard, since 1963, the national vaccine program is the President's human medical experiment. POTUS vigorously develops, approves, purchases, promotes, and administers mandatory vaccines while federally funding US parties to enforce nationwide vaccine mandates (and now vaccine identification) as a condition to societal participation.

Government data prove sanitation and healthy lifestyle, not vaccines, protect all Americans. The fully unvaccinated control group is thriving mentally and physically at >95% complete health for life, but these citizens are less than 0.3% of our population and shrinking (only about 830,000 remain unexposed). The President's warp speed vaccination and tracking program currently threatens the control group's *right to exist* in America. Thus, the District Court denied the scientific method.

1. On a Rule 12(b) dismissal motion, did the District Court commit clear and indisputable error by abruptly dismissing this national security case on the pretense that Healthiest Americans' verified specific allegations that have established standing had not been made at all?

PARTIES TO THE PROCEEDINGS

Petitioners (plaintiffs in the District Court, and mandamus petitioners in the Court of Appeals) are Joy Garner, individually and on behalf of The Control Group; Joy Elisse Garner, individually and as parent of J.S. and F.G.; Evan Glasco, individually and as parent of F.G.; Traci Music, individually and as parent of K.M. and J.S.; Michael Harris, individually and as parent of S.H.; and Nicole Harris, individually and as parent of S.H.

Respondent is the United States District Court for the Eastern District

of California. Respondent also includes the President of the United States of America, in his official capacity.

CORPORATE DISCLOSURE STATEMENT

Petitioners submit the following statement of corporate interests and affiliations for the use of the Justices of this Court: Petitioners have no corporate interests. Petitioners are not a publicly-held corporation or other publicly-held entity. Petitioners have no stock, so no publicly-held corporation or entity owns any stock in Petitioners.

Dated: August 26, 2021

Respectfully submitted,

GREGORY J. GLASER
RAY L. FLORES II

GREGORY J. GLASER

COUNSEL OF RECORD for Petitioners

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FOR THE EASTERN DISTRICT OF CALIFORNIA

PETITION FOR WRIT OF MANDAMUS

Petitioners ("Healthiest Americans") respectfully petition for a writ of mandamus to the United States District Court for the Eastern District of California. "The first writ of mandamus is ... said to be a writ of discretion. But the discretion of a court always means a sound, legal discretion, not an arbitrary will. If the applicant makes out a proper case, the court are bound to grant it. They can refuse justice to no man." Marbury v. Madison, 5 U.S. (1 Cranch) 137, 153 (1803) (Reporter's Notes).

OPINIONS BELOW

The opinion of the District Court dismissing the case with prejudice is reported as *Garner v. Biden*, No. 2:20-cv-02470-WBS-JDP, 2021 U.S. Dist. LEXIS 33862 (E.D. Cal. Feb. 22, 2021). The opinion of the Court of Appeals denying the petition for writ of mandamus is reported as *Garner v. United States Dist. Court for the E. Dist. of Cal.* (*In re Garner*), No. 21-70925, 2021 U.S. App. LEXIS 14284 (9th Cir. May 13, 2021).

JURISDICTION

Jurisdiction is in equity. The jurisdiction of this Court is also invoked under 28 U.S.C. § 1651. The order of the Court of Appeals was entered on May 13, 2021.

STATEMENT

1. Healthiest Americans duly served approximately 5,000 pages of pre-litigation scientific materials on the White House and Department of Justice in Autumn 2020. Receipt was confirmed the same month, but Healthiest Americans received zero substantive response after waiting patiently three months. Accordingly, the district court case was commenced, as Healthiest Americans filed the Verified Petition seeking

declaratory relief (declare an emergency) and a preliminary injunction (to uphold informed refusal and thereby safeguard the scientific method).

2. Incorporated by reference[1] with the Verified Petition, Healthiest Americans concurrently filed their Requests for Judicial Notice proving the national health crisis is caused by dangerous vaccines sourced primarily from Communist China, and that the control group of unvaccinated Americans (necessary to the scientific method) is threatened with imminent extinction. VP/FAVP ¶ 24.

Healthiest Americans also incorporated by reference[2] their Motion for Preliminary Injunction. Supported by highly qualified experts, the motion makes the case for the scientific method (comparing vaccinated to unvaccinated). Healthiest Americans' evidence plainly proved that the unvaccinated are the healthiest people in the Nation by exponential amounts (specifically, the unvaccinated are >1,000% (more than ten times!) healthier than the vaccinated). App. 97a (Science Graphs).

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[1] The First Amended Verified Petition ("FAVP") incorporates by reference the Requests for Judicial Notice ("PRJN"), including for example FAVP ¶ 64 "incorporated Requests for Judicial Notice." The FAVP refers 16 times to the PRJNs.

[2] The FAVP incorporates by reference the Motion for Preliminary Injunction, including for example FAVP ¶ 4, note 1 ("See Petitioner Joy Garner's Declaration ('Garner Declaration') In Support of Motion for Preliminary Injunction"). The FAVP refers 11 times to the Motion for Preliminary Injunction.

3. Our Nation has never faced an infectious disease threat anywhere near as devastating or threatening as our Nation's current *vaccine-caused* disability pandemic. This is confirmed in Healthiest Americans' requests for judicial notice.

4. The court set an accelerated briefing schedule over Healthiest Americans' express objections that the case was being unfairly fast-tracked for dismissal. *See* Status Conference Hearing Transcript (Feb. 1, 2021), page 4, lines 4-7, and page 9 line 14 through page 10, line 5.

5. On February 10, 2021, POTUS filed his motion to dismiss the action on the grounds of lack of standing, yet admitting: "A facial motion to dismiss, such as this one, assumes the truth of the well-pled facts in the complaint." Respondent's Motion to Dismiss (Feb. 10, 2021), Page 6, lines 18-20.

6. A hearing was held on George Washington's Birthday (February 22, 2021) in the District Court on the three motions. The Transcript of the hearing shows that the District Court judge did not acknowledge or respect Healthiest Americans' extraordinary evidence showing that vaccines are causing the collapse of the United States, but rather summarily discharged the case from the docket based on a 'standing' argument unsupported by the record. App. 3a (District Court Order).

7. Healthiest Americans promptly filed with the Ninth Circuit a petition for writ of mandamus to overturn the dismissal, along with a regular notice of appeal being briefed presently. The petition for writ of mandamus was declined without substantive comment. App. 1a.

REASONS FOR GRANTING THE PETITION

A writ of mandamus is warranted when a party establishes that (1) the "right to issuance of the writ is 'clear and indisputable,' " (2) the party has "no other adequate means to attain the relief " sought, and (3) "the writ is appropriate under the circumstances." *Cheney* v. *United States Dist. Court*, 542 U.S. 367, 380-381 (2004) (citation omitted). Indeed, mandamus is reserved for "exceptional circumstances amounting to a judicial 'usurpation of power.' " *Id.* at 380 (citation omitted).[3] Those are the

[3] "[B]ecause mandamus 'is one of the most potent weapons in the judicial arsenal, three conditions must be satisfied before it may issue'.... 'These hurdles, however demanding, are not insuperable.' [] They simply reserve the writ "for really extraordinary causes." [] (quoting *Ex parte Fahey*, 332 U.S. 258, 259-60, 67 S. Ct. 1558, 91 L. Ed. 2041 (1947)). 'The clearest traditional office of mandamus and prohibition has been to control jurisdictional excesses, whether the lower court has acted without power or has refused to act when it had no power to refuse.' 16 Charles Alan Wright et al., Federal Practice and Procedure § 3933.1 (3d ed.) [hereinafter Wright & Miller]. That was true at common law. *See* 3 William Blackstone, Commentaries (explaining the writ of prohibition issued to 'any inferior court, commanding them to cease' a case that did 'not belong to that jurisdiction.)" *In re Gee*, 941 F.3d 153, 157-58 (5th Cir. 2019).

circumstances of this case.

First, the District Court had *no* discretion to ignore the most important allegations in the verified petition establishing jurisdiction and the dire national security emergency. Healthiest Americans cannot be forced to participate in the President's medical experiment -- Healthiest Americans' right to exist unmolested is clear and indisputable.

All vaccines are experimental, as confirmed in Petitioners' Requests for Judicial Notice, such as this government admission, "... studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted." INSTITUTE OF MEDICINE. 2013. *The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies*. Washington, DC: The National Academies Press. https://doi.org/10.17226/13563.

Frankly, the era of vaccines as 'sacred cow' is ending this decade – a telling sign, as recently admitted by Dr. Anthony Fauci live on CSPAN, is that about 40% of government scientists declined the Covid vaccine. Natural immunity is our foundation and future that most Americans are scientifically predicted to choose as new control group evidence *continues* to come to light.

It is irrational for a court to ignore the “vaccine passport" plans now being implemented throughout the Nation. POTUS is massively increasing these electronic "track n' trace" programs through his "public private partnerships" with our nation's largest corporations and schools, who now openly declare their intention to refuse an education, employment, food, services, public transportation, and more to anyone who has not been injected with gene altering Covid-19 vaccines. The people are saying only an irrational court would fail to recognize POTUS is forcing a dystopian agenda upon nonconsenting Americans, and SCOTUS is silent.

Second, to prevent imminent destruction of control group evidence (i.e., to preserve the unvaccinated from molestation), there is no other adequate means to relief other than a federal court order immediately protecting the control group from mandatory vaccination. Myriad Federal and local government actors have different laws and rules mandating and coercing the President’s 60-year medical experiment. Most of us have suffered more than enough. America needs a national informed consent exemption (NICE), as Healthiest Americans politely request.

The District Court argued that Healthiest Americans may only sue the actual enforcers of the Executive's vaccine agenda, and therefore lack standing to sue the President. In addition to all of Healthiest Americans’

factual allegations showing that this vaccine agenda is that of the Executive, the District Court *also* missed the fact that Healthiest Americans complained of more than just the "vaccine mandates". Healthiest Americans *very directly* complained that, with or without enforcement of any "mandates", the Executive's vaccine-agenda is currently decimating the American population. App. 12a (Petitioner Report).

Third, the imminent destruction of our Nation caused by mandatory vaccination is an extraordinary circumstance deserving mandamus. The Article II and III branches should be eager for the opportunity, and must not shirk the responsibility, to review scientific evidence to save America. There is no better time for this action to be taken. There is no better case. There is no better reason. The unvaccinated hold the key to health, America's greatest future yet.

In summary, coercing American citizens (through discrimination and loss of other fundamental rights) into serving as subjects in medical experiments is not a 'lawful' or 'valid' action of any branch of government, whether state or federal. The President's premise that he cannot 'lawfully' interfere with unconstitutional discrimination, which is systemic, nationwide, and causing the imminent collapse of this Nation through destruction of the health of its people, is without foundation. Further, the

Article III Judiciary is empowered, independent of Article II, to 'interfere' with such unconstitutional actions.

Notably, it does not make sense that informed consent is categorized by the President as not being in the public interest, and that government clamoring to inject everyone with experimental mRNA in their bodies is immediately a so-called 'complete success' and 'not genetic manipulation'.

Mandates, and the institutions that propagate them, are hemorrhaging credibility with the American people. For example, to claim the existence of a so-called 'pandemic of the unvaccinated', the CDC disingenuously included hospitalization and mortality data *from January 2021* when the vast majority of the United States population was Covid-19 unvaccinated during that timeframe. For example, January 1, 2021, only 0.5% of the U.S. population had received a COVID shot. Fortunately, Fox News easily exposed this propaganda.[4]

Further exposure of the propaganda comes from real-world data (and real time reporting from both institutional and independent sources) in areas with high COVID vaccination rates (such as Israel, Scotland, and

[4] Ingraham, L (2021). *Doctor Who Did Early Research On Covid Vaccine.* FOX NEWS. https://video.foxnews.com/v/video-embed.html?video_id=6266738894001.

Massachusetts), which emphasizes that the American people are finding credible information at odds with official government narratives:

On August 1, 2021, the director of Israel's Public Health Services announced half of all COVID-19 infections were among the fully vaccinated.[5] And August 5, 2021, the director of the Herzog Hospital in Jerusalem appeared on Channel 13 News, reporting that 95% of severely ill COVID-19 patients are fully vaccinated, and that they make up 85% to 90% of COVID-related hospitalizations overall.[6]

In Scotland, official data on hospitalizations and deaths show 87% of those who have died from COVID-19 in the third wave that began in early July were vaccinated.[7]

A CDC investigation of an outbreak in Barnstable County, Massachusetts, between July 6 through July 25, 2021, found 74% of those

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5 *Israel sees waning coronavirus vaccine effectiveness*. BLOOMBERG NEWS (August 1, 2021). https://www.bostonglobe.com/2021/08/01/nation/israel-sees-waning-coronavirus-vaccine-effectiveness/.

6 Fleetwood, J. *Vaxxed Make Up '85-90% of the Hospitalizations' from Covid Infection in Israel: Dr. Kobi Haviv*. AMERICAN FAITH. (August 8, 2021). https://americanfaith.com/vaxxed-make-up-85-90-of-the-hospitalizations-from-covid-infection-in-israel-dr-kobi-haviv/.

7 Exclusive - *Covid-19 are rising and official data shows 87% of the people who have died were vaccinated.* DAILY EXPOSE (July 29, 2021). https://dailyexpose.co.uk/2021/07/29/87-percent-covid-deaths-are-vaccinated-people/.

who received a diagnosis of COVID19, and 80% of hospitalizations, were among the fully vaccinated, as most (but not all), had the Delta variant of the virus.[8] Since we do not have a population that is 74% fully-COVID-vaccinated, this would mean the vaccines only *increase* the odds of being infected with covid.

Doctors who write about these matters are often threatened and censored, such as Dr. Joseph Mercola, who features where government data shows the mathematical advantage of natural immunity:[9]

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[8] Brown CM et al. *Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts*, July 2021. MMWR MORB MORTAL WKLY REP 2021;70:1059-1062. https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w; Lovelace, B. *CDC study shows 74% of people infected in Massachusetts Covid outbreak were fully vaccinated*. CNBC NEWS. (July 30, 2021). https://www.cnbc.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html.

[9] Mercola, J. *Delta Variant: Natural Immunity 700% Better Than the Vaccine*. (July 27, 2021). https://articles.mercola.com/sites/articles/archive/2021/07/27/covid-19-delta-variant-natural-immunity.aspx (accessed August 5, 2021). *See also* Mercola, J. (August 4, 2021). *Why I Am Deleting All Content After 48 Hours*. https://articles.mercola.com/sites/articles/archive/2021/08/04/why-im-deleting-all-content-after-48-hours.aspx ("These will be removed to appease the individuals in power who have an arsenal of overwhelming tools at their disposal, and are actively engaged in using them. COVID-19 has activated and authorized emergency powers that have weakened our constitutional rights. Sadly, cyberwarfare and authoritarian forces are beyond our abilities to withstand, and this is now our only way forward.")

> Data presented to the Israeli Health Ministry July 17, 2021, revealed that, of the more than 7,700 COVID-19 cases reported since May 2021, only 72 occurred in people who had previously had COVID-19 — a rate of less than 1%. In contrast, more than 3,000 cases — or approximately 40% — occurred in people who had received a COVID-19 vaccine. In other words, those who were vaccinated were nearly 700% more likely to develop COVID-19 than those who had natural immunity from a prior infection — and this is largely in response to the Delta variant, which has led to increasing infections in Israel.

FACTUAL BASIS FOR PETITION

A. Healthiest Americans' Right To Exist Unmolested Is Clear and Indisputable.

1. The District Court Committed Reversible Error of Law and Fact by Dismissing the Case at Warp Speed Rather Than Acknowledging as True Healthiest Americans' Most Important Allegations.

By law, the District Court had *no* discretion to ignore the most important allegations in the verified petition establishing jurisdiction and the dire national security emergency.[10]

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[10] *Bell Atlantic Corp. v. Twombly*, 550 U.S. 544, 570 (2007), and *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009) (a claim is sufficient to withstand a motion to dismiss under Rule 12(b)(6) of the Federal Rules of Civil Procedure when, accepting as true the facts alleged in the complaint but not any legal conclusions, the claim has "facial plausibility," that is, it allows the court "to draw the reasonable inference that the defendant is liable for the misconduct alleged.") Here, if the District Court wished to question the *validity* of any of the factual allegations, Healthiest Americans

The District Court acted as if the pleadings were untrue. The math shows the majority (>60%) of people who are injected with vaccines are seriously injured by them, and this Nation's people are being *decimated* by them. It is impossible the District Court *accidentally* overlooked such staggering claims. Regardless of the reason for overlooking/ignoring the factual allegations, this is an incorrect method of disposing of a complaint on a Rule 12(b) motion.

Although the District Court summarily claimed it took all allegations as true and in Healthiest Americans' favor (*see* App. 6a at lines 24-26), the transparent reality is that the judge ruled instead upon a *perception* of the case outside the pleadings. For example, the District Court's reference to First Am. Compl. at ¶ 52(a) was misquoted out of context. The actual context stated the President *is* "vigorously involved" in government mandates that *only* the President can remedy nationwide to save America. FAVP ¶ 52, pages 30-31.

The unvaccinated control group is more than ten times healthier than the vaccinated! While *most* (>60%) vaccinated people are suffering and dying prematurely, nearly all unvaccinated people (>94%) are perfectly

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were entitled to a hearing, at a minimum on their Request for Judicial Notice proving the factual allegations are in fact, *true*.

healthy. This is staggering evidence indeed. The unvaccinated control group is necessary to the scientific method and is on the immediate precipice of extinction. Healthiest Americans cannot be forced to participate in the President's medical experiment -- Healthiest Americans' right to exist unmolested is clear and indisputable.[11]

The Thirteenth Amendment brings unique focus to the case, as it forbids any form of involuntary servitude (including involuntary human medical experiments). The Thirteenth Amendment is also the only constitutional provision that specifically identifies any method of enforcing the protections codified by the Nuremberg Code within the USA. If we cannot be protected from involuntary service as subjects in federally

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[11] *See, e.g., Cruzan v. Director, Missouri Department of Health*, 497 U.S. 261, 279 (1990) ("It cannot be disputed that the Due Process Clause protects an interest in life as well as an interest in refusing [] medical treatment."); *Union Pac. Ry. Co. v. Botsford*, 141 U.S. 250, 251, 11 S. Ct. 1000, 35 L. Ed. 734 (1891) ("No right is held more sacred, or is more carefully guarded by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law."); *Guertin v. Michigan*, 912 F.3d 907, 918-21 (6th Cir. 2019) ("fundamental right [to] bodily integrity" in abundant US Supreme Court precedents describing the current state of American law); *Kanuszewski v. Mich. HHS*, 927 F.3d 396, 420 (6th Cir. 2019) (appeals court found the fundamental right of informed consent so robust that it was necessary to reverse the District Court in a case of first impression re informed consent in blood collection because the "fundamental right to direct [] medical care…[triggers] strict scrutiny").

'approved' human medical experiments under the Thirteenth Amendment, then what does the Thirteenth Amendment mean exactly?[12]

Petitioners' Requests for Judicial Notice establish conclusively that vaccines meet the dictionary definition of "experimental", because the government acknowledges it has literally zero numbers to justify the vaccine program. Specifically, the government acknowledges it has never studied or considered vaccinated versus unvaccinated numbers. *See, e.g.*, PRJN2, section 15. Even the government-designed vaccine injury accounting system (VAERS) has a 99% failure rate. PRJN2, section 16. There should be no amount of FDA blessings that can be sufficient to force a court to ignore the dictionary definition of "experimental".

Case law precedent (as sufficiently pled by Healthiest Americans) proves federal courts routinely order POTUS and Governors to take action

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[12] The President's argument that the Thirteenth Amendment is no bar to coerced, and therefore, *involuntary* service in medical experiments, is obvious fallacy. The Thirteenth Amendment is self-executing. Contrary to the President's arguments, Congress has never attempted to claim authority to extinguish enforceability of the Thirteenth Amendment, or to in any way render it otherwise inoperative or limited, merely because Congress saw fit to provide a specific enabling act for it. In other words, the President argued that, so long as it is being violated *in this particular way*, the people have no protection under the Thirteenth Amendment because Congress has yet to 'enable' the Thirteenth Amendment to provide a *specific* remedy for involuntary/coerced human medical experimentation. The President's legal position renders meaningless 28 U.S.C. § 2201 ("Creation of Remedy").

on both small specific matters (i.e., ordering POTUS to issue a specific pay raise)[13] and big general matters (i.e., enforcing desegregation of schools nationwide with ongoing judicial supervision; ordering a Governor to use his discretion to clean up dilapidated conditions in prisons with ongoing judicial supervision)[14].

As with *Brown v. Bd. of Educ.*, 347 U.S. 483, 495 (1954) (first declaring nationwide 'separate is not equal', then in the years afterwards fashioning injunctive relief), declaratory relief is the *first* thing the District Court should have ruled upon, because well fashioned declaratory relief can

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[13] *Nat'l Treasury Emps. Union v. Nixon*, 160 U.S. App. D.C. 321, 492 F.2d 587 (D.C. Cir. 1974) (upholding mandamus against the President to require a pay raise), "The discretionary-ministerial distinction concerns the nature of the act or omission under review not the official title of the defendant. No case holds that an act is discretionary merely because the President is the actor."

[14] *Coleman v. Schwarzenegger*, 922 F. Supp. 2d 882, 1003 (E.D. Cal. 2009) (granting plaintiffs' request for ongoing federal court monitoring and active intervention to stop discrimination, because scientific risk assessment supported Orders to Show Cause and follow-up orders to remedy prison population-wide deterioration of health due to unmitigated constitutional violations). Federal courts are supposed to actively intervene (even over lengthy periods of time if needed) to safeguard constitutional rights. *See also Aguayo v. Richardson*, 473 F.2d 1090 (2d Cir. 1973) (granting mandamus to welfare parents and children, such that the penalty of an otherwise mandatory health and safety program was temporarily stayed; emphasizing the utility of 'controlled experiment' science, implicitly criticizing one-size-fits-all health and safety policy).

"create the remedy" and "terminate the controversy."[15] Respectfully, the District Court's erroneous reasoning is that declaratory relief cannot issue without injunctive because the District Court must be powerless to stop States from mandating human medical experimentation:

"Even if the court granted the declaratory or injunctive relief sought by plaintiffs, it would not invalidate the provisions of California law -- or similar provisions in other states' laws -- which allegedly require students to be vaccinated in order to attend school. (See First Am. Compl. at ¶¶ 40(h), 41(h).)" See App. 10a at lines 10-15.[16]

In other words, the District Court found that, *in advance of* the creation of any remedy (via a declaration of rights) Healthiest Americans must be denied any opportunity to *create a remedy*, on grounds that

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[15] 28 U.S.C. § 2201 ("Creation of Remedy") states, "any court of the United States, upon the filing of an appropriate pleading, may declare the rights and other legal relations of any interested party seeking such declaration, whether or not further relief is or could be sought." *See also* Fed. R. Civ. P. 57 Notes of Advisory Committee ("A declaratory judgment is appropriate when it will 'terminate the controversy' giving rise to the proceeding.").

[16] In its Order, the District Court also appears to have unwittingly mocked the very idea of informed consent for Americans when it criticized the request for relief to "establish a national informed consent system whereby 'vaccines shall not be administered unless the patient has reviewed the actual numerical increased risks of disease, disability, and death associated with exposure to vaccines' in the short and long term." App. 10a at lines 2-6.

enforcement of remedy (injunctive relief) is not available in *advance of* the creation of that remedy via declaratory relief. This is circular and backwards logic. To claim that one must *already* have their remedy in hand *before* seeking the "creation of a remedy" through declaratory relief, is to claim that 28 U.S.C. § 2201 ("Creation of Remedy") does not exist at all.[17]

Another example of clear and simple error is the District Court's statement, "how such an order would compensate plaintiffs for their past injuries." App. 10a at lines 7-8. Healthiest Americans never made a request for compensatory damages.

Healthiest Americans lay this plea to our Article III Supreme Court to remember well and remember now the maxim of law that shapes courts of equity through the ages:

ubi jus ibi remedium
"where there is a right, there is a remedy"

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[17] At the hearing on George Washington's Birthday, there was a discussion of the case *Juliana v. United States*, 947 F.3d 1159 (9th Cir. 2020), which must be understood in context, because the instant Control Group case is pled differently and much more narrowly, *namely*, with a single possible culprit alleged (the President's medical experiment) rather than *Juliana*'s wide variety of possible causes that may or may not be responsible for a wide variety of harms and that may or may not be (and indeed were not) attributable to the President. The *Juliana* plaintiffs asked for *decades* of unlimited and vague judicial supervision over "climate change." By contrast, Healthiest Americans in this case ask for limited, short-term, and specific relief, namely a single court order upholding the well-defined law and ethic of informed refusal for all Americans regarding the President's human medical experiment.

Healthiest Americans respectfully request the remedy now, before it is too late to save America. *See* App. D, 12a (Report) and App. E, 97a (Science Graphs). Government data proves vaccines falsely took the credit away from engineers for protecting America.

The government's VAERS system for tracking vaccine injury has a 99% underreporting rate, and has currently tallied over 13,000 Covid vaccine deaths in a matter of 7 months, which is evidence the government's gene altering Covid vaccine can easily be killing millions of Americans already, especially as long-term vaccine harm manifests over time. Meanwhile, undersigned counsel finds zero reported Covid virus deaths or even hospitalizations among *entirely* unvaccinated Americans. History is watching. There is no rational way to ignore this unprecedented culling of vaccinated Americans.

2. The District Court Committed Reversible Error Of Law And Fact By Failing To Acknowledge As True Healthiest Americans' Stated Causal Connections Between (a) The Vaccine-Induced Collapse Of The USA By Federally-Managed Mandated Vaccines From Communist China, And (b) The Office Of The President That Federally Manages Mandatory Vaccination Across Multiple Departments.

The national vaccine program is the President's human medical experiment. All of the States are entwined with, and do execute, the vaccine policies of POTUS. The law recognizes that POTUS can be sued for actions

of subordinates that POTUS knows, or reasonably should know, cause subordinates to violate rights.[18]

Applied to this case, see especially the following excerpts from the pleadings, proving standing:

- FAVP ¶¶ 52-53, "Subordinate Executive Agencies are vigorously involved in vaccine licensing, recommendation, promotion, and product sales…. The President is the Chief Executive of the Subordinate Executive Agencies that are vigorously involved in the Predicament. State and their local health agencies adapt and require federally approved public health policies ("Policy") to be mandated (hereinafter "Govt. Mandates"). Govt. Mandates are the final expression of federally approved public health policies which together contribute to the Pandemic."

- FAVP ¶ 61, "Only Respondent as President of the United States of America and Commander in Chief of the Armed Forces (and this Court in respect of him) has the authority to protect Petitioners from the myriad and ever-shifting initiatives to vaccinate every individual in America as much as possible, which initiatives have stoked hatred and vilification of unvaccinated Americans. *See* [PRJN2]. By promoting and supporting mass vaccination programs, including but not limited to the annual influenza vaccine program, and Covid-19 vaccination, Respondent has emboldened Subordinate Executive Agencies to exacerbate the Predicament."

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[18] *See, e.g.*, Congressional Research Service (2021). United States Constitution Annotated, Art. II, Sec. III, *The President As Law Enforcer*. https://www.law.cornell.edu/constitution-conan/article-2/section-3/the-president-as-law-enforcer ("The general rule, as stated by the Court, is that when any duty is cast by law upon the President, it may be exercised by him through the head of the appropriate department, whose acts, if performed within the law, thus become the President's acts." [citations omitted]).

- FAVP ¶ 65, "As further evidence of the concrete and particularized injuries-in-fact that are both actual and imminent in this case, Petitioners have experienced aspects of the Predicament in the emergence of Covid-19 from China. As communist-style dictates continue to be employed throughout portions of the world, the United States has not remained unaffected. Mandatory vaccination is already being publicly supported by certain authorities within and without the United States of America even though a Covid-19 vaccine has not even progressed through minimal safety and efficacy testing. Petitioners state this allegation not to target any particular State or local rule within the greater Predicament, but rather to evidence the Predicament includes the actual and imminent nature of the national security threats of a mandatory Covid-19 vaccination in response to the Chinese virus. Respondent has not abated these threats, but rather Respondent has emboldened them by actively promoting Covid-19 vaccination without providing the Suspension of vaccine mandates or similar order to safeguard the Nation from the loss of critical scientific evidence."

- FAVP ¶ 75, "There has never been an infectious disease that has debilitated, injured, or threatened this Nation's actual survival to the extent these immune system disorders currently do. *See* [PRJN2]. If this trajectory is not altered, in short order, there will be very few productive Americans left to pay the taxes required to support any branch of government. Pharma, and the governmental bodies that protect, cultivate, and expand its powers, have now outgrown the host. If these health injuries continue to devour the American people at the present rates, this Nation will collapse."

Healthiest Americans proved and explained the central role of POTUS in nationwide mandatory vaccination:

a) Designing and producing federally vaccines that are mandated

FAVP, ¶¶ 24-25; FAVP, ¶ 53; PRJN2, page 14, line 12 through page 50, line 2; PRJN2, page 88, lines 3-11; PRJN2, page 90,

lines 23-27; PRJN2, page 93, lines 19-27; PRJN2, page 97, line 8 through page 98, line 3.

b) Classifying and approving federally vaccines that are mandated
FAVP, ¶¶ 52-53; FAVP, ¶ 81; PRJN2, page 98, line 4, through page 99, line 6.

c) Producing federally the required vaccine information statement on vaccines that are mandated
FAVP, ¶¶ 52-53.

d) Engaging federally in conflicts of interest regarding vaccines that are mandated
FAVP, ¶ 14, n.7; FAVP, ¶ 67; PRJN2, page 68, line 17 through page 70, line 22.

e) Purchasing federally vaccines that are mandated
FAVP, ¶¶ 52-53; PRJN2, page 70, lines 17-22.

f) Importing federally from Communist China vaccines that are mandated
FAVP, ¶ 35; PRJN3, page 10, lines 20-21; PRJN3, page 17, lines 2-3; PRJN3, page 23, lines 12-13; PRJN3, page 28, lines 3-5; PRJN3, page 29, lines 3-4; PRJN3, page 45, lines 20-22.

g) Promoting federally vaccines that are mandated, and promoting federally the policy of mandates
FAVP, ¶ 27; FAVP, ¶¶ 52-53; FAVP, ¶ 67; PRJN2, page 70, lines 17-22; PRJN2, page 72, line 21 through page 73, line 7; PRJN2, page 74, line 14 through page 75, line 23.

h) Distributing federally vaccines that are mandated, to target and exterminate a control group of unvaccinated Americans
FAVP, ¶¶ 52-53; PRJN2, page 72, line 21 through page 73, line 7; PRJN2, page 75, line 24 through page 76, line 5.

i) Biased tracking federally of vaccine injuries from mandated vaccines in order to make false and misleading safety claims to justify mandates
FAVP, ¶¶ 4, 71, 84; PRJN1 (representing approximately 100 pages devoted to the nationwide crisis of immune-system injuries, proving the United States government funds and publishes studies of chronic illness to conceal vaccine injury as the number one cause of chronic illness); PRJN2, page 95, line 7 through page 96, line 10; PRJN2, page 99, line 16 through page 100, line 2.

j) Designing federally a vaccine injury tracking system intended to fail and then falsely reporting federally vaccine injuries from mandated vaccines
FAVP, ¶¶ 9-11, 15, 73, 85; PRJN2, page 59, line 18 through page 63, line 20.

k) Studying federally uptake of mandated vaccines
FAVP, ¶¶ 4, 52-53; PRJN2, page 80, lines 7-19; PRJN2, page 100, line 3 through page 101, line 11.

l) Failing federally to report to Congress on vaccine safety
FAVP, ¶ 52B; PRJN2, page 99, lines 7-15.

m) Litigating federally vaccine injury cases from mandated vaccines
FAVP, ¶¶ 32-34.

n) Concealing federally that the primary cause of the national health crisis is mandated vaccines
FAVP, ¶ 8.

o) Setting regulations federally for interstate infectious disease control regarding mandated vaccines
FAVP, ¶¶ 52-53.

p) Funding federally health departments to enforce vaccine mandates across the Nation
FAVP, ¶¶ 49B, 52-53, 102, 147; PRJN2, page 82, lines 1-9.

q) Enforcing vaccine mandates on Federal properties and for Federally funded activities
FAVP, ¶¶ 40-42, 49, 52-53; PRJN1, page 11, lines 8-10; PRJN2, page 76, lines 8-18.

Only the President must answer for his wrongful actions causing the disastrous public health pled in the Verified Petition. It would be highly inappropriate, futile, and impossible to join countless subordinates and departments across unknown jurisdictions.[19]

The District Court was correct on this one point, that POTUS is not the "sole" cause of the predicament. Indeed. POTUS has hired, incentivized, and deployed *an army* to implement and enforce his vaccine agenda *nationwide* in order to assure that all Americans are injected with *all* of the President's "approved" vaccines.

If an executive hires and pays 1,000,000 gunmen, gives them all guns and bullets, and then points to "we the people" *while* directing the 1,000,000 gunmen to shoot (or in this case shoot up) as many of us as possible, do "we the people" have a cause of action against that Executive, or must we chase down the 1,000,000 hired killers and only name *them* as

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[19] *See, e.g.*, Vann, M. *Biden's federal workforce vaccine mandate could inspire companies to follow suit. The mandate could also trigger an avalanche of lawsuits*. ABC NEWS. (July 29, 2021). https://abcnews.go.com/Politics/bidens-federal-workforce-vaccine-mandate-inspire-companies-follow/story?id=79123913.

defendants? By recommending an impossibility (namely 1,000,000 defendants, thousands of jurisdictions), the District Court was really saying there is no remedy for the wrong destroying our Nation.[20]

3. It Is Not A Political Question Whether POTUS Should Either (A) Save America From Statistically Certain Death, or (B) Medically Experiment Upon Americans Without Their Consent.

Nowhere in the Constitution is any branch of government granted the power to use biological alteration drugs to experiment upon Americans without their consent. *See, e.g.*, *Nat'l Fed'n of Indep. Bus. v. Sebelius*, 567 U.S. 519 (2012) (finding Congress exceeded its enumerated powers with Obamacare and violated principles of federalism by the specific way it mandated health insurance upon otherwise free Americans).

Here, the FAVP carefully pleads around any political questions. S*ee especially* FAVP, ¶¶ 56, 93:

> Petitioners do not seek justiciability over any political questions … the imperative of recognizing the judicially

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[20] This Court can also take judicial notice that on March 10, 2021, Joe Biden took credit yet again for the Operation Warp Speed Vaccine development and supply via the U.S. military. *President Biden Hosts an Event with the CEOs of Johnson & Johnson and Merck*. Press Conference. THE WHITE HOUSE (March 10, 2021). https://youtu.be/UjH4_NOVtWc.

The same day, President Trump responded in writing that the vaccine depended specifically on the President. Dorman, S. *Trump takes credit for 'China virus' vaccine: 'I hope everyone remembers*!' FOX NEWS. (March 11, 2021). https://www.foxnews.com/politics/trump-takes-credit-vaccine.

> noticeable facts and taking some appropriate action reasonably engineered to prevent the collapse of this Nation and prevent further harm to its people, is neither discretionary nor political. The tool of the Executive Order has been utilized historically to accomplish nationwide relief against countless State and local laws oppressing individuals across jurisdictions - - for example, when President Abraham Lincoln freed slaves by Executive Order, blacks were not a protected class. When President Dwight Eisenhower used the tool of the Executive Order to desegregate schools (with the cooperation of the Federal Courts), he upheld civil rights by preempting oppressive State and local laws across the country.

As confirmed in 15 Moore's Federal Practice - Civil § 101.117 (2020), "the courts have invoked the political question doctrine primarily in cases involving housekeeping matters," with examples provided such as regulation of political parties, the electoral process, and declaration of war.

B. As Warp Speed Vaccination Is Ongoing, There Are No Other Adequate Means To Protect The Scientific Control Group. A Writ of Mandate Must Issue Immediately.

The Verified Petition specifies each Petitioner's injuries with particularity (e.g., even including details of specific denial of education solely on the basis of vaccination status, and a specific instance of a child protective services visit solely on the basis of vaccination status). Moreover, PRJN2 shows the persistent and pervasive hunting down of the unvaccinated across the United States, in excruciating detail.

The Verified Petition emphasizes that the Petitioners are under constant threat of mandatory vaccination, which is a form of coercion. It is duress. It is an unconstitutional condition. It is well established that the government may not coerce with its left hand the very thing its right hand is disallowed.[21]

During segregation in the 1950s, governors forcing "separate but equal" policies upon the people were not able to avoid mandamus on the grounds that the discrimination problem was so pervasive and widespread that the governors could not possibly be tasked with understanding what to do about it. There exists no adequate legal remedy if the control group population is undermined to threatened extinction, because proper science cannot be performed in the future if the legal right of informed refusal is withheld in the present. It is this Court's job to protect such legal right.

Warp speed mandatory vaccination for Covid-19 is raging throughout the United States. Millions of Americans such as Petitioners are praying

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[21] *See, e.g.*, *Frost & Frost Trucking Co. v. R.R. Com. of Cal.*, 271 U.S. 583, 593-94 (1926) ("[T]he power of the state in that respect is not unlimited; and one of the limitations is that it may not impose conditions which require the relinquishment of constitutional rights. If the state may compel the surrender of one constitutional right as a condition of its favor, it may, in like manner, compel a surrender of all. It is inconceivable that guaranties embedded in the Constitution of the United States may thus be manipulated out of existence.")

that the Article III Judiciary will uphold their Constitutional rights. This case has been the benefactor of many such prayers, especially given the impossible-to-ignore 'mark of the beast' implications (i.e., as vaccination is tethered to the technology to buy and sell). Even secularists agree that big pharma is marking humans like cattle, which at least 'looks bad'.

Forcing vaccines on pure unvaccinated children is like burning every heirloom seed and praying that corporate labs got it right.

Our Judiciary is called to weigh in on this imminent threat to the control group. If unabated by court order, irreparable harm to control group numbers will continue to occur. The unvaccinated will rapidly dwindle and further scientific study and survey cannot take place. Entire regions of the United States are under threat of becoming unavailable for scientific inquiry as self-proclaimed do-gooders think they can do whatever they wish to unvaccinated families. In the words of Christian author C.S. Lewis, "Of all tyrannies, a tyranny sincerely exercised for the good of its victim may be the most oppressive. It may be better to live under robber barons than under omnipotent moral busybodies." Lewis, C.S., *God In The Dock* (1948).

Petitioners present substantial evidence that the unvaccinated are neither harming others nor shedding diseases (i.e., the unvaccinated do not

transmit infections at a higher rate than the vaccinated do, but rather the rate is lower after taking into account transmitted infections that are not targeted by the vaccine in question). For every single vaccine on the CDC schedule, the overall risk of vaccination is exponentially greater than the zero to approximately zero overall risk of remaining unvaccinated in America today. *See* Petitioners' Offer of Proof (Feb. 28, 2021). Healthiest Americans' evidence and experts confirm the unvaccinated have shown remarkable resilience to infectious disease.

And yet shunning the unvaccinated is currently at a fever pitch. Destruction of the control group has never been more threatened.

C. The Extraordinary Nation-Collapsing Circumstances Warrant Mandamus.

Government documents prove the trajectories -- the rate of children with chronic illnesses doubles every 12 years. The last numbers collected were from approximately 2017, and they showed no signs this trajectory has been altered. *See, e.g.*, Dr. Hulstedt Declaration in support of Preliminary Injunction.

The destruction of our population's health is imminent, demonstrating that we're almost out of time to salvage this Nation.

If Petitioners' Pilot Survey is correct, and the mathematics prove it is, then our very Nation hangs in the balance of whether we recognize and

preserve control group evidence. Moreover, the requested relief is a win-win. Upholding informed refusal is already a tenet of law and ethics that government must support. The harm that POTUS would suffer is non-existent. SCOTUS intervention would benefit POTUS by way of fulfilling the duty to preserve the Union and faithfully execute the law of the land.[22]

In the Petition, Petitioners cite Wendy E. Parmet, *Public Health and Constitutional Law: Recognizing the Relationship*, 10 J. HEALTH CARE L. & POL'Y 13 (2007). In this important paper we read great summaries of case law showing that tallying up actual numbers of injured people is essential to legal rulings on the (un)constitutionality of public health actions:

> Epidemiology, however, also plays an important role in constitutional law, especially in many doctrines and cases, some of which were discussed above, in which the state's purported attempt to protect public health is relevant to the determination of the constitutionality of state action. Indeed, in such cases epidemiology and its sister sciences, such as biostatistics, are absolutely critical to

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[22] *Roman Catholic Diocese v. Cuomo*, No. 20A87, 592 U.S. ___, 141 S. Ct. 63, 208 L. Ed. 2d 206, 211 (Nov. 25, 2020) (granting injunction against Governor Cuomo's public health restrictions on religious services because the restrictions were not actually serving public health in a manner consistent with the Constitution; and especially Justice Gorsuch concurring, "Why have some mistaken this Court's modest decision in *Jacobson* for a towering authority that overshadows the Constitution during a pandemic? In the end, I can only surmise that much of the answer lies in a particular judicial impulse to stay out of the way in times of crisis. But if that impulse may be understandable or even admirable in other circumstances, we may not shelter in place when the Constitution is under attack. Things never go well when we do.") *Id.* at 214.

> understanding both what courts are doing and the constitutionality of particular state actions.

Wendy E. Parmet, *Public Health and Constitutional Law: Recognizing the Relationship*, 10 J. HEALTH CARE L. & POL'Y at 20 [emphasis added].

No governmental agency has ever provided epidemiological evidence to support vaccine safety claims. The only evidence relevant to answering this particular question is a *numerical accounting* of the health outcomes between exposed and unexposed. Nothing short of this can answer the question: Are vaccines producing more good than harm to public health? A million experts claiming safety without numbers cannot stand before one expert with numbers. History has shown us, for example, the abused power of deference to authority via bloodletting as the misguided standard of care, tobacco science falsely claiming to be good for health, Vioxx as bought and paid for by Pharma, and many recalled vaccines. Deference to authority without numbers is unscientific. Control group science is scientific.

There is just no way to spin the "public health" argument to make it appear vaccines are "worth the risks" once the numbers have been examined. The fact that our agencies have refused to keep any pretense of an accurate accounting of these numbers, does not alter the fact they have now been counted. The government's refusal to keep an accurate accounting of vaccine risks is not evidence of "safety". Bringing the public's

risk of chronic illnesses >60% only makes >60% of the public far more vulnerable to complications and even death from infectious agents, even those agents that are generally considered innocuous in healthy people.

The police power is not a rubber stamp.

At the risk of proceeding only upon a fool's hope to the doorway of this Court, Petitioners assert "There is, of course, a sphere within which the individual may assert the supremacy of his own will and rightfully dispute the authority of any human government, especially of any free government existing under a written constitution, to interfere with the exercise of that will." *Jacobson v. Massachusetts*, 197 U.S. 11, 29, 25 S. Ct. 358, 362 (1905). Petitioners cite such case in order to *end* such case in the very place it was forged. Petitioners assert their national security petition is unlike any other encountered in this Court's history, such that Petitioners' "supremacy of will" to remain peacefully natural is non-discretionary and non-negotiable in the most fundamental sense, perhaps best summarized by this Court's helper in 1803, "The first writ of mandamus is ... said to be a writ of discretion. But the discretion of a court always means a sound, legal discretion, not an arbitrary will. If the applicant makes out a proper case, the court are bound to grant it. They can refuse justice to no man." *Marbury v. Madison*, 5 U.S. (1 Cranch) 137, 153 (1803) (Reporter's Notes).

D. The Bigger Picture: America's Constitutional Crisis.

1. Situational Awareness Is Imperative.

The people our Supreme Court Justices were appointed to serve are now *keenly* aware that their state and federal legislators have wholly betrayed them in deference to the agendas of their biggest donors, i.e., the pharmaceutical industry. Of this, the people now frequently, loudly, and *ferociously* complain. Due to the rampant corruption within our political and electoral systems, the people hardly view the political class as providing any meaningful civil remedies at this time.

In spite of the President's recent slanderous characterization of the First Amendment as a 'threat to public health' there are now tens-of-thousands of alternative information sources providing the facts to the public. Collectively, these sources have come to outpace the reach of our highly-censored, big-tech platforms and corporate media.

The voices crying out against medical tyranny now include thousands of our top immunologists, virologists, toxicologists, statisticians, epidemiologists, medical professionals, and other scientists. And these resisters also now include a majority in the ranks of our law-enforcement

and our military, most of whom are quite finished serving, *under extreme duress*, as the President's personal lab rats.[23]

Indeed, the free speech among Americans today reminds of the openly revolutionary free speech exercised at the beginning of the American Revolution:

> If ye love wealth better than liberty, the tranquility of servitude better than the animating contest of freedom, go home from us in peace. We ask not your counsel or your arms. Crouch down and lick the hands which feed you. May your chains set lightly upon you, and may posterity forget that ye were our countrymen.

Speech at the Philadelphia State House. Samuel Adams (August 1, 1776).

As Americans *personally witness* this ongoing and rapidly-increasing level of human suffering and carnage, (now perpetrated at warp speed) it

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[23] Healthiest Americans requested judicial notice of the following dictionary definition: "Anti-vaxxer: a person who opposes vaccination or laws that mandate vaccination." *Anti-vaxxer*. Merriam Webster Dictionary (2021). https://www.merriamwebster.com/dictionary/anti-vaxxer.

Today, because of Covid-19, the anti-vaxxer description matches the overwhelming majority of Americans, as we account for

- The percentage of people who outright decline Covid-19 vaccines
- The percentage of people who faked a Covid-19 vaccine card
- The number of doses discarded for lack of demand
- Independent poll data showing opposition to the Covid-19 vaccine

Indeed, for decades the very low uptake of adult vaccines on the CDC schedule (in some cases as low as 10%) further emphasizes that the overwhelming majority of Americans are "anti-vaxxers".

has suddenly become impossible to convince them the injuries resulting from the President's medical experiments are "rare". CNN (and the like) have proven an ineffective weapon, as their failing ratings demonstrate. These propaganda machines are now largely viewed as a joke, when they are viewed at all. The wheels are flying off of the fraud-campaign engineered to convince the American people the President's nationwide medical experiments are "safe".

Our political class appear to be obtusely unaware of the fact these rising voices are now heard by *hundreds of millions of Americans* on an almost-endless number of alternative media platforms, and these also include our churches, school-board meetings, town-halls, "freedom" rallies, and millions of private dinner tables. There are far too many voices to ever hope to silence, and the number and clarity of these voices only accelerates the propagation of additional new voices with each passing moment.[24]

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[24] Goodness gracious, some Covid-19 vaccinated people are even becoming magnetic for all to see on YouTube, which is of course ridiculed, denied, debated, and pondered. Independent journalists are credibly reporting observations of magnetism in real-time. *The Covid Vaccine Magnet Challenge*. THE HIGHWIRE (May 21, 2021). https://thehighwire.com/videos/the-covid-vaccine-magnet-challenge/. And so-called "fact checkers" are attempting to fact check people's eyes. https://www.youtube.com/results?search_query=covid+vaccine+magnetic (August 26, 2021).

This is what the people are talking about at dinner tables. The experimental mad science nature of vaccination has become so undeniable,

It is a storm of supreme *outrage*, and it is already upon our shores. There is now no hope of quelling it. However, this storm's most destructive forces may still be guided to land upon the *appropriate* culprits, if only those now actively defending them, would simply step aside, and stop doing so. Either way, this storm cannot be stopped. And its force is such that it will likely destroy the foundations of all that which attempts to stand in its way.

2. There Is No Way To "Authorize", Or Otherwise Legitimize This Particular Activity.

Our Constitution does not authorize the Executive branch to direct, fund, supply, or implement, the systematic *physical destruction* of this Nation's people via his "FDA approved" human medical experiments. Only the most insanely genocidal would attempt to argue that it does.

Likewise, neither the deployment nor enforcement of, the President's catastrophic human medical-experiments are legitimate functions of any branch of government, whether fallaciously justified under the "general welfare" clause, or any abusive regulation, code, or policy, posing as law. There is simply no remaining method of convincing the American people such acts are in any way *acceptable*, let alone "authorized" under our

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it is now easier to defend DDT for nature's mosquitoes than vaccines for nature's infections.

Constitution. And FDA "approval" of these ongoing experiments does nothing more than further discredit the FDA while greatly intensifying public outrage against these obviously financially-motivated "authorities".

3. Times Have Changed Since the Civil War.

The Dred Scott decision showed Americans that, in order to protect the *human trafficking industry*, the U.S. Supreme Court was more than willing to pervert the Constitution so severely, that it actually claimed the Constitution did not prohibit the ownership of humans, so long as they were black, and 'non-citizens'. Although the Thirteenth Amendment was seemingly the only way to convince our judicial branch that slavery was *not* a protected activity within our "free" Republic, our Constitution did, without more, *already* prohibit it. And most Americans knew this. And we now thank God that our President of that time, held allegiance to his oath of office, *rather than to the human trafficking industry*.

At that horrific time in history, this outlandishly-abusive judicial interpretation, which many did perceive as treason, was at least couched as an attempt to protect the property (of white) 'American Citizens'. Disgracefully, this judicial defense of racist human trafficking was not then rightly charged as an act of treason against our Constitutional Republic. Equally despicable, this sickly-twisted interpretation was not charged as a

crime against humanity.

But times have changed. Crimes against humanity, as well 'official', but-fraudulent representations, and other related rights-deprivations, committed under 'color of law' in collusive effort to protect those who perpetrate these crimes, can now be charged as criminal offenses. Enforcement of such protective laws is clearly the *correct* interpretation of the Constitution, no matter who the perpetrators are.

This is because Americans now fully embrace the definition of "human" to include all of us, regardless of 'official' attempts to dehumanize certain groups via various slanderous categorizations. The fact our current President and his subordinate agencies have "approved" of including *all of us* in his medical experiments, does not alter our status as free humans. And no matter how ferociously the President slanders those who refuse to serve as his lab rats, we are no less human as a result, and we're still entitled to all of the natural rights which the President now seeks to deny those who refuse to comply with his unlawful demands.

Our Nation did survive, in spite of our highest Court's cruel allegiance to, and defense of, the indefensible, i.e., the human trafficking industry. And their abusive interpretation hardly ended the matter or quelled dissent. This Nation may yet survive the President's catastrophic medical

experiments upon the people with his CCP-sourced injections. And it may well survive in spite of those who protect its enemies who fight for its destruction, no matter their "official" positions.

However, unlike the harbor found in the days of Dred Scott, allegiance to the President's systematic decimation of the American population will find no similar refuge. What else might survive thereafter, remains to be seen.

This lawsuit represents Petitioners' best effort to exhaust the only remaining civil remedy left to them in this most urgent and dire of circumstance, as they fight to prevent the collapse of their Nation and to defend the health and very lives of, their own progeny *against a government gone mad-scientist*.

So the only real questions before this Court are these: Will our Justices now take corrective action to legally delegitimize all attempted enforcements of the President's catastrophic medical experiments, to save this Nation and its people from the abyss? Or will our Justices align themselves with defending the President's systematic, ongoing, and now "warp speed" physical destruction of our Nation's people?

When courts themselves force vaccine passports at the courthouse doors, will there be any civil recourse remaining in Article III?

> Prudence, indeed, will dictate that Governments long established should not be changed for light and transient causes; and accordingly all experience hath shewn, that mankind are more disposed to suffer, while evils are sufferable, than to right themselves by abolishing the forms to which they are accustomed. But when a long train of abuses and usurpations, pursuing invariably the same Object evinces a design to reduce them under absolute Despotism, it is their right, it is their duty, to throw off such Government, and to provide new Guards for their future security.

Declaration of Independence (July 4, 1776).

CONCLUSION

Healthiest Americans demand issuance of a writ of mandamus directing the District Court to reverse the dismissal.

Dated: August 26, 2021

Respectfully submitted,

GREGORY J. GLASER
RAY L. FLORES II

GREGORY J. GLASER

COUNSEL OF RECORD for Petitioners

CERTIFICATE OF COMPLIANCE

This brief is in compliance with the 9,000 word limit, as permitted by Supreme Court Rule 33.2, exclusive of items exempt under Supreme Court Rule 33.2(b). An electronic word count performed on the final version of the text reported 8,867 words.

Dated: August 26, 2021

GREGORY J. GLASER
RAY L. FLORES II

GREGORY J. GLASER

COUNSEL OF RECORD for Petitioners

FILED

MAY 13 2021

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

In re: JOY GARNER; et al.

JOY GARNER, individually and on behalf of The Control Group; et al.,

Petitioners,

v.

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF CALIFORNIA, SACRAMENTO,

Respondent,

JOSEPH R. BIDEN, in his official capacity as President of the United States of America,

Real Party in Interest.

No. 21-70925

D.C. No.
2:20-cv-02470-WBS-JDP
Eastern District of California,
Sacramento

ORDER

Before: PAEZ, BERZON, and HUNSAKER, Circuit Judges.

Petitioners have not demonstrated that this case warrants the intervention of this court by means of the extraordinary remedy of mandamus. *See Bauman v. U.S. Dist. Court*, 557 F.2d 650 (9th Cir. 1977). Accordingly, the petition is denied.

No further filings will be accepted in this closed case.

DENIED.

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

JUDGMENT IN A CIVIL CASE

JOY GARNER, ET AL.,

CASE NO: **2:20−CV−02470−WBS−JDP**

v.

JOSEPH R. BIDEN JR.,

Decision by the Court. This action came before the Court. The issues have been tried, heard or decided by the judge as follows:

IT IS ORDERED AND ADJUDGED

THAT JUDGMENT IS HEREBY ENTERED IN ACCORDANCE WITH THE COURT'S ORDER FILED ON 2/23/2021

Keith Holland
Clerk of Court

ENTERED: **February 23, 2021**

by: /s/ A. Coll
Deputy Clerk

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

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JOY GARNER, individually and on behalf of The Control Group; JOY ELISSE GARNER, individually and as parent of J.S. and F.G.; EVAN GLASCO, individually and as parent of F.G.; TRACI MUSIC, individually and as parent of K.M. and J.S.; MICHAEL HARRIS, individually and as parent of S.H.; NICOLE HARRIS, individually and as parent of S.H.,

Plaintiffs,

v.

JOSEPH R. BIDEN, in his official capacity as PRESIDENT OF THE UNITED STATES OF AMERICA,

Defendant.

No. 2:20-cv-02470-WBS-JDP

MEMORANDUM AND ORDER RE: DEFENDANTS'S MOTION TO DISMISS, PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION, AND PLAINTIFFS' REQUEST FOR JUDICIAL NOTICE

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Plaintiffs Joy Garner, individually and on behalf of The Control Group, Joy Elisse Garner, individually and as parent of J.S. and F.G., Evan Glasco, individually and as parent of

F.G., Traci Music, individually and as parent of K.M. and J.S., and Michael and Nicole Harris, individually and as parent of S.H., ("plaintiffs") brought this action against Defendant President Joseph R. Biden ("the President") attempting to allege violations of the presidential oath of office, the First Amendment, various violations of the Due Process Clause of the Fifth Amendment, the Fourth Amendment, the Eighth Amendment, the Thirteenth Amendment, the Fourteenth Amendment, the Ninth Amendment, and the Tenth Amendment.

Presently before the court are the President's Motion to Dismiss plaintiffs' first amended complaint ("Mot. to Dismiss") (Docket No. 28.), plaintiffs' Motion for Preliminary Injunction ("Mot. for Prelim. Inj.") (Docket No. 16), and plaintiffs' Motion for Judicial Notice ("Mot. for Judicial Notice") (Docket No. 4).

I. Factual and Procedural Background

Plaintiff Joy Garner founded and operates The Control Group, a non-profit organization that surveyed unvaccinated individuals for the purpose of this litigation. (See First Am. Compl. at ¶ 37.) (Docket No. 21). Garner lives in Roseville, California. (See id. at ¶ 36.) On July 4, 2020, the Control Group completed its tabulations of the results to date from its nationwide pilot survey of 1,482 completely unvaccinated Americans of all ages. (See id. at ¶ 37.)

Plaintiffs Elisse Garner and Evan Glasco have two minor children, J.S. and F.G., who are unvaccinated. (See id. at ¶ 40.) They live in Grass Valley, California. (See id.) J.S. and F.G. are allegedly unable to go to public or private school in

California, although they would like to, because California Health and Safety Code § 120325 requires vaccinations for school children to attend school unless they have a medical excuse. (See id. at ¶ 40(h).) Garner and Glasco have religious objections to vaccines and believe that there are serious health risks associated with vaccines. (See id. at ¶ 40(g-i).) Garner and Glasco also state that they have been denied "access to certain professions for themselves, not only within the state of California, but in many of the most populated American States they might wish to move to in the future." (See id. at ¶ 40(i).)

Plaintiffs Michael and Nicole Harris are the parents of S.H., an unvaccinated child. (See id. at ¶ 41.) They live in Carlsbad, California. (See id.) They have religious objections to vaccines. (See id. at ¶ 41(g).) S.H. is allegedly unable to go to public or private school in California, although he would like to, because California Health and Safety Code § 120325 requires vaccinations for school children to attend school unless they have a medical excuse. (See id. at ¶ 41(h).)

Plaintiff Traci Music is the parent of K.M. and J.S., two unvaccinated children. (See id. at ¶ 42.) The Music family lives in Alabama but may be transferred to another state during the pendency of the proceeding because Music's husband is an officer in the military. (See id.) Music has a religious objection to vaccination. (See id. at ¶ 42(g).) Music also contends that her child S.S. suffered from multiple injuries as a result of vaccination, including legal blindness in her left eye and partial deafness. (See id. at ¶ 42.) Music allegedly felt extreme pressure to vaccinate S.S. by a physician in Arizona who

threatened to contact Arizona Child Protective Services if she did not vaccinate S.S. (See id. at ¶ 42(j).) While living in North Carolina, Music also claims to have been the subject of an anonymous and complaint to North Carolina Child Protective Services where the basis of the complaint was that Music was homeschooling her children and did not vaccinate them. (See id. at ¶ 42(k).) Given the Music family's active military status, the Music family "remains in a constant state of uncertainty" whether they will find themselves unexpectedly and unpredictably in a state that does not recognize a religious exemption to vaccination. (See id. at ¶ 42(h).)

Plaintiffs seek a preliminary injunction to guarantee that an unvaccinated control group (i.e. a group of completely unvaccinated Americans who could be studied in comparison to vaccinated Americans) remain intact and free from discrimination and coercion with respect to their military service, education, livelihood, and religious freedom. (See Mot. for. Prelim. Inj. at 2.)

II. Discussion

A motion to dismiss for lack of a case or controversy under Article III of the Constitution must be analyzed under Federal Rule of Civil Procedure 12(b)(1). See Chandler v. State Farm Mut. Auto. Ins. Co., 598 F.3d 1115, 1121 (9th Cir. 2010); Fed. R. Civ. P. 12(b)(1). On such a motion the court must accept as true all material allegations in the complaint and must construe the complaint in the nonmovant's favor. See Bernhardt v. County of Los Angeles, 279 F.3d 862, 867 (9th Cir. 2002). The court may not speculate as to the plausibility of the plaintiff's

allegations. See id.

The Constitution limits federal courts' jurisdiction to cases and controversies, which includes the requirement that each plaintiff have standing with respect to each claim he or she asserts. See Lujan v. Defenders of Wildlife, 504 U.S. 555, 559–60 (1992). To establish standing, a party must demonstrate three elements. See id. at 560. First, the plaintiff must have suffered an "injury in fact" -- an invasion of a legally protected interest which is (a) concrete and particularized and (b) actual or imminent, not conjectural or hypothetical. See id. Second, there must be a causal connection between the injury and the conduct complained of; the injury has to be "fairly . . . trace[able] to the challenged action of the defendant and not . . . th[e] result [of] the independent action of some third party not before the court." Id. Third, it must be "likely" as opposed to merely "speculative" that the injury will be "redressed by a favorable decision." Id. at 561. The party invoking federal jurisdiction bears the burden of establishing these elements. See id.

For the purposes of this discussion, the court assumes, but does not decide, that plaintiffs can demonstrate that they have suffered an injury in fact. However, plaintiffs acknowledge multiple times that the President "is not the sole cause of" their purported injuries. (See First Am. Compl. at ¶¶ 20, 117, 127, 144, 148, 157, 163.) That is an understatement. The first amended complaint contains no allegation that any department or agency of the federal government, much less the President, is responsible for any of their alleged injuries. To the contrary,

plaintiffs even note that there is no mandatory vaccine federal requirement and that the Center for Disease Control ("CDC") recommended vaccine schedules are not mandated. (See First Am. Compl. at ¶ 52(a).)

Instead, plaintiffs allege throughout their first amended complaint that the actions complained of are the result of independent actions by third parties not before the court. Several plaintiffs complain that their children are unable to attend school in California because they have religious objections to vaccination. (See id. at ¶¶ 40(h), 41(h).) However, as plaintiffs acknowledge, it is not a federal law that prohibits their children from attending school in California, but a law passed by the state of California. See Cal. Health & Welfare Code § 120325; (See First Am. Compl. at ¶¶ 40(h), 41(h).)

Plaintiff Music alleges that she was visited or threatened with a visit by child protective services in North Carolina and Arizona, (see id. at ¶¶ 42(j-k)), but again there are no facts suggesting that any federal law or federal entity, much less the President, was in any way involved with those incidents. Plaintiffs likewise repeatedly state that many of the perceived threats and alleged discrimination to unvaccinated populations stem from local governments. (See id. at ¶¶ 52(a), 74, 143, 147, 155.)

In sum, there are no allegations in the first amended complaint to support even an inference that the injuries plaintiffs complain of are traceable to any act or omission of the President but rather result from the conduct of independent

third parties not before the court.[1]

Plaintiffs likewise fail to sufficiently allege that their claimed injuries will be redressed by a favorable decision in this action. "To establish redressability, the plaintiffs must show that the relief they seek is both (1) substantially likely to redress their injuries; and (2) within the district court's power to award." Juliana v. United States, 947 F.3d 1159, 1170 (9th Cir. 2020). Here, the court cannot envision how anything it could constitutionally order the President to do in this action would remediate any of plaintiffs' alleged injuries.

The relief plaintiffs seek in this action is to have the court order the President to take unspecified actions to prevent purported discrimination against vaccine objectors,

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[1] Plaintiffs claim that "only the President of the United States of America and Commander in Chief of the Armed Forces has the authority to protect Petitioners from the myriad and ever-shifting initiatives to vaccinate every individual in America as much as possible, which have stoked hatred and vilification of unvaccinated Americans." (See First. Am. Compl. at ¶¶ 60–61.) They also contend that it is the President's duty to acknowledge that America has been segregated and to take some appropriate action to either desegregate or justify the continued infringement upon Petitioners' 5th Amendment and other rights. (See id. at ¶ 107.) Plaintiffs further contend that the "President, by omission of oversight, has not prevented the vilification, infliction of threats, and coercion of mandatory vaccination upon [plaintiffs] which has placed [them] in a position of actual, particularized danger, threatening national security." (See id. at ¶¶ 120–21.) They also state that the President "has actively supported subordinate executive agencies and myriad others contributing to the 'predicament' (by which they mean chronic illnesses allegedly caused by vaccines) in spite of their known and obvious dangers." (Id.) Such generalized and politically charged assertions demonstrate a lack of appreciation of the respective roles of the President and the courts under our Constitutional system, and this court need not dignify them with any further discussion or response.

perform a national survey of unvaccinated Americans, and then establish a national informed consent system whereby "vaccines shall not be administered unless the patient has reviewed the actual numerical increased risks of disease, disability, and death associated with exposure to vaccines" in the short and long term. (See id. at ¶ 172.) It requires a stretch of the imagination to see how such an order would compensate plaintiffs for their past injuries or prevent any future injuries resulting from their refusal to be vaccinated or their being compelled to be vaccinated. Even if the court granted the declaratory or injunctive relief sought by plaintiffs, it would not invalidate the provisions of California law -- or similar provisions in other states' laws -- which allegedly require students to be vaccinated in order to attend school. (See First Am. Compl. at ¶¶ 40(h), 41(h).)

For the foregoing reasons, plaintiffs have failed to sufficiently allege standing to pursue their claims against the President in this action. "Although there is a general rule that parties are allowed to amend their pleadings, it does not extend to cases in which any amendment would be an exercise in futility, or where the amended complaint would also be subject to dismissal." See Steckman v. Hart Brewing, Inc., 143 F.3d 1293, 1298 (9th Cir. 1998)(internal citations omitted). Here, in order to overcome the lack of standing, plaintiffs would have to seek entirely different relief against an entirely different defendant or defendants. That, in essence, would have to be an entirely different action. The court will accordingly not grant plaintiffs leave to further amend their complaint in this case.

IT IS THEREFORE ORDERED that the United States' motion to dismiss, (Docket No. 28), be, and the same hereby is, GRANTED and the case is DISMISSED WITH PREJUDICE. Because the court lacks jurisdiction to hear plaintiffs' claims, the court DENIES plaintiffs' Request for Judicial Notice (Docket No.4) and Motion for Preliminary Injunction (Docket No. 16).[2]

The Clerk of Court is instructed to enter judgment accordingly.

Dated: February 22, 2021

WILLIAM B. SHUBB
UNITED STATES DISTRICT JUDGE

[2] The court notes plaintiffs' objection to "this Court's rush briefing schedule that afforded petitioners' five calendar days to file an opposition brief to respondent's motion to dismiss." (See Opp'n to Mot. to Dismiss at 18) (Docket No. 31).) However, at the status conference held on February 1, 2021, the court informed all parties that it would be helpful to hear defendant's motion to dismiss at the same time as plaintiffs' motion for preliminary injunction and request for judicial notice. (See Docket No. 27.) The reason that an accelerated briefing schedule was necessary was because plaintiffs refused to stipulate to a one month continuance and insisted that the court keep the scheduled hearing date of February 22, 2021 for plaintiff's request for a preliminary injunction. The court further notes that at the February status conference, all parties agreed to an accelerated briefing schedule.

The CONTROL GROUP

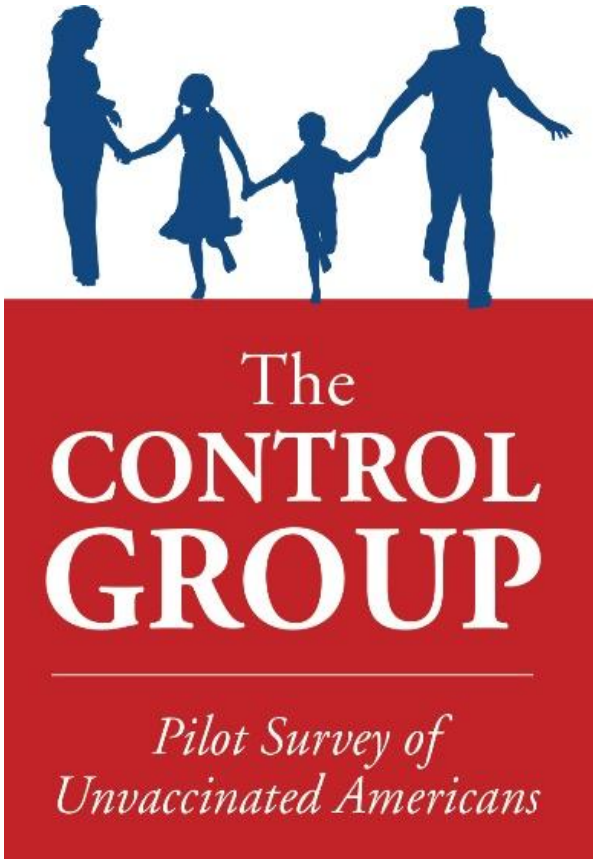
Pilot Survey of Unvaccinated Americans

STATISTICAL EVALUATION OF HEALTH OUTCOMES IN THE UNVACCINATED
Full Report

By: Joy Garner
February 9, 2021
The Control Group Pilot Study
TheControlGroup.org

THE CONTROL GROUP

STATISTICAL EVALUATION OF HEALTH OUTCOMES IN THE UNVACCINATED



STATISTICAL EVALUATION OF HEALTH OUTCOMES IN THE UNVACCINATED
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INTRODUCTION

1. The Crisis Must Be Addressed

When 60% of a Nation's adult population is suffering chronic conditions, 48% of them have some form of heart disease, 10% have diabetes, etc., it's imperative to *immediately* address the situation, and to do so honestly, without regard to monetary or political interests. It's *long past* time to actually *apply* the scientific method, which requires true controls, actual numbers, and math. Numbers that are over 99% *incorrect*, (as are produced by the Vaccine Adverse Event Reporting System, "VAERS") which are used to support subjective adjectives, slogans, and "expert opinions", do not qualify as a form of "science" that *anyone* should trust.

2. **The Scientific Method**

When in doubt, we must go back to the instruction manual. And this manual instructs us to *actually apply* the true scientific method to the problem if we wish to arrive at the correct answers. Because science has become so fully corrupted of late, people lose faith in science. But the scientific method is not to blame. It's *still* the logical method for arriving at objective truths. The *corruption* of science is what has caused the problem. When 99% *incorrect* numbers are the basis for the math problem - as seen in the VAERS data - there is no chance of arriving at a correct answer, unless of course, it's in the context of "Common Core" mathematics. In which case, *any* answer can be correct, so long as the student *obeys* the illogical instructions they're ordered to follow. If they follow *the irrational orders* correctly, the incorrect answer becomes acceptable. Even with the correct answer, if the orders were not followed, the correct answer is deemed incorrect. Hence, the objective truth is irrelevant and the only thing that matters, is the willingness of the student to blindly follow orders, no matter how irrational those orders are. In the end, the only "correct answer" is to follow orders.

Common Core math is similar to the so-called "science" of vaccine safety. The slogans, i.e., "rare" or (*relatively*) "safe", are supported *only* by numbers that are over 99% *incorrect*. And this is the "science" we're told we must blindly "trust". No matter how irrational the orders, we must follow them and get our "shots", to avoid being attacked as "anti-science" nut jobs. But that's okay. Nobody needs to be an M.D. in order to count the *number* of the diagnoses doctors have *already* given. Nor does one require a medical degree to obtain historical data relevant to vaccination exposures which *people are keenly aware of in their own lives* and perfectly capable of reporting. The numbers our agencies have categorically *refused* to count, were counted anyway. And this researcher is quite certain these agencies will be furious this accounting was done without their "approval". The FDA would *never* have granted such approval to anyone in any case, given that this particular accounting exposes the numerically objective truth about the relative "safety" of vaccine exposure.

3. **Overview of Objectives & Methods** [1]

The survey was implemented in April of 2019 and concluded in June of 2020, with the immediate goal of obtaining raw health data exclusively from entirely unvaccinated subjects - of all ages - in as many American states as possible. The ultimate goal of this study, and that of a planned larger-scale follow-up study of similar construct, is to fill a major gap in available health data by establishing health outcomes specific to Americans who have not been exposed to vaccines. Data was also gathered to establish health outcomes associated with avoidance of the vitamin K-shot at birth and/or vaccination during pregnancy, in addition to complete avoidance of post-birth vaccination. This population of interest, i.e., the remaining entirely unvaccinated (post-birth) in all ages combined, is calculated at 0.26% (or less) of the entire population in the U.S.A.. [2]

Three methods of data collection were employed; (1) complete and mailed-in surveys (2) on-site, in-person interviews, and (3) follow-up phone interviews. These methods are

[1] "Whenever you can, count." ***Sir Francis Galton***

[2] Calculation data and methods are detailed later in this report.

similar to those implemented in the National Survey of Children's Health (NSCH) 2017-2018. However, the Control Group survey, covering 48 American states, achieved a substantially higher sampling rate for our population of interest (entirely unvaccinated post-birth) who fell within the ages of 3-17, than did the NSCH study for its population of interest.[3]

The reporting parties in the Control group survey, comprised mostly of parents, filled out surveys in which they were prompted to report all current and historical health, mental, or other conditions, including any health-related deaths in any unvaccinated members of their families. All entirely unvaccinated parties, in all ages, were encouraged to participate, whether or not they also had any unvaccinated children for whom they were reporting, or whether they had other children with vaccine exposure (post-birth) for whom they would not be reporting. A complete lack of vaccination (post birth) was the only qualifier for survey participation.

The data compiled and referenced herein, relied primarily upon hardcopy original surveys completed in ink in the participant's own handwriting with post-marked envelopes, which verified the location from which they were mailed and the date on which they were mailed, with the minority of surveys conducted by on-site, in-person interviews, as well as follow-up interviews by phone or email. Another primary difference between the Control Group data collection methods and the NSCH study, is that the NSCH also relied upon electronic surveys not accompanied by original hardcopy paper.

In both studies, the reporting parties reported their personal observations and medical diagnoses. However, the NSCH did not analyze information on vaccine or K-shot exposures, and/or other related pharmaceuticals for purposes of comparing health outcomes in those with, or without exposure. To the extent data on pharmaceutical exposures were noted, this data was not analyzed to determine whether these were increasing health problems. The NSCH had no interest in identifying, or quantifying, the most obvious biological exposures that might be *causing* health problems in children, such as conditions that are known to be associated with vaccine exposures. It is more than disturbing to see so little concern for identifying *what's injuring the health of these children*. Without this information the research can't result in any *improvements*. We already knew our children were suffering in great numbers. Identifying *causes* would have been a worthy research effort, adding very little time or cost to the study. Refusal to observe, is not evidence of innocence.

[3] The total US sample/fraction rate (for the population of interest *between the ages of 3-17*) for the NSCH study was 0.071%. The Control Group survey produced a sample rate of 0.5848% specifically for the unvaccinated population of interest who fell *between the ages of 3-17* during the survey period. For the State of California, the NSCH sample rate for their target population (*between ages 3-17*) was 0.008% for 2017/2018. For the state of CA, the Control Group survey produced a sample rate of 0.497%. In the NSCH study, a *choice* was made to cut off any reporting on the health outcomes for those below the age of 3, even though they *had* access to this population's data. The increase in the rates of disorders our *very youngest* Americans are now suffering, is being ignored, at the same time the number of vaccines they're receiving has been *massively increasing*. It is more than odd, and more than frustrating, that with all of the money spent surveying the health/diseases of America's children, there was no inquiry into biological exposures to a class of pharmaceutical product that US law has formally classified as "unavoidably unsafe". This is an extremely obtuse approach for researchers who claim they're concerned for the health of American children.

Chapter 2

CONSTRUCT VALIDITY

(A) Premises (1) Injecting vaccines comes with health risks, and (2) our health authorities have not *enumerated* what those risks are, therefore (3) there has been no reliable numerical value on the risk side of vaccination with which to accurately calculate the risk-to-benefit ratio of vaccination, either for individuals, or for the public.

(B) Hypothesis: Entirely unexposed, i.e., "unvaccinated" people suffer from far fewer of the injuries and consequent health problems which vaccines are known to cause, than the vaccine-exposed population suffers.

(C) Challenge Questions to Answer: (1) Are the entirely unvaccinated (unexposed) in America suffering a substantially different number of health problems than the 99.74% vaccine-exposed American population? (2) If so, what are the *numerical* differences in the risk of health problems in the 99.74% vaccine-exposed population (at any level of exposure) vs. the entirely unvaccinated population in the U.S.A.?

(D) Method: (1) Survey a robust representative sampling of entirely unvaccinated, i.e., completely *unexposed* controls from across the Nation and compile their health data (2) compare the health outcomes found in the unexposed population to the risk factors seen in the 99.74% vaccine-exposed population, and; (3) numerically quantify the differences in risk factors to see if it's possible to answer one, or both, challenge questions in (C). [4] [5] [6] [7]

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[4] The study model, data-collection methods, sampling rates, etc., are detailed in later chapters.

[5] **NOTE:** Vaccines are legally classified as "unavoidably safe", and there is no data to support any claims that vaccine reactions and injuries are "rare", which would be the only method of supporting a claim vaccines are "worth the risks" or "relatively safe". Therefore, the relevant 'null hypothesis' is not whether or not vaccines are safe. Vaccines are already known to be *unavoidably* unsafe. *See*: RESTATEMENT (2nd) OF TORTS § 402A comment k (1965). This study was conducted for the purpose of *enumerating* the risks associated with complete vaccine avoidance, by producing *numerical values* to then compare against health outcomes observed in the 99.74% vaccine-exposed population. Providing these numerical risk values facilitated an evaluation of the risk/benefit ratio of vaccination, at *any* level of exposure.

[6] In 1849, John Snow, the 'father of epidemiology', used the basic logic of exposure vs. non-exposure (to certain public water systems) to track down the *cause* of cholera outbreaks, ultimately preventing countless additional cases of cholera by eliminating the cause. SEE: https://en.wikipedia.org/wiki/John_Snow . Identifying and eliminating a potential *biological* cause, remains the single most logical and reliable method of investigating the cause of disease. In Snow's investigations it was simple. The people who drank from one water source as opposed to another, had *different health outcomes*. Modern and trendy epidemiological sciences now search for "social inequality" causes for diseases and deaths that obviously have biological causes. When purportedly searching for the cause of disease, it's now become fashionable to study whether people are suffering from a lack of fancy vacations and nice cars in their driveways, (income inequality as cause of disease) and/or their race, (racism-based cause of diseases) *instead of* examining direct *biological exposures* to substances that are *known* to cause the diseases in question.

[7] "If ... we choose a group of social phenomena with no antecedent knowledge of the causation or absence of causation among them, then the calculation of correlation coefficients, total or partial, will not advance us a step toward evaluating the importance of the causes at work." R. A. Fisher

Chapter 3

FOUNDATIONAL FACTS & LOGIC BEHIND THE PREMISES

1. **Our Nation's *<u>over 99% Failure-rated</u>* System for Vaccine-Risk Data.** [8] [9]
In the U.S.A., the only nationwide data-collection, or "surveillance" system for "tracking" the risks associated with vaccination, is the Vaccine Adverse Event Reporting System ("VAERS") which has a failure rate of *over* **99%.** That is to say, the VAERS fails to collect observed data on adverse events occurring *shortly after vaccination* over 99% of the time. And the VAERS specifically prohibits the collection of data on the long-term effects, i.e., the VAERS provides absolutely *zero* data relevant to the enumeration of the long-term risks associated with vaccination. Based upon the VAERS data, calculating only the *immediate* reactions to vaccination, requires that one first multiply every reported (and disclosed) adverse event therein, including deaths, by *at least* a factor of 100. This calibration instantly exposes the slogan "rare" (in reference to vaccine side-effects) for the outright fraud that it is. This is why the Harvard VAERS study opens with the line "Adverse events from vaccines are *common* [ ]" (Emphasis added.) This 99%-failed-system, the VAERS, is responsible for the Big-Pharma marketing slogans, "rare" and "extremely rare", which are the *sole* support for their even more abusively-false slogan "safe".

In the wealthiest nation in the world, we are told to accept that a 99% failure-rated accounting system is the best our billions in tax-dollars can purchase from our "health" agencies. Equally disturbing, is that this same 99%-failed reporting system is relied upon by our health authorities and legislators *<u>in setting vaccine-related public health policies</u>*, which continually force more vaccines upon the public through increasingly discriminatory laws, regulations, and policies. [10] There is nothing "scientific" about an accounting system that's incorrect over 99% of the time. No accounting system that fails over 99% of the time is doing so *accidentally*. Only an accounting system specifically *engineered* to fail could *manage* to fail over 99% of the time.

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[8] "Adverse events from vaccines are common but underreported, *<u>with less than one percent</u>* reported to the Food and Drug Administration (FDA). Low reporting rates preclude or delay the identification of "problem" vaccines, potentially endangering the health of the public. New surveillance methods for drug and vaccine adverse effects are needed." (Emphasis added.) **Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts)** Performing Organization: Harvard Pilgrim Health Care, Inc. - Submitted to: The Agency for Healthcare Research and Quality (AHRQ) U.S. Department of Health and Human Services. At: https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system NOTE: This study, exposing the 99% failure rate of the VAERS was viciously concealed from public view under the Obama administration, and nothing changed over at the FDA or the VAERS.

[9] "Generally, numbers don't lie. But financially motivated people *do* lie about the numbers." - Joy Garner – 2020.

[10] These legislative and administrative acts consistently deny equal opportunities in education and employment as retribution against those who refuse to submit to Pharma's never-ending demand for higher vaccine profits. And Pharma richly rewards our legislators for voting to pass compulsory vaccination laws, i.e., legislative votes are literally sold in exchange for directly increasing pharma profits.

2. ***Vaccines are legally classified as "<u>UNSAFE</u>"***
Vaccines are legally classified as "unavoidably unsafe" under controlling U.S. law. [11] Unsafe is the *antithesis* of safe. The use of the word "safe" to market this particular class of product, by any objectively-rational view, can only be described as *fraud*. Codifying this particular species of fraud as a protected activity within the U.S.A. does not alter the fact that it *is* fraud to use the word "safe" to market a product that is absolutely *known* to be "unsafe".

Arguments that the marketing slogan "safe" is justified on the pretense vaccines are *relatively*-safe because they "save lives", are equally devoid of justification because this class of product is known to destroy and *end* lives, and the *number* of lives thusly-affected by vaccines have not been <u>*accounted for*</u> by any of our public health agencies. Again, the accounting system relied upon for vaccine-risk numbers, the VAERS, fails to produce correct data relevant to the risks *over 99% of the time*. Without an *accounting*, it's impossible to know whether this class of product has saved more lives than it has destroyed and/or taken, let alone justify slogans like "rare". The word "safe", in any context related to vaccination, is false and only intended to defraud the public out of their right to be informed where there is risk, to know the <u>*extent*</u> of that risk, and to <u>*voluntarily*</u> consent.

Without knowledge of the risks, (which requires *numbers*) this deceptive "slogan-science" method of obtaining the public's compliance with the dictates of the pharmaceutical industry, is the text-book definition of *fraud in inducement*, which is a criminal act. It can never qualify as consent. Further, this ongoing experiment cannot be justified as "advancing medical or scientific knowledge" because the 99% failure-rated accounting system for this experiment is equivalent to *intentionally wearing a blindfold* during the experiment. In a nation founded on the premise of freedom, the fact the pharma industry has purchased the shaping of our governing laws to sanctify their fraud as a protected activity, is nothing short of a grotesque obscenity. There are no words quite foul enough to characterize the act of *hiding* these injured and dead bodies through the VAERS in order to continue feeding the Pharma-Leviathan with the *lie* that their vaccines are "safe".

Our subject of investigation here, "Mr. V", is known to maim and kill and the Harvard-Pilgrim study has shown this is "common", over 99% more common than our agencies will ever report to us. But we're *still* told Mr. V's "safe" because it's "rare" for him to maim or kill people. We are told to refer to the VAERS numbers for confirmation of the "rare" slogan, because it's a "government safety surveillance system" that's "tracking" Mr. V's activities. And this sounds so reassuring, as if the FBI is *continually* surveilling what Mr. V is up to. [12]

If you were under "surveillance" would you assume that *over* 99% of the time, *nobody was watching you*? The term "surveillance" is just another fraud intended to give people the

[11] *See:* ***U.S. Restatement (Second) of Torts § 402A (comment k)***
[12] Not only is Mr. V a known killer, his entire industry is full of known *criminals* who are routinely adjudged to be guilty of criminal acts by our courts. See: ***Financial Penalties Imposed on Large Pharmaceutical Firms for Illegal Activities*** By: Denis G. Arnold, PhD, Oscar Jerome Stewart, PhD, Tammy Beck, PhD *JAMA.* 2020;324(19):1995-1997. doi:10.1001/jama.2020.18740 At: https://jamanetwork.com/journals/jama/article-abstract/2772953

wrong impression, much like the word "safe". "Yes, we know Mr. V is a known killer. But don't worry, we've got him under *surveillance* and we're *tracking* him."

The government's 'surveillance' of Mr. V, which is purportedly monitoring *how many* people he's maiming and killing, keeps track of him *less than 1% of the time* while he's busy injecting people. And we aren't sure *how much less than 1%* of that time they're watching him. How could anyone know how *often* Mr. V maims and kills people, let alone ascribe any adjectives to the *frequency* of those acts?

"What were you doing on the morning of October 20th, 2020?" We already *know* what Mr. V was doing. Every day of the week he was injecting people *all day*. And *over* 99% of the time, nobody was watching him to make sure he was *only* "rarely" maiming and killing people.

'Less than 1%' doesn't qualify as "surveillance" when you're tracking a subject whom the government has formally classified as 'unavoidably unsafe' *because* he's a known killer. People can go to jail for *any* rate of accounting failure when they're dealing with the IRS. But there's money at stake for the government there. So long as the numbers *only* represent human suffering and deaths (after injection with unavoidably unsafe Pharma products) an accounting that's *over 99% incorrect* is acceptable to our loving government. The VAERS pretends to be counting that which it *only* conceals. The VAERS exists to launder the injuries and deaths *so that* the money made off of them won't need to be laundered.

3. ***"Trace Amounts" and Gradients***

Vaccines are never tested for their cumulative, synergistic, teratogenic, or other long-term effects. When tested on a gradient for toxicity in humans, many vaccine ingredients have been confirmed to be destructive and deadly in larger doses and/or with cumulative exposures, including but not limited to, the aluminum adjuvants and mercury found in the most common vaccines. And direct injection guarantees that 100% of the dose is the *actual* exposure. [13] It would be the pinnacle of irrationality to argue that repeated injections with an "unsafe" product that's replete with known toxins would not *also* increase the associated risks.

It is obviously correct logic to assume that our National disease, disability, and death rates serve as a numerical barometer that's at least 99% accurate for the health of a population with a 99.74% rate of exposure to this class of product, *at any level of exposure*. Obviously, within this 99.74% vaccine-exposed population, the higher an individual's exposure, the

[13] Bioavailability is a term used to describe the percentage (or the fraction (*F*)) of an administered dose that reaches the systemic circulation. Bioavailability is practically 100% with injection into the bloodstream, (F =1) See: https://www.sciencedirect.com/topics/pharmacology-toxicology-and-pharmaceutical-science/bioavailability - The FDA's safety guidelines for the "doses" of these substances are often based upon the greatly-reduced exposures one would expect if the substance were *ingested*, as opposed to directly *injected* into the bloodstream, which by-passes normal filtering and protective systems of the body. Exposure by direct *injection* (rather than ingestion) can be expected to increase the dosage by as much or more than 99%.

higher the associated risks for *that* person. The more one engages in "unavoidably unsafe" behavior, the higher one's personal risk.

4. ***'Medical-science' relies upon the 99%-failed VAERS for "scientific" data.***
As seen in one prominent Oxford study from 2015, the VAERS produced a record of 2,149 deaths occurring shortly after vaccination.[14] [15] At a reporting-rate of less than 1% (established by the Harvard study), this number is appropriately calibrated to *no less than* 214,900 deaths occurring *shortly after* vaccination. This Oxford article states that, of those deaths occurring after vaccination that *were* reported to the VAERS, **79.4%** of the victims were injected with vaccines *hours* before death, i.e., on the *same day* of their deaths. [16]

5. ***Thousands Dead on the Day of Vaccination is NOT "concerning" at Oxford***
This 2015 Oxford article concludes; "No concerning pattern was noted among the death reports." This is a bizarre carnival-house mirroring of the data cited within this very same article. Although this article concludes that thousands - more accurately, *hundreds of thousands* - of humans dying *within hours after vaccination* is not a "concerning pattern", only one who has death as their *preferred* outcome, could agree.[17]

The article claims that the noted causes of death are of no concern *because* they're extremely "common" ways *for the 99.74% vaccinated population* to die. [18] Therefore, the article continues, it could only have been a "*coincidence*" all of these people died *within hours* of vaccination. The justification for this article's claim there's nothing concerning about thousands of Americans dying within hours of vaccination is far worse than spurious. It's so blatantly obtuse that it's *profoundly* disturbing. [19]

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[14] *Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997–2013*
Pedro L. Moro, Jorge Arana, Maria Cano, Paige Lewis, Tom T. Shimabukuro
Clinical Infectious Diseases, Volume 61, Issue 6, 15 September 2015, Pages 980-987, https://doi.org/10.1093/cid/civ423
https://academic.oup.com/cid/article/61/6/980/451431

[15] Oxford is heavily dependent upon Pharma funding, with heavy interests in vaccine development. See: ***U.S. gives AstraZeneca $1.2 billion to fund Oxford University coronavirus vaccine***
https://www.marketwatch.com/story/us-gives-astrazeneca-12-billion-to-fund-oxford-university-coronavirus-vaccine-securing-300-million-doses-for-country-from-october-2020-05-21

[16] According to the VAERS reporting rules, deaths that occur more than 7 days after vaccination are not *permitted* to be reported as an "adverse event following vaccination" no matter how many of them occur on the 8th, 9th, or 10th day after vaccination and beyond, nor how many dead bodies continue to pile up in the wake of mass vaccination. And of course, any coroner reporting a vaccine as the "cause" of death, no matter how soon after the vaccine that death has occurred, will soon be out of a career. Pharma-money and their Chicom masters run the medical industrial complex in the U.S.A. now. SEE:
https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

[17] If a rancher saw this "pattern" in his herd of cattle after the vet came by with a round of "protective" injections, *and* that rancher watched over 50% of his previously-healthy cattle get sick in the ensuing months and years, that vet would never be allowed near another cow again. That vet would end up in court paying for the damage.

[18] "A single death is a tragedy; a million deaths is a statistic."— **Joseph Stalin**

[19] If these deaths are considered "normal" then there is clearly something wrong with the new definition of normal.

This wretchedly-inept attempt to cover pharma crimes is akin to a snake chasing its tail. No relevant data is cited therein which could support its primary conclusion. i.e., that there's nothing "concerning" about thousands of Americans dying immediately after vaccination. The only evidence that might've supported such a conclusion, would've been the number of people who were *not* vaccinated just hours before their deaths, but who died the same way. This Oxford article is completely devoid of such critical data. Much like most of the official "vaccine-safety-science" of our day, it is also devoid of logic, reason, *or conscience*.

6. ***If the deaths are preceded by vaccination, they're okay, because it's so "common".***
The fact that our 99.74% vaccine-exposed population *commonly* dies from these same causes is *hardly* evidence that vaccines are *not* causing these deaths. This purportedly "scientific" Oxford article goes on to explain that the majority of the reported infant deaths (within hours after vaccination) were *caused* by Sudden Infant Death Syndrome, i.e., "SIDS". But SIDS is *not* a "cause" of death, and they're hoping we can't figure this out.

The SIDS designation is merely the coroner's claim that he's got no idea, (and no real desire to investigate) what actually killed an infant *who was vaccinated shortly before death*. The remaining minority of 'causes' cited for these infants who died shortly after vaccination, were "asphyxia, septicemia, and pneumonia". The fact that *all* of these outcomes are *known* to be risks associated with vaccination, somehow escapes these "scientific" authors, and there's no investigation into what caused *these* conditions in the first place. Again, nobody noticed any 'concerning pattern' in the fact almost 80% of these deaths occurred *within hours after vaccination*? So long as the victims were recently vaccinated, their deaths are of no concern, because it's so *common* for vaccinated people to die in such ways.

The only logical conclusion that can be drawn from this Oxford publication is that the folks *at Oxford* don't find it concerning when thousands of people die within hours of vaccination. This article is merely cover for an *agenda*, rather than an assessment of any evidence or data. The UN, WHO, Pharma, and their many subsidiaries and beneficiaries, (including Oxford) have made clear what the agenda is, and it has *nothing* to do with improving the health of the American people, nor any other Nation's people. One cannot be genuinely trying to "save lives" *and* depopulating *at the same time*. [20] [21]

7. ***Long-Term, Stealthy, Progressive Attack***
Even after calibrating the correction for the over 99% incorrect VAERS accounting, the VAERS data is only useful in analyzing *some* of the *short-term* risks. Vaccines are

[20] The UN makes it abundantly clear that their *primary* objective is depopulation. Aggressive implementation of their agenda here in the U.S.A. at the state, county, and even city level, has already wreaked havoc and devastation that will take generations to fully recover from. See: UN's ***"Population Matters"*** at: https://populationmatters.org/news/2019/09/12/world-and-un-must-reduce-population-growth . Their flowery talk of "prosperity" to sell their agenda is hardly believable when literally *all* of their policies and activities lead to grinding poverty, sickness, and death. SEE how this death-cult pushes vaccines to advance their agenda: https://blog.pcc.com/united-nations-vaccines

[21] See how the WHO "helps" African people by injecting them will "vaccines" that destroy their reproductive systems: ***HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World*** *https://thenewamerican.com/doctors-un-vaccines-in-kenya-used-to-sterilize-women/*

engineered to trigger, and thereby *permanently* alter, the immune system. Once triggered and gone awry, the immune system is capable of injuring, and ultimately destroying, literally any organ, tissue, or system of the victim, *including* the heart, brain, nervous system, liver, kidneys, pancreas, joints, lungs, skin, etc. No component of the victim is immune from this internal attack after the victim's most powerful biological survival mechanisms have been stealthily turned against them.

Injuries and deaths from this delayed-method can take weeks, months, or even years after the triggering-event, before the victim becomes aware there's a problem. And there's no telling which part of the body will suffer the most or be first in line for destruction. This would depend upon the agents included in the particular injection (along with the immune-system triggering adjuvants) which might include cells that train the immune system to recognize the pancreas, thyroid, or even the heart, as the primary target for destruction, and/or any number of other vital organs, glands, and systems. Various human and animal cells, i.e., foreign proteins and DNA, (many of them originating in China) are also routine vaccine ingredients, along with cancer tumor cell-lines. [22] [23]

8. ***The Alibi***

In the crime of arson, this form of attack is corollary to a delayed-incendiary-device, providing the culprit with an alibi when the fire later begins to rage and the destruction becomes obvious. Picture here, a Pharma executive ("Mr. V") on an exotic island sipping a drink by the pool, while typical working American parents face-down the reality their child will never fall in love, never marry, maybe never talk or walk again, or maybe not live much longer. Or maybe they're planning the funeral. *And the culprit is long gone*.

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[22] After decades of human cancer-tumor cells ("immortal" cells) being used to cultivate infectious disease agents for vaccines, the FDA has just recently (August 2020) decided to *begin* to "investigate" whether or not a "safer" method of growing diseases for vaccines might be considered. This comes *after* billions of doses of these cancer-tumor cell lines ("immortal" cell lines) have *already* been injected into Americans. And there is no talk of halting their use *while* investigating safer alternatives *to injecting Americans with cancer tumor cells.* How wise it is to *continue* injecting millions of Americans with cancer-producing cell-lines? READ: https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-used-make-vaccines-and-evaluating-potential-threat-posed-transmission

[23] According to the American Cancer Society's estimates, the 99.74% vaccinated American Population suffered over 2.4 million new cancer cases and deaths in 2020 alone. Meanwhile, nobody seems to raise an eyebrow as we shut down the global economy and dump trillions of dollars over a flu bug from China, even though *94%* of its victims were already suffering an average of 2.6 co*morbidities* (i.e., 2.6 *other* things that could've killed them) at the time of their deaths. See: https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html
And:https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFVO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q NOTE: 94% of "covid deaths" were in those who already had an average of 2.6 comorbidities which even included gunshot wounds. See: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities These 2.6 comorbidities per "covid victim" erased all sanity from the actual count of deaths. Basically, the proper adjustment would leave us with the logical assumption that the correct number of deaths due to covid may only be 6% of the reported numbers. Regardless of the admission, the CDC has *refused* to update their CV-19 "death count" to reflect the *truth*, preferring to keep the death count 94% higher than it actually may be. The CDC owns vaccine patents and profits from their sales, so this makes perfect sense *to them*, even if it means the Nation's economy must tank, leaving tens of millions of Americans without hope, losing their livelihoods, their homes, etc. Telling the truth is a bad business model in this particular industry.

With this method of attack, the only thing that might be somewhat "rare", is for the fire to rage *swiftly enough* (after the triggering event) to clearly implicate the culprit. But even when the victim *dies* on the same day of injection, there's a handy coroner to call it "SIDS" or any number of other so-called "causes" thereby exonerating vaccines with the claim these are all very "common" ways for (vaccinated) people to die. And Oxford can be relied upon with their "coincidence-theory" of death *immediately after vaccination*. And if this isn't *enough* to protect the culprit, the handy VAERS is *also* there to conceal over 99% of the injured and dead bodies, while pretending to be counting them for us. They do this for our "safety".

This leaves a thinking person with but one remaining method of clearly identifying and evidencing the most *obvious* culprit in our Nation's current epidemic of immune-system mediated chronic illnesses, injuries, disabilities, and related deaths. Only by obtaining health data from those who've entirely *avoided* exposure to the most obvious culprit, "Mr. V", for comparison against the 99.74% vaccine-exposed population, can we begin to understand the full scope of the effect mass vaccination programs have had - will continue to have - on the American people, *if we don't find a way to stop this agenda*.

And it *is* an agenda.

9. ***Refusal to include true controls in safety-testing is scientific fraud.*** [24]
As a general rule, vaccines are not tested against true "controls", i.e., compared against subjects who are *not* exposed to other known toxins, (vaccine "excipients") and/or other vaccines. The current art of vaccine "safety-testing" includes the outright fraud of injecting the so-called "placebo controls" with *other* vaccines and/or other toxic vaccine ingredients that are *known* to cause biological effects. *Both* groups, (these fake "controls" and the "treated") are then compared against each other. Only the differences in injuries *between these groups* will be attributed to new vaccines. The extent to which the outcomes are the same, is the extent to which any injuries or deaths will be called "a coincidence" and not counted. This is the outrageously-fraudulent scheme by which vaccines are FDA 'approved' and marketed with the false slogan "safe", or "relatively safe" – as compared to the fake placebo-controls, or as compared to the 99.74% vaccine-exposed population. Legalizing this practice does nothing to alter the dictionary definition of the word *fraud*. Scientific fraud in *medicine* is perhaps the most insidious and egregious type of fraud because it makes it possible to injure *an entire Nation's people* by altering public health policy.

Outright scientific fraud is not only the rule, it's the *golden rule* in "vaccine-safety" testing. Big Pharma and its many beneficiaries, outrageously continue to maintain that this fraud is

[24] https://childrenshealthdefense.org/wp-content/uploads/ican-reply-december-31-2018.pdf This letter from ICAN, directed to U.S. Department of Health & Human Services HHS Office of the Secretary Alex M. Azar II, Secretary of Health & Human Services on December 31st, 2018 documents and details the many vaccines given to infants before the age of 6 months, *none of which* have ever been tested against controls, with complete references for each vaccine in question. By refusing to use the term "control" in the context of its *actual scientific meaning*, pharma-industry beneficiaries in our health agencies continue to defend these frauds.

the only "ethical" research method available.[25] Sane and ethical people do not consider scientific fraud, *specifically engineered to conceal the risks of injury and death*, to be an ethical way to conduct medical research. But then, the language within this particular branch of 'science' is so corrupted that the most important words are now used to describe the *opposite* of what they actually mean. Hence, the word "safe" is used to market a class of product which our laws have formally categorized as "unavoidably *unsafe.*"

10. ***The FDA's "relatively" safe requirement***

FDA regulations define "safety" as a *relative* term. It actually means "*relative* freedom from harmful effect" *in light of the patient's underlying condition*, assuming that the biologic is "prudently administered." [26] In determining whether this standard is met, the FDA must consider the risks of the product against its benefits. [27] [28] Proof of safety comprises "adequate tests by methods reasonably applicable," including reports of "significant human experience" with the product. [29] "Purity" means that the finished product is "relative[ly] free[]" from "extraneous matter," including moisture and pyrogens. [30]

Here, the "significant human experience" relies upon the VAERS "surveillance and tracking" numbers for vaccine injuries. *This* is the measuring stick by which the FDA values the risks *after* unleashing a newly-approved vaccine on the general public. If the *over 99% incorrect* VAERS data suggests the new vaccine has a "low" risk, (with numbers that show *less than 1%* of the harm caused) it is assumed to be "relatively safe". Yes. It's all very 'scientific'.

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[25] The pharma argument is that it would be "unethical" *not* to inject every accessible human with *something* due to the possibility it might have some "therapeutic benefit" that no person should be "denied". However, this argument fails to explain the therapeutic benefit of injecting a so-called "placebo controls" with *aluminum* (or other adjuvants and toxins) *without any potentially "therapeutic" infectious agents*. There is no chance simple aluminum injections could offer any therapeutic benefit to anyone, but it's the norm in "vaccine safety" testing. And the FDA "approves" of this fraud, because aluminum is part of the FDA's fraudulent *inactive* "excipient" ingredients list, along with formaldehyde, benzoyl alcohol, mercury, polysorbabate 80, etc. The fraudulent classifications permit the fraudulent "science".

[26] 21 C.F.R. §§ 600.3(p), 601.25(d)(1).

[27] Again, the "experts" try to do math ("*risk*" vs. benefit) without NUMBERS in hand, other than those from the over 99% incorrect VAERS database and some rigged vaccine trials with fake "placebo controls".

[28] 21 C.F.R. § 601.25(d)(3)

[29] 21 C.F.R. § 601.25(d)(1)

[30] 21 C.F.R. § 600.3(r). This "extraneous matter" simply means items other than the myriad known toxins pharma *admits* are in the vaccines, including cancerous tumor cells. But pyrogens and other extraneous matter *are* permitted. And we have no idea what level of "extraneous matter" makes a drug "*relatively* free", because we don't know what it's being *compared* to. Any amount of literally anything could be considered "relatively free" of this "matter" *if* it's compared to human waste for instance. It's another subjective 'relative' CYA statement. Most common and inexpensive household water filter systems reduce the glyphosate (Roundup weed-killer) level from drinking water to levels far lower than the FDA authorizes the vaccine industry to *include* in their vaccines. If a vaccine is being compared to a bottle of RoundUp, it would be considered "relatively free" of glyphosates, i.e., "extraneous matter". And we are not given the benchmark comparison used for the "relatively free of" the *pyrogens* that are found in vaccines. Is this only in comparison to *other* vaccines? SEE: https://academic.oup.com/cid/article/31/Supplement_5/S162/332806 - where it is explained how these vaccine 'pyrogens' inflame the *brain*: "In the pathogenesis of systemic inflammation and fever, peripheral inflammatory and *pyrogenic signals gain access to the **brain** via humoral neural routes*."

11. ***FDA has Classified All Americans as <u>Their</u> Sick "Patients"***

This relativism at the FDA also assumes <u>*all*</u> people - even perfectly healthy people - are sick "patients" who are all in *dire* need of the "*therapeutic* treatment" of vaccination to "protect" them from germs that will surely kill them if they're not immediately injected with an *experimental* "treatment" for their "condition". It's then argued the treatment might have prevented an infection, so it's okay if people are *maimed or even killed* by the "therapeutic" vaccine. You see, at the FDA, even death is considered a relatively *good* outcome, because the "therapeutic" might have prevented a deadly infection. So pay no attention to the mangled or dead bodies, because they would surely have died anyway - even though they were perfectly healthy *before* the medical experiment began. [31] Almost any "treatment" can be justified when you've got a sick and dying patient on your hands. By classifying vaccines as a 'therapeutic' drug, *all* Americans became the government's sick and dying patients, who must all be "treated" with dangerous drugs or else they will surely die.

The FDA claims that the VAERS numbers show the risks of injury from this experimental vaccine "therapy" are low, ("rare") therefore it's *always* best to take these risks. The fact the VAERS reports <u>*less than 1%*</u> of those risks is <u>*ignored*</u> by the FDA. Big media, big tech, and even the medical journals, who are all beneficiaries of the vaccine industry, have shielded the public from this "dangerous" information, so there's no need consider it in the "risk/benefit" evaluation, at least not over at the FDA. They will just stick with the accounting that's over 99% incorrect. And they'll call it "science" that we must "trust" because the "experts" say so. Science requires numbers and math. Numbers that are over 99% incorrect *cannot* support any form of "science".

12. ***Preemptive Defense***

When people are injured and killed without having been properly informed of the <u>*numerical*</u> risk this could happen <u>*to them*</u>, the FDA has adopted and codified a preemptive legal defense, which is called the "therapeutic privilege". This privilege normally allows a *treating physician* to override/circumvent informed consent requirements if they believe "full disclosure would be detrimental to a patient's total care and best interests". In other words, if the doctor believes you would reject a treatment if you understood to how badly it

[31] This is akin to proud oncologists celebrating as it's discovered *on autopsy* that the cancer tumors were "killed". Never mind the dead body after chemo. This person was "cured" of the cancer. But in that scenario, the "patient" *did* have cancer. With vaccines, the FDA considers *all* Americans to be "patients" who will likely "die" *without vaccination*. This is *how* the "therapeutic" classification is applied to vaccines, which provides a *preemptive* legal defense for the injuries and deaths vaccines cause, because the vaccines were "intended" to "treat" the "deadly" condition *of being unvaccinated*. This is the twisted logic which forms the basis for the FDA's classification of vaccines as "therapeutics". In classifying vaccines as therapeutics, the FDA has effectively classified *all* Americans as patients who ALL have a "deadly condition" that must immediately be "treated" with vaccines. This therapeutic classification frees the vaccine-industry from "informed consent" requirements as well. After all, the FDA reasons, the person would surely have died if not for the intervention of vaccination. To cover vaccines, the FDA has preemptively adopted the "therapeutic privilege" which allows a treating <u>*physician*</u> to *circumvent* informed consent when "full disclosure would be detrimental to a patient's total care and best interests". Without having seen a single "patient" the FDA has decided for *all* Americans that they are suffering a deadly "condition" and that, "full disclosure would be detrimental to a patient's total care and best interests". This is WHY the public continues to be told that vaccines are "safe" and the injuries and deaths are "rare", even though the *antithesis* of both of these slogans is actually the truth.

can injure you, and how likely it is that it *will* injure you, he is legally permitted to lie to you about the risks, and even go as far as to say it's "relatively safe" even if he knows it's very risky. It's for your own good of course. The FDA has transferred this therapeutic privilege directly to vaccine-makers, and it is used to preemptively cover the injuries they're planning on causing. After all, *everyone* that's missed one of their injections is about to die from an infection, so this all makes sense to the FDA.

14. ***Human Medical Experiments <u>WITHOUT</u> Informed Consent are LEGAL in the U.S.A.*** Our laws are *purported* to protect the public from medical experimentation without being fully informed and consenting to it. However, these laws do the *opposite* by legalizing the act of exposing the public to dangerous medical experiments *without* informed consent through FDA "waivers" granted to vaccine-makers. All of these 'protective' laws *begin* with official and ridged-looking informed consent requirements. However, they *all* include exceptions and "waivers" that are only "subject to approval" from nameless government "officials". So if a government bureaucrat is considered an "official", he is then free to waive our right to informed consent *for us*, and for our physicians, in advance of the "FDA approved" medical <u>*experiment*</u>. And the fallback position, when people are injured and later argue they were denied full information, (and therefore could not possibly have consented) is the "therapeutic privilege" which was *originally* intended to belong *only* to our treating physicians.

All Americans are considered to be the "patients" of an endless stream of government bureaucrats, who've broadly and preemptively "waived" our right to be fully informed *or* consent even when we are informed *and we've refused to consent*, by preemptively claiming the "therapeutic privilege". It's already bad enough that physicians are legally permitted to deny us any pretense of informed consent when experimenting on us, merely by later claiming they 'believed' an experimental "therapy" might have helped us. Now we come to understand this privilege has been claimed by nameless, faceless, government "officials" who routinely dispense "waivers" which permit human medical experimentation on all Americans *without* their consent, <u>*whether they were informed or not*</u>. [32]

Without having seen or treated a single "patient" our agencies and bureaucrats have decided for Americans that we're *all* suffering a deadly "condition" (because we're not yet vaccinated) and that disclosure (of the truth) would be "detrimental to our total care and best interests". This is WHY the public continues to be told vaccines are "safe" and that the injuries and deaths are "rare", even though the truth is the *antithesis* of both of these slogans. And if this were not bad enough, the FDA has, through a complex web of "classifications" essentially now transferred this "therapeutic privilege" *directly to vaccine makers*. But wait, there's more…

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[32] See: 45 CFR § 46.116 – "General requirements for informed consent. (e) <u>*Waiver*</u> *or alteration of consent in research involving "public benefit" and service programs conducted by or subject to the approval of state or local officials"* - (Emphasis added) In the "public benefit" context, the official can claim therapeutic privilege, since vaccines are classified as therapeutics by the FDA. Who knew the government had claimed the full powers and privileges of our own treating physicians, <u>*over our lives and medical treatments?*</u> Also see: 45 CFR § 46.116 (e) (2) (2) *Alteration.* "An <u>IRB</u> may approve a consent procedure that omits some, or alters some <u>*or all, of the elements of informed consent*</u> [ ]" (Emphasis added.)

Our legislative branch has taken the fact that the FDA has preemptively waived "informed consent" for *all* Americans (where vaccine experiments are concerned) to mean that even *consent* can now *also* be summarily denied. Those who *are* informed and refuse to consent are now denied basic rights as retribution for refusing to serve as experimental medical subjects once the FDA has "approved" of these ongoing experiments. They tell is it's fine though, because the VAERS is 'surveilling' this killer to make sure he's only 'rarely' maiming and killing people. They're watching him less than 1% of the time. But relax. They're 'tracking' him, *because they love you and your children so much*.

Yes, this *is* the legal defense set up *in advance* of the injuries and deaths. And where is this evidence that we're *all* suffering a deadly "condition" which requires *immediate* treatment with all available "therapeutic" vaccines? There is none. It's just a twisted legal maneuver to advance the interests of pharma. It is their *lack* of data (over 99% incorrect) which serves as their "scientific" evidence, and which is the *sole* support for the theory that vaccines are "worth the risks". Merely because they've *refused* to count the injuries and dead bodies, they claim this proves vaccines are "relatively safe". Relative *to what*? Oh yeah, it's relative to *the risks seen in 99.74% vaccine-exposed population*.

15. ***Exposure to Confounders***

The primary confounding biological factors present in the unvaccinated population today are exposures to the vitamin K-shot and/or maternal vaccines. Our Control Group data of unvaccinated (post-birth) has evidenced that, of those few Americans who have entirely avoided vaccine exposure since birth, approximately 30% were exposed to the vitamin K-shot and/or their mothers were vaccinated during the pregnancy. The "vitamin" K-shot contains a powerful immune-system-triggering vaccine-adjuvant, i.e., aluminum, (and other known toxins) with the potential to permanently-alter human physiology and it's clearly capable of causing immune-system injury. [33]

Immediately after all hospital births, parents are told by medical staff that the K-shot is just a "vitamin" and heavy pressure is applied to make sure their new baby is injected with it, and all other injectable pharmaceuticals pushed at these facilities. Parents are falsely told their baby *will* "bleed to death" without the K-shot and false allegations of "medical neglect" are routinely leveled against parents who refuse. This would tend to explain why parents who are concerned about vaccine-safety do not always reject these risky immune-system-triggering "vitamin K" injections for their newborns. They are told it's "just a vitamin" *and* they are threatened.

For purposes of this study, the maternal vaccines and vitamin K-shots are obvious potential confounders that have been stratified to establish relevant risk factors as compared to those who've avoided exposure to *both* of these pharmaceutical offerings, *in addition to*

[33] "However, how these mineral agents influence the immune response to vaccination remains elusive. Many hypotheses exist as to the mode of action of these adjuvants, such as depot formation, antigen (Ag) targeting, and the induction of inflammation." ***The mechanisms of action of vaccines containing aluminum adjuvants: an in vitro vs in vivo paradigm*** - Springerplus. 2015; 4: 181.
Published online 2015 Apr 16. doi: 10.1186/s40064-015-0972-0 - PMCID: PMC4406982- PMID: 25932368 - At: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406982/

avoiding exposure to all post-birth vaccines. Although the unvaccinated (post-birth) who were exposed to the K-shot and/or maternal vaccines represent the minority of those surveyed, the vast majority of health conditions reported in the "unvaccinated" (post-birth) were found *in those who were exposed to the K-shot, and/or maternal vaccines*.

16. ***Why would a mother take vaccines during pregnancy but <u>not</u> vaccinate her child?*** We have no explanation for the small minority of mothers who accepted vaccination during their pregnancy, but who then rejected vaccines for their children after the birth. The only insights available here are that some of the women who were vaccinated during pregnancy reported they thereafter produced a medically- "fragile" child. One female infant who was reported to have been exposed to vaccination in-utero, was born with microcephaly and multiple birth defects. *For the first time*, this particular mother suspected vaccines. We do not presently know exactly how many *other* American mothers are now in this category.

Chapter 4

THE POPULATION OF INTEREST

1. ***How Many People in the U.S.A. are entirely unvaccinated?***
Until this study was conducted, there was no existing dataset available with which to accurately calculate the number of entirely unvaccinated adults living in the U.S.A. today, and there were no recent figures on the rate of entirely unvaccinated children. Calculations from within this survey data, when calibrated against data from the CDC's last available data, places the percentage of entirely unvaccinated living in the U.S.A. in 2020 at 0.26% of the total population. [34]

According to the CDC, in 2001 the calculated percentage of entirely unvaccinated infants in the U.S.A. was 0.3%, increasing to 1.3% by 2015, which indicates the existence of a trend, i.e., an increasing *distrust* of vaccines. [35] This trend was ongoing for some time before 2001. Although the percentage of entirely unvaccinated children suddenly began to drop in 2016, this more-recent change does not appear to be the result of an increasing *trust* in vaccines. Rather, in 2016, many of the most populated states began enforcing strict new vaccine mandates for those under 18, for college-aged students, and even for many adult professions. In addition to this, pharmaceutical distributors, (medical staff) also began to intensify their campaign of false medical-neglect allegations against parents who refused to have their children injected.

The 2001 and 2015 CDC surveys did give time and value reference points from which to calculate the percentage of entirely-unvaccinated within certain age groups for the Control Group survey period, serving as known values, with average yearly increases/decreases during specific periods, to use as calibration standards against these survey results. The calibrations (regression/progression models based upon year-of-birth) are reliable, and if anything, represent too large a number of entirely unvaccinated. This is due to the fact the percentage/number of unvaccinated in 2001 cannot have *increased*, i.e., a vaccinated person cannot later become an "unvaccinated" person (or adult) who would have qualified for participation in this survey. Clearly, the number who have been exposed has only increased.

2. ***Decline in Number of Unvaccinated, starting in 2016:*** [36]
In 2016 the number of entirely unvaccinated in the U.S.A., in all ages, suddenly took a *sharp* decline, due to the passage of a plethora of harsh new state-level vaccine-mandate laws in the most populated states which codified the enforcement of severe discrimination against the minority unvaccinated population, denying them equal access to both public and

[34] This rate is the average of all ages combined, and varies by year of birth.
[35] https://www.cdc.gov/nchs/fastats/immunize.htm
[36] ***Vaccination rates climb in California after personal belief exemptions curbed*** – Stanford Medicine https://scopeblog.stanford.edu/2019/12/23/vaccination-rates-climb-in-california-after-personal-belief-exemptions-curbed/

private education, daycare services, medical care, and even denying them access to regular means of employment in many common professions. [37]

Pharma-funded propaganda campaigns simultaneously began vilifying this exceptionally healthy minority of Americans, referring to them as filthy, diseased, "anti-vaxxers", who are "selfish" and "crazy killers". [38] [39] Part of this defamation campaign was also devoted to the equally outrageous and false claim that unvaccinated people are "a public health threat". [40]

At present, we have no method of determining exactly how many who were previously unvaccinated, are *now* vaccinated (within the past 5 years) as a result of these newly-imposed pharma mandates and tactics. Therefore, the total population of entirely unvaccinated controls, premised upon those values which are known, could be considerably *smaller* than calculated here. Consequently, the sampling rates listed herein, for this population of interest, are likely somewhat higher than those values delineated in the sample-rate section of this report. This would tend to explain the stunning level of accuracy found in the dataset as expressed in the confidence intervals.[41]

3. ***Absurd Assumptions***
Pervasive pharma propaganda has resulted in the fallacy humans somehow become "sterilized" once they've been injected with disease-causing infectious agents, and that therefore, people are only "safe" to be around after this ritual "cleansing" sacrament has been completed. Although this reasoning flies in the face of the evidence, and even basic logic, it has become the popular delusion of our day. Presuming this superstition is grounded on any scientific data, has led to catastrophic public health policies.

4. ***Pharma's Baseless Slander Campaign as a Marketing Tool***
The ongoing Pharma-funded slander campaign against all those who distrust and refuse their products, equates all "unvaccinated" people to that of profoundly diseased creatures who are saturated with infections, constantly spewing every infectious agent ever identified upon all those around them. Evidence that there is any truth to their accusation is non-existent. But this doesn't stop prostitutes from selling their souls to advance the spread of this baseless propaganda as if it were fact.

Pharma's allegations against the unvaccinated are no more supported by any *evidence*, than were the allegations levelled against our duly-elected 45th POTUS during the infamous "Russia Hoax" campaign so treasonously-deployed against our Nation by the Marxists and CCP loyalists who've managed to infiltrate our government and media at every level.

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[37] ***Barring Nonmedical Exemptions Increases Vaccination Rates, Study Finds*** - At: https://www.ucsf.edu/news/2019/12/416271/barring-nonmedical-exemptions-increases-vaccination-rates-study-finds
[38] **"CRAZY-MOTHERS want you to stop calling them anti-vaxxers**" https://www.livescience.com/anti-vaxxers-try-to-change-name.html
[39] ***Anti-Vaxxers Hate Your Kids*** - https://virologydownunder.com/anti-vaxxers-hate-your-children/
[40] ***Anti-vaxxers are dangerous. Make them face isolation, fines, arrests.*** https://www.washingtonpost.com/opinions/2019/04/30/time-get-much-tougher-anti-vaccine-crowd/
[41] SEE: Chapter 7, "Accuracy".

5. ***The poorest get the most vaccines and they have the worst health.*** [42] [43] [44]
The CDC's findings place the illiterate and poor within the demographic having *both* the highest rates of vaccine exposure *and* the worst health in this Nation. Clearly, a *lack* of access to vaccines is not causing poorer health. Likewise, the CDC's own studies place the unvaccinated, and/or "under-vaccinated" population among the *heathiest* demographic found in the U.S.A..[45] The CDC's studies show that the typical "vaccine refuser" is educated, i.e., they are literate enough to *read a vaccine insert*. Although these CDC studies are clearly intended to incite class and race wars, (blaming 'rich white people' for the bad health of the poor) *none* of the obvious biological factors add up to the CDC's conclusions as to *causation*. There is zero evidence that the lack of a Mercedes in your driveway increases your risk of brain damage, heart disease, diabetes, cancer, asthma, etc. There is *ample* evidence that vaccines do cause deadly health-conditions and death.

The rational conclusions to be drawn from the evidence are quite obvious, but do not feed into the proper social-justice narrative, so they are ignored and heavily-censored. Unlike evidence-based biological science (exposure vs. non-exposure) social justice studies rely heavily upon irrational contradictions and blindness-to-the-obvious. [46] The *scientific method* appears to have been outright-banned within most of our health agencies, in favor of trendy "social-justice-science" to advance the "cause" of communist health-care models that are engineered to give full control over our medical decisions directly to Pharma.

6. ***Pharma's Primary Target for ELIMINATION is the Control Group, i.e., the EVIDENCE***
Pharma's false allegation that a person is spreading infectious agents *because* they haven't recently been injected with *those very same infectious agents*, is beyond absurd. It collapses further with the objectively-true fact that *vaccinated people* are the ones "shedding" (code for spreading) the very same infectious agents they've been injected with. [47] Pharma's

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[42] ***When Poor Health and Poverty Becomes Disease*** https://www.ucsf.edu/news/2016/01/401251/poor-health-when-poverty-becomes-disease . This so-called "research" is clearly intended to blame America's refU.S.A.l to adopt communist rule, as the cause of our current non-infectious health crisis.
[43] In order to inflame the attempted communist take-over of this Nation, CNN twisted the vaccine issue into something they hoped would incite both race *and* class warfare. See: https://www.cnn.com/2015/12/30/health/california-vaccine-refusers-white-and-wealthy/index.html
[44] Never mind the fact poor people are more heavily vaccinated: "***Poor Americans Die Younger"*** https://www.sanders.senate.gov/newsroom/poor-americans-die-younger Bernie Sanders says they need *more* vaccines than they're already getting and that the only answer to this nation's health crisis is communist rule and forced vaccinations for all, under threat of criminal prosecution.
[45] ***Why Some Rich, Educated Parents Avoid Vaccines -*** https://www.livescience.com/43577-why-rich-educated-parents-avoid-vaccinations.html
[46] Research into "social" issues (posing as medical research) *has* proven quite helpful in demonstrating that those who avoid vaccines are among the healthiest demographic in the Nation. Obviously, their research was not intended for this purpose, and instead was focused on fueling a class war to support a communist agenda. The following study cited below is focused on issues related to race, sex, economic, etc., *rather than* actually looking for biological causes for the increase in disease seen in our nation's people. Vast resources were expended to identify unvaccinated people, but not one penny was spent to record or study their *health outcomes*. See: ***Sociodemographic Predictors of Vaccination Exemptions on the Basis of Personal Belief in California*** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4695929/
[47] Weston A. Price published a heavily referenced research paper in 2015 clearly evidencing the fact vaccinated people spread the very same infectious agents they've been injected with, and that they do so

barrage of slanderous propaganda against the minority of unvaccinated who have lost, and/or are losing, many of their rights in order to avoid being injected with dangerous Pharma products, incites illogical and emotionally-driven public outrage against them.

Precisely *because* the health data of entirely unvaccinated (true controls) is the very best evidence available - in fact the *only* relevant evidence in existence - by which the risks associated with vaccination can be *enumerated*, these scientific "controls" are Pharma's *primary* enemies to be injected/corrupted as swiftly as possible. [48] The false allegations leveled in Pharma's multi-faceted slander campaigns are intended to advance their agenda for universal forced vaccination for all ages nationwide, with *all* existing vaccines, and *any they wish to sell in the future*, under threat of criminal charges for noncompliance. This same cabal, which includes big-tech, is *also* now charging ahead in an attempt to use the CV-19 scare to secure the unlimited power to track and trace every American citizen to the benefit of *foreign* powers (CCP) to whom it is planned, *all* of this data will be directly-supplied. [49]

7. ***The Distributors/Pushers in the Field***

The pharmaceutical distributors (pharmacists, doctors, and medical staff) are no less culpable than those whose agenda they serve. Under the directives of their administrators, it is now standard practice for medical staff to abusively extort parents into submitting to Pharma's demands that all children be injected with *all* of their injectable products, in order to maintain and increase pharma profits. These pressures include, but are not limited to, threats to falsely accuse the parents (of perfectly *healthy* children) of felony "medical neglect", causing the loss of their children to foster care if these parents do not obey Pharma's dictates. These threats often *do* lead to the loss of children to the state, and even the loss of other children in the family, no matter how healthy or well-cared-for those children were with their natural parents. These pharmaceutical distributors wield might weapons in their heavily-incentivized war for ever-increasing profits. [50] The *least* abusive threat routinely leveled by medical staff, as retribution for refusing to comply with pharma's demands, is an outright denial of medical care. [51]

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asymptomatically, i.e., in the style of "Typhoid Mary". See: https://www.globenewswire.com/news-release/2015/02/02/702199/10118172/en/Studies-Show-that-Vaccinated-Individuals-Spread-Disease.html

[48] ***The Global Crackdown on parents who refuse vaccines for their kids is on"*** https://www.vox.com/science-and-health/2017/8/3/16069204/vaccine-fines-measles-outbreaks-europe-australia

[49] Apple, Microsoft, Google, Twitter, and similar CCP loyalist big-tech firms are 1st in-line to "manage" the new vaccine "track & trace" systems in many American states. Apple already supplies aid and support to the CCP in oppressing the Chinese people, and Apple, along with other firms, will follow the directives of the CCP, the government that's responsible for creating and then spreading the China-bat-virus to the U.S.A. in the 1st place. See: https://www.wired.com/story/apple-china-censorship-apps-flag/

[50] ***Vaccine refU.S.A.l increasingly being linked to medical kidnapping – Violation of Civil Rights:*** https://medicalkidnap.com/2017/11/29/vaccine-refU.S.A.l-increasingly-being-linked-to-medical-kidnapping-violations-of-civil-rights/

[51] ***More Pediatricians are Dismissing Patients Who Refuse to Vaccinate*** - https://www.boardvitals.com/blog/pediatricians-patients-refuse-vaccinate/

8. ***The Race to Eliminate the Evidence***
These Pharma-directed 'marketing' schemes have been terrifyingly effective here in America. It is now *extremely* rare to come in contact with an entirely unvaccinated person in the U.S.A., of any age. The peril our country faces with the continued destruction of this critical scientific evidence cannot be overstated. In 2020, well-under a million Americans were still entirely unvaccinated (post-birth). However, the number of unvaccinated is still, *at the moment*, ample enough to produce statistically-reliable health data for comparison against the 99.74% vaccine-exposed population. This is a circumstance Pharma is desperate to immediately alter.

At this time, Pharma is urgently attempting to bury/corrupt *all* of this critical scientific evidence. By paying off our legislators, they're moving swiftly toward making it a crime to resist *any* of Pharma's dictates, in even the smallest of ways, punishable by criminal charges *and* the citizen's immediate loss of their progeny. [52] This cut-throat attack on this minority of Americans is a race to bury *this critical scientific evidence*. It certainly isn't based upon any concern for the safety of the unvaccinated, nor is it an effort to protect the "herd".

9. ***The 1st Study to Quantify***
The Control Group study is the first nationwide survey (48 state coverage) to quantify the percentage of the population that is entirely unvaccinated from infancy through older years. This study is also the first to enumerate the percentage of entirely unvaccinated who have *also* avoided both the K-shot and pregnancy vaccines. Further, this is the first nationwide survey to specifically quantify *health outcomes* for those who've completely avoided exposure to vaccines (no contact with Mr. V) throughout the U.S.A.. Enumerating the rate of health conditions within the entirely unvaccinated population is the *only* method by which the risk-to-benefit ratio of vaccination *can be* evaluated. The VAERS is of absolutely *zero* value in understanding what *later* happens to the "herd" once 99.74% of it has been exposed to vaccines, even if this system *weren't* failing (over 99% of the time) to capture the *short-term* injuries and deaths. Our National disease and death statistics are an almost perfect accounting system for the vaccine-exposed population's health status, i.e., the *results* of this mass vaccination experiment are *fully visible* in the health outcomes observed in this vaccine-exposed population. [53]

10. ***Eliminating the Suspect***
Toxicological gradient assessments of many ingredients in vaccines have *already* confirmed their toxicity in higher quantities, and the cumulative effects of vaccination have never been evaluated. Only a compulsive liar would argue higher doses (with multiple vaccines at once) and/or a higher number of repeated exposures, would *not* increase the risks associated with injecting an "unavoidably unsafe" pharmaceutical product. If any so-called

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[52] ***Jail 'anti-vax' Parents***: https://www.U.S.A.today.com/story/opinion/2015/01/27/jail-anti-vax-parents-vaccines-cdc-measles-disney-world-california-column/22420771/

[53] This is true even if the majority of Pharma-funded "experts" have decided to blame all health problems on this Nation's failure to adopt *100% communist control* of our healthcare and hand 100% of this control *directly over to Pharma*.

"scientists" wish to argue otherwise, they would *only* destroy their own credibility in the attempt.

Eliminating vaccines as a possible cause of disease, disability, and death, provides a baseline of vital data. It is impossible to numerically quantify the risks - or lack thereof - of total vaccine abstinence without collecting this data. And without this vital data, there is nothing to compare the vaccinated population against, in order to *numerically* quantify the risks associated with vaccination and/or avoidance of vaccination.

11. ***The Primary Arguments against the Control Group Methodology***
It has been argued that the vaccinated "herd" protects the unvaccinated from disease and death. This reasoning is used to explain the superior health outcomes and lower death rates when they've been documented in the unvaccinated population by independent researchers. But this Pharma-argument fails miserably because it cannot explain how the vaccinated herd is protecting the unvaccinated from <u>non</u>-infectious diseases and/or disabilities, such as brain and nervous system damage, heart disease, diabetes, etc.. Differences in these types of health outcomes, and/or their associated deaths, *cannot* be attributed to any protective benefit provided by the vaccinated "herd". And again, it is well-documented that the vaccinated herd *spreads* the very same infectious agents they've been injected with. There can be no valid argument the vaccinated herd has *protected* the unvaccinated from exposure to these infectious agents, let alone that it's protected any unvaccinated people from *brain damage, heart disease, kidney failure, thyroid disorders, diabetes, epilepsy, microcephaly, asthma, eczema, life-threatening allergies, etc..*

Arguments to explain differences in health outcomes between vaccinated and unvaccinated also include the obtuse reasoning that, even though vaccines are known to cause serious, disabling, and deadly injuries - including actual death *shortly after* vaccination - these victims were "only alive" to experience these wonderful side-effects, due to vaccines having protected them from infections that could have "killed" them.[54] However, vaccination *also* carries the risk of death. And our agencies have never counted the *number* of those deaths. An accurate numerical accounting of *both* the short and long-term risks, *must be made available to the public*, no matter *what* this means to Pharma profits and their distributors. Let the chips fall where they may. *We cannot continue* this wholesale slaughter of so many American people.

12. ***The Vaccinated Herd Does NOT Protect the Unvaccinated from Infectious Agents*** [55]
Injecting a person with infectious agents does not "sterilize" them or render them "safe" to be around. It is generally understood that an individual's vulnerability to both the contraction of an infection, and/or injury of death from an infection, has two primary factors: (1) the person's state of health at the time of exposure, and (2) the size of exposure

[54] Tell that to the many parents whose recently-vaccinated newborns have died, and have "SIDS" designations on the death certificates.
[55] ***Studies show that Vaccinated Individuals Spread Disease*** Weston A. Price Foundation - https://www.globenewswire.com/news-release/2015/02/02/702199/10118172/en/Studies-Show-that-Vaccinated-Individuals-Spread-Disease.html

to the infectious agent. The structures of the human body normally provide a measure of protection from larger exposures, i.e., the skin, mucous and mucus membranes, and even the digestive system, are barriers that are understood to reduce access and exposure levels. Piecing the skin for injected directly into the bloodstream changes *everything*. The injected *shedder*/spreader, and someone who's been "exposed", are not the same thing. A person can be naturally exposed, but not become infected *or* shed an infection to anyone else. A shedder/spreader, who has recently been injected, will only *increase* the number of people the infection is spread to, while also potentially increasing the size of exposure those around them will suffer.

It is a fact that vaccinated humans can, and do, asymptomatically shed/spread the very same infectious agents they've been injected with. It is understood that the single most dangerous person in any outbreak is the *asymptomatic* disease shedder/spreader, i.e., the "Typhoid Mary". This person might *appear* well, but is actually *very* infected internally, and therefore spreading large exposures to those around them. It is irrational to presume a disease-carrier who's wandering around spreading infectious agents for weeks, or even months after injection, offers *any* protective benefit to an unvaccinated person. *Quite the opposite is the truth*.

The theory that people who are shedding the infectious agents they've been injected with can protect others from being exposed to infectious agents is *wholly* illogical and there is not a shred of evidence to support it. Again, the allegation unvaccinated people expose others to infectious agents *because* they have not recently been injected *with those infectious agents*, is an upside-down, fun-house, lunatic's argument, with no basis in evidence or reason. Only the uneducated and/or Pharma-salesmen persist in it.

The idea a vaccinated person might be "immune" from that which he is spreading throughout the community, does *nothing* to support the absurd Pharma-argument the unvaccinated are *only* healthier than vaccinated people due to the protection conferred by the vaccinated herd. Unlike vaccine-exposure by direct injection, *natural* exposure typically leads to either an immune response effective enough to ward it off completely, (and never spread it), or, if the person is already in a weakened state, illness and likely self-quarantine, because that person will be too sick to go out and will know they could be spreading it.

Deceiving people into believing that this vaccination-risk-roulette game is "heroic", because it protects the "collective" from disease-causing agents, is a good marketing tool. It appeals to the virtue-signaling in all of us. But it's no less fraudulent a slogan than "vaccines are safe".

13. ***The unvaccinated are <u>more</u> likely to contract "vaccine-preventable" infections***
It is vehemently argued that the unvaccinated population contracts, (or expresses the contraction of) temporary 'vaccine-preventable' infections at a higher rate than those who are directly injected with these infectious agents. If the modern risks of "vaccine-preventable" infections are higher than the risks associated with vaccination, we would see *inferior* health outcomes in the unvaccinated population. But this is most assuredly *not* what the evidence shows us.

The idea that overall health and survival rates will be superior if these temporary infections are avoided through vaccination, or that the overall modern risks associated with these particular 'vaccine-preventable' infections are higher than the risks associated with vaccination, *are baseless assumptions*. There is zero evidence to support these theories. And this is due to the complete lack of *numerical accounting,* i.e., evidence, on the risk-side of vaccination theory from those who make these claims. The *evidence* profoundly contradicts their theories.

Our Mr. V is *not* being surveilled *or* tracked by the VAERS. When tracking a known killer, a failure rate of over 99% hardly qualifies as 'surveillance'. The Control Group study-model supplies a swift and concise remedy to this lack of numerical accounting. It thereby makes the risk/benefit ratio evaluation *possible*, both for individual considerations, and to inform vaccine-related public health policies with actual *DATA*, rather than with a multitude of numerically unsubstantiated slogans and irrational theories from the "experts". [56]

[56] Vaccine inserts typically include warnings that the prescribing doctor must first "carefully evaluate the risk-to-benefit ratio" of vaccinating their patient. However, this instruction has never *once* been followed. This is because the term "ratio" is one of *math*. It requires *numbers* for an *equation* and a "ratio" (the answer to the equation) can only be expressed in *numbers*. Science and math are not premised upon slogans, guestimates, or opinions. Subjective opinions and slogans, no matter *who* they come from, are incapable of replacing *numbers* when calculating, let alone *evaluating* a "ratio" of anything. Weighing a risk/benefit ratio requires a *numerical scale*, regardless of the number of PHDs held by the "experts" attempting to "evaluate" some non-existent "ratio", from an accounting that's *never* been done, i.e., that's never been *numerically* expressed. Where exactly are the NUMBERS that are *required* to express the risk/benefit ratio? They have none. This "risk/benefit ratio" talk is merely an attempt to make it appear as if some form of 'scientific' process might support the theory vaccines are "relatively safe". Again, relative *to what*? Is this relative to the health outcomes observed in the 99.74% *vaccinated* herd perhaps?

Chapter 5

TOTALS SURVEYED [57]

Number of American States Surveyed: **48**
Throughout the Forty-eight (48) states, or 95% of the American States, a total of 1,482 qualified (unvaccinated post-birth) parties were surveyed. The only two (2) States that were not surveyed in the U.S.A. were Iowa and Mississippi. [58]

Total Surveyed (All Countries Sampled): 1,544
Including the surveys from 5 other Nations, a total of 1,544 qualifying surveys were completed. All qualified reporting parties affirmed that the subjects were unvaccinated at the time of their reports and they provided observed data on both their historical and current diseases, disabilities, mental and developmental conditions, and total deaths within each family, in those who were unvaccinated.

[57] The only exclusion criterion for participation was that the subject must not have been vaccinated at any time after their birth.
[58] Due to the longer history of enforcement of harshly discriminatory laws against the unvaccinated in these two states, (relative to the rest of the U.S.A.) and the lack of responses from these two states after sending out repeated notices covering the entire U.S.A., it appears the numerical value of those who would have qualified for this survey, in either of these two states, has become too small to quantify within those states, i.e., the number of entirely unvaccinated in these two states is so close to zero that it would have little, if any, meaningful statistical relevance to this study.

Chapter 6

U.S.A.: SAMPLE/FRACTION RATES

1. **Population of Interest Defined & Sample/Fraction Rates For Unvaccinated in the 48 States Surveyed within the U.S.A.**: [59] [60] [61]

(a) All ages: [62]
Sample/Fraction of unvaccinated surveyed, all ages:……**0.178%**
Calculated number of entirely unvaccinated, all ages, living in the 48 states surveyed in the U.S.A. during the survey period: **832,521** Total number surveyed: **1,482**

(b) Over 18: [63] [64]
Sample/Fraction of unvaccinated over 18 years surveyed:……**0.2%**
Calculated number of entirely unvaccinated over 18 years living in the 48 states surveyed in the U.S.A. during the survey period: **105,034**. Number over 18 years surveyed: **210**

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[59] At the outset of this study, less than 1% of the American population was assumed entirely unvaccinated. This early estimate has been calibrated for precision, (varies by the cohort ages that are grouped) based upon all relevant factors, including (1) lower population levels in prior decades relevant to the birth years of those surveyed, and; (2) changing rates of complete vaccine avoidance in the U.S.A. (according to the most authoritative data available) averaged over the relevant years within the relevant age groups, and; (3) newly-acquired data on historical rates of total vaccine avoidance in the U.S.A. as applied to the relevant birth years of the target population/s for study.

[60] The bottom rate of 0.042% entirely unvaccinated in the U.S.A. was increased for those over the age of 18 years during the survey period, as factored with the 14 year increase from 0.3% to 1.3% by year 2015 (per CDC statistics) in those under 18 during those years. The yearly-rate of increase between 0.3% and 1.3% between 2001 and 2015 was averaged and applied to the relevant birth years of those surveyed in those age groups. There is a lack of additional relevant data from which to make further adjustments for the entirely unvaccinated population, other than those observations which demonstrate the rates of vaccination in all ages, and in particular for those under the age of 18, sharply increased, and continued to rise, through 2016 to 2020 due to new laws in many states which codified the enforcement of harsh discrimination against those who decline vaccination.

[61] NOTE: The target sample/fraction calculations of the population do not include the populations of Iowa and Mississippi, which are the only two states not surveyed, representing a reduction of 1.86% of the total population assumptions for the U.S.A.. Due to the longer history of harsh enforcement of discriminatory laws in these two states, as well as the lack of response to this survey in these locations, it can be safely assumed that the percentage of entirely unvaccinated in these two states is very close to zero value. Addition of a similar rate of entirely unvaccinated for Iowa and Mississippi, (as was found to exist in the other 48 states), produced an increase of 1.86% in the size of the population of interest. But this was too small to increase the width of error in the interval *or* lower the confidence level of calculations for those surveyed in the U.S.A..

[62] All sample rates are adjusted for historical population growth and the adjusted increase in the rate of entirely unvaccinated in the relevant age group where applicable.

[63] 14.17% of those surveyed in 48 states, were 18 and older. This produced a rate of entirely unvaccinated over the age of 18 of .042% during the survey period, which was also calibrated against the CDC reports of 0.30% of unvaccinated infants in 2001, which established an upward trend of increasing vaccine avoidance at, and before 2001. This resulted in a regression model for prior years, which, for purposes of this study, was assumed at a representative value no lower than the actual observations.

[64] Calculation is based upon (1) the lower population of those over 18 years in 2001, increased by the average yearly population increase in this age group and; (2) the percentage this population represents within the total population of all ages, (including variances) and (3) the calculated percentage of the population that was entirely unvaccinated with a birth-year before 2001.

(c) Under 18 years: [65]
Sample/Fraction of unvaccinated under 18 years surveyed:……**0.175%**
Calculated number of entirely unvaccinated under 18 years living in the 48 states surveyed in U.S.A. during the survey period: **727,487** Number surveyed: **1,272**

2. **Breakdown of American States:**
Of particular interest are the two States which produced the highest sampling rates in the U.S.A., specifically, California and New York. The highest number surveyed within one state is California. However, the sample-rate is slightly lower for CA than for the smaller population size of NY. The advantage in the CA results is that there is a more evenly-distributed geographic sampling throughout the entire state, with surveys from San Diego, L.A., (and surrounding areas), Northern CA, including various cities in and around the Bay Area, Sacramento, Northern Sierras, and Redding.

In California, the highest number of surveys came in from the most populated cities and areas, producing an assumption that the dataset from CA would likely represent the most accurate representation of the health of entirely unvaccinated living in CA. Of course, the assumption could also be made that for some as-yet unknown reason, the unvaccinated living in CA are *slightly* healthier than the unvaccinated living in New York, and/or the other 46 states. New York State came in at the next-highest number of total surveys for one state. Regardless of the higher sample rate for NY, (due to lower state population) the results were not as evenly distributed geographically throughout New York, as where those from CA.

3. **Sampled States:**
CA Total Surveyed:**633 -** as percentage of all U.S.A. Surveys: **42.71%** - Mean: 36 =5.69%
NY Total Surveyed:**364 -** as percentage of all U.S.A. Surveys: **24.56%** - Mean: 22 =6.04%
Other 46 States:….**485** - as percentage of all U.S.A. Surveys: **32.73% -** Mean: 30 = 6.18%

4. **Mean (Average): 5.97224%** (Those unvaccinated with at least 1 condition)

Standard deviation:……0.2568
Variance(Standard deviation):……0.06595
Population Standard deviation:……0.20968
Variance(Population Standard deviation)……0.04397

[65] Calculation is based upon CDC estimates of the increase in entirely unvaccinated population from 2001 to 2015, (from 0.30% to 1.3% for infants) (2) the average yearly increase in overall population up to the survey period, and; (3) the percentage the age group represented within the entire population at the year of birth.

5. **CALIFORNIA - SAMPLE/FRACTION RATES:**

CA Stats: [66]

1. - 2020: Total CA Pop**: 39.78 million 2020**
2. - Average % of pop under 18 years: **22.5%**
3. - Average % of pop over 18 years: **77.5%**
4. - 2001 CA Pop: **34.48 million**
5. - 1946 CA Pop: **9.559 million**
6. - 1946 to 2020 pop increase: **316.15%**
7. - 2001 to 2020 pop increase: **15.37%**
8. - 2001 to 2015 averagely yearly rate increase in % of unvaccinated infants: **23.809%**

Sample/Fraction Rates for Entirely Unvaccinated Population calculated to be living in CA during the survey period:

All ages in CA:
Sample/Fraction surveyed for CA all ages……**0.517%**
Unvaccinated (post-birth) in CA during survey: **122,496 -** Number Surveyed: **633**

CA Over 18:
Sample/Fraction rate for over 18 years in CA……**0.691%**
Unvaccinated (post-birth) in CA during survey: **13,034** Number surveyed: **90**

CA Under 18:
Sample/fraction rate for CA under 18 years……**0.496%**
Unvaccinated (post-birth) in CA during survey: **109,462** Number surveyed: **543**

6. **NEW YORK STATE - SAMPLE/FRACTION RATES:**

NY All Ages:
Sample/Fraction of unvaccinated surveyed in NY……**0.652%**
Unvaccinated (post-birth) in NY during survey: **55,853** Number Surveyed: **364**

NY Over 18 years:
Sample/Fraction of unvaccinated population over 18 years in NY……**0.743%**
Unvaccinated (post-birth) in NY during survey: **6,460** Number surveyed: **48**

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[66] As an example of the values and equations applied to the calibrations and consequent adjustments made for the younger unvaccinated population, these are the assumptions and the progression for CA: With 22.5% under the age of 18 in CA in 2001: 7,758,000 is then reduced to 0.30% -(per CDC unvaccinated rate for 2001) = 23,274 which is then increased by the average yearly rate of population increase of 0.781383563% (of 23,274) 181.85921045262 - multiplied by 19 years (to 2020), for an increased unvaccinated population of 3455 including pop value from 2001, which is a total of 26,729 . Factoring in the average yearly rate of increase in the % of unvaccinated between 2001 and 2015 - at an average yearly rate of increase of 333.33333333% over 14 years = (23.809523807% of the 2001 population value) results in an adjusted unvaccinated population-increase of 6364.047618373031 per-year multiplied by the years of increase in the number of unvaccinated between 2001 and 2015 according to birth year (with year 2001 already captured at a rate of .3%) resulting in 82,733 then added to the unvaccinated population of 2001 of 26,729 = 109,462 entirely unvaccinated under 18 years living in CA during the survey period. Under 18 years surveyed in CA: 543 Sample/fraction rate for CA under the age of 18, at 0.496%

NY Under 18 years:
Sample/Fraction of unvaccinated population surveyed under 18 years in NY…….**0.639%**
Unvaccinated (post-birth) in NY during survey: **49,393** Number surveyed: **316**

7. **FOREIGN SURVEYED:**
There were five (5) Nations surveyed, with a total of sixty-two (62) foreign surveys. The foreign sampling rate within each country, or even as a combined-group, is negligible and of limited value, standing alone.

***Breakdown of Foreign Nations*:**
There were five (5) foreign countries surveyed: Canada: 27 surveys, UK: 24 surveys, Ireland: 5 surveys, Australia: 3 surveys, South Africa: 3 surveys. Of the 62 foreign surveys, five (5) or **8.06%**, reported at least one health, developmental, or mental condition. The foreign surveys are of negligible value standing alone, but are added to the totals in certain (identified) categories as a buffer, in order to yield a more diversified/global perspective on health outcomes for the unvaccinated controls.

8. ***Probability Sampling:***
In probability sampling, one begins with a sample frame of all eligible individuals and implements the approach for sampling from this population that provides an equal chance that any of them might take part in the survey. Typically, the selection must occur in a 'random' way, meaning that they do not differ in any significant way from potential observations not sampled. One must first accept the fact that no surveys (other than those which are compulsory) produce participation that includes anyone *other than* those who "self-select" after learning of the opportunity to participate. And this is where the researcher makes a determination as to the likelihood that a person's proclivity for participating in surveys will affect the specific data sought to be collected. Normally, the answer is assumed to be negative.

For example, exit polls from voters aim to predict the likely results of an election. There are no participants in such surveys that are not "self-selected". The data produced by such surveys is then, ideally, cross-referenced and audited to detect inconsistencies that may reveal confounders if they exist, and to enumerate those, or other errors. In the Control Group survey, the methods employed were those most likely to produce a robust sample size as well as a random *result*, which was achieved. Auditing and cross-referencing this data measured existing deviations from the sample means, yielding values of reliability that numerically demonstrate the extent to which this sampling contains an accurate representation of health outcomes for the total population of interest.

9. ***Probability of Participation and Effect on Results***
Several factors guided the strategies employed to obtain cooperation from, and access to, the health data of a substantial sampling of the entirely unvaccinated population in the U.S.A.. Because of the extremely low percentage of the population that was of interest and with their diverse geographic distribution throughout the U.S.A., certain methods that might be employed in research efforts aimed at the *general* population were not applicable, and/or were not likely to be effective at producing a robust sampling in this instance. It is

expected that a larger sample is likely to produce a more accurate dataset, so this objective was an imperative.

Pew Research reports that phone selection by randomly-generated numbers have a response rate of less than 6%, *after* a person has been identified as available at the number called. And in the case of our particular target population, only 1 out of approximately every 400 persons contacted, (who would have been 'selected' for contact) would have any chance of being unvaccinated. And of course, we would have to start by reducing this likelihood to only 6% of that number in any case, leaving us with a likelihood of connecting with our population of interest for survey at less than 0.015% of the attempts made. [67]

Given Pharma's rampant slander campaigns and very-effective push to enact increasingly-severe discriminatory laws against this minority who refuse to inject their products, it was logical to assume there would be *very few* unvaccinated (who might ever be contacted in the 1st instance, at less than 0.015% of random attempts), who would be willing to admit they or their children are unvaccinated *to a complete stranger over the phone*. The potential response rate with such an approach would've been dismal, and the attempt futile. It was clearly not a feasible method for obtaining a robust sample of this tiny and geographically-diverse population, particularly since these people have been so persecuted and forced into isolation and secrecy.

Because such "selection" processes were not feasible here, novel methods by which the objective could be met, were employed, i.e., a robust sample constituting a solid representation of the health of the entirely unvaccinated population throughout 48 U.S. states was achieved. Narrowing the issues down by answering certain questions about the specific data sought, and other factors, determined the extent to which the considered - and ultimately-chosen - methods would affect the outcome. In other words, if the chosen methods would have no effect on the 'randomness' or accuracy of the specific data sought to be collected, and would therefore not adversely affect the probability that this data would represent the population *not* surveyed, then those methods would be employed, and they were employed.

10. ***Bias***

The first potential bias issue addressed was that of bias against vaccines. Those who've managed to avoid vaccines altogether are clearly biased against vaccines. It is also likely that many who've found they *cannot* make the sacrifices required to avoid vaccines, i.e., state-enforced discrimination through denial of equal opportunity and equal protection under the law, are also biased. These people might also *prefer* to make their own medical choices, and not face serious discrimination, loss of progeny to the state, or even criminal charges, as retribution for having done so. It is highly improbable there are *any* unvaccinated in the U.S.A. who wish they *could've* gotten a vaccine, but who could not locate any way to do so. Vaccines are almost *impossible to avoid* in this climate. Safeway and Albertson's, as well as many other distribution-centers, will inject vaccines for "free"

[67] ***Response rates in telephone surveys have resumed their decline -*** https://www.pewresearch.org/methods/u-s-survey-research/our-survey-methodology-in-detail/

without a prescription, both to the uninsured and the underinsured, at the taxpayer's expense. These subsidized programs even offer coupons for "free pizza" or "20% off your purchase today" for those who agree to be injected with taxpayer-subsidized pharmaceuticals. [68]

11. ***Bias and Potential to Alter Health Outcomes***

Is it likely that a preexisting bias against vaccination, standing alone, is capable of altering biological health outcomes? Can bias *alone* affect the health outcomes of newborn infants injected with vaccines or the K-shot? Can bias *alone*, alter whether or not the unborn child whose mother was injected with vaccines during the pregnancy, will have serious defects and/or other health problems? Is it likely that one who distrusts vaccines, and so avoids them, would have different biological health outcomes than those who trust vaccines *solely* due to beliefs about vaccines? Is a person who trusts vaccines, and therefore believes they've improved their health by injecting them, any *less* likely to practice good nutritional and other health-habits than a person who does *not* believe vaccines are safe? Is a child whose parents trust vaccines any more vulnerable to diabetes or thyroid disorders, than the child of a parent who does not trust vaccines? [69]

The obvious answer to all of the questions in this last paragraph is "NO." We have no reason to believe that a bias against vaccines, *standing alone*, is capable of altering the health-outcomes observed in the entirely unvaccinated population, nor is a bias *for* vaccines, standing alone, likely to have altered the health outcomes observed in the 99.74% vaccinated population. There is absolutely no reason to believe the health-outcomes of people who are educated enough to understand that vaccines are not actually "safe" would be any different, merely because they know the truth. Certainly, there is no reason to believe that unvaccinated people would have *profoundly lower* rates of brain damage, immune system disorders, and deaths, merely because they know vaccines are fully capable of causing these things.

12. ***Auditing the Accuracy of Reported Health-Outcomes in the Controls***

It was assumed that, if there were any notably-large divergences in the averaged reported health outcomes across variables, as measured against the pooled subsets across geographically diverse participants, then this survey data would not be a fair representation of the health of the entirely unvaccinated population in the U.S.A. who were not surveyed. In which case, it would be assumed other factors or confounding elements would have affected the results, i.e., inaccurate reporting, inaccurate data-entry, or perhaps the chosen methods of notifying and surveying the population of interest had not been random enough to produce an accurate representative sample. However, in this instance,

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[68] *Public Health and Pharmacy Collaboration:* https://www.astho.org/Infectious-Disease/Pandemic-Influenza/Public-Health-and-Pharmacy-Collaboration-in-an-Influenza-Pandemic/

[69] Logic here, demonstrates that injecting babies with any pretense of a (fake) "placebo-control" during a "trial" is wholly irrational scientifically. An infant's "beliefs" about the injections are not going to affect their health outcomes, so there's no reason to inject these "controls" with *anything.* The only reason to inject the "control" infants with anything, is to slip *bioactive substances* into these fake controls and thereby increase the side-effects seen in the "control" infants that will be compared against the "treated" group.

the standard deviation of the sample mean across 48 states, exposed an *extraordinary* level of reliability for this dataset as evidenced by the minimal error range. [70]

13. ***Reporting Bias***
Whether or not the entirely unvaccinated in the U.S.A. might misreport their health outcomes - due to bias against vaccines - was also carefully considered. Consistency values were audited to determine what effect this, or any other potential confounder, had on the dataset. The only logical and effective method of placing an accuracy-of-reporting value on the survey data is to employ cross-referencing and auditing models to locate any patterns of inconsistency, after completing data collection and input. Due to the broad geographic coverage (across 48 states) and robust sample rates for the target population in the U.S.A., the data for these comparisons and audits were substantial, and they produced a high degree of consistency across randomized variables.

Methods employed to determine reporting accuracy included confidence-interval comparisons between the pooled datasets from the highest sampled states, CA and NY - the largest populations on opposite sides of the continent - and the pooled sets from the unvaccinated populations in all other 46 states surveyed. The sample means for each pooled set were then analyzed for consistency and deviations. The standard deviation from the sample means of 5.97, yielded a 99% confidence level in the interval between 5.95 & 5.99. This dataset represents an *extremely* close representation of health of the unvaccinated population living in the U.S.A. in 2019/2020.

If inaccurate health reports were made, they were extremely minimal, as reflected in the standard deviation values across the stratified subsets of the pooled data. Or to put it another way, it would have been impossible for these reporters, *across 48 states*, to have coordinated their *level* of misreporting so consistently with one another, that it could have produced a standard deviation as small as is seen for this dataset. These reports did yield a *very* high level of accuracy.

14. ***"Selection" vs. Self-Selection***
In any survey, all of those surveyed are always "self-selected" unless participation is compulsory. After 100 attempts to locate a participant, a surveyor might *finally* get a person to answer a randomly-selected phone number, and then cheerfully announce, "You've been selected to..." – only to have the vast majority of the "selected" (i.e., the few who answered the phone) hang up, because they hate answering surveys. And the same goes for "junk mail" surveys received and subsequently tossed in the trash. The only people who participate in surveys are people who don't mind participating in them. To this extent, participants are ultimately *always* self-selected. The surveyor is hoping, and the potential participant *is the one choosing*. But is there any evidence such proclivities (liking surveys or hating them) will affect actual health outcomes? Most health surveys commissioned by our government agencies logically assume the answer is no. [71]

[70] See Chapter 7, "Accuracy"
[71] National Survey or Children's Health -NSCH Data Brief – October 2019: "Survey participants complete either web-based or self-administered paper-and-pencil questionnaires." AND: "Who completes the survey?

In this instance, due to the extremely small minority of the entirely unvaccinated population in the U.S.A., it was necessary to do an assessment of the potential impact on the resulting data, and to use the most effective methods of notifying potential participants to make them aware of the opportunity to participate. Ultimately, notices on social media, podcasts, and radio (those having viewers/listeners from all over the Nation, and even in other Nations) as well as in-person surveys in key population centers, were the methods deployed, due to the probability these methods would also produce a more robust, and therefore more accurate, representative sample of the population of interest.

15. ***'Random' by any other name:***
To establish the probability of producing a random sample result, and how deviations in the randomness of the sample could affect the accuracy of the data (as a representation of the unvaccinated population in the U.S.A.) the probability of differing health outcomes between these groups were analyzed. The results are as follows: (1) an entirely unvaccinated person, (or parent of same) who happened to be listening to a radio show on Tuesday rather than Thursday, or maybe one that doesn't listen to that show at all, as opposed to an unvaccinated person listening to the show on another day, and who therefore heard about the survey, and (2) the same considerations as applied to an unvaccinated person who happened to be checking social media when a notice about the survey was visible in the feed, as opposed to one who missed that same notice, (3) which led to the conclusion these 2 factors would not likely make any difference in how healthy, or unhealthy, an unvaccinated person, or their unvaccinated child, might be.

Or to put it another way, there is no logical reason to believe the unvaccinated people who missed the nationwide Control Group survey notices, and therefore never responded, and those who did see a notice, but who never answer surveys anyway, would have different health outcomes than those who did see/hear a notice and did participate. "Kansas-Nancy's" unvaccinated child is not going to be any healthier, or less healthy, than "Wyoming-Naomi's" unvaccinated child is, merely because Nancy missed the radio show and never heard about the survey, and/or she saw it, but Nancy doesn't ever answer surveys. It is illogical to assume such factors could affect observed health outcomes.

The likelihood that "Nancy" would have an opportunity to participate depended upon her social media habits or the radio programs she listens to. But it would not increase or decrease her chances of participation over Naomi's chances. And here, the surveyor was blind to who was choosing to participate by these means, i.e., the surveyor was unable to know who might see the notices, so the surveyor's own bias was *unable* to affect who participated. In the end, the dataset produced confidence intervals that demonstrate the desired randomness was clearly achieved.

The NSCH is conducted as a household survey, and the respondent is a parent or guardian with knowledge of the sampled child." AND: "How many households participate in the NSCH? In 2018, parents completed age-specific questionnaires for 30,530 children. These data can be combined with an additional 21,599 children from 2017, representing a combined total of 52,129 children in 2017-2018." NOTE: This study did not report health data for those under the age of 3 years, which represents approximately 22.3% of those under the age of 18. https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/NSCH-2018-factsheet.pdf

16. ***Form over Function in Random 'Selection'***
Although selection can be random, random is not *equivalent to* selection. A plane could fly over a city at noon with a banner, (advertising a survey with a website address) and those who see it could be random, at least within the city over-which it flew. But it might not capture those who work a graveyard shift. However, if the data of interest is not likely to be affected by the shift one works, the data captured by the responses can produce a random sample, even though nobody knocked on anyone's door or called them up directly in an attempt to "select" them. A random sample can be achieved without surveyor selection. And surveyor selection can actually *introduce bias* that would otherwise not be present. Voluntary-participation (self-selected) surveys do result in the end goal of a representative sample population, in spite of the fact the surveyor has no control over who will choose to participate, and regardless of the method by which they notified people of the opportunity to participate. If this were not so, no voluntary sample survey could be counted as representing any population of interest. And this is the *reason* for auditing the dataset to determine whether it exposes a truly random *result*, or something else.

Institutionally-accepted methods for 'selection' sampling are not the only means by which a survey can result in a reliable representative sample, i.e., a random result. There are many methods of reaching a population of interest in a broad and random manner in order to increase the sample size, and thereby increase the accuracy of a dataset. The results produced are the imperative.

Rather than making form the master, the Control Group survey deployed the means which had the highest probability of achieving the most accurate *results* through the most logical methods available. And because these methods were engineered to produce a random *result*, i.e., it is equally probable that unvaccinated Nancy or "Wyoming Wilma" listen to radio and/or follow social media, this objective was achieved. This dataset confirms this objective *was* met, i.e., a robust sampling of the entirely unvaccinated population in 48 states, with a narrow sample mean deviation, demonstrate that participation of this sample produced a tightly consistent *outcome* within the population of interest. It has been found that this unvaccinated population shares *very* similar health outcomes across the 48 states surveyed, which are *far too consistent* to have been mere coincidence.

Chapter 7

ACCURACY OF THIS DATASET

1. **ENTIRE U.S.A. Sample** [72]

Based *solely* upon the finite population of interest and the sample size, the confidence that the margin of error would not exceed ±3.343% stood at 99%. [73]

2. **Sample Standard Deviation: 0.25239** [74] [75] [76]

However, the sample means established from the actual dataset, resulted in a sample standard deviation of 0.25239 across the 48 states surveyed. This level of accuracy would not be evidenced if confounders had impacted this survey in any meaningful way. This evaluation of the dataset produced a 99% confidence level that the sample mean - for those who reported at least 1 condition, which is the basis for the sample mean - represents the unvaccinated population between the values of 5.95 and 5.99.[77]

3. **Confidence Level:** 99% **- Interval:** (5.95, 5.99)

The elements which exemplify the validity of the Control Group representative sampling include, but are not limited to, three major factors: (1) the robust sample size of this finite

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[72] Finite population factor is calculated as described below, and only for the U.S.A. where the population of interest could be calculated with any level of accuracy at this time. The simple MOE assumes no dataset is yet available with which to evaluate the accuracy of a study. The MOE is an estimated margin of error, and does not express the convergence found in the standard deviation of the sample mean, which is evidenced by the actual dataset, i.e., as evidenced by results achieved. The confidence interval values reflect the more precise measure of accuracy contained in the dataset as a representation of the population of interest who were not surveyed.

[73] This represents a percentage value by which the sample results would be expected to deviate based *solely* upon a sample of this size, within the finite population of interest. This means the sample mean, (of those reporting at least 1 condition) would be expected to possibly reduce, or increase, by 3.343%. In this instance it would cause the sample mean to decrease to 5.74, or increase to 6.14. The margin of error (with finite population correction, but *without* calculation of the standard deviation of the sample means) is **±3.343%.** *With* inclusion of possible unvaccinated population of Iowa & Mississippi at an increase of 1.86%, where: z = 2.576 for a confidence level of (a) 99%, 0 = proportion (expressed as a decimal) N = population size, n = sample size. z = 2.576, p = 0.5, N = 84006, n = 1482 - MOE = 2.576 * $\sqrt{0.5 * (1 - 0.5)}$ / $\sqrt{(848006 -1) * 1482 / (840006 - 1482)}$ - MOE = 1.288 / 38.53 * 100 = 3.343%. The margin of error with finite population correction (FPC = $((N-n)/(N-1))^{1/2}$) is **±3.343%** This represents a percentage value by which the sample results would be expected to deviate based *solely* upon a sample of this size. This means the sample mean, (of those reporting at least 1 condition) would be expected to either be reduced, or increased, by 3.343%. In this instance it would cause the sample mean to decrease to 5.74, or increase to 6.14.

[74] The population is finite here, therefore if the finite population correction is made, the standard error of the mean of the sample will tend to zero with increasing sample size, because the estimate of the population mean will improve, while the standard deviation of the sample will tend to approximate the population standard deviation as the sample size increases. Based upon the standard deviation of the pooled samples, the confidence interval more accurately reflects the reliability of the *actual* data/results obtained by this survey. The sample standard deviation is calculated as $s=\sqrt{\sigma^2}$, where: $\sigma^2 = (1/(n-1))* \sum^{n}_{i=1}(x_i-\mu)^2$, μ is the sample mean, n is the sample size and $x_1,\ldots,x_n$ are the n sample observations.

[75] Based upon the standard deviation of the pooled datasets.

[76] The following formula was used for the confidence interval with finite population correction, ci: $ci = \mu \pm Z_{\alpha/2}*(s/\sqrt{n})*\sqrt{FPC}$. Short styles without finite population correction: 5.97 (99% CI 5.95 to 5.99) 5.97, 99% CI [5.95, 5.99] Margin of Error 0.0169 – MOE to more digits: 0.01689

[77] Rounded.

population of interest; (2) 48 state coverage, and; (3) the consistency of the sample mean (small deviation) between pooled datasets, comprised of (a) the two highest populated states in the U.S.A., which are on *opposite* sides of the continent, and (b) the randomly split datasets from the other 46 states. This confirms that any confounders that were present, had an *extremely* limited effect on the accuracy of the dataset as a representation of the health of the entirely unvaccinated population living in the U.S.A. in 2020.

The effects of any confounders are very limited and are here numerically defined, i.e., any effects that bias, limits in the randomness of the sample, inaccurate reporting, data-entry flaws, etc., may have had on the dataset, are here fully exposed in the divergence audits and confidence intervals.[78]

4. **Additional Cross-reference:**

a. CA Random Split: Confidence 99%, Interval (5.59, 5.79)
b. NY Random Split: Confidence 99%, Interval (5.91, 6.18)
c. NY & CA: Combined and Random Split: Confidence 99%, Interval (5.85, 5.89)
d. 46 States: Random split: The standard deviation of the sample means across 46 states exposed *no* error, i.e., Confidence 99%, interval (0.00, 0.00). NOTE: Simple calculation of the MOE of this pooled set, as a separate dataset *without* the sample means produced 95% confidence MOE of **±**4.448%, i.e., 95% confidence that the sample mean would be expected to rest between 5.78% and 6.31%. [79] [80] [81]

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[78] Processing errors were also kept to an extreme minimum by filing number assignments and continual reference to the original hard-copy surveys in case of discrepancies requiring correction, along with follow-up phone, and/or email interviews for clarification and precision of the data-set. Post-marked envelopes are also kept securely in the file with each mailed-in survey, and were used to validate and audit the location of the respondents and the date of mailing.

[79] The additional 46 States were pooled and split randomly to produce pooled sets. An *identical* number within each set reported at least one (1) condition. Therefore, there was no deviation of the sample mean between these pooled sets across 46 states. The simple MOE calculated *only* upon the population of interest and the sample size of it, produced a 95% confidence MOE of **±**4.448%. That is to say that, with a sample mean of **6.043956044**% (mean being at least 1 condition reported) of which 4.448% is 0.26883516483712%,, the sample mean would not be expected to vary beyond 5.78% at the lowest, and 6.31% at the highest, (rounded). The level of accuracy estimated solely upon the finite population and sample produces a MOE that should not be mistaken for the accuracy of the *actual dataset results.* Again, *no* deviation was found in the 46 states when randomly split.

[80] Convergent validity is seen in the degree to which the two highest sampled states produced similar outcomes, which when combined, are also closely aligned with the compilation of smaller-sampled 46 states surveyed. This consistency is also seen when the pooled datasets are cross-checked in various other pooling combinations, i.e., either of the two highest-sampled states combined with one another and compared against the 46 states, and/or when one of these high-sampled states are combined with the 46 states and compared against the remaining highest sampled state. Other combinations with split datasets within the 46 states, along with splitting of the highest-sampled states for recombination into new pooled sets for comparison were also made. These exercises only reduced the intervals, or they remained the same. All combinations fell within a very small deviation. The pooled sample combination used to produce the final confidence interval (for the entire survey sample dataset), was the combination that produce the *widest* interval within the 99% confidence level.

[81] Cohen's d is typically employed to enumerate statistical differences in results as a comparison to a control group, and an exposure group. In this instance, the differences in the outcomes between the unexposed and exposed, in every category of condition, are staggering on their face. (See Health Risk Comparisons later in

Chapter 8

NUMERICAL HEALTH RISKS

1. **BASIC GUIDE:** Percentages are rounded up and therefore groups may not total 100% of the total risk values for grouped risk factors. These outcomes are also presented in various subsets to enumerate the total risk factors for each category of condition reported as it relates to the specified exposures. Certain risk factors for comparatives against the 99.74% vaccinated population in the U.S.A. are also made available without the foreign survey data included, (where defined) in order to accommodate the most commonly-stratified subsets of age-appropriate cohorts made available in our published National statistics. Certain identified risk factors are also presented according to all age groups combined.

These values include all reported conditions of which the raw data is comprised. The fact a certain condition is not reported at all within this sample, ("0.0%") is not intended to indicate the risk of that condition is literally *zero* within the unvaccinated population. If a condition does not appear in this report (and is given a risk-value of 0%) it is because that condition was not reported in any of those surveyed. Therefore, the risk factor for that condition can be assumed as *infinitesimal*, i.e., too small to locate with this sampling of the unvaccinated population, in spite of the robust sampling rates and low standard deviation within this dataset. Basically, this means it is truly an *extremely* rare condition in the entirely unvaccinated population.

2. **U.S.A. Overall Risks Associated with Vaccine Abstinence (post-birth):**

1. U.S.A. - at least 1 condition reported in all age groups (88 of 1,482)……..**5.94%**
2. CA - at least 1 condition reported in all age groups (36 of 633)……..**5.69%**
3. NY - at least 1 condition reported in all age groups (22 of 364)……..**6.04%**
4. CA and NY combined reported with at least 1 condition (58 of 997)……..**5.82%**
5. 46 Sates combined (not including CA & NY) at least 1 condition (30 of 485)…..**6.19%**

3. **Total Including Foreign:**
Out of 1,544 reports - both foreign and domestic - ninety-three (93) subjects, or **6.02%** in all age groups, were reported to have at least one health, developmental, or mental condition.

The higher rate of reported conditions from foreign Nations are added to certain portions of the risk-factor assessments herein, (where identified) as a buffering measure to more accurately establish potential global health outcomes with total vaccine abstinence, including deaths and health-related injuries. The inclusion of this group (within the

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this report.) There can be no argument these disparities are *lacking* in statistical significance. In analyzing this dataset of controls, Cohen's d was found to be useful in another context, as an additional measure of accuracy, and was run on the pooled datasets for the purpose of determining the 'significance' of the deviations/variances, i.e., to help quantify potential *errors* within the dataset. Cohen's d = -1.373 (trivial effect size) calculated as follows: Cohen's d is calculated as follows: Where $M_1 = 5.8655799175$, $M_2 = 6.1099796334$, $SD_1 = 0.25226193729988$, $SD_2 = 0$ - d = (5.8655799175 – 6.1099796334) /0.178, $SD_{pooled} = \sqrt{[\ (0.25226193729988^2 + 0^2)\ /2]} = 0.178$ d = -0.244 / 0.178 = -1.373 So, d = -1.373

identified versions of the stratified subsets) is provided to more accurately reflect overall total health outcomes associated with vaccine abstinence, (and/or abstinence from 2 other potentially-confounding, but-directly-related pharmaceuticals) across all factors, regardless of race, gender, lifestyle, income, culture, or geography. The objective of this study is to enumerate health outcomes associated with the avoidance of vaccines, and two other pharmaceutical products, i.e., the actual physical/biological *effects* of this behavior, as reflected in observed *health outcomes*.

Chapter 9

VITAMIN K-SHOT & MATERNAL VACCINES [82] [83]

1. **Identifying and Isolating Exposures**

To identify and/or eliminate all obvious confounding biological elements, such as direct injections with certain *other* vaccine-related pharmaceuticals, in addition to a complete lack of post-birth vaccinations, this survey requested specific data on exposure to both maternal vaccines and K-shots at birth. This also facilitated the enumeration of health outcomes associated with avoidance of these two additional medical interventions, in

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[82] The American Academy of Pediatrics (AAP) estimates that in 2015, 0.6% of babies did not get the vitamin K shot at birth. ***Factors Associated With RefU.S.A.l of Intramuscular Vitamin K in Normal Newborns*** - Pediatrics August 2018, 142 (2) **e20173743; DOI: https://doi.org/10.1542/peds.2017-3743 - At:** https://pediatrics.aappublications.org/content/142/2/e20173743 ALSO: In the *Scientific American*, Clay Jones, a pediatrician specializing in newborns at Newton–Wellesley Hospital in Massachusetts, complained that mothers who refuse the K-shot are *also* less likely to allow pain-killing drugs to be inserted into their spine (epidural) during labor, and are more likely to breastfeed. Jones spent considerable space venting his frustrations at the increased level of "breastfeeding" these nasty "drug-refuser" mothers engage in. Of course, Jones presented *no studies or numbers* to support his theories that breastfeeding is bad for babies. This article is a marketing tool for pharma. Healthy patients are a bad business model for the pharmaceutical/medical industrial complex. Breastfeeding leads to healthier children and this is *why* the article did not stop at pushing pharmaceuticals. Scientific America: August 19, 2014 **"*More Parents Nixing Anti-Bleeding Shots for Their Newborns*"** https://www.scientificamerican.com/article/more-parents-nixing-anti-bleeding-shots-for-their-newborns/

[83] The vitamin K-shot contains aluminum, a powerful immune-system triggering/altering adjuvant, which is normally found in vaccines. The justification given for the presence of this vaccine-adjuvant in this "vitamin" injection, is that it's purported to "balance the PH". Ostensibly, the pharma-worker who developed the K-shot, and those who market it, could not locate any *safer* methods of "balancing the PH". Upon further research it was discovered that the PH of pure vitamin K is very close to aluminum, and if anything, the inclusion of the aluminum only worsens the PH balance of vitamin K. The need to "balance the PH" must be due to the *other* ingredients in the K-shot, including: propylene glycol, polysorbate 80, and benzyl alcohol. The justification for this vitamin/adjuvant/alcohol-injection being given to newborns (rather than giving babies real vitamin K orally) is the presumption that all parents are negligent and will fail to properly nourish their babies after leaving the hospital. So these babies are injected with enough vitamin K to last several months in *one* massive dose, which could be difficult for an *adult* liver to process. This routine is claimed to protect the baby from its presumably negligent parents, which the medical establishment assumes *all* parents are. The potential risks of this medical procedure are ignored entirely, and no database accounting of those risks are collected, or if they have been collected, such data has not been made available to the public. The following link provides a fine visual example of the gangrenous consequences of hyper-viscosity (where the blood in newborns "mysteriously" becomes too thick and clotted to permit blood-flow to the baby's limbs). These "scientists" claim they've no clue what might be causing this problem: http://ispub.com/IJPN/6/1/4227 ***Polycythemia and Hyperviscosity in the Newborn – Fairview*** - The resulting missing fingers and other "side-effects" (including liver-failure) suffered by infants who've receive massive doses of blood-clotting vitamin K at birth are shocking. *60% of newborn infants* now suffer from jaundice/bilirubin, which is an indication their *liver function has been impaired*. No matter how indicative jaundice is of liver failure, it's now so "common" that it's no longer considered "concerning". See: https://www.marchofdimes.org/complications/newborn-jaundice.aspx - The fact that it's become *so* common for newborn infants to suffer symptoms of advanced liver failure *should be* concerning, and only liars go on pretending to have no clue *what* is causing all of this liver damage and hyperviscosity in newborn infants. The vitamin K-shot *is* quite useful in helping to cover the bleeding-from-injury risks inherent to hospital births. ***Birth Trauma*** StatPearls - NCBI - January 15, 2020 - Vikramaditya Dumpa; Ranjith Kamity. At: https://www.ncbi.nlm.nih.gov/books/NBK539831/

addition to those conditions observed in those who have avoided all post-birth vaccine exposure.

2. ***Repeating Patterns according to exposures in the U.S.A.:*** [84]

a. For *all* ages, those with no exposure to any vaccines, (either pre or post-birth) and no K-shot exposures, accounted for 69.1% of all those surveyed (1,024 of 1482). **2.64%** of this unexposed group were reported with at least 1 condition (27 of 1,024).

b. For all ages, those unvaccinated (post-birth) ***with*** 100% K-shot exposure *alone* (no maternal vaccines) accounted for 27.6% of all those surveyed. **11.73%** of this group reported at least 1 condition (48 of 409).

b. For all ages, those unvaccinated (post-birth) ***with*** exposure to the K-shot, and/or maternal vaccines accounted for 31.9% of all those surveyed. **13.32%** of this group reported at least 1 condition (61 of 458).

c. For all ages, those unvaccinated (post-birth) ***with*** 100% exposure to maternal vaccines *alone* (no K-shot) accounted for 1.28% of all those surveyed. **21.05%** of this group reported at least 1 condition (4 of 19).

d. For all ages, those unvaccinated (post-birth) ***with*** 100% exposure to maternal vaccines (with or w/o K-shot exposure) accounted for 3.31% of those surveyed, (49 of 1,482). **24.49%** of this group reported at least 1 condition (12 of 49).

e. For all ages, those unvaccinated (post-birth) ***with*** a 100% rate of exposure to ***both*** maternal vaccines and K-shot accounted for 2.02% of all those surveyed. **30.00%** of this group reported at least condition (9 of 30)

f. For all ages, the total with exposure to the K-shot and/or maternal vaccines accounted for **31.9%** of all those surveyed, (458 of 1482). Strikingly, **69.32%** of those reported with at least 1 condition, were in this exposure group, i.e., 61 of 88 reported with at least 1 condition were in this exposure group.

[84] As you will notice later in the report, in the Risk Comparisons for each condition or disease within the age-group cohorts as well as those within each disease category, based upon the stratified exposure subsets, this increasing risk-value pattern (exemplified here) is extremely consistent, and *staggeringly* beyond chance. This pattern of graduating increase in risk, according to these subset exposures, holds an almost perfect pattern across almost all other variables. However, there are a minority of specific disease categories where maternal vaccine exposures *alone* appeared to have limited effect, such as in the risks of digestive problems, where the K-shot appears more specifically implicated. The one exposure that raised associated risks dramatically, in every sector where it could adequately be measured, was the maternal vaccine, in many cases raising the associated risks well *above* the National averages for the 99% post-birth vaccinated population. This is of ***extreme*** concern, as this *one* particular exposure (maternal vaccine) appears to have a much higher potential to destroy the health of America's next generation of children much *faster than any other type of pharmaceutical exposure.* The extraordinary level of this particular threat *cannot possibly be overstated*. Here, the author placed these concerns in the footnotes in furtherance of the obvious meaning of the numbers themselves, on the off-chance anyone is incapable of understanding what the implications of these figures are.

3. ***The term "Unvaccinated"***
This additional data (K-shot/maternal vaccine exposure) was required, due to the fact many who consider themselves "unvaccinated" (post-birth) and who qualified for this study as such, were injected with the vitamin K-shot at birth, which contains a powerful adjuvant (normally used in vaccines as a method of triggering a strong immune response), and/or the mother was vaccinated during the pregnancy. It is understood that adjuvants, such as aluminum, trigger the immune system whether or not they are given in combination with an infectious agent, and/or foreign DNA/RNA from various undisclosed sources, many of which originate in communist China. Vaccination during pregnancy has the obvious potential to affect the unborn child. And yet, the risks associated with these injections have never been enumerated by our public health authorities.

4. ***K-shot Can Cause Death:***
The K-shot can cause immediate death. This is according to science author Thomas E. Kearney (for the California Poison Control System) in "***Poisoning & Drug Overdose"***, Chapter 238, where the K-shot information reads: "Black box warning: Anaphylactoid reactions have been reported after intravenous administration and have been associated with fatalities. Intravenous use should be restricted to true emergencies; the patient must be monitored closely in an intensive care setting. Severe reactions and fatalities have also been associated with intramuscular administration and resembled hypersensitivity reactions." [85]

In spite of these facts, well over 99% of babies born in the U.S.A. are now injected with the K-shot, often through extremely extortive means, [86] and all mothers are also now *heavily* pressured to get vaccinated *during* their pregnancies. Previous to this study, there had been no evaluation of the K-shot against true controls, *in order to determine real risk factors*

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[85] https://accessmedicine.mhmedical.com/content.aspx?bookid=391&sectionid=42070053 Published by the Faculty, Staff, and Associates of the ***California Poison Control System***. Edited by Kent R. Olson.

[86] "***Parents Who Declined Vitamin K Shots For Newborns Sue Hospitals, DCFS Over Medical Neglect Investigations"*** – CBS Chicago - By Lauren Victory September 24, 2019 at 6:47 am
Filed Under: Illinois Department of Children and Family Services, Lauren Victory, Local TV, Morning Insiders, Only On 2, vitamin k AT: https://chicago.cbslocal.com/2019/09/24/vitamin-k-lawsuit-baby-taken-from-parents-dcfs-medical-neglect-investigation/ This "medical" research paper, ***Parental RefU.S.A.l of Childhood Vaccines and Medical Neglect Laws*****,** (obviously authored by lawyers) discusses various punishments medical staff can threaten parents with if they refuse to have their children injected with pharma products. The primary method outlined is to level false criminal allegations against innocent parents. These methods of extorting the parents' submission to the dictates of the pharmaceutical industry include arranging to have the children confiscated and placed in foster care, and/or criminal prosecution against the parents, based "*solely"* upon their refU.S.A.l to purchase certain pharmaceutical products. Am J Public Health. 2017 January; 107(1): 68–71. Published online January 2017 - **doi:** 10.2105/AJPH.2016.303500 - PMCID: PMC5308147 - PMID: 27854538 **Found at:**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308147/ In the Abstract See - Under: *Methods.* "We used the Westlaw legal database to search court opinions from 1905 to 2016 and identified cases in which vaccine refU.S.A.l was the *sole* or a primary reason in a neglect proceeding. We also delineated if religious or philosophical exemptions from required school immunizations were available at the time of adjudication." This purportedly "scientific/medical" research paper strays far from *anything* related to health, but rather, it's the "how-to" force parents to have their children injected against their will, under threat of the loss of their children to foster care and even criminal prosecution.

associated with its use. The Control Group study has compiled the largest-known collection of health-outcome data for the unvaccinated population who are also lacking exposure to the K-shot and in-utero/pregnancy vaccines, i.e., *true controls*, enumerating the health outcomes which establish the risk factors (or reductions thereof) associated with *also* refusing the K-shot and/or maternal vaccines. This is also the 1st study to collect data on a group with a 100% rate of maternal vaccine exposure for comparison of health outcomes in the children produced by completely unvaccinated (unexposed) pregnancies who also avoided any post-birth vaccination. The advantage here is also found in the fact post-birth vaccines have been *ruled out* as an additional risk-factor for this particular group, which is an entirely exclusive dataset to have access to.

5. ***The Rise in Exposures to K-shot and Maternal Vaccines***
Until fairly recently, it was assumed that vaccination during pregnancy was dangerous to the unborn baby and this practice was generally *avoided*, along with avoidance of *newborn* vaccinations. No new math-based science has been produced to prove that vaccines are any safer during pregnancy *or* during the first months of life, than they were 30 years ago, with which to justify altering these historical medical assumptions. And yet, pregnant women are now routinely pressured to accept vaccines, with approximately 50% of pregnancies now being vaccinated in the U.S.A.. And this number is rising fast. Almost all *newborns* are also now heavily vaccinated in the U.S.A..

Parents are generally never told that the k-shot injection comes with serious immediate risks, including death, or that the long-term risks have never been evaluated. Pharma-distributors claim the side-effects are extremely "rare". But this subjective characterization is not supported by any *enumeration* relative to any particular person, or group of people, receiving this injection (or some other biologically-active substance) *as compared against those who did not receive it*.

The oldest survey participant reporting the K-shot at birth was 36 years of age, and 19 years was the oldest age of any participant whose mother was reported to have been vaccinated during the pregnancy. It appears Pharma's aggressive push to vaccinate *all* pregnant women and their babies in-utero, is an even more recent phenomenon than K-shots for all newborns.

6. ***Far Less "Unvaccinated" Have Been Exposed to the K-shot or Maternal Vaccines***
Based upon the most recent estimates of K-shot saturation levels in the general population, it is clear that parents who choose not to vaccinate their children, (as were studied herein) are *also* far less likely to permit the K-shot to be injected into their newborn baby at birth, even less likely than this, to expose their unborn babies to vaccines during pregnancy, than are mothers belonging to the 99.74% vaccinated population.

These last-mentioned Control Group findings are consistent with findings from the American Academy of Pediatrics, who *also* found that those who refuse the K-shot (as well as vaccines) tend to be more *literate* than those who submit to the many increasingly-abusive pressures to accept them. The pressures medical staff typically apply to obtain the parents' "consent" to surrender their newborn infants to K-shot injections, include, but are

not limited to, direct threats to contact CPS and falsely accuse these parents of medical neglect if they refuse these, or *any* injectable products pushed in these distribution centers.

7. ***No Other Data for Unvaccinated <u>without</u> the K-shot or pregnancy vaccines***
If other data establishing the numerical risk factors associated with avoidance of either the K-shot or pregnancy vaccines exists, (other than that found herein) it is currently concealed. Because close to 70% of the unvaccinated (post-birth) in this study reported no exposure to the K-shot at birth, nor exposure to maternal vaccines, the data collected here presented an unparalleled opportunity to enumerate the health outcomes specifically associated with refusal of the K-shot and/or maternal vaccines in those who have also received no *other* similar pharmaceutical injections, i.e., post-birth vaccinations. It also supplied a comparative opportunity between all of these groups.

8. ***K-shot & Maternal Vaccine Subsets and Effect on Sampling Rates:***
For these particular groups, (other exposure or non-exposure groups within the dataset) the sampling rates are the same within every subset as those which have been identified for our total population of interest. This is due to the fact that the percentage of entirely unvaccinated in the general population is also reduced or increased by the identical percentage when excluding, or including, those who have also avoided exposure to the k-shot and the maternal vaccines. For purposes of this study, the first-premised sample rate assumptions for the total calculated unvaccinated population applies to both the stratified K-shot and/or maternal vaccine exposed subset groups.

9. **Risk of Hemorrhaging or Injury due-to-bleeding with avoidance of K-shot……..**0%
(Risk of bleeding injury or related death in those with no K-shot, 0 of 1022)

Chapter 10

COMPARATIVE RISKS

AS AGAINST

THE 99.74%VACCINE-EXPOSED POPULATION IN THE U.S.A.

1.1. Chronic conditions in vaccine-exposed (post-birth) population under 18 years……*27%*

According to the CDC, "approximately 27% of children in the United States have a chronic condition and 1 in 15, or 6.66% have MCCs [multiple chronic conditions]." [87] *These figures do not include obesity.* [88]

Survey Data:

(a) Under 18 years in all unvaccinated (post-birth) surveyed reported with at least one condition: (76 of 1,272)……**5.97%**

Breakdown of Exposures:

a. Risk of at least 1 condition in unvaccinated **without** K-shot or maternal vaccine exposure (19 of 845)……**2.25%**
b. Risk of at least 1 condition in unvaccinated (post-birth) with 100% K-shot exposure & no maternal vaccines (44 of 379)….**11.61%**
c. Risk of at least one condition in unvaccinated with K-shot and/or maternal vaccine exposure (57 of 427)……**13.35%**
d. Risk of at least 1 condition in unvaccinated (post-birth) with 100% rate of maternal vaccine exposure and no K-shot (4 of 19)……**22.05%**
e. Risk of at least 1 condition in unvaccinated (post-birth) with 100% rate of exposure to **both** K-shot *and* maternal vaccines (9 of 29)……**31.03%**

(b) Increase Risk of at least 1 condition according to exposure: [89]

a. Increased risk in 99% vaccine-exposed general population……***1,100%***
b. Increased risk with K-shot exposure alone……***416%***
c. Increased risk with K-shot and/or maternal vaccines……***493%***
d. Increased risk with maternal vaccine exposure alone……***880%***
e. Increased risk with ***both*** K-shot and maternal vaccine exposure……***1,279%***

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[87] CDC, *Preventing Chronic Disease*. https://www.cdc.gov/pcd/issues/2015/14_0397.htm

[88] Injured immune system leads to obesity: C. Petersen et al. T cell–mediated regulation of the microbiota protects against obesity. *Science.* Vol. 365, July 26, 2019, p. 340. doi: 10.1126/science.aat9351. Also see: Y. Wang and L.V. Hooper. ***Immune control of the microbiota prevents obesity***. *Science.* Vol. 365, July 26, 2019, p. 316. doi: 10.1126/science.aay2057. https://science.sciencemag.org/content/365/6451/316.full

[89] Increased risks are based upon a comparison to the risk value for those with zero exposure to vaccines (before or after birth) and zero exposure to the K-shot.

1.2. Risk of Multiple Conditions in the 99% vaccinated population under 18 years:……*6.66%*

6.66% have MCCs [multiple chronic conditions]." [see footnote 1]

Survey Data

(a) A total of **1.10%** (14 of 1,272) of unvaccinated (post-birth) surveyed under 18 years were reported with at least 2 *chronic* conditions.
Breakdown of Risk Factors & Exposures:

a. Risk of at least 2 conditions in unvaccinated (post birth) **without** exposure to K-shot or maternal vaccines (1 of 845)……..**0.12%**
b. Risk of at least 2 conditions in unvaccinated (post-birth) with 100% rate of exposure to K-shot & no maternal vaccines (9 of 379)..**2.37%**
c. Risk of at least 2 conditions in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (13 of 427)……..**3.04%**
d. Risk of at least 2 conditions in unvaccinated (post-birth) with 100% rate of exposure to maternal vaccines with or without K-shot (4 of 48)…….**8.33%**
e. Risk of at least 2 conditions in unvaccinated (post-birth) with 100% exposure to ***both*** maternal vaccines and K-shot (4 of 29)……..**13.79%**

(b) Increased risk of at least 2 conditions according to exposures: [90]

a. Increased risk in (post-birth) vaccine-exposed population……***5,521%***
b. Increased risk with K-shot exposure alone…….***2,100%***
c. Increased risk with K-shot and/or maternal vaccines…..***2,633%***
d. Increased risk with 100% maternal vaccine exposure ……..***6,842%***
e. Increased risk with ***both*** maternal vaccines and K-shot……***11,392%***

NOTE: **100%** of those reporting at least 3 conditions reported maternal vaccine exposure and/or K-shot exposure.[91]

2.1. Chronic conditions in vaccine-exposed (post-birth) population over 18 years……*60%*

According to the CDC, "six in 10 adults in the US have a chronic disease." [92] (6/10=60%)

Survey Data

(a) A total **5.71%** of those unvaccinated (post-birth) surveyed over 18 years, reported with at least 1 chronic condition: (12 of 210)

a. Risk of at least 1 condition in unvaccinated (post birth) **without** exposure to K-shot or maternal vaccines (8 of 179)……..**4.47%**
b. Risk of at least 1 condition in unvaccinated (post birth) **with** exposure to K-shot alone (4 out of 30)……..**13.33%**

[90] Increased risks are based upon a comparison to the risk value for those with zero exposure to vaccines (before or after birth) and zero exposure to the K-shot.
[91] See breakdown of total number of *separate* conditions reported in each exposure group later in this report.
[92] CDC, *Chronic Diseases in America.* https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm

(b) Increased risk according to exposure: [93]

a. Increased risk in vaccine-exposed (post-birth) population……***1,242%***
b. Increased risk with K-shot alone……***178%*** [94]

2.2 – 2 Chronic Conditions in vaccine-exposed adults over 18 years……..*42%*
42% over the age of 18 have more than one condition. See footnote 2.

Survey Data [95]
(a) A total of **0.95%** (2 of 210) unvaccinated (post-birth) surveyed over the age of 18 reported at least 2 chronic conditions:

a. Risk of at least 2 conditions in unvaccinated **without** exposure to K-shot or pregnancy vaccines (1 of 179)……**0.56%**
b. Risk of at least 2 conditions in unvaccinated with exposure to K-shot and/or maternal vaccines (1 of 31)……**3.23%**

(b) Increased risk according to exposure: [96]

a. Increased risk in vaccine-exposed population……***7,399%***
b. Increased risk with K-shot and/or maternal vaccine exposure……***477%***

NOTE: In those over the age of 18, there was only one reported exposure to maternal vaccines.

2.3 - 5 Chronic Conditions in 99% vaccine-exposed adults over 18 years……..*12%*
1 out of every 8.33 American adults is suffering 5 or more chronic conditions. See footnote 2.

Survey Data
There were no reports of more than *3* chronic conditions in unvaccinated (post-birth) adults, (or children) with or without exposure to K-shot and/or pregnancy vaccines.

(a) Risk of more than more than 3 chronic conditions in (post-birth) unvaccinated over 18 years (0 of 210) ……**0%**

[93] Increased risks are based upon a comparison to the risk value for those with zero exposure to vaccines (before or after birth) and zero exposure to the K-shot.
[94] Only one person over the age of 18 surveyed was reported with exposure to maternal vaccines.
[95] There was only one (1) report of maternal vaccine exposure in those unvaccinated (post-birth) over the age of 18.
[96] Increased risks are based upon a comparison to the risk value for those with zero exposure to vaccines (before or after birth) and zero exposure to the K-shot.

3. Heart Disease in the 99% vaccine-exposed adult population over 18……*48%* [97]
*Nearly half (*or *121.5 million in 2016) of all adults in the United States have some type of cardiovascular disease, according to the American Heart Association's Heart and Stroke Statistics -- 2019 Update, published in the Association's journal Circulation.* [98]

Survey Data:
There were no reports of heart disease in any of the total 1,482 unvaccinated surveyed, at any age, with or without exposure to the K-shot or maternal vaccines.

(a) Risk of heart disease in unvaccinated with or without exposure to K-shot and/or maternal vaccines……,……**0%** [99]

4. Diabetes in the 99% vaccine-exposed American population……10% [100]
*According to the CDC: "*34.2 million people have diabetes. That's about 1 in every 10 people*"* [101]

Survey Data
There were no incidences of diabetes in the 1,482 unvaccinated surveyed with or without exposure to the K-shot or maternal vaccines, at any age.

(a) Risk of diabetes in unvaccinated with or without exposure to K-shot and/or maternal vaccines……**0%**

5. Digestive Disorders in the 99% vaccine-exposed population……*18%* [102]
Prevalence: *60 to 70 million people affected by all digestive diseases"* – NIH [103]

Survey Data
All digestive conditions reported in all ages:
(a) Risk of digestive disorder in unvaccinated (post-birth) 6 of 1,482……**0.4%**

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[97] ***How the immune system causes heart disease*** – MedicalXpress, July 17th, 2017 Home/Cardiology - Rahul Kurup – AT: https://medicalxpress.com/news/2017-07-immune-heart-disease.html
[98] AHA, *Cardiovascular diseases affect nearly half of American adults, statistics show*. AT: https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show
[99] One adult reported an instance of "elevated blood pressure" but no heart disease was present.
[100] Diabetes Research Connection – Diabetes Research News, February 10th, 2020. ***Exploring why the immune system may attack insulin-producing beta cells*** https://diabetesresearchconnection.org/exploring-why-the-immune-system-may-attack-insulin-producing-beta-cells/
[101] CDC, *A Snapshot: Diabetes In The United States*. https://www.cdc.gov/diabetes/library/socialmedia/infographics/diabetes.html
[102] "In an autoimmune disease, the immune system attacks and harms the body's own tissues, The systemic autoimmune diseases include collagen vascular diseases, the systemic vasculitides, Wegener granulomatosis, and Churg-Strauss syndrome, These disorders can involve any part of the gastrointestinal tract, hepatobiliary system and pancreas." ***Gastrointestinal Manifestations in Systemic Autoimmune Diseases*** - PMCID: PMC3150032 - PMID: 21977190 - Maedica (Buchar). 2011 Jan; 6(1): 45–51. At: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150032/
[103] NIH, *Digestive Diseases Statistics for the United States*. https://www.niddk.nih.gov/health-information/health-statistics/digestive-diseases#all

a. Risk of digestive disorder in unvaccinated **without** exposure to K-shot or maternal vaccine (1 of 1024)……**0.10%**
b. Risk of digestive disorder in unvaccinated (post-birth) with exposure to K-shot alone, no maternal vaccines (5 of 409)……**1.22%**

(b) Increased risk according to exposure: [104]
a. Increased risk in vaccine-exposed population……***17,900%***.
b. Increased risk with K-shot alone and no maternal vaccines……***1,120%*** [105]

6.1. Eczema in 99% vaccine-exposed population under age 18 (2017)……***10.7%*** [106]
According to Avena-Woods (2017) in American Journal of Managed Care, "population-based studies in the United States suggest that [eczema/atopic dermatitis] prevalence is about 10.7% for children…" [107]

Survey Data
Eczema in children under 18 years:
(a) Risk of eczema in unvaccinated (post birth) 19 of 1,272……**1.49%**
a. Risk of eczema in unvaccinated **without** exposure to the K-shot or maternal vaccines (3 out of 845)……**0.36%**
b. Risk of eczema in unvaccinated (post-birth) **with** K-shot, and/or maternal vaccine exposure (15 of 427)……**3.5%**
c. Risk of eczema in unvaccinated (post birth) **with** K-shot exposure and no maternal vaccine of (17 of 379)……**4.28%**
d. Risk of eczema in unvaccinated (post-birth) ***with*** 100% maternal vaccine exposure and no k-shot (2 of 19)……**10.53%**
e. Risk of eczema in unvaccinated (post-birth) ***with*** 100% exposure to maternal vaccines with or w/o K-shot exposure (6 of 48)……**12.5%**
f. Risk of eczema in unvaccinated (post-birth) ***with*** 100% exposure to both k-shot and maternal vaccines (4 of 29)……**13.79%**

(b) Increased of risk of Eczema according to exposure: [108]
a. Increased risk in vaccine-exposed population……***2,872%***
b. Increased risk with K-shot and/or maternal vaccines……***872.22%***
c. Increased risk with K-shot alone……**1,089%**
d. Increased risk with maternal vaccines alone……***2,825%***

[104] Risk value is as compared against no exposure to post or pre-birth vaccines and no K-shot exposure.
[105] NOTE: Maternal Vaccine Exposure did not appear to affect digestive risks within this survey sampled. K-shot alone showed increased risk of digestive disorders.
[106] "Inflammatory cells of your immune system invade the epidermis. They irritate and destroy some of the tissues there. Eczema is common. It's also known as atopic dermatitis." Health Library: Cedars Sinia - ***Dyshidrotic Eczema*** at: https://www.cedars-sinai.org/health-library/diseases-and-conditions/d/dyshidrotic-eczema.html
[107] AJMC, *Overview of Atopic Dermatitis*. https://www.ajmc.com/journals/supplement/2017/atopic-dermatitis-focusing-on-the-patient-care-strategy-in-the-managed-care-setting/overview-of-atopic-dermatitis-article
[108] Risk value is as compared against no exposure to post or pre-birth vaccines and no K-shot exposure.

e. Increased risk with maternal vaccine w/or without K-shot……***3,372%***
e. Increased risk with **both** maternal vaccines and K-shot……***3,731%***

6.2. Eczema in 99% vaccine-exposed population over age 18 (2017):……*7.2%*
"7.2% for adults." See footnote under 6.1.

Survey Data
Eczema in adults over 18 years:
(a) Risk of eczema in unvaccinated (post-birth) 2 of 210:……**0.95%**
a. Risk of eczema in unvaccinated (post-birth) **without** K-shot and/or maternal vaccines (0 of 179)……**0%**
b. Risk of eczema in unvaccinated (post-birth) **with** exposure to K-shot alone, no maternal vaccines (2 of 30 exposed)……**6.67%**

7.1 - Asthma in the 99% vaccine-exposed population under 18 years……*7.5%* [109]
According to the CDC's National current asthma prevalence (2018), 'asthma affects 7.5% of children under age 18, and 7.7% of adults over age 18.' [110]

Survey Data
Asthma in children under 18 years:
(a) Risk of asthma in unvaccinated (post-birth) 9 of 1,272……**0.71%**
a. Risk of asthma in unvaccinated (post-birth) **without** exposure to K-shot or maternal vaccines (2 of 845)….**0.24%**
b. Risk of asthma in unvaccinated (post-birth) with k-shot alone, no maternal vaccines (4 out of 379)……**1.06%**
c. Risk of asthma in unvaccinated (post-birth) **with** exposure to K-shot and/or maternal vaccines (7 of 427)……**1.64%**
d. Risk of asthma in unvaccinated (post-birth) with 100% maternal vaccine exposure alone and no K-shot (1-19)……**5.26%**
e. Risk of asthma in unvaccinated (post-birth) with 100% exposure to maternal vaccines with or without K-shot exposure (3 of 48)……**6.25%**
f. Risk of asthma in unvaccinated (post-birth) with 100% exposure to *both* maternal vaccines and k-shot (2 of 29)……**6.9%**

(b) Increased risk of Asthma according to exposure: [111]

a. Increased risk in vaccine-exposed population……***3,025%***
b. Increased risk with K-shot alone……***342%***
c. Increased risk with K-shot and/or maternal vaccines……***583%***
d. Increased risk with maternal vaccine alone……***2,092%***

[109] ***New Knowledge on the Development of Asthma*** - Science Daily – June 26, 2019 - "Researchers have studied which genes are expressed in *overactive immune cells* in mice with asthma-like inflammation of the airways" At: https://www.sciencedaily.com/releases/2019/06/190626160332.htm (Emphasis added.)
[110] CDC, *Asthma.* https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm
[111] Risk value is as compared against no exposure to post or pre-birth vaccines and no K-shot exposure.

e. Increased risk with both maternal vaccine and K-shot……***2,775%***

7.2. Asthma in the 99% vaccine-exposed population over 18 years (2018)……*7.7%*

According to the CDC's National current asthma prevalence (2018), 'asthma affects [ ] 7.7% of adults over age 18.' See reference number 104.

Survey Data

Asthma in adults over 18 years:

(a) Risk of asthma in unvaccinated (post-birth) 0 of 210……**0%**

*NOTE: Of those over the age of 18, only 1 maternal vaccine exposure was reported.

8.1 Food allergy in the 99% vaccine-exposed population under age 18……*6.5%*

According to the CDC, 'age-adjusted percentages for U.S. children under age 18 years in 2018 for food allergies were 6.5%.'[112] In more recent publications, the rate is 8% for children.. [113]

Survey Data

Food allergy in children under 18 years:

(a) Risk of food allergy in unvaccinated (post birth) 14 out of 1,272……**1.1%**

a. Risk of food allergy in unvaccinated **without** exposure to K-shot or maternal vaccines (6 of 845)……**0.71%**
b. Risk of food allergy in unvaccinated (post-birth) with exposure to K-shot and no maternal vaccines (7 of 379)……**1.85%**

(b) Increased risk according to exposure: [114] [115]

a. Increased risk in vaccine exposed population……***815%***
b. Increased risk with K-shot exposure……***161%***

8.2 Food allergy in the 99% vaccine-exposed population over 18 years……*10.8%*

2019 - In a population-based survey study of 40,443 US adults, an estimated 10.8% were food allergic at the time of the survey. [116]

Survey Data

Food allergy in over 18:

(a) Risk of food allergy in unvaccinated (post-birth) 1 of 210……**0.48%**
(b) Increased risk in vaccine-exposed population……***2,150%***

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[112] CDC, *Summary Health Statistics: National Health Interview Survey, 2018*. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_C-2.pdf
[113] CDC "Healthy Schools" **Food Allergies**: https://www.cdc.gov/healthyschools/foodallergies/index.htm
[114] Increased risks is based upon comparison between entirely unexposed (to post or pre-birth vaccines or K-shot) and the exposure group identified.
[115] ***NOTE**: In this survey sample, specific to food allergies, maternal vaccines *alone* did not increase risk.
[116] ***Prevalence and Severity of Food Allergies Among US Adults –*** Published January 4, 2019 – JAMA JAMA Netw Open. 2019;2(1):e185630. doi:10.1001/jamanetworkopen.2018.5630 at: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720064

10. Risk of Birth defects in the 99% vaccinated population……*3%*
According to the CDC, "about one in every 33 babies [3%] is born with a birth defect." [117]

Survey Data

(a) Total unvaccinated (post-birth) reported w/ birth defects (12 of 1,482)…..**0.81%** [118]

a. Risk of birth defects in unvaccinated (post-birth) **without** K-shot &/or maternal vaccines (3 of 1,024)……**0.29%**
b. Risk of birth defects in unvaccinated (post-birth) **with** K-shot &/or maternal vaccines (9 out of 458)……**1.97%**
c. Risk of birth defects ***with*** 100% rate of maternal vaccine exposure, with or without K-shot (3 of 49)……**6.12%** [119]

(b) Increased risk according to exposure: [120]

a. Increased risk in vaccine-exposed population……***934%***
b. Increased risk with K-shot and/or maternal vaccines……***579%***
c. **Increased Risk with 100% Maternal Vaccine Exposure……*2,010%***

11. **Epilepsy in the 99% vaccine-exposed population all ages……*1.2%***
According to the CDC, "in 2015, 1.2% of the US population had active epilepsy." [121]

Survey Data:
Epilepsy in all ages:

(a) Total Epilepsy Reported (1 of 1,482):……**0.07%**

a. Risk of Epilepsy in unvaccinated (post-birth) **without** K-shot or maternal vaccines (0 of 1,024)……**0%**
b. Risk of Epilepsy in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (1 of 458)……**0.22%**
c. Risk of Epilepsy in unvaccinated (post-birth) with 100% exposure to *both* maternal vaccines and k-shot (1 of 30)……**3.33%** [122]

[117] CDC, *Birth Defects*. https://www.cdc.gov/ncbddd/birthdefects/index.html
[118] Some individuals had more than one birth defect.
[119] Of note, is that those with a 100% rate of exposure to maternal vaccines carried twice the National average risk for birth defects, at a time when the CDC reports just over 50% of all pregnancies in the U.S.A. are vaccinated.
[120] As a measure against the risk in those with no exposures to vaccines, maternal vaccines, or K-shot.
[121] CDC, *Epilepsy.* https://www.cdc.gov/epilepsy/data/index.html
[122] *NOTE: Zero epilepsy was reported in those with no exposure to maternal vaccines, with or without K-shot. However, numerous *other* types of serious brain and nervous system disorders did appear in those with exposure to K-shot alone, maternal vaccine exposure alone, and/or exposure to both. The rate of Epilepsy within this particular subset is over twice the National average, and therefore of extreme concern.

12. ASD (Autism) in 99% vaccine-exposed population 3-17 years (2018)……..*2.5%* [123] [124]

According to Kogan et al. (2018) in Pediatrics, "parents of an estimated 1.5 million US children aged 3 to 17 years (2.50%) reported that their child had ever received an ASD diagnosis and currently had the condition." [125] *According to more-recently published data from the 2018 National Survey of Children's Health the Autism rate in the U.S.A. was reported at* ***2.8%***.[126]

Survey Data:

Autism in children 3-17 years:

(a) Total Autism reported in unvaccinated (post-birth) with or without maternal vaccines and/or K-shots (2 of 967)……**0.21%**

a. Risk in unvaccinated (post-birth) **without** exposure to K-shot or maternal vaccines (0 of 639)……**0%**
b. Risk in unvaccinated (post-birth) **with** k-shot exposure alone and no maternal vaccines (1 of 296)……**0.34%**
c. Risk of ASD in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (2 of 328)……**0.61%**
d. Risk of ASD in unvaccinated (post-birth) in those with a 100% rate of exposure to maternal vaccines with or w/o K-shot (1 of 32)..**3.13%**
e. Risk of ASD in unvaccinated (post-birth) with exposure to *both* maternal vaccines and K-shot (1 of 21)……**4.76%**[127]

(b) Increased Risk of Autism according to exposure:[128]

a. Increased risk in vaccine and K-shot exposed population……***Infinite*** [129]

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[123] SEE: https://www.childhealthdata.org/browse/survey/results?q=7363&r=1 "Autism is the fastest-growing serious developmental disability in the U.S." according to TACA. SEE: https://tacanow.org/autism-statistics/

[124] ***Inflammation and Neuro-Immune Dysregulations in Autism Spectrum Disorders*** **- "**This inflammatory condition is often linked to immune system dysfunction. Several cell types are enrolled to trigger and sustain these processes. Neuro-inflammation and neuro-immune abnormalities have now been established in ASD as key factors in its development and maintenance." Pharmaceuticals (Basel). 2018 Jun; 11(2): 56. Published online 2018 Jun 4. doi: 10.3390/ph11020056 - PMCID: PMC6027314 - PMID: 29867038 - At: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6027314/

[125] Kogan *et al*. (2018). The Prevalence of Parent-Reported Autism Spectrum Disorder Among US Children. *Pediatrics* 142 (6) e20174161. https://doi.org/10.1542/peds.2017-4161

[126] See: *https://www.childhealthdata.org/browse/survey/results?q=7363&r=1*

[127] This risk factor is much higher than the National average. Like the other conditions for which the unvaccinated (post-birth) with a 100% rate of exposure to maternal vaccines exceed the National averages, this presents a red flag beyond *any* other pharmaceutical/medical intervention imposed on the American population at this time. The K-shot exposure, standing alone, also presents a risk of this condition, but it appears lower than the risks presented by maternal vaccines in this particular survey sample.

[128] Measured against the risk found in those with no exposure to vaccines, K-shot, or maternal vaccines.

[129] Infinitely-increased risk is measured as against no risk value in those without exposure to vaccines, (pre or post birth) or the K-shot. Sample size of 630 should have produced at least 17 autism reports if vaccines and/or K-shots are not causing this condition in the vaccine-exposed population. 100% of the autism cases reported in this survey were in those with exposure to maternal vaccines and/or the K-shot. Of those with a 100% rate of exposure to maternal vaccines, (but no post-birth vaccines) the risk of autism comports with the risk value present in the general population of those with a 99.74% rate of vaccine exposure, but who *only* have a 50% rate of exposure to maternal vaccines. The risk value observed in the subset with a 100% rate of exposure to *both* maternal vaccines and the K-shot, indicates our National statistics with regard to the

13.1 - ADHD in 99% vaccine-exposed children under 18 years……..*9.4%*

According to the CDC, "the estimated number of children ever diagnosed with ADHD, according to a national 2016 parent survey, is 6.1 million (9.4%)." [130] *There is no biologically-objective test for diagnosing ADHD. Symptoms include: resistance to sitting still for prolonged periods and/or "too many" physical activities, like playing, climbing, and running, during periods when others would prefer children sit still, and resistance to focusing on tedious and repetitive tasks for long periods. Many adults are also now diagnosed with this "disability" and according to the CDC 60% of ADHD 'patients' are medicated, typically with mind-altering amphetamines.*

Survey Data:
ADHD in children under 18 years:

(a) Total ADHD reported (6 of 1,272)……..**0.47%**
   a. Risk of ADHD diagnosis in unvaccinated **without** exposure to K-shot or maternal vaccines (4 of 845)……..**0.47%**
   b. Risk of ADHD diagnosis in unvaccinated (post-birth) population **with** exposure to K-shot and/or maternal vaccines (2 of 427)……..**0.47%**

(b) Increased risk of *diagnosis* in vaccine-exposed population……..***1,883%***

NOTE: ADHD has no identifiable biological "cause", nor any physical test that can objectively diagnose it. However, the risk of being *diagnosed* with ADHD, (and thereafter, likely medicated) is 1,883% higher in the vaccinated (post-birth) population.

13.2 - ADHD in 99% vaccine-exposed population over 18 years (current)……..*4.4%*

According to NIMH, "the overall prevalence of current adult ADHD is 4.4%" [131]

Survey Data:
ADHD in adults over age 18
(a) Risk in unvaccinated (0 of 210):……..**0%**

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prevalence of Autism in the U.S.A. in 2020 are not accurate, and that the rate may be much higher at this time than is being reported to the public, due to the fact close to 50% of all babies are now exposed to maternal vaccination, and almost 100% of all infants are now exposed to the K-shot at birth. It is also logical to assume that, as the rate of maternal vaccine exposure continues to skyrocket, as the UN (subsidiary of the WHO) progresses in reaching its stated goal of injecting 100% of all pregnant mothers with vaccines, the rate of autism will more than double, and perhaps triple as a result. Given the results found here, there is no question this practice of vaccinating pregnant women must be halted immediately, as in many categories, just this *one* type of vaccine exposure *alone* appears to surpass almost all other associated risks of vaccine exposure combined, even as seen in the 99.74% general population. Obviously, exposures to the K-shot appear to exacerbate the problem, and when the two are combined, the risk values all skyrocket for almost every known condition.

[130] CDC, *Attention-Deficit / Hyperactivity Disorder (ADHD).* https://www.cdc.gov/ncbddd/adhd/data.html

[131] NIMH, *Attention-Deficit/Hyperactivity Disorder (ADHD).* https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd.shtml

14. Developmental Disabilities <u>and Delays</u> in 99% vaccinated 3 to 17 years…..*<u>17.76%</u>* [132]

NIH - Prevalence of any developmental disability among children ages 3 to 17 years in the United States, 1997 to 2017. [133]

Survey Data:

Developmental disabilities and delays in 3-17 years:

(a) Total developmental disabilities and delays reported (38 of 967)……**<u>3.93%</u>** [134]

a. Risk in unvaccinated (post-birth) **<u>without</u>** exposure to K-shot or maternal vaccines (6 of 639)……**<u>0.94%</u>** [135]
b. Risk in unvaccinated (post-birth) **<u>with</u>** K-shot and no maternal vaccine exposure (13 of 296)……**<u>4.39%</u>**
c. Risk in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (29 of 328)……**<u>8.84%</u>**
d. Risk in unvaccinated (post-birth) with 100% exposure to maternal vaccines with or w/or K-shot (7 of 32)……**<u>21.88%</u>**
e. Risk in unvaccinated (post-birth) group with 100% exposure to <u>*both*</u> K-shot shot & maternal vaccines (9 of 21)……**<u>42.86%</u>** [136]

(b) Increased risk according to exposures: [137]

Increased risk of developmental disability in vaccine-exposed population……***<u>1,789%</u>***

a. Increased risk with K-shot alone……***<u>367%</u>***
b. Increased risk with K-shot &/or maternal vaccine……***<u>840%</u>***
c. Increased risk with maternal vaccines w/or w/out K-shot…***<u>2228%</u>***
d. Increased risk w/***<u>both</u>*** maternal vaccines <u>*and*</u> K-shot……***<u>4,460%</u>***

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[132] The grouped value presented here is based upon all developmental disabilities *and delays*, and therefore differs from the values presented in the comparison graphs which are limited only to developmental "disabilities" with the delays presented in a separate graph, in comparison against other published values.

[133] **Prevalence and Trends of Developmental Disabilities among Children in the United States: 2009–2017** Pediatrics September 2019, e20190811; DOI: https://doi.org/10.1542/peds.2019-0811 https://pediatrics.aappublications.org/content/early/2019/09/24/peds.2019-0811/tab-figures-data?versioned=true

[134] Some exposure groups had individuals with multiple conditions. The risk factors here represent the risks of any conditions, not the risk of an individual having at least one of the conditions.

[135] For four (4) of those entirely-unexposed (to vaccines, k-shot, or maternal vaccines) who reported a "developmental disability", ADHD was the sole diagnosis of any condition at all. 67%, of this category of conditions reported in this group were due to ADHD diagnoses.

[136] Here again, we see that those with a 100% rate of exposure to maternal vaccines present a higher rate of these conditions than is seen in the general population who have a 50% rate of maternal vaccine exposure. Exposure to the K-shot is clearly exacerbating this situation.

[137] Increased risk as compared to those with no exposures to post-birth vaccines, maternal vaccines, or K-shot.

15. Speech disorders in 99% vaccine-exposed population 3-17 years……..*5%* [138]

According to the CDC, 'percentage of children aged 3–17 years with speech problems during the past 12 months (United States, 2012) was 5%.' [139]

Survey Data:

Speech disorders in children 3-17 years:

(a) Risk of speech disorder in unvaccinated (post-birth) 5 of 967……**0.52%**

a. Risk of speech disorder in unvaccinated **without** exposure to K-shot or maternal vaccines (0 of 639)……**0%**
b. Risk of speech disorder in unvaccinated (post-birth) with k-shot alone, no maternal vaccines (4 of 296)……**1.35%**
c. Risk of speech disorders in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (5 of 328)……**1.52%**
d. Risk of speech disorders in unvaccinated (post-birth) with exposure to maternal vaccines with or w/or K-shot (1 of 32)……**3.13%**
e. Risk of speech disorders in unvaccinated (post-birth) with exposure to ***both*** maternal vaccines and K-shot (1 of 21)……**4.76%**

(b) Increased risk in vaccinated population……***862%*** [140]

16. Ear fluid (OME) in the 99% vaccine-exposed population:……*90%* [141]

According to Agency of Healthcare Research and Quality, "otitis media with effusion (OME) is defined as a collection of fluid in the middle ear without signs or symptoms of ear infection… As many as 90 percent of children (80% of individual ears) will have at least one episode of OME by age 10 [ ]."[142]

Survey Data: [143]

Ear fluid/OME under ten (10) years:

(a) In unvaccinated (1 of 965)……**0.10%**

a. In unvaccinated (post-birth) **without** exposure to k-shot or maternal vaccines (0 of 626)……**0%**

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[138] Speech disorders are related to brain and nervous system damage, often related to brain inflammation. WebMD: https://www.webmd.com/brain/brain-diseases#1

[139] CDC, *NCHS Data Brief No. 205.* https://www.cdc.gov/nchs/products/databriefs/db205.htm

[140] Here, the increased risk is based upon comparative with unvaccinated (post-birth) with or without maternal vaccines and/or K-shot. No base-value was available for those with zero exposures.

[141] ***Role of innate immunity in the pathogenesis of otitis media*** - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4310697/ This study directly implicates the destruction of "innate immunity" as the cause of ear fluid. Trading *any* portion of our innate immunity, in exchange for *possible* protection against symptoms of temporary infection, is surely not a good trade.

[142] AHRQ, ***Otitis Media With Effusion: Comparative Effectiveness of Treatments***. https://effectivehealthcare.ahrq.gov/products/ear-infection/research-protocol

[143] There was only one report of ear fluid by any age. Risk value for ear fluid in unvaccinated (post-birth), based upon all ages surveyed, with or without k-shot and/or maternal vaccines is 0.08%.

b. Risk of ear fluid in unvaccinated (post birth) **with** exposure to K-shot and/or maternal vaccines (1 of 328)……**0.30%**

(b) Increased risk in vaccinated (post-birth) population……***29,900%***[144]

17. Chronic sinusitis in the 99% vaccine-exposed population:……14.6% [145]

According to MedScape: "Chronic sinusitis is one of the more prevalent chronic illnesses in the United States, affecting persons of all age groups. The overall prevalence of CRS in the United States is 146 per 1000 population."[146] (146/1000=14.6%)

Survey Data: Chronic sinusitis, all ages:

(a) Risk in unvaccinated (1 of 1,482)……**0.07%**

a. Risk in unvaccinated **without** exposure to maternal vaccines or K shot (0 of 1024)……**0%**
b. Risk of sinusitis in unvaccinated (post-birth) **with** exposure to K-shot and/or maternal vaccines (1 out of 458)……**0.22%**

(b) Increased risk in vaccinated (post-birth) population……***20,757%*** [147]

18. Strabismus in 99% vaccine-exposed population under 18 years……*2%*

According to Prevent Blindness, "Approximately two percent of the nation's children have strabismus. Half of them are born with the condition." [148] *NOTE:* ***33.65%*** *of the unvaccinated surveyed under 18 years were reported with exposure to the K-shot and/or maternal vaccines.* ***100%*** *of the strabismus cases reported were in the K-shot and/or maternal vaccine exposed.*

Survey Data:

Strabismus in children under 18 years:

(a) Risk in unvaccinated (2 of 1,272)……**0.16%**

a. Risk of strabismus in unvaccinated **without** exposure to K-shot or maternal vaccines (0 of 845)……**0%**
b. Risk of strabismus in unvaccinated (post birth) ***with*** exposure to k-shot and/or maternal vaccines (2 out of 427)……**0.47%**
c. Risk of strabismus in unvaccinated (post-birth) ***with*** 100% exposure to maternal vaccines with or w/o K-shot (1 of 48)……**2.08%**

(b) Increased risk in vaccinated (post-birth) population……***1,150%*** [149]

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[144] Increased risk is based upon comparison against unvaccinated (post-birth) with or without exposure to k-shot and/or maternal vaccines.

[145] ***Researchers Show Chronic Sinusitis Is Immune Disorder***; Antifungal Medicine Effective Treatment https://www.sciencedaily.com/releases/2004/03/040324072619.htm

[146] Medscape, *What is the prevalence of chronic sinusitis in the US?* https://www.medscape.com/answers/232791-42182/what-is-the-prevalence-of-chronic-sinusitis-in-the-us

[147] Increased risk comparison is based upon risk in unvaccinated (post-birth) with or without maternal vaccines and/or K-shot.

[148] Prevent Blindness, *Eye Diseases & Conditions, Strabismus*. https://preventblindness.org/strabismus/

[149] Increased risk comparison is based upon risk in unvaccinated (post-birth) with or without maternal vaccines and/or K-shot.

19. SIDS in U.S. in 99% vaccine-exposed infant population……..*0.04%*

"SIDS remains the leading cause of post-neonatal infant mortality in the United States, with an overall rate of 0.40 SIDS deaths per 1,000 live births."[150] *(0.4/1000=0.04%). A SIDS "diagnosis" is not a diagnosis of any actual cause, but rather, a designation that the cause of death remains a mystery.*[151] [152]

Survey Data:

(a) There were no reports of SIDS in unvaccinated (post-birth) infants with or without K-shot and/or maternal vaccines……**0%**

20.1 - Cancer in the 99% vaccine-exposed population of Americans - adults……*6%* [153]

Source: IHME, Global burden of Diseases 2017, with the U.S.A. being the leader in global cancer rates. The U.S.A. is also the leader in vaccination rates for all ages. Cancer rates continue to skyrocket in the U.S.A.. Source: CDC "Between 2010 and 2020, we expect the number of new cancer cases in the United States to go up about 24% in men to more than 1 million cases per year, and by about 21% in women to more than 900,000 cases per year." [154]

Survey Data:

(a) There were no reports of cancers in *any* age in the unvaccinated with or without exposure to K-shot and/or maternal vaccines. Unvaccinated adults (0 of 210)….**0%**

21.2- Cancer in 99% vaccine-exposed American population under 18 years……..*0.35%*

According to American Childhood Cancer Organization, "approximately 1 in 285 children in the U.S. will be diagnosed with cancer before their 20th birthday." [155] *(1/285=0.35%)*

Survey Data:

(a) No cancers of any kind in any age in the unvaccinated surveyed, with or without exposure to K-shot and/or maternal vaccines. Under 18 years (0 of 1272)……**0%**

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[150] Biomarkers of Sudden Infant Death Syndrome (SIDS) Risk and SIDS Death in SIDS Sudden Infant and Early Childhood Death: The Past, the Present and the Future. Duncan JR, Byard RW, eds. Adelaide (AU): University of Adelaide Press; 2018. https://www.ncbi.nlm.nih.gov/books/NBK513404

[151] "Sudden infant death syndrome (SIDS) is the unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their cribs." *Mayo Clinic,* at: https://www.mayoclinic.org/diseases-conditions/sudden-infant-death-syndrome/symptoms-causes/syc-20352800

[152] See risk of death/survival-rates from *all* health-related causes later in this report.

[153] "***Cancer as an immune-mediated disease***" – US National Library of Medicine National Institutes of Health – Immunotargets Ther. 2012; 1: 1–6. Published online 2012 Jun 13. doi: 10.2147/ITT.S29834 – At: **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4934149/**

[154] CDC, *Cancer Prevention and Control.* https://www.cdc.gov/cancer/dcpc/research/articles/cancer_2020.htm

[155] ACCO, *US Childhood Cancer Statistics.* https://www.acco.org/us-childhood-cancer-statistics/

22. Arthritis in the 99% vaccine-exposed American population over 18 years….*16.67%* [156]

According to the CDC, arthritis is reported by at least 1 in 6 adults in every state. In the 15 states with the highest prevalence, arthritis affects up to 1 in 4 adults.[157] *Arthritis now affects 300,000 children in the U.S.A., according to the American College of Rheumatology.*

Survey Data

Arthritis in unvaccinated with or without k-shot or maternal vaccines at *any* age:

(a) Risk in unvaccinated (post-birth) over 18 years (0 of 210) **……0%** [158]

[156] "An autoimmune disorder, rheumatoid arthritis occurs when your immune system mistakenly attacks your own body's tissues." – Mayo Clinic – At: https://www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/symptoms-causes/syc-20353648

[157] CDC, *Arthritis*. https://www.cdc.gov/arthritis/data_statistics/state-data-current.htm

[158] If vaccines are not causing arthritis, at a National rate of 16.67%, a sample of 210 American adults should have produced at least 35 cases of arthritis.

Chapter 11

K-SHOT & MATERNAL VACCINES IN UNVACCINATED (Post-Birth)

1. **All ages – All Surveyed:** [159] **K-shot and/or Maternal Vaccine Exposures**

The vast majority of health and mental conditions reported in the unvaccinated (post-birth) are seen in the minority of those who reported exposure to the K-shot, and/or maternal vaccines. In all unvaccinated (post-birth) surveyed, 470 or **30.44%** of the 1,544 unvaccinated (post-birth), reported exposure to the K-shot, and/or maternal vaccines, leaving 1,074 with no reported exposures. In the U.S.A. 458, or **30.9%** of the 1,482 unvaccinated (post-birth), reported with exposure to the K-shot and/or maternal vaccines, leaving 1,024 unvaccinated in the U.S.A. with no exposure to the K-shot or maternal vaccines. A total of 50, or **3.24%** of those surveyed reported exposure to maternal vaccines with or without exposure to the K-shot. Within the U.S.A. a total of 49, or **3.31%** reported exposure to maternal vaccines, with or without K-shot exposure,

2. **U.S.A.: All ages, at least 1 Condition, with or without K-shot & maternal vaccines:**
Total U.S.A. with at least 1 condition in post-birth unvaccinated (88 of 1,482)……**5.94%**
All countries surveyed, with 1 condition in post-birth unvaccinated (95 of 1,544)…….**6.15%**

3.1. **Foreign & U.S.A.: Health or Mental Conditions, *All* Surveyed, All Ages:**

3.2. **1 Condition:**
a. At least 1 condition in unvaccinated (post birth) ***without*** exposure to K-shot and/or maternal vaccination (29 of 1,074)……..**2.7%**
b. At least 1 condition in unvaccinated (post-birth) **with** exposure to K-shot and/or maternal vaccines (69 of 470)……..**14.68%**
c. At least 1 condition in unvaccinated (post-birth) **with** exposure to maternal vaccines with or without K-shot exposure (18 of 50)……..**36%**

NOTE: The unvaccinated (post-birth) minority with exposure to the K-shot and/or maternal vaccines represents **30.44%** of all those surveyed, (both U.S.A. & foreign combined) *and yet* they account for **69.47%** of those reported with at least 1 condition. Or to put it another way, of the 95 individuals reporting at least 1 condition, 66, or **69.47%** of them also reported exposure to the K-shot, and/or maternal vaccines.

3.3. **2 Conditions**:
a. At least 2 conditions in unvaccinated (post-birth) **without** exposure to K-shot and/or maternal vaccines (2 of 1,074)……..**0.19%**
b. At least 2 conditions in unvaccinated (post-birth) **with** exposure to K-shot and/or maternal vaccine (15 of 470)……..**3.19%**
c. At least 2 conditions in unvaccinated (post-birth) with exposure to maternal vaccines, with or without K-shot exposure (4 of 50)……..**8%**

[159] "All surveyed" means all U.S.A. & Foreign surveys combined.

3.4. **Increased Risk** [160]
a. Increase in risk of at least 2 conditions in unvaccinated (post-birth) *with* exposure to K-shot and/or maternal vaccines……**1,614% Increased Risk**
b. Increase is risk of at least 2 conditions in unvaccinated (post-birth) with exposure to maternal vaccines, with or without K-shot exposure……**4,111% Increased Risk**

NOTE: The unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines represent only **30.44%** of those unvaccinated surveyed. And yet, they represent **94.12%** of those surveyed who reported at least 2 conditions.

4. **3 Conditions**
a. At least 3 conditions in unvaccinated (post birth) **without** exposure to K-shot and/or maternal vaccines (0 of 1,074)……**0%**
b. At least 3 conditions in unvaccinated (post birth) **with** exposure to K-shot and/or maternal vaccine (4 of 470)……**0.85%**
At least 3 conditions in unvaccinated (post-birth) with 100% exposure to maternal vaccines, with or without K-shot (2 of 50)……**4%**

NOTE: Of those unvaccinated (post-birth) reporting at least 3 conditions **100%** reported exposure to the K-shot and/or maternal vaccines.

5. **4 Conditions**
Unvaccinated (post-birth) w/ or w/out exposure to K-shot and/or maternal vaccines….**0%**

6. **Increased Risk of All *Separate* Conditions Reported - All Surveyed, All Ages:** [161]
Increased risk of any condition in the unvaccinated (post-birth) *with* exposure to K-shot, and/or maternal vaccines……**420% Increased Risk**
Increased risk of any condition in unvaccinated (post-birth) *with* maternal vaccine exposure, with or without K-shot……**863% Increased Risk**

7. **Severe and/or Multiple Conditions**
Microcephaly (shrunken brain) was reported in a baby whose mother was vaccinated during the pregnancy. This baby was also injected with the k-shot. This case was 1 of only 4 individuals reported to have at least 3 conditions in the unvaccinated (post-birth). One other individual with at least 3 conditions was a child whose mother was vaccinated during the pregnancy *and* the baby was exposed to the k-shot at birth. The 2 other individuals, reporting at least 3 conditions, were exposed to the k-shot at birth. There were no reports of any individuals with more than two conditions in those unvaccinated surveyed who were not exposed to either maternal vaccines or the K-shot. There were no reports of individuals with *more* than 3 conditions in the unvaccinated (post-birth) at any age, with or without K-shot and/or maternal vaccine exposure.

[160] Increased risk is based upon comparison to those unvaccinated who have no reported exposures to the K-shot or maternal vaccines.
[161] Here, all separate conditions reported are valued. All increased risks are based upon a comparison to those unvaccinated without any exposure to K-shot or maternal vaccines.

10. **Separate Conditions - U.S.A. only - under age 18**
In the U.S.A., a total of 1,272 unvaccinated (post-birth) under the age of 18 were surveyed. A total of ninety-seven (97) *separate* conditions were reported in those under the age of 18 in the U.S.A.. 427, or **33.57%** of those under the age of 18 in the U.S.A., reported exposure to the K-shot and/or pregnancy vaccines. A total of seventy-seven (77) or **79.38%** of the separate conditions reported in those under the age of 18 in the U.S.A., were in those who also reported exposure to the vitamin K-shot, and/or maternal vaccines.

11.1. **U.S.A. By Age**

11.2. **Less than 1 year**
In the U.S.A. a total of 65 unvaccinated (post-birth) infants under the age of 1 year were surveyed. 19, or **29.23%** of these, reported exposure to vitamin K-shot and/or pregnancy vaccines. A total of three (3) conditions were reported in those under 1 year of age. **66.67%** of the conditions reported in infants under 1 year were reported in those who reported exposure to the K-shot and/or pregnancy vaccines.

11.3. **U.S.A. 1 year**
At total of 115 unvaccinated (post birth) total surveyed in the U.S.A. were one (1) year-olds. 26, or **22.6%** of the 1 year-olds were reported to have been exposed to the K-shot and/or pregnancy vaccines. A total of five (5) separate conditions were reported in infants between 1 year and 2 years. **100%** of the conditions reported in infants aged 1 year, were in those reported to have been exposed to the K-shot at birth and/or maternal vaccines.

11.4. **U.S.A. 2 years**
A total of 125 unvaccinated (post-birth) two (2) year-olds surveyed in the U.S.A.. 47, or **37.6%** of these were reported to have been exposed to the K-shot and/or maternal vaccines. There were a total of ten (10) separate conditions reported in those aged 2 years. Seven (7) or **70%** of the conditions reported in those aged 2 years, were in those who also reported exposure to the K-shot and/or maternal vaccines.

11.5. **U.S.A. 3 years**
A total of 135 unvaccinated (post-birth) three (3) year-olds were surveyed in the U.S.A.. 39, or **28.9%** of these, reported exposure to the K-shot, and/or maternal vaccines. There were a total of four (4) separate conditions reported in children aged 3. All four (4), or **100%,** of the conditions reported in 3 year-olds, were in those with exposure to the K-shot and/or maternal vaccines.

11.6. **U.S.A. 4 years**
A total of 117 unvaccinated (post-birth) 4 year-olds were surveyed in the U.S.A.. 48, or **41%** of these reported K-shot, and/or maternal vaccine exposure. A total of thirteen (13) separate conditions were reported in those aged 4 years. 11, or **84.62%** of the conditions reported in 4 year-olds were in those who were reported to have been exposed to the K-shot at birth and/or maternal vaccines.

11.7. **U.S.A. 5 years**
A total of 110 unvaccinated (post-birth) five (5) year-olds were surveyed in the U.S.A.. 31, or **28.18%** reported exposure to the K-shot at birth. No maternal vaccines were reported in this age group. A total of seven (7) separate conditions were reported in those aged 5 years. Four (4) or **57.14%** of the conditions reported were in those who were exposed to the K-shot at birth.

11.8. **U.S.A. 6 years**
A total of 99 unvaccinated (post-birth) six (6) year-olds were surveyed in the U.S.A.. 30, or **30.3%** of these were reported to have been exposed to K-shot and/or maternal vaccines. A total of thirteen (13) separate conditions were reported in those age 6 years. All 13, or **100%** of the conditions reported in the unvaccinated (post-birth) 6 year-olds, were in those reported to have been exposed to the K-shot, and/or maternal vaccines.

11.9. **U.S.A. 7 years**
A total of 82 unvaccinated (post-birth) seven (7) year-old were surveyed in the U.S.A.. Of these, 23 or **28.04%** were reported to have been exposed to the K-shot and/or maternal vaccines. A total of five (5) separate conditions were reported in 7 year-olds. Of these 5 conditions, 4, or **80%** were in those with exposure to the K-shot and/or maternal vaccines.

11.10. **U.S.A. 8 years**
A total of 70 unvaccinated (post birth) eight (8) year-olds were surveyed in the U.S.A.. 26, or **37.14%** of the 8 year-olds surveyed reported exposure to the K-shot at birth, and/or maternal vaccines. A total of seven (7) separate conditions were reported in the 8 year-olds. Of these conditions, all 7, or **100%** were in those with exposure to the K-shot, and/or maternal vaccines.

11.11. **U.S.A. 9 years**
A total of 47 unvaccinated (post birth) 9 year-olds were surveyed in the U.S.A.. A total of 15 nine (9) year-olds, or **31.91%** were reported to have been exposed to the K-shot and/or maternal vaccines. A total of four (4) conditions were reported in 9 year-olds. Of these conditions, **50%** were reported in those with exposure to the K-shot and/or maternal vaccines.

11.12. **U.S.A. 10 years**
A total of 56 unvaccinated (post birth) ten (10) year-olds were surveyed in the U.S.A.. 14 or **25%** were reported to have been exposed to the K-shot and/or maternal vaccines. A total of four (4) conditions were reported in those aged 10 years. **50%** of conditions reported in unvaccinated (post-birth) were in those with exposure to the K-shot and/or maternal vaccines.

11.13. **U.S.A. 11 years**
A total of 45 unvaccinated (post birth) 11 year-olds were surveyed in the U.S.A.. 16 or **35.56%** reported exposure to the K-shot at birth. A total of six (6) conditions were reported in those aged 11 years. Four (4) or **66.7%** of the conditions reported in 11 year-olds, were in those with exposure to the K-shot.

11.14. **U.S.A. 12 – 17 years**
A total of 206 unvaccinated (post-birth) between the ages of 12 and 17 were surveyed in the U.S.A.. 63, or **30.58%** of those surveyed between the ages of 12 and 17, reported exposure to the K-shot at birth and/or maternal vaccines. There were thirteen (13) separate conditions reported in those surveyed between the ages 12 to 17. Nine (9) or **69.23%** of these conditions were reported in those with exposure to the K-shot and/or maternal vaccines.

11.15. **U.S.A. over 18 years**
A total of 210 unvaccinated (post birth) over the age of 18 were surveyed in the U.S.A.. Of these, 31, or **14.76%** reported exposure to either the K-shot at birth and/or maternal vaccines. A total of fifteen (15) separate conditions were reported in those over the age of 18. Of these conditions, 6, or **40%,** were in those who reported exposure to the K-shot.

a. Risk of any of the reported conditions, over age 18 in unvaccinated (post birth) *without* exposure to K-shot and/or maternal vaccines……..**4.07**%
b. Risk of any of the reported conditions, over age 18 in unvaccinated (post birth) *with* exposure to k-shot and/or maternal vaccines……**19.35%**

12.1 **U.S.A. – Under 20 years totals – K-Shot &/or maternal vaccines**
33.21% of those unvaccinated (post birth) under 20 years in the U.S.A. reported exposure to the K-shot and/or maternal vaccines.

12.2. **1 Condition**
1,304 surveyed were under the age of 20, of which 433, or **33.21%** were exposed to the K-shot and/or maternal vaccines. There were a total of seventy-nine (79) surveyed under the age of twenty years (20), who reported at least one condition. Of those under the age of 20 who reported at least one condition, fifty-seven (57), or **72.15%** of them, reported exposure to the K-shot, and/or maternal vaccines.

12.3. **2 Conditions**
Fifteen (15) of those under the age of 20 were reported to be suffering at least (2) conditions. **93.33%** of those reported to be suffering at least two (2) conditions, reported exposure to the K-shot.

12.4. **3 Conditions**
Of those reporting more than 2 conditions, **100%** reported exposure to the k-shot and/or maternal vaccines. *None* of those who did *not* receive the K-shot, and/or pregnancy vaccines, reported more than 2 chronic diseases or conditions. Only one (1) unvaccinated subject in this age group who did *not* receive either the K-shot or pregnancy vaccine, reported more than one condition.

Of those under the age of 20 reported to have three (3) conditions, (health, nervous-system, and/or developmental) **100%** reported exposure to the K-shot at birth.

13. **K-shot between the ages of 20 and 30**
20.8% of those unvaccinated (post-birth) surveyed between the ages of 20 and 30 reported exposure to the K-shot. A total of **4.2%** of those unvaccinated between the ages of 20 and 30 were reported to be suffering at least one (1) condition. Of those between the ages of 20 and 30 with at least 1 condition, **100%,** reported receiving the vitamin K-shot at birth. Of those between the ages of 20 and 30 reporting at least 2 health conditions, **100%** reported receiving the K-shot at birth.

14. **No K-shots Reported in those aged 37 Years and Older**
There were no reports over the age of 36 for either the K-shot or maternal vaccine exposure in the unvaccinated surveyed. Of those unvaccinated over age 36, **7.95%** reported at least one (1) condition, **1.4%** reported two (2) conditions, and none, **0%,** reported more than two (2) conditions.

15. **All Surveyed,** [162] **All Ages: Conditions with *both* K-shot & Maternal Vaccines**

a. Of the total unvaccinated (post birth) surveyed, only **1.94%** were reported to have been exposed to *both* maternal vaccines and the K-shot. Of those who received *both* the K-shot at birth and the pregnancy vaccine, ***30%*** reported at least one health condition. Of those who received *both* the K-shot and maternal vaccine exposure, **13.33%** reported multiple conditions.

b. Of those unvaccinated (post-birth) reporting at least 1 health condition, where both the K-shot was given at birth *and* the mother was vaccinated during the pregnancy, there was one (1) case of microcephaly (the only case reported in this study) which was combined with duplicated kidneys and cerebral palsy in one infant, and; one (1) case of in-utero stroke, (the only one reported in this study) and; one (1) case of autism combined with epilepsy, which was the only case of epilepsy reported, and one (1) of only two (2) cases of autism reported. The only other case of autism reported, was in a child who received the K-shot at birth, but no maternal vaccine.

[162] All Foreign and Domestic surveys combined.

Chapter 12

MATERNAL VACCINE EXPOSURE IN THE U.S.A. & BIRTH DEFECTS: (*With or Without K-shot Exposure*)[163]

1. **EXPOSURES:** In the U.S.A., there were 49 individuals reported with maternal vaccine exposure, with or without K-shot exposure. This represents **3.31%** of the unvaccinated (post-birth) surveyed in the U.S.A.. **26.53%** (13 of 49) of this particular exposure group reported at least 1 condition of any kind, including birth defects. **8.16%** (4 of 49) reported at least 2 conditions, and (2 of 49) **4.08%** reported 3 conditions.

2. ***Birth Defects in the group with 100% Exposure to Maternal Vaccines:***
Of additional extreme concern is that, within the group reported to have a 100% rate of maternal vaccine exposure, **6.12%** were reported to have been born with birth defects. This is twice the National average. According to the CDC, in 2018, the percentage of women who were vaccinated during pregnancy was over 50%, and the CDC was aggressively pushing toward their goal of vaccinating 100% of all pregnancies in the U.S.A..[164] [165]

In this instance, we've surveyed a subset group with a **100%** rate of reported maternal vaccine exposure. Again, this produced a rate of individuals with birth defects slightly over twice the National average which is **3.03%**.[166] The last accounting of birth defects from the CDC (at 3.03%) ended in 2008. *The rate of birth defects in the U.S.A. could be much higher at this time.*

With an approximate rate of maternal vaccine exposure in the U.S.A. today at close to 50%, the correlation in the rate of birth defects in the group with 100% rate maternal vaccine exposure, is as alarming as the other findings in this study, if not more so. It is likely that

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[163] Some studies purporting to suggest maternal vaccines do not cause birth defects have been published and heralded as "proof" vaccines are "safe" during pregnancy. However, these studies generally compare the outcomes against what is considered the "natural background noise", i.e., whatever the National average is at the time of the comparison. Maternal vaccination is *creating* the "relative" average birth defect rate for comparison. Not *one* of these studies has ever compared the rate of birth defects in a sampling from across the Nation in those with *zero* exposure to maternal vaccines (or similar injections) in order use *these* baseline numbers *as the comparison value*. Seeing no "substantial" difference between babies exposed to vaccines in the womb and the so-called "natural background noise" of birth defects *in a population with a 50% rate of maternal vaccination* is hardly evidence that vaccines are incapable of causing birth defects. A 100% rate of maternal vaccine exposure against those with *zero* exposure to maternal vaccines, (nor any exposure to fake "placebo" injections that actually contain toxins), is the *only* valid measure here. *True* controls are the foundation for any scientific approach in determining risk factors associated with exposures.

[164] The percentage of this group with 100% exposure to maternal vaccines includes a child that was described as having been "born" with Epilepsy, but this was not counted as a birth defect. If the Epilepsy case is included, the risk of being born birth defects with maternal vaccine exposure is **8.2%**.

[165] https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/tdap-report-2017.html

[166] "Birth defects are common" - Centers for Disease Control and Prevention. Update on Overall Prevalence of Major Birth Defects–Atlanta, Georgia, 1978-**2005**. MMWR Morb Mortal Wkly Rep. 2008;57(1):1-5. https://www.cdc.gov/ncbddd/birthdefects/facts.html#:~:text=Birth%20defects%20are%20common%2C%20costly,the%20United%20States%20each%20year.

the rate of birth defects has risen sharply since the CDC's last the last accounting, at least for those who were exposed to vaccines in the womb while developing. [167]

When a woman produces a child with birth defects the immediate question should always be directed at *what that woman was exposed to during that pregnancy*. If this question had never been asked during the Thalidomide tragedy of the 50's and 60's, we might now be living in a country where missing limbs are so "common", that it's no longer "concerning" over at Oxford, or the FDA. [168] In the U.S.A., Thalidomide was prescribed to pregnant women to "treat" mere morning sickness. When questions were first raised, the FDA vehemently refused to address them, and the destruction raged on for a decade before resolution. But Thalidomide wasn't *nearly* as profitable as vaccines are, so they *eventually* relented and were forced, against to give it up and finally *stop lying* about the "safety" of Thalidomide. The missing limbs were just too unique an identifier.

Although irritating, morning sickness is not actually a "disease" that must be treated with risky drugs. These mothers were informed Thalidomide was "safe" according to the FDA's relativism theories, which magically transform words like "unsafe" to "safe" because something is purported to "effective" at treating the 'disease' of morning sickness. Or perhaps the FDA simply considers pregnancy *itself* to be a deadly disease that must always be "treated" *with something*, no matter how dangerous that something is.

Birth defects have now become so "common" in the U.S.A. - where 50% of pregnancies are now vaccinated – that birth defects are no longer "concerning" enough to warrant inquiring as to *what the mothers were exposed to while their babies were developing in their wombs*. It's a neat trick to injure *so many* that it's too "common" a problem to be considered "concerning". They've *caused* this "background risk" and it's the "new-normal." [169]

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[167] The problem with the birth defect reporting from the CDC, (besides the fact it's stale, from 2008) is that it *brazenly* fails to make any attempt to study or quantify known *exposures* (or a lack thereof) to the most obvious potential biological culprits *that are the most obvious potential cause for these birth defects*. The CDC (which owns vaccine patents and profits from their sales) makes no valid accounting on the number of birth defects and other health outcomes in those with exposure to maternal vaccines as compared to this without this exposure. The CDC has already "concluded" (without these numbers) that vaccines are "safe" during pregnancy, so they do not bother using the *scientific method* to confirm their clearly-baseless assumptions.

[168] ***Thalidomide: The Tragedy of Birth Defects and the Effective Treatment of Disease:*** https://academic.oup.com/toxsci/article/122/1/1/1672454

[169] There is *also* the very real possibility that exposure to vaccines by either parent, even before they conceive, could be increasing the risks of birth defects. Here we have a literal black-hole of questions that have never been asked, let alone answered by the pharma-world our "health" agencies fight so hard to protect. Instead, they publish studies that appear to "suggest" vaccines are *relatively* "safe" considering the condition being "treated" (and regardless of the exposures suffered by the so-called "placebo-controls" in early trials) and this becomes "evidence" that vaccines have been "proven safe" during pregnancy.

3. **"Background Risk" & *Individual Defects Reported*** [170] [171]
There were a total of 11 separate birth defects reported in 9 individuals surveyed. Seven (7) of these, were reported in those with a 100% rate of exposure to maternal vaccines. This produced a risk value of ***14.29%*** for *any separate* birth defect within the subset of 49 individuals who were exposed to maternal vaccines. Although this group only represented ***3.31%*** of all those surveyed in the U.S.A., this exposure group accounted for **63.64%** of all reported birth defects in this sample.

4. ***Risk of any 1 birth defect without maternal vaccines……*****0.29%** (background risk)
5. ***Risk of at any 1 birth defect with maternal vaccines……*****14.29%**

6. The rate of individuals reported to be born with birth defects within the entirely unvaccinated with *no exposure* to maternal vaccines or K-shot at birth in the U.S.A., came in at **0.29%** (3 of 1024) in this dataset, which yielded a 99% confidence level that the error does not exceed 0.04%. These are just the *numbers*. One's intellect will determine what they mean to the observer. Of these 3 individuals (in this group of *true* controls with no maternal vaccines) *none* were reported with more than *one* birth defect, and none of them reported a *shrunken brain*. It is probable that the birth defect rate of 0.29% is the only number that can *honestly* be considered the natural "background risk" of birth defects that *would be* occurring in the American population from *all other* potential causes, if not for *maternal vaccine exposures*, which are now at over 50% of all pregnancies in the U.S.A. - and rising fast. [172]

Donning a blindfold *and* turning away from the injuries and dead bodies, (refusing to inquire or count) is the *only* "scientific evidence" that vaccines only "rarely" injure and kill people, or that they're *relatively* "safe".

7. ***Increased Risk of Birth Defects with maternal vaccines……4,728%***
Preventing a possible temporary infection through vaccination is less desirable to a mother who *understands* that her baby could be at a ***14%*** (or higher) risk of any one of the many birth defects now suffered in the U.S.A. as the "trade-off". Is this worth it? To whom? [173] [174]

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[170] Only those with exposure to maternal vaccines suffered *multiple* birth defects.
[171] The CDC states that the "background risk" of birth-defects in the USA is at about 3%, but this is measured in a Nation where 50% (or more by 2020) of pregnancies *are vaccinated*. The only method of determining a background risk is to measure the outcomes in those who were *not* exposed to vaccines during pregnancy. But this is something our public health agencies will *never* do. Such data is "dangerous" to vaccine profits.
[172] The CDC, a corporation that owns and profits from vaccine patents, says the following: "CDC recommends that pregnant women get two vaccines ***during*** every pregnancy [ ] " (- the flu vaccines and the Tdap shot) Emphasis added. See: https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html
[173] "You've got to ask yourself one question - Do I feel lucky? Well do ya' punk?" **Clint Eastwood** in: Dirty Harry. https://www.youtube.com/watch?v=8Xjr2hnOHiM When the CDC, *who owns vaccine patents and profits from their sales*, recommends *all* pregnant women get vaccinated, perhaps the most appropriate Eastwood line is: "When a naked man is chasing a woman through an alley with a butcher knife [ ], I figure he isn't out collecting for the Red Cross" **Clint Eastwood** in: Dirty Harry https://www.youtube.com/watch?v=Ze1xp9hYDl4
[174] Occam's razor is the theorem most fanatically *resisted* by our "public health" agencies today, as they study ever more obscure and unlikely potential causes for diseases, such as whether or not a child is gender

Chapter 13

COMMON CONDITIONS WITH K-SHOT EXPOSURE

Of additional particular interest were the findings related to thyroid disorders and exposure to the K-shot at birth. One of the most prevalent and rapidly-increasing thyroid conditions suffered by Americans today, is "Hashimoto's Thyroiditis" which is a direct result of the immune system attacking the thyroid.

1. **Hashimoto Thyroiditis: 3**
Three (3) cases of Hashimoto Thyroiditis, an immune disorder, were reported in the entirely unvaccinated (post-birth) group. **100%** of the Hashimoto's Thyroiditis cases were reported in those with exposure to the vitamin K-shot at birth. [175]

2. **Most Common Conditions Reported in K-shot-exposed, but unvaccinated (post-birth):** *In descending order, these were the most common conditions found in those with exposure to the K-shot.*

1. Nervous-system & cognitive/mental disorders or delays...18
2. Skin disorders……17
3. Allergies……11
4. Asthma……9
5. Digestive Problems……5
6. Hashimoto's Thyroiditis, or other thyroid condition……4
7. Other Immune disorders……3

3. **K-shot in All Age Groups:**
In all ages, seventeen (17) or **88.23%** of those reporting at least two (2) conditions, also reported K-shot exposure. **100%** of those who reported at least three (3) conditions reported K-shot exposure.

confused, or has enough money to own two cell-phones, rather than just one. When "genetics" are blamed, no investigation into what vaccines *are doing to the human genome* is ever considered, let alone studied. It's verboten to even *look* at vaccines when studying the possible cause of *any* disease, unless of course, the study has been fraudulently engineered to exonerate vaccines in some way, or maybe "suggest" vaccines might not be responsible for *anything*. In which case, that researcher can expect *hefty* funding, both before and after such efforts.

[175] **Causes of Hashimoto's Thyroiditis** - ***When the Immune System Attacks Your Thyroid***
https://www.endocrineweb.com/conditions/hashimotos-thyroiditis/causes-hashimotos-thyroiditis

Chapter 14

U.S.A. ONLY - RISK VALUES BY CONDITIONS & EXPOSURES

1. **ALL Surveyed, All ages - Unvaccinated (post-birth)**
NOTE: *Most, if not all of the chronic conditions listed below, as well as many not listed here, but which many Americans are now suffering, are now fully understood to be associated with disorders of the immune system, such as: heart disease, diabetes, kidney failure, allergies, eczema, asthma, chronic brain and nervous-system inflammation (leading to mental and other disorders) as well as thyroid, and other glandular dysfunctions.*

A. All ages – Reported Conditions in Unvaccinated (post-birth) with a 100% rate of exposure to *both* Maternal Vaccines and K-shot: NOTE: *Only **2.02%** of those unvaccinated (post-birth) surveyed reported exposure to both maternal vaccines and K-shot. The risk values listed immediately below are for the group with a **100%** rate of exposure to **both** maternal vaccines and the K-shot.*

1. Risk of at least 1 condition (9 of 30)……**30%**
2. Risk of least 2 conditions (4 of 30)…… **13.33%**
3. Risk of at least 3 conditions (2 of 30)……**6.67%**
4. Risk of Autism (1 of 30)……**3.33%**
5. Risk of Autism &/or other brain or nervous system disorder/injury (8 of 30)……**26.67%**
6. Risk of Eczema or Psoriasis (4 of 30)……**13.33 %**
7. Risk of Asthma &/or Allergy (2 of 30)……**6.67%**
8. Risk of Birth defects, deformities & maternal injuries (5 of 30)……**16.67%**

B. All ages - Reported Conditions in Unvaccinated (post-birth) with Maternal Vaccine exposure, (with or without K-shot): NOTE: *Only 3.31% of those unvaccinated (post-birth) surveyed reported exposure to maternal vaccines, with or without exposure to the k-shot. The risk factors listed immediately below are for the group with a **100%** rate of exposure to maternal vaccines with or without K-shot exposure.*

1. Risk of at least 1 condition (13 of 49)……**26.53%**
2. Risk of at least 2 conditions (4 of 49)……**8.16%**
3. Risk of at least 3 conditions (2 of 49)……**4.08%**
4. Risk of Autism (1 of 49)……**2.04%**
5. Risk of Autism &/or other brain or nervous system disorder/injury (7 of 49)……**14.29%**
6. Risk of Eczema or Psoriasis (6 of 49)……**12.24%**
7. Risk of Asthma &/or Allergy (3 of 49)……**6.12%**
8. Risk of Birth defects/deformities & maternal injuries (6 of 49)……**12.24%**

B. All ages - Reported Conditions with K-shot exposure, (with or without Maternal Vaccines): NOTE: *458, or 30.9% of those unvaccinated (post-birth) reported exposure to the K-shot, with or without maternal vaccine exposure.*

1. Risk of at least 1 condition (58 of 458)..... **12.66%**
2. Risk of at least 2 conditions (14 of 458)..... **3.06%**
3. Risk of at least 3 conditions (4 of 458)..... **0.87%**
4. Risk of Autism (2 of 458)..... **0.44%**
5. Risk of Autism or other brain & nervous system disorders/injuries (20 of 458)..... **4.37%**
6. Risk of Eczema & Psoriasis (16 of 458)..... **3.49%**
7. Risk of Asthma & Allergy (17 of 458)..... **3.71%**
8. Risk of other Immune Disorders, including Hashimoto Thyroid (6 of 458)..... **1.31%**
9. Risk of Digestive Disorders (5 of 458)..... **1.09%**
10. Risk of Birth Defects/deformities &/or birth-related injuries (14 of 458)..... **3.06%**

C. All ages - Risks in unvaccinated (post-birth) without K-shot or maternal vaccine exposure: NOTE: *1024, or **69.09%** of all those unvaccinated (post-birth) surveyed, were reported with no exposures to K-shot or maternal vaccines. Additional categories are added below for clarity and precision concerning the specific conditions reported, and/or not reported at all, within this true control group. Some conditions may be reported twice in different categories, i.e., a birth defect could also fall under another category of disease/condition within this group, or an allergy could also be reported as a digestive disorder. The values for 1,2, or 3, "conditions", are for any condition reported, of any kind.*

1. Risk of at least 1 condition (27 of 1024)..... **2.64%**
2. Risk of at least 2 conditions (2 of 1024)..... **0.2%**
3. Risk of at least 3 conditions (0 of 1024)..... **0%**
4. Risk of Autism (0 of 1024)..... **0%**
5. Risk of Autism or other brain or related disorders/injuries (0 of 1024)..... **0%**
6. Risk of Eczema or Psoriasis (3 of 1024)..... **0.29%**
7. Risk of Asthma or Allergy (9 of 1024)..... **0.88%**
8. Risk of Immune disorders (0 of 1024)..... **0%**
9. Risk of Digestive Disorders (1 of 1024)..... **0.1%**
10. Risk of Birth Defects/Deformities &/or birth-related injuries (3 of 1024)..... **0.29%**
11. Risk of Learning impairment or related disorder (2 of 1024)..... **0.2%**
12. Risk of Speech disorder (0 of 1024)..... **0%**
13. Risk of Birth defects, brain/nervous system-related birth injuries (4 of 1024)..... **0.39%**
14. Risk of Nervous System disorders (3 of 1024)..... **0.29%**
15. Risk of Sinus Disorder (0 of 1024)..... **0%**
16. Risk of Elevated blood pressure (1 of 1024)..... **0.1%**
17. Risk of Scoliosis (1 of 1024)..... **0.1%**
19. Risk of Thyroid condition (1 of 1024)..... **0.1%**
20. Risk of any liver, kidney, or other system disorder or failure not here listed..... **0%**

OBVIOUS Conclusion: The single *most* 'effective preventative health measure' anyone can take, is to simply *avoid* all vaccines, maternal vaccines, and the "vitamin" K-shot.

Chapter 15

DEATHS/SUVIVAL RATES [176]

1. **Health-Related Deaths in all Surveyed**

Of the **1,346** live family-inclusive births reported, there was one **(1)** health-related death in an unvaccinated (post-birth) infant. This one health-related death was reported in an infant born with Trisomy. The expected lifespan for an infant born with Trisomy is 24 hours to 2 weeks. This infant lived for 17 days. The mother went on to produce four (4) unvaccinated children, all of which were reported in perfect health.

2. **U.S.A. Live Births 1st Year**

(a) Risk of death in 1st year in **Vaccinated** Population…… ***0.54%*** [177]

(a) Risk of death in 1st year in **Unvaccinated** (post-birth)……..…..***0.09%*** [178]

(c) **Increase in risk of death by disease/health-related cause in *Vaccinated*……..*532%***

2. **Survival**

Only one other health-related death in those surveyed was reported within the first year, but this baby *was vaccinated* at 6 months, and is therefore not counted as an "unvaccinated" death in this study. This six month-old baby's death was reported to have occurred 5 days after multiple combination vaccinations were injected at a "well-baby" doctor's visit. This mother went on to produce 2 more children, for whom she refused all vaccines, also refusing pregnancy vaccines and K-shots. Both of her additional children were reported in perfect health. The "cause" of death for this mother's 6 month-old deceased infant was reported as "SIDS". However, SIDS is not a 'diagnosis' of *what* caused *any* infant's death. It's a throw-away term (Sudden Infant Death Syndrome) for infants who suddenly die, devised to avoid any investigation into *what* actually caused the infant's

[176] Live births are calculated based upon those adults reporting for their children, and do not include adults who reported only for themselves, due to the fact some adults may have had unvaccinated siblings within their family of origin who died, and for whom this survey would not have acquired data.

[177] Health/Disease-related Deaths per 100K under 1 year, 579 is adjusted down by 7.224385658654492% for deaths by acute physical or violent injury.
https://wonder.cdc.gov/controller/datarequest/D69;jsessionid=84B26BDDAD5E6726D41958F9626C

[178] Risk factor is based upon 1,175 live births in the U.S.A., over one year of age with one reported death before age 1, and no deaths up to 20 years. If vaccines are not a major cause of infant deaths, there would have been at least 6 deaths due to health/disease-related causes in the unvaccinated surveyed. Survival rates (into early and later adulthood) are dramatically reduced with the presence of comorbidities, but there is limited availability of data on large groups of unvaccinated for measurements of life-spans for comparison, due to the sparse remaining population of entirely unvaccinated, particularly in adults, who represent less than 0.042% of the population at present.

death. Our health authorities assume SIDS to be an acceptable form of death, (not warranting serious investigation) because it is a "common" way for our 99% *vaccinated* infants to die.

Coroners who make note that deceased infants were injected with an unavoidably unsafe drug shortly before their death, or check to see if the shots are what killed them, will instantly find themselves at odds with the retaliatory might of the entire pharmaceutical/medical industrial-complex, their reputation will be assaulted, and their license will likely be threatened - if not pulled out from under them.

This is also true for treating physicians who dare speak openly about their suspicions. Vaccines (and/or other exposures to pharmaceuticals before, or at, birth) are fully capable of causing death and the warning labels make clear that death is an observed event after these injections. And yet, when faced with a recently-vaccinated infant who has suddenly died, coroners routinely fill in the "cause of death" on the death certificate with "SIDS" as if this were an actual *diagnosis of the cause*.

2. ***Survival Rates***
It is evident that those with health problems are at a higher risk of a shortened lifespan. This is the basis for the term "comorbidity". [179] The theory that it's "worth it" to knowingly shorten one's life-span, and make what's left of it into an agony in hopes of preventing a temporary infection, is irrational.

3. ***Miscarriages***
Although not elicited from this study, one written report was voluntarily made of a pre-birth death at 28 weeks gestation. This mother reported she had been vaccinated prior to the miscarriage. This report is noted here, but is not included in the accounting of deaths after live-birth, due to the fact there was no live birth *after this mother was vaccinated*. The CDC claims vaccines are safe during pregnancy, but the evidence supplied to support this theory only includes one small regional study with *one* particular vaccine, and the arbitrary cut-off date, (beyond which there is no follow-up) is only 28 days. [180] None of the mothers were contacted, interviewed or spoken to. And the only studies available for the TDAP injection during pregnancy are "prospective" rather than long-term retrospective, i.e., measured historical health outcomes against exposed vs. unexposed.[181] There are no long-term studies available for comparisons of health outcomes between exposed and unexposed. Vaccines are not safe at any time, least of all during pregnancy.

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[179] ***Multiple chronic conditions and life expectancy: a life table analysis*** - Med Care. 2014 Aug;52(8):688-94. doi: 10.1097/MLR.0000000000000166. At: https://pubmed.ncbi.nlm.nih.gov/25023914/

[180] There is presently no national accounting system which tracks outcomes in vaccinated pregnancies for comparison against pregnancies that are not vaccinated. Follow-up research in this area is urgently required. It is not possible to be "pro-life" and not care about this assault on infants.

[181] Other related studies make no attempt to compare outcomes between completely unexposed (during pregnancy) and exposed, instead only comparing outcomes as against those who were exposed in the 1st trimester, as opposed to 2nd trimester. Additionally, outcome comparisons are generally measured against a false "background" of outcomes seen in the general population, which as we know, has 50% rate of pregnancy exposures, (minimum as of 2020) and a 99.74% rate of vaccine exposure in general.

Chapter 16

INFECTIOUS DISEASES

The total number of temporary infections reported in the total surveyed was 354. Although not requested, several participants made notes detailing the nature of the infections. The ones mentioned were primarily measles, whooping cough, chickenpox, mumps, or rubella. Some participants placed a question-mark next to their notes, asking "Are these serious?" and/or "We didn't have any problems or have to visit the doctor. So would that be serious?" - or similar. The average rate of temporary infections recovered from without injury or death, per-unvaccinated subject, with or without the K-shot, and/or maternal vaccines was **0.30**. [182] There were no reports of deaths or injuries related to any infectious illnesses in any of those surveyed. [183]

Chapter 17

PARTICIPANT'S CONFIDENCE RATINGS & OTHER FACTORS

A participant's own health-confidence ratings are admittedly subjective, and therefore of limited value in today's standard "social justice" research, which poses as biological 'science' and has largely come to replace it. Even when no condition exists, one can be "worried" or "concerned" about their health. Such questions, (which are standard in public health surveys of today) are more indicative of a tendency toward a mental fixation than a direct indication that a health or mental condition is actually present.

Although subjective questions (such as whether one is "concerned") are now the gold-standard in the trendy and divisive "social justice" centered-surveys produced by our public health agencies, this Control Group study was *not* conducted for the purpose of blaming our Nation's current non-infectious disease crisis on our failure to adopt communist healthcare and rule. Therefore, a far more objective query was made in this

[182] NOTE: The survey requested only "serious" infections be identified and noted. Due to the fact vaccines are sold with the perception that all of the infections they are intended to prevent are serious enough that it's worth immediately risking your life to prevent them, (i.e., risk your life with "unavoidably unsafe" vaccination in order to prevent them) there is clearly much confusion as to what constitutes a serious infection. For this reason, this portion of the survey is somewhat subjective and of limited value standing alone. It is generally accepted that the unvaccinated have higher rates of infection with "vaccine-preventable" diseases than do those who are vaccinated. And yet, the unvaccinated have lower rates of health-injury, disease, disability, and death than the 99.74% vaccine-exposed population. If the ultimate goal of vaccination were to *prevent* injury, disabilities and deaths, (which does not appear to be the case) it is plain vaccines have wholly failed to do this, and have instead dramatically *increased* both deadly health conditions and associated deaths.

[183] The *modern* risks associated with contracting vaccine-preventable infections in the U.S.A. are not presently gauged in any meaningful way by health authorities. According the WHO, deaths from measles can be reduced by 50% merely by offering the child an inexpensive vitamin-A supplement. But they do not now offer starving children vitamins. The WHO also admitted that malnutrition leads to "frequent infections". Of course this is from a report in 2009. Since that time, the WHO has become focused of dispensing vaccines as their primary method of "helping" the starving children, *rather than* giving them apples or citrus. This device and narrative, i.e., that the only method of preventing disease is to inject myriad infectious diseases, is now preferred, as it advances the UN's Agenda-21 depopulation objectives. SEE: ***Malnutrition in Humanitarian Emergencies*** - The London School of Hygiene and Tropical Medicine, by: Bridget Fenn published by the WHO 2009 https://www.who.int/diseasecontrol_emergencies/publications/idhe_2009_london_malnutrition_fenn.pdf

Control Group survey, specifically concerning the reporter's confidence in the subject's physical and mental *abilities*. In this study, the respondents were asked to rate their confidence in the subject's capacity for both mental and physical *activities*, between 1 at the lowest, and 10 at the highest. The query was employed in this particular form in order to obtain a value relevant to whether there were any objectively *observable limitations* to the subject's activities. Clearly this is a far more objective and potentially-accurate measure than whether or not a person is "worried" or "concerned" about their health. In a Nation where 48% of the vaccine-exposed adults are now suffering from some form of heart disease, 10% are suffering diabetes, over 15% are suffering arthritis, etc., *most* people should be concerned. If they're not, it could be the result of an intellectual disability.

Lowest Confidence Ratings

This survey queried for confidence ratings in capacity for activities. The lowest confidence rating given was a four (4) and this was for a child of 13-years whose mother reported she'd been vaccinated during the pregnancy and that her daughter had also received the K-shot at birth. This was one of the two (2) autism cases reported, and it is the rating for the young lady who *also* suffers from epilepsy. The only other autism case was reported in a child who received the K-shot at birth, but no maternal vaccine. The next-lowest confidence rating given was a six (6) and this was for a young boy suffering from asthma whose mother reported she was vaccinated during the pregnancy. There were eight (8) anomalous ratings between 7.0 and 7.5. These 8 reports were curiously-inexplicable, since these particular subjects were all reported to have no known conditions.

A total of **93.63%** rated their confidence level at **10**. All remaining ratings, other than those detailed in the last paragraph above, were between 8 and 9. This is consistent with the sample mean average of all those reporting at least one condition, at close to 6%, i.e., those who reported no conditions, generally rated their confidence levels at the highest rating available.

Gender

51.81% of those surveyed were female and **48.19%** were male. The higher number of females is partly due to a larger number of female reporters who are mothers, and even grandmothers, some of whom are themselves entirely unvaccinated, and who also completed a survey for themselves. The points of interest in this study are not related to gender, and the participant's sex was only noted for auditing.

There was one reporter from San Francisco who identified her child as trans-female. Upon follow-up phone interview it was learned that, although the mom was dressing this very young boy in female attire, he was born with male genitals, he still had them at the time of the phone interview, and he had not yet been exposed to hormone therapy. This child was listed in this data-set as a biological "male" to avoid confusion in the audits.

The numbers delineating the risk factors are provided in a simple and straightforward manner. They are not here stratified based upon sex, nor any other data irrelevant to the risk factors associated with vaccine abstinence or the two other identified pharmaceuticals of interest, and the ultimate health outcomes observed and reported.

Chapter 18

CAVEATS: CONFOUNDERS & COFACTORS

1. ***Socioeconomic and Other Factors***

Because this study sought only to make *biological* connections between pharmaceutical exposures and health outcomes, it is devoid of the fashionable (and divisive) issues which contribute absolutely nothing of scientific value to this particular subject.[184] It is worth repeating that, according to the CDC, the poorer and less educated a population is, the less "hesitance" there is to vaccination. Poorer people are exposed to more vaccines, and they are not as healthy as the unvaccinated or under-vaccinated. Many studies have sought to use the fact poorer people are less healthy as a means of causing this nation to adopt communist control to improve our health. The complete failure to examine the most stunningly-obvious biological causes for the poor suffering the worst health in the U.S.A., *is no accident*. In this Nation, even the very poorest generally have access to clean water and adequate nutrition. Increasing the vaccination rates in the poor certainly hasn't improved their health outcomes *or* survival rates.

The study below exemplifies the enormous funds wasted in chasing spurious social-justice culprits for disease, with the goal of obfuscating the true cause. Another "bird" they're attempting to hit, is to see if it's possible to incite a culture war by blaming our nation's current *non*-infectious health crisis on our failure to accept communist dictates.

"Previous studies have examined the prevalence rates for chronic conditions in childhood and adolescence. For example, asthma was estimated to affect 7.3–9.5% of all children and as many as 18% of children living in *poverty*. Asthma is often complicated by socioeconomic status (SES) and environmental factors that limit the ability to control symptoms and exacerbations (Akinbami, 2012; Barnett & Nurmagambetov, 2011; Bloom, Cohen, & Freeman, 2010), thus illustrating the need to estimate prevalence rates by SES characteristics." Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5010981/

Perhaps it's time to observe some basic statistical principals that actually *can* serve science.

> "If ... we choose a group of social phenomena with no antecedent knowledge of the causation or absence of causation among them, then the calculation of correlation coefficients, total or partial, will not advance us a step toward evaluating the importance of the causes at work." R. A. Fisher

[184] It could be considered an interesting "factoid" to learn that certain of the two biological sexes or any of the various races, when they join the 99.74% vaccine-exposed population, may be more vulnerable to various particularized injuries *that vaccines are shown to produce in all sexes and races*. But this does nothing to reduce the overall rate of observed health injuries in the vaccine-exposed population. Because such additional stratifying does absolutely *nothing* to point us to any answers or solutions, (for *all* of humanity) and only leads to fallacious conclusions intended to support theories that some races or sexes are inherently weaker than others, the Control Group study refused to entertain *any* of this caustic racism or sexism. It is *well* understood that the types of injuries humans are more, or less vulnerable to, can be related to sex or race. But such data is typically only an obfuscator, i.e., a method of hiding the biological *causes* of disease in all people.

2. ***Language Corruption***
In this Control Group survey, some parties attempted to report health data on subjects that *were* vaccinated post-birth. Upon investigation, it was learned that these vaccinated parties, or parents of same, were under the erroneous impression a person is "unvaccinated" if they are not presently up-to-date on *all* of the CDC-recommended vaccine schedules, and/or they had stopped vaccinating at some point.

This confusion, as to the meaning of the term "unvaccinated", is due to the new vaccine-industry definition, which now refers to anyone who's missed a single shot of *any* available vaccine as "unvaccinated". In recent years, the vaccine industry has introduced marketing and media campaigns aimed at transforming the term "unvaccinated" into a pejorative, as a tool for increasing vaccine sales through social pressure, shaming, threats, and persecution.

This language-corruption subjects those who've missed even a *single one* of the many shots being pushed, to all of the same scandalous and false allegations levelled against entirely unvaccinated Americans. A particular report, made by mail, included the reporter's own handwritten notes, detailing the many times her child had been vaccinated. It is clear Pharma's propaganda tactic here has been somewhat effective. To the greatest extent possible, this study has excluded all those who have been vaccinated (post-birth), and has not excluded health data presented by subjects who are entirely unvaccinated (post-birth).

3. ***Inclusion of Vaccinated Could Have Increased the Non-Infectious Diseases Reported***
Vaccines have never been purported to protect either the vaccinated, or the unvaccinated, from *non*-infectious health conditions, disabilities, and/or related deaths. Therefore, it is impossible that any (minor) erroneous inclusion of health data from a vaccinated subject, if this has unintentionally occurred in this study, would be responsible for *lowering* those *non*-infectious health conditions reported which are specifically known to be associated with vaccination.

Despite best efforts to exclude all post-birth vaccinated subjects, there is a possibility of confounding within this study, due to the present-day use of the term "unvaccinated." To the extent vaccinated subjects may have slipped past this researcher, and any of their health data has been included herein, this could only have resulted in a higher number of reported incidences of those particular health problems, injuries, and/or related issues, which are *specifically known* to be associated with vaccination, including those listed in vaccine inserts as observed side-effects. This would also include those injuries determined to qualify for compensation under the National Childhood Vaccine Injury Act (NCVIA), including death. [185]

[185] The following injuries qualify for compensation under the National Vaccine Injury Compensation Program: Acute Disseminated Encephalomyelitis (ADEM), Anaphylaxis, Bell's palsy, Brachial Neuritis, Chronic Inflammatory Demyelinating Polyneuropathy (CIPD), Disseminated Varicella vaccine-strain viral disease, Encephalitis, Guillain-Barre Syndrome (GBS) & Flu Vaccine, Idiopathic Thrombocytopenic Purpura (ITP), Intussusception, Multiple Sclerosis (MS), Optic Neuritis, Rheumatoid Arthritis, Shoulder Injury Related to Vaccine Administration (SIRVA), Systemic Lupus Erythematosus (SLE), Transverse Myelitis (TM)

4. **What else was learned about the participants?**

(a) **Most Hesitant to Participate:** Entirely unvaccinated who reported perfect health, i.e., those reporting they had not experienced any symptoms of disease or disability, were the *least* likely to want to participate in this study, and *most* likely to be concerned about privacy concerning their vaccination status. This group frequently explained that, because they have no symptoms of health problems and no disabilities, they almost "never" go to the doctor. Those who were most hesitant to participate sometimes also explained they were concerned about being placed on a government "list" of unvaccinated for future "forced-injections". Due to recent events, as well as recent legislative moves in many states, these fears are clearly well-founded, and certainly not a result of any delusion or paranoia. Fear of being concretely identified as "unvaccinated" was the number one reason given for a party hesitating to participate in this study. Strong assurance of absolute identity protection was the most effective method of obtaining participation from this group.

(b) **More Likely to Participate:** Entirely unvaccinated, and/or parents of unvaccinated children, were more interested in participating in this study if they did have heath conditions to report. The unvaccinated who had health conditions, were also more likely to be regularly seeing a health professional. This class of participant was far less fearful of being identified as "unvaccinated" due to the fact they knew their doctor already had a record of their own, or their child's, vaccination status, and they were not fearful of their doctors, who were reported to be the minority of doctors who do *not* receive financial incentives in exchange for maintaining high vaccination rates in their practices. The increased participation from this class of subject appeared to be due to their desire to locate the cause/s of the problems they *were* having, by reporting as many details as they could about their own, or their children's, conditions and exposures to toxins or other risk factors, since post-birth vaccination had already been ruled out as a possible cause.

(c) **Most Likely to Participate:** Parents of vaccinated children who had previously vaccinated their 1st child/ren, but who had stopped vaccinating, and refused to vaccinate any of their *additional* children appeared most interested in participating. These were the parents who wanted desperately for somebody to "hear" them and wanted most to have a conversation about vaccines in general. These parents typically reported that the *reason* they stopped vaccinating and were refusing *all* vaccines for their additional children (who became a part of this study) was that they'd personally witnessed their 1st child, or even their 1st and 2nd children (or more) suffering health problems and/or injuries and/or disabilities, or even death, after vaccination. One parent in particular, reported that she decided not to vaccinate her additional children after witnessing her previously-healthy 6 month-old baby die just 5 days after a round of vaccines. Another mother of just one entirely unvaccinated child, (her youngest) reported that she'd witnessed all 3 of her older children suffer severe injuries after vaccination, including epilepsy, brain inflammation/damage, and autism. This mother has only *one* healthy child, the unvaccinated one.

5. ***The Obvious Questions Raised by this Study***

Many questions are raised by the results of this study. The most obvious is, "Why have our tax dollars <u>never</u> been used to examine the disease and death rates of entirely unvaccinated subjects (controls) as a comparative against vaccinated subjects?" The possible answers to this question would have to begin with an even more obvious answer. A: Our health agencies are largely controlled by the pharmaceutical industry, and likewise motivated. Reciting the other obvious questions raised here might only serve to insult the intelligence of the reader. But perhaps the following questions are not so obvious, even though they are imperative. Failing to address these questions and genuinely *seek accurate answers to them*, would be the height of ignorance and irresponsibility in a Nation where over 99% of the population has already been exposed to vaccination, and where *many more* are planned to become mandatory.

- In the unvaccinated population who have a *100%* historical infection rate with the agents for which vaccines are most commonly given, what are the modern risks of injury, death, and/or any negative health outcomes? Further specification and stratification within a larger-follow-up study of entirely unvaccinated will produce specific, definitive, and imperative answers here. [186]
- How would these particular outcomes (in the unvaccinated with 100% infection rates) compare against those with a 100% rate of vaccination against these same infectious agents? And what if the injury, disability, and even the total death rates, are *far* lower for those with a 100% rate of infection with the most common vaccine-preventable diseases, than they are for those who have been vaccinated against these same infections?
- Why are the infectious agents which plague Americans *endlessly*, i.e., those which are never actually "eradicated", primarily *only* the ones for which there is an endless supply of *profitable* vaccines? [187]
- Why is it that no matter how many vaccines are sold for measles, mumps, chickenpox, pertussis, etc., these infections *never stop* reappearing? [188] This continual threat is blamed on the unvaccinated. However, many outbreaks are documented to occur in populations who are 100% vaccinated/injected-with the

[186] A study of those with a 100% rate of having contracted measles (and other common temporary infections) and the rates of injuries or deaths resulting from these temporary infections, is required to determine what the true *modern* risks associated with these infections are at this time. The crystal-ball modelling and projections as to how many people "die" when infected with measles, are quite useless. Historical models for many infections are based upon data from the great depression, and/or before most Americans generally had ready-access to a wide variety of foods. And there is no risk or other ethical consideration to be made in merely gathering the relevant historical data that will provide the risk factors here.

[187] The more a vaccine fails to perform as advertised, (fails to actually prevent infection) the *more* of that vaccine is sold, i.e., "booster shots". And yet, vaccine-scientists continue to argue "herd immunity" can be achieved with vaccines that are *known* to only produce incomplete/ineffective protection. Immunity, by definition, means that you cannot become infected. And as COVID-19 has shown us, the single most *effective* form of "immunity" from infectious illness, is to be healthy in the 1st place, i.e., to be free of comorbidities which are now *rampant* in the vaccine-exposed population.

[188] And: Is it good public health policy to intentionally cultivate massive quantities of infectious agents? Is it good health policy to spend our tax dollars engineering "gain of function" for <u>*so that*</u> animal viruses *can* infect humans? Is it good "public health policy" to inject humans with animal DNA and animal viruses?

specific agent that caused the outbreak.[189] A person can only spread an "agent" *they've been infected with*.

- What if every human is unavoidably exposed to billions upon billions of rapidly evolving microbes and viruses every day, all day, any one of which is capable of causing illness *if* that person is already in a weakened state? What if a healthy immune system has always been our best defense? What if a "serious infection" is merely an indicator that a person's health is *already* poor? [190]
- Is the goal of "eradicating" infectious agents actually achievable? Is it achievable through the *continual cultivation of massive quantities of infectious agents* for injection into millions of people? The history of vaccination in the U.S.A. indicates it is not possible to "eradicate" infectious agents through vaccination. And certainly, intentionally shedding/spreading mass quantities of infectious agents is unhelpful.
- Why do so many infectious diseases - for which there is no vaccine - die out on their own, never to appear again, *unless or until* there is a crisis affecting a population's access to adequate nutrition and clean water, *regardless of the availability of vaccines*?
- What if the most effective method of preventing all infectious diseases, health injuries, and/or related deaths, is to have regular access to adequate nutrition and clean water?
- What if, allowing the population access to basic necessities - rather than rampant government interference with such - produces exponentially lower disease and death rates than are seen in highly-vaccinated populations who currently *do* have regular access to adequate nutrition and clean water?
- What if, in the wealthiest Nation in the world - where the vast majority of the population *does* have access to clean water and adequate nutrition - the single most effective "preventative health measure" the population can take, is simply to avoid vaccination, and/or related pharmaceutical offerings?
- Why is it that the more *ineffective* a vaccine is proven to be for producing actual immunity to an infectious agent, (as seen in the infection rates within those where were vaccinated "against" a particular disease) the *more* of that particular product Pharma will sell? Since when did we accept the idea that the more a product consistently and repeatedly fails to perform, the *more* of it we must purchase?
- What if the true goal of vaccination has *nothing* whatsoever to do with improving or protecting public health?

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[189] LA Times reported local health officials confirmed that 100% of the students at the Harvard-Westlake school who contracted whooping cough, (pertussis) had been vaccinated against pertussis. There are many similar reports of high rates of infection within *fully* vaccinated populations. Of course, this effect is attributed to "waning" immunity, and this sells more "booster shots", specifically for those vaccines carrying the highest *failure rates* in preventing infections. https://www.latimes.com/local/california/la-me-ln-whooping-cough-vaccine-20190316-story.html

[190] A recent report from the CDC shows that 94% of U.S. deaths involving COVID-19 since February 2020 were associated with an average of 2.6 *other* morbidities, or comorbidities. See: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFVO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q#Comorbidities

Chapter 19

CONCLUSIONS & OBSERVATIONS

1. ***Risk Factors are Expressed in <u>Numbers</u>***
Subjective slogans are insufficient when it comes to matters of life and death. In insurance and financial markets, and even in gambling arenas, risk factors are expressed *numerically.* Only in the healthcare industry and political polls is faith placed in accounting systems with failure rates over 99% and slogans from so-called "experts" whose opinions are <u>*consistently*</u> proven wrong. The VAERS is of precisely <u>*zero*</u> scientific value in establishing numerical risk factors associated with vaccination vs. no exposure. [191] The numbers in question, which have been delineated herein, have never been made available to health professionals, or to the public they serve. The claim vaccines are "worth the risk" stands in stark contradiction to the numbers, the evidence, and common sense.

A larger-scale research effort of similar construct to this study must be initiated and completed post-haste in order to further enumerate and confirm relative numerical risk factors associated with exposures to the class pharmaceutical product at issue here. The results of such, must be provided to all consumers *in advance of injections* with any of these products. To do less at this time, is to doom this Nation to collapse and its people to an even more agonizing and devastating decimation *than is currently being observed*.

2. ***Empirical Evidence***
A growing number of people in the U.S.A. are having a similar experience with vaccines. They are personally observing previously-healthy infants, children, and adults, become ill, disabled, or die, after vaccination. The number of direct-fact witnesses <u>*is rising fast*</u>. Most of those who are now avoiding vaccines *once trusted them* but are now refusing them *because of* what they've personally witnessed. It is irrefutable that vaccines can cause injuries and deaths. But each person so affected is informed these things are "rare", so therefore, in *their* particular case, it's just a "coincidence" that their injury or death was followed by the vaccines. The operative question that no medical "expert" will ever answer is: <u>*Exactly*</u> how rare? This is because one needs *numbers* to answer this question. Attempts to use the VAERS numbers to support the "rare" slogan are made - but only because the speaker is ignorant or hates truth.

3. ***To whom are the risks "worth it"?***
In an industry that has no risk of liability for the injuries and deaths their products produce, it's clear the risks are *always* 'worth it' and certainly none of them are worth *numerically quantifying*. Even the dead bodies produced *immediately after* injection are not "concerning" enough to warrant an attempt to *accurately* count them, *because* they've become so "common". The fact these types of deaths are not *at all* common in the

[191] When it comes to the odds of losing a dollar playing the lottery, we demand actual *numbers,* and our legislators agree we're entitled to this information. But when it's our life is at stake, unsubstantiated marketing slogans like "rare" and the wholly fraudulent term "safe" are adequate data upon which to base public health policies.

unvaccinated population, is a fact the Pharma industry goes to great lengths to conceal, and is presently desperate to eliminate *all* evidence of.

The liabilities suffered by the *uncounted* victims of these "side-effects", as well as those liabilities draining our public coffers, (soaring healthcare costs, loss of workforce, etc.) are nothing short of *devastating* and they will, if not remedied soon, be the end of our Nation. These liabilities are increasing *exponentially* as vaccine exposures continue to skyrocket.

Depriving citizens of their most basic human rights for refusing to play this sacrificial game cannot continue in a Nation that calls freedom its greatest value. Ritual human sacrifice to the Pharma gods will not save this nation. However, continuing to engage in this sick practice is *guaranteed* to end it. The National disease rates, and the trajectories they expose, indicate this end will come to us swiftly if we continue submitting to the demands of Pharma and tolerating those legislators who market and sell their votes to this industry.

4. ***Curing Cognitive Dissonance and the Awakening***
Even those who have limited formal education/indoctrination, *are* capable of understanding that "safe" and "unavoidably unsafe" are the *antithesis* of one another. And many with basic common sense - with or without a formal education - *are* figuring out what's happening here. It's not possible to convince people who are aware vaccines are "unavoidably unsafe" that vaccines "safe". No matter how much pharma slanders these people, nor how much our media attacks them, nor even how much our legislative prostitutes deprive them of their rights, there is *no chance* these people will *ever* accept the premise that "unsafe" means the same thing as "safe".

A numerical answer to the question: "*How* rare, (in numbers) are those 'pesky little side-effects', *including death*?" - is long overdue. With the relevant data in hand, i.e., actual numbers, people will choose *their own* subjective characterizations for the *numerical* risks associated with vaccination.

5. ***The only valid or relevant scientific data is found in The Control Group***
There are still, at the moment, over 800K people in the U.S.A. who have had no exposures to this class of product (post-birth). The differences in health outcomes between the population of entirely unvaccinated and the vaccine-exposed, are *staggering*. Within this unvaccinated (post-birth) control group, the differences in health outcomes between those without the K-shot and/or maternal vaccines, and those with exposure to one, or both of these drugs, are *also* staggering. These numbers speak for themselves as well. Only a person whose *preferred outcome* is the collapse of this Nation, could go on pretending they don't understand what these numbers expose.

6. ***National Crisis***
With its complete rejection of the *most* fundamental scientific method for testing safety, the entire vaccine industry represents a most perverse corruption of science, i.e., they do not rely upon comparisons of outcomes between exposed and unexposed *true*-controls. The wholesale rejection of the scientific method, and the rampant fraud within this field of medicine, has reached a crisis level of health-destruction that can no longer be tolerated if

we hope to save this nation from collapse. Direct answers are *only* available through the use of the true scientific method, and this *absolutely requires* data from the controls that still exist. No other source of health data is even relevant at this point, since we *already know* how sick the 99.74% vaccinated "herd" is.

The fact our public health agencies continue adamantly refusing to address *any* of this, and only continue intentionally suppressing all independent efforts to investigate or publish the relevant data, *is no accident*. And it's no accident that *all* of our health agencies continue claiming they've "no idea" what's causing all of these *immune* disorders. It takes a powerful and well-funded conspiracy, coupled with constant vigilance, to consistently produce this much scientific fraud and conceal the truth for so long. But the facts here are clear and many are becoming aware. Only the most ill-motived amongst humanity could refuse to admit what the facts point to.

7. ***Informed Consent or Fraud in Inducement?***
Only with full disclosure of *numerical* values for the risks, can it be claimed any person was 'informed' before injection. And only an informed person can give their consent. Fraud in inducement is a *criminal* act. And here, it's a person's very life at stake. Many people are being defrauded out of any semblance of health or a future, and even their very lives. Without one's body intact it's hardly possible to 'pursue happiness'. Defrauding the American people out of their right to the pursuit of happiness *and even their very lives*, in order to continue feeding this Pharma beast, is a depth of evil beyond all comprehension. It's right up there with Virginia Governor Ralph Northam's definition of 'abortion' to now include the slaughtering of full-term infants *after* they're born alive.

8. ***And there it is…***
After seeing the numbers herein, if anyone *can't* figure out what the proper conclusions *should* be, there's no chance anything else printed here would help them.

DISCLOSURE OF INTERESTS FROM THE AUTHOR:
Joy Garner, founder of The Control Group:

1. I'm neither a PHD, nor a statistician. I am a merely a tech inventor (hardware/video games) and patent-holder with an above-average IQ and a bit of common sense. I do not purport to be an "expert" in medicine or science. I am not asking anyone to trust *me* to explain what the observations and numbers contained in this dataset and report *should* mean. It's blatantly ***obvious*** what the numbers mean without my commentary. I implore you to think for yourself. *Please?* This was merely a product-safety research effort that produced numbers. Do you like the risks of this class of product? Do you personally believe that they're "worth the risks"?

2. Although my commentary mentions many already-axiomatic observations related to the subject of this study, the reported observations (numbers) contained in this report are ***not*** projection-models or crystal-ball, into-the-future "guestimates", nor are they subjective "professional opinions" about vaccines, how dangerous they might be, or how many lives they *hypothetically* might have saved. The numbers in this report represent historical data, i.e., observed and reported pharmaceutical exposures and observed *outcomes*. I'm asking people to do the math *for themselves* if they question these numbers. [192]

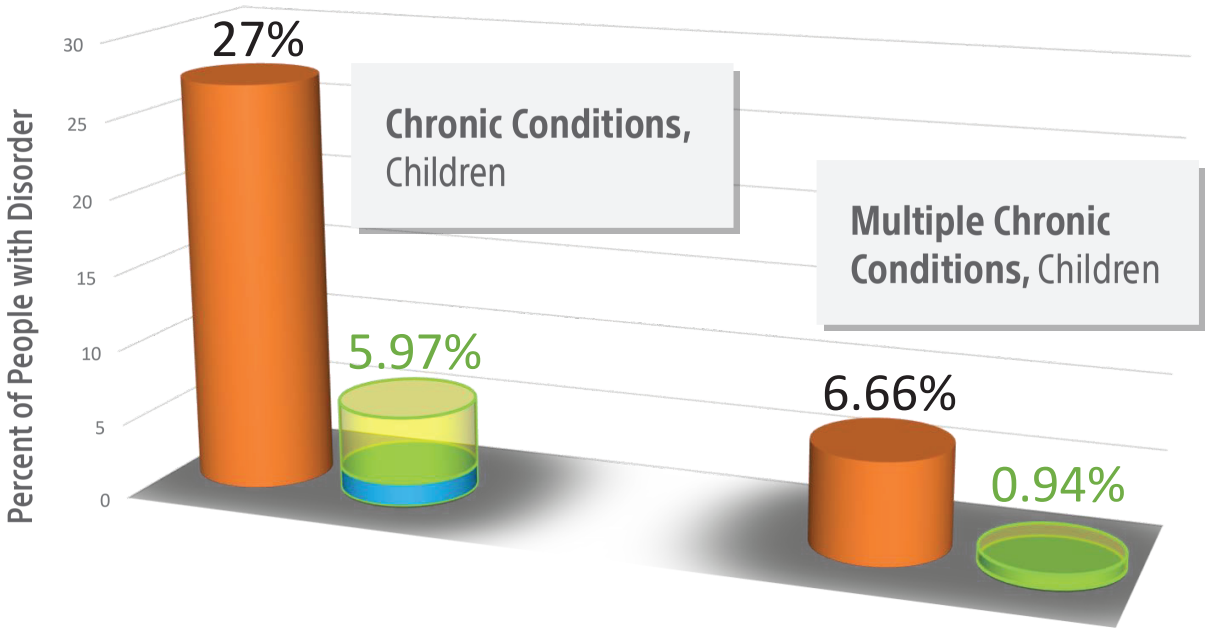
3. I cannot be threatened with the loss of funding opportunities, the loss of my job, or loss of my license as retribution for failing to help cover-up the fraud and damage, or for failing to help promote Pharma's agenda. It is wholly *irrational* to trust your life, or your child's life, to anyone who *can* be thusly-blackmailed into silence, and/or who is incentivized to promote these dangerous pharmaceuticals. *Everyone* involved in the making and distribution of these products benefits in some way and is *culpable*. Even if that benefit is limited to not getting fired (for letting their facility's vaccination rates fall) it's been proven enough to keep this machine well-oiled *while it devours our Nation's people*.

4. MY MOTIVE: I stand to gain *nothing* by exposing the truth of this situation *other than* to hope my loved ones - my Nation - might be saved from this devastation, and that perhaps we may begin to truly heal once this destruction is made to stop. I did this *only* to save my loved-ones, my fellow Americans, and to preserve this great Nation for future generations. Ultimately, I have done this to serve my only master, my Lord in heaven, Jesus Christ.

[192] The identity-redacted raw dataset and all other materials are available at: https://www.thecontrolgroup.org/

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (CDC, Preventing Chronic Disease. https://www.cdc.gov/pcd/issues/2015/14_0397.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - △ Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 5.97%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 84,721,527,559,728,800,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 1.18E-83. See full report for detailed explanation.

  Subsets - Chronic Conditions

  - △ **13.32%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - △ **2.25%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

- **Risk Factor in Total Population = 0.94%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 166,208,057,027,308,000,000,000. This calculation is supported by the p-value 6.02E-24. See full report for detailed explanation.

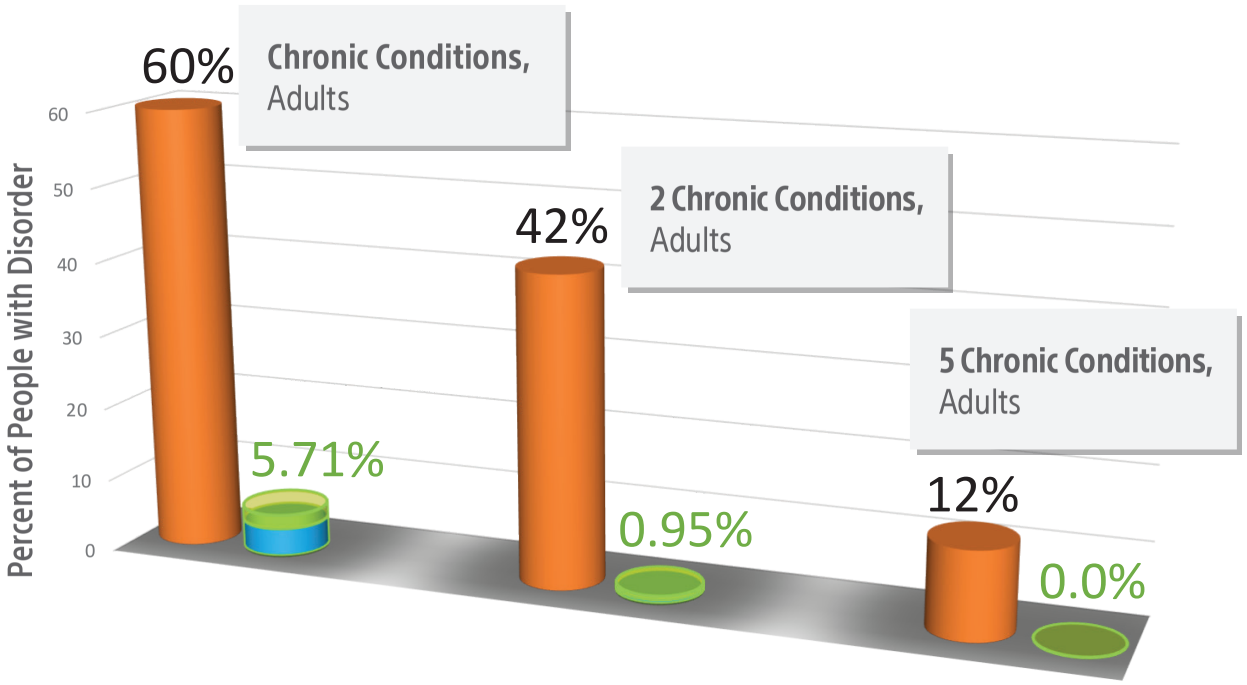
  Subsets - Multiple Chronic Conditions

  - △ **2.57%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - △ **0.12%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Chronic Diseases in America. https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 5.71%**
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 245,083,100,778,672,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 4.08E-63. See full report for detailed explanation.

  Subsets - Chronic Conditions
  - △ **12.50%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - ▲ **4.49%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

- **Risk Factors in Total Population = 0.95%**
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 4,105,862,277,506,450,000,000,000,000,000,000,000,000,000,00. This calculation is supported by the p-value 2.44E-46. See full report for detailed explanation.

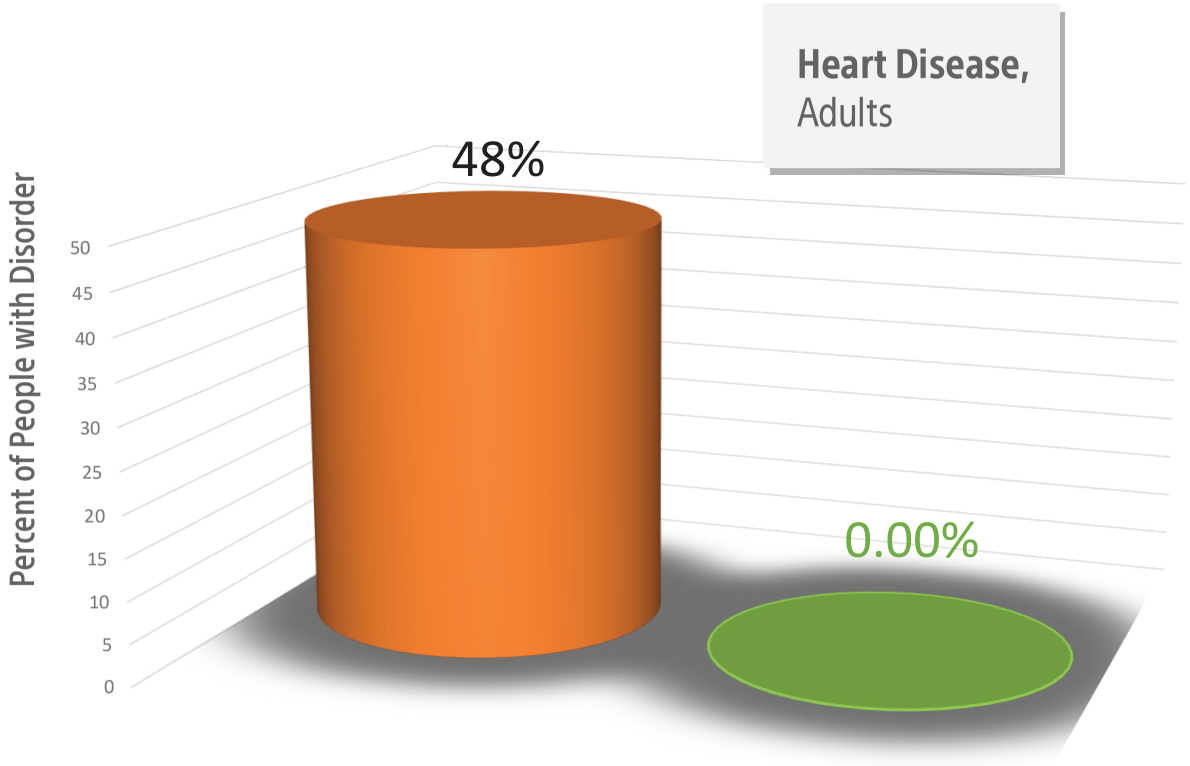
  Subsets - 2 Chronic Conditions
  - △ **3.13%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - ▲ **0.56%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

- **Risk Factors in Total Population = 0.00%**
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 455,657,841,434. This calculation is supported by the p-value 2.19E-12. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.0%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of heart disease in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: infinite / incalculable. This calculation is supported by an infinitesimal p-value. See full report for detailed explanation.

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

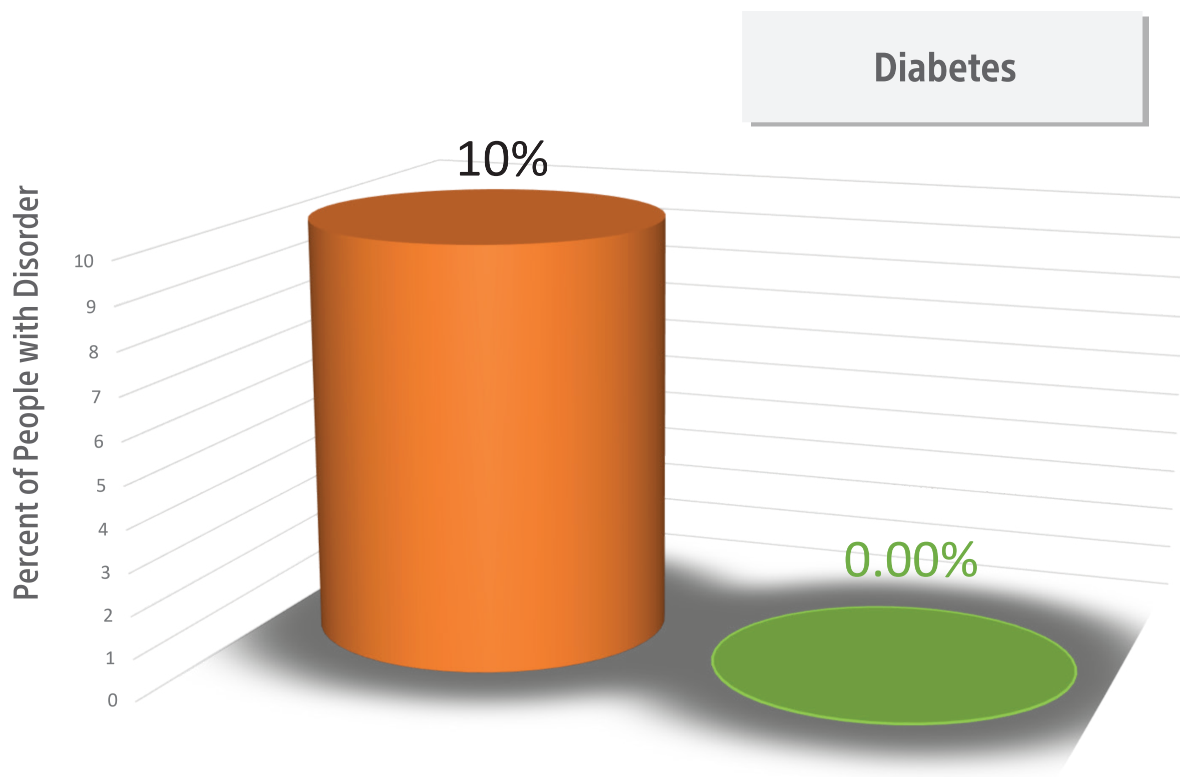
- **U.S. National data for approximately 99%+ Vaccinated Population**
  (AHA, Cardiovascular diseases affect nearly half of American adults, statistics show. https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show)
- **Pilot survey data for 100% Unvaccinated Control Group**

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population** (CDC, A Snapshot: Diabetes In The United States. https://www.cdc.gov/diabetes/library/socialmedia/infographics/diabetes.html)
- **Pilot survey data for 100% Unvaccinated Control Group**

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

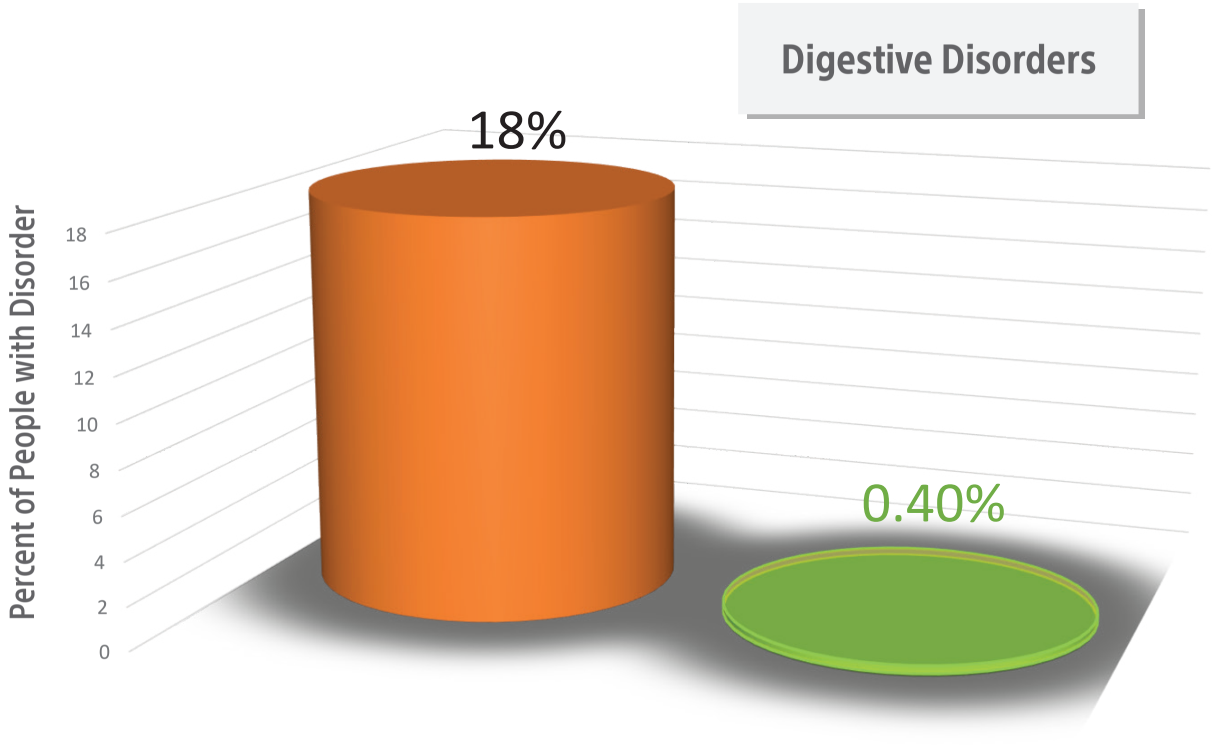
- **Risk Factor in Total Population = 0.0%**

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of diabetes in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 64,953,268,637,406,300,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 1.54E-68. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

Appendix E - 100a

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (NIH, Digestive Diseases Statistics for the United States. https://www.niddk.nih.gov/health-information/health-statistics/digestive-diseases#all)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 0.40%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of digestive disorders in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 32,186,709,336,657,400,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 3.11E-116. See full report for detailed explanation.

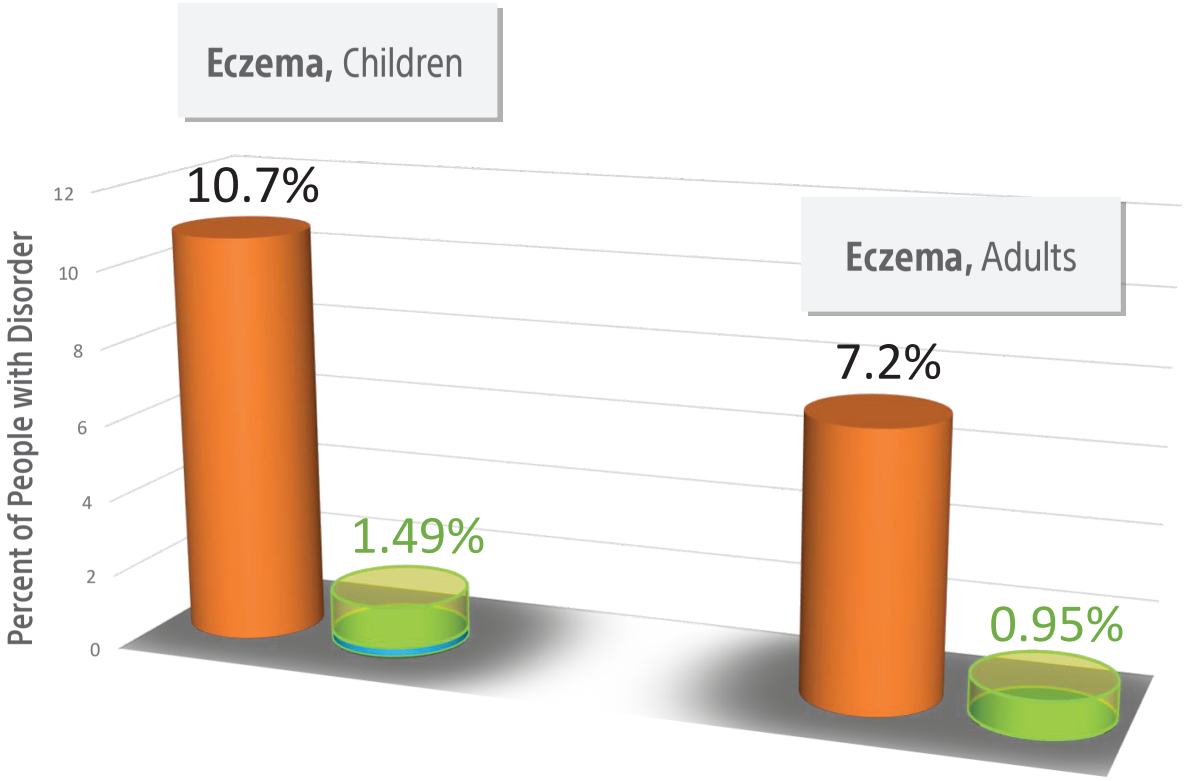
Subsets

- **1.09%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.12%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (AJMC, Overview of Atopic Dermatitis. https://www.ajmc.com/journals/supplement/2017/atopic-dermatitis-focusing-on-the-patient-care-strategy-in-the-managed-care-setting/overview-of-atopic-dermatitis-article)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population, Children = 1.49%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of eczema in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 133,383,762,863,829,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 7.50E-39. See full report for detailed explanation.

  Subsets
  - **3.27%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.36%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

- **Risk Factor in Total Population, Adults = .95%**

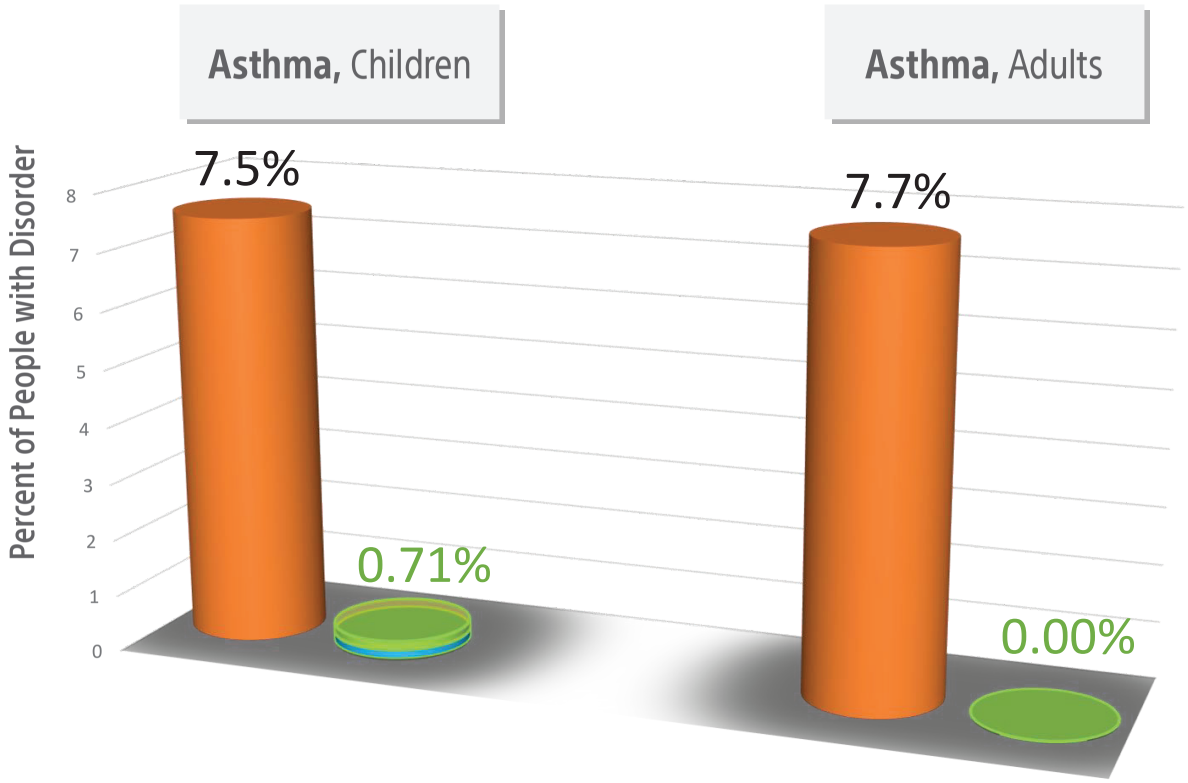
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of eczema in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 43,711. This calculation is supported by the p-value 2.29E-05. See full report for detailed explanation.

  Subsets
  - **6.25%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Asthma. https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm)
- Pilot survey data for 100% Unvaccinated Control Group

THE CONTROL GROUP LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population, Children = 0.71%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of asthma in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 3,017,587,0 25,023,760,000,000,000,000,000. This calculation is supported by the p-value 3.31E-31. See full report for detailed explanation.

  Subsets

  - **1.64%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.24%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

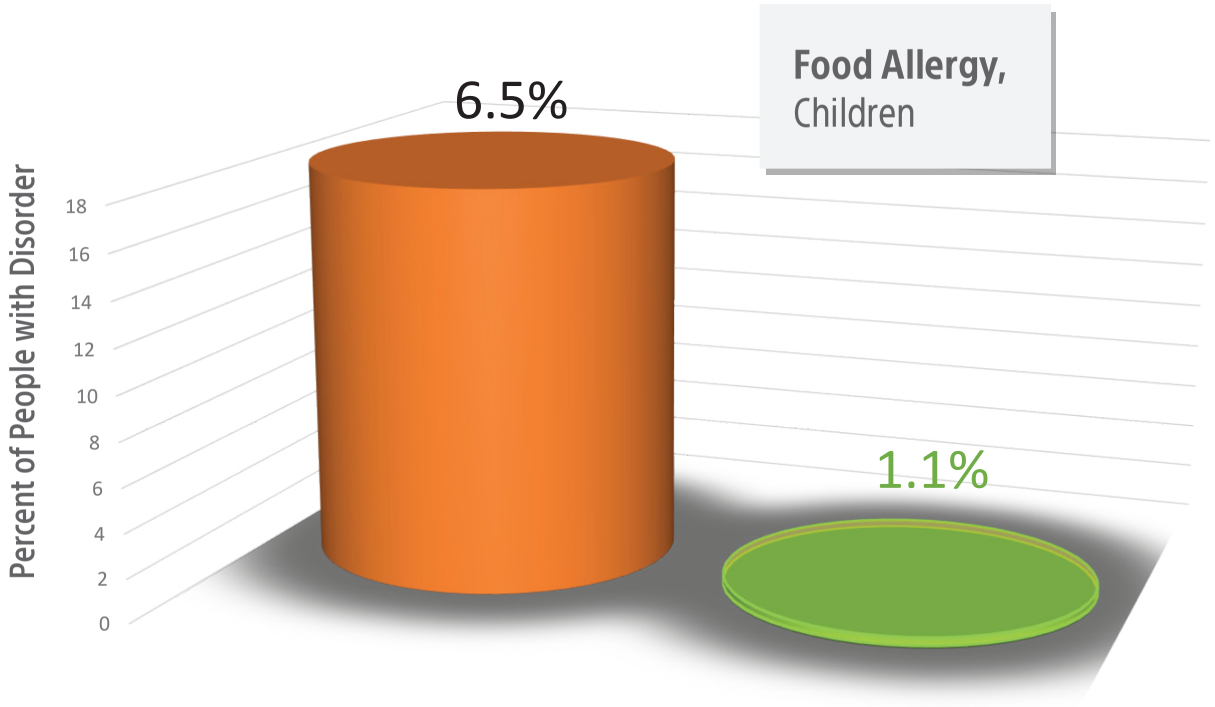
- **Risk Factor in Total Population, Adults = 0.00%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of asthma in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 20,306,860. This calculation is supported by the p-value 4.92E-08. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (CDC, Summary Health Statistics: National Health Interview Survey, 2018. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_C-2.pdf)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

- **Risk Factor in Total Population = 1.10%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of food allergy in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 592,075,437,482,422,000,000. This calculation is supported by the p-value 1.69E-21. See full report for detailed explanation.

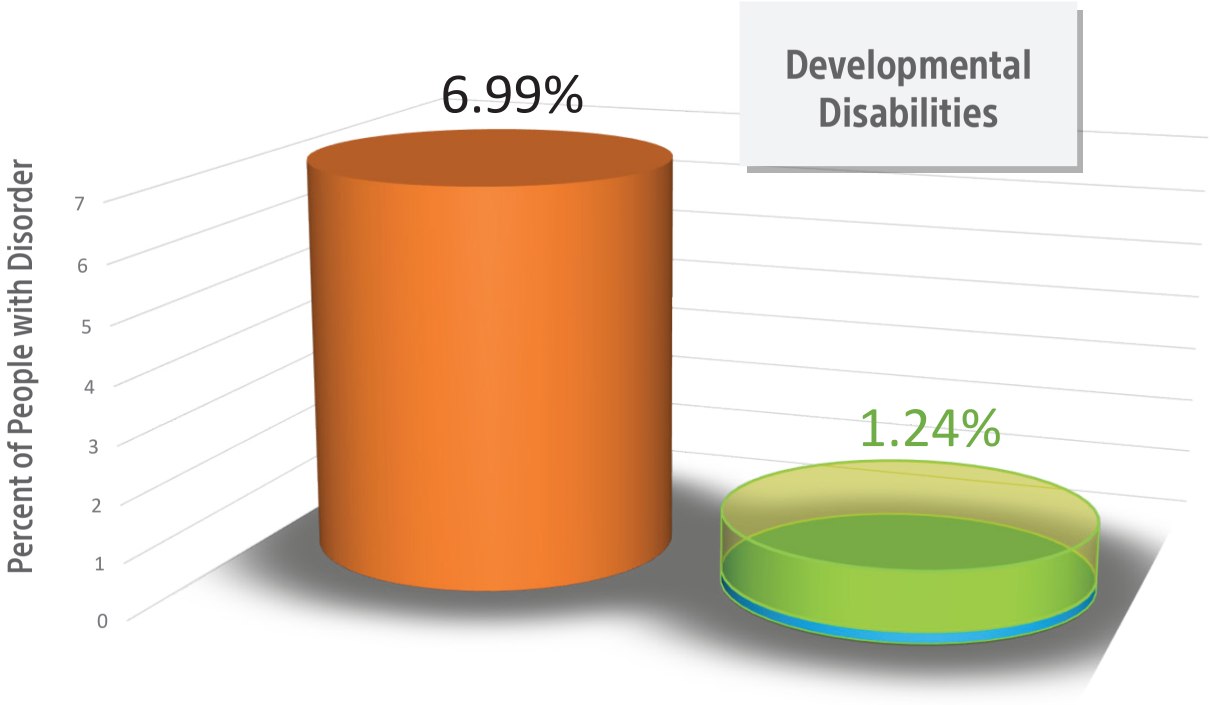
Subsets

- **1.87%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.71%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 1.24%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of developmental disabilities in America. Specifically, the odds that this large control group of unvaccinated children age 3-17 (as featured on this chart) would be exponentially healthier than vaccinated children age 3-17 by mere chance: 1 in 53,393,538,932,590,800. This calculation is supported by the p-value 1.87E-17. See full report for detailed explanation.

Subsets

- **2.97%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.32%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

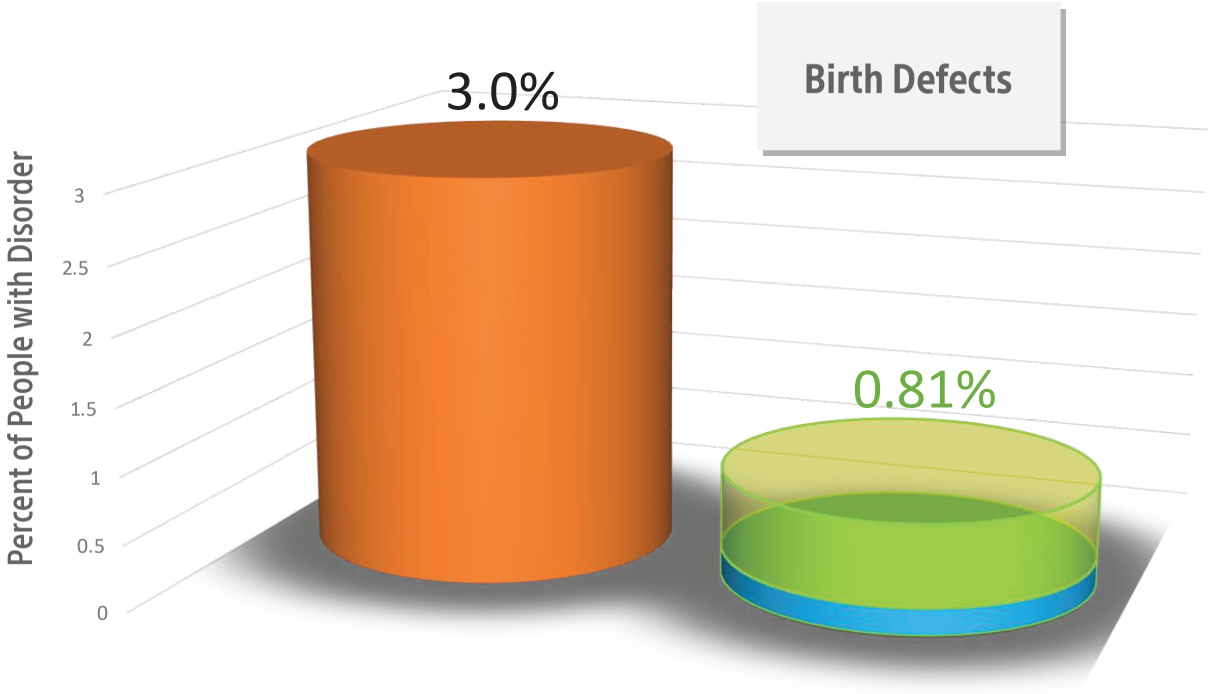
- U.S. National data for approximately 99%+ Vaccinated Population (CDC, NCHS Data Brief No. 291. https://www.cdc.gov/nchs/products/databriefs/db291.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

- **Risk Factor in Total Population = 0.81%***

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of diagnosed "birth defects" in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 174,173,338. This calculation is supported by the p-value 5.74E-09. See full report for detailed explanation.

  Subsets

  - **1.96%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.29%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Only 3.31% of the unvaccinated surveyed were exposed to maternal vaccines, and yet they accounted for 43% of the reported birth defects in this pilot survey.

More specifically, this Control Group pilot survey data shows that the risk of being born with birth defects within a maternal vaccine subset group is 6.12%, which correlates almost precisely to national data: the national maternal vaccination rate is 48.8% (https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/maternal-vaccination-coverage.html), and the national birth defect rate is 3% (see chart citation to CDC). As 3% doubled is 6%, and because there is a near absence of birth defects in the control group subset without maternal vaccination, this pilot survey provides corroborating evidence that maternal vaccination is causing a pandemic rate of birth defects in the USA. !!

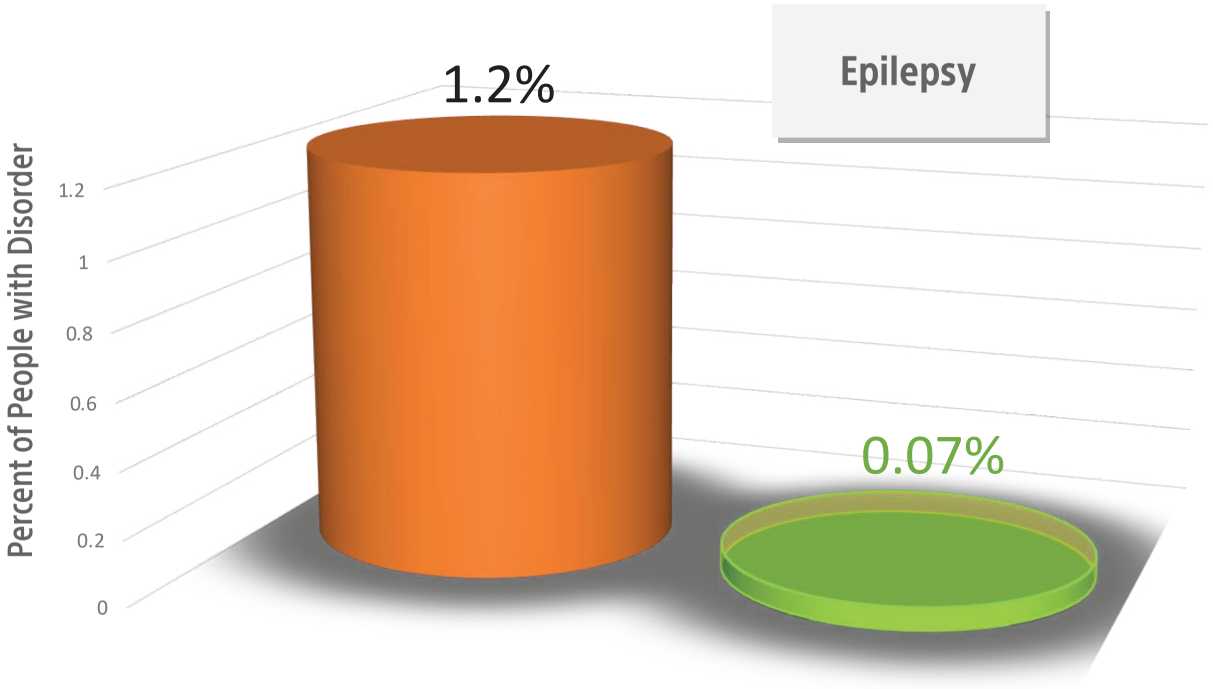
"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (CDC, Birth Defects. https://www.cdc.gov/ncbddd/birthdefects/index.html)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.07%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of epilepsy in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 3,100,663. This calculation is supported by the p-value 3.23E-07. See full report for detailed explanation.

Subsets

- **0.22%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

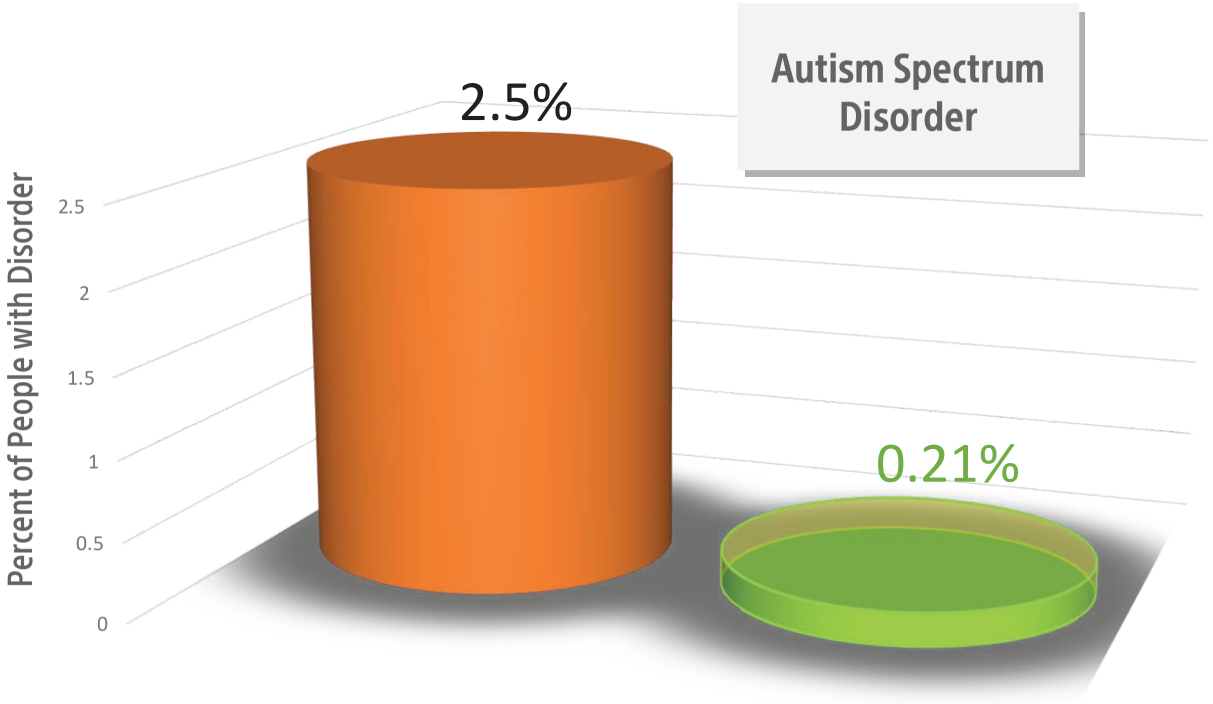
- **U.S. National data for approximately 99%+ Vaccinated Population**
  (CDC, Epilepsy. https://www.cdc.gov/epilepsy/data/index.html)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (Kogan et al. (2018). The Prevalence of Parent-Reported Autism Spectrum Disorder Among US Children. Pediatrics 142 (6) e20174161. https://doi.org/10.1542/peds.2017-4161)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 0.21%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of autism in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 128,902,754. This calculation is supported by the p-value 7.76E-09. See full report for detailed explanation.

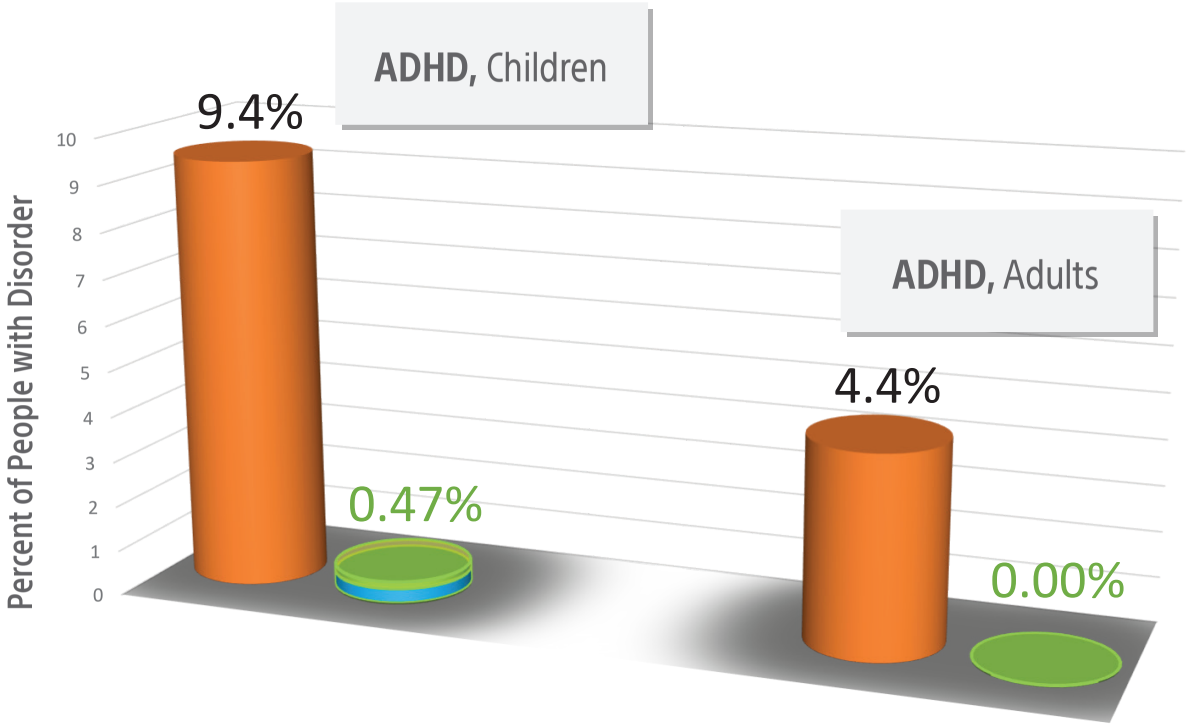
Subsets

- **0.59%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  Population (CDC, Attention-Deficit / Hyperactivity Disorder (ADHD). https://www.cdc.gov/ncbddd/adhd/data.html; NIMH, Attention-Deficit/Hyperactivity Disorder (ADHD). https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd.shtml)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population, Children = 0.47%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of ADHD in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 449,104,622,125,953,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 2.23E-45. See full report for detailed explanation.

  Subsets
  - **0.47%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.47%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

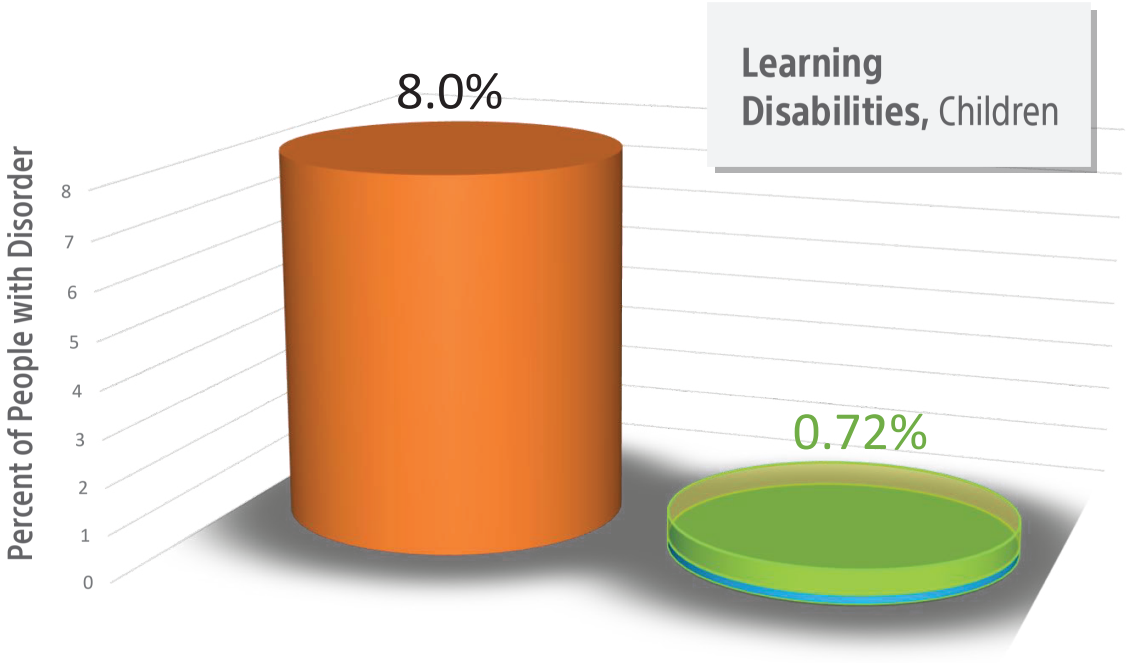
- **Risk Factor in Total Population, Adults = 0.00%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of ADHD in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 12,701. This calculation is supported by the p-value 7.87E-05. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (Prevalence of Learning Disabilities in Mental Disorders and Disabilities Among Low-Income Children. Boat TF, Wu JT, eds. Washington (DC): National Academies Press (US); 2015. https://www.ncbi.nlm.nih.gov/books/NBK332880)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 0.72%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of learning disabilities in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 16,537,382,528,756,600,000,000,000 This calculation is supported by the p-value 6.05E-26. See full report for detailed explanation.

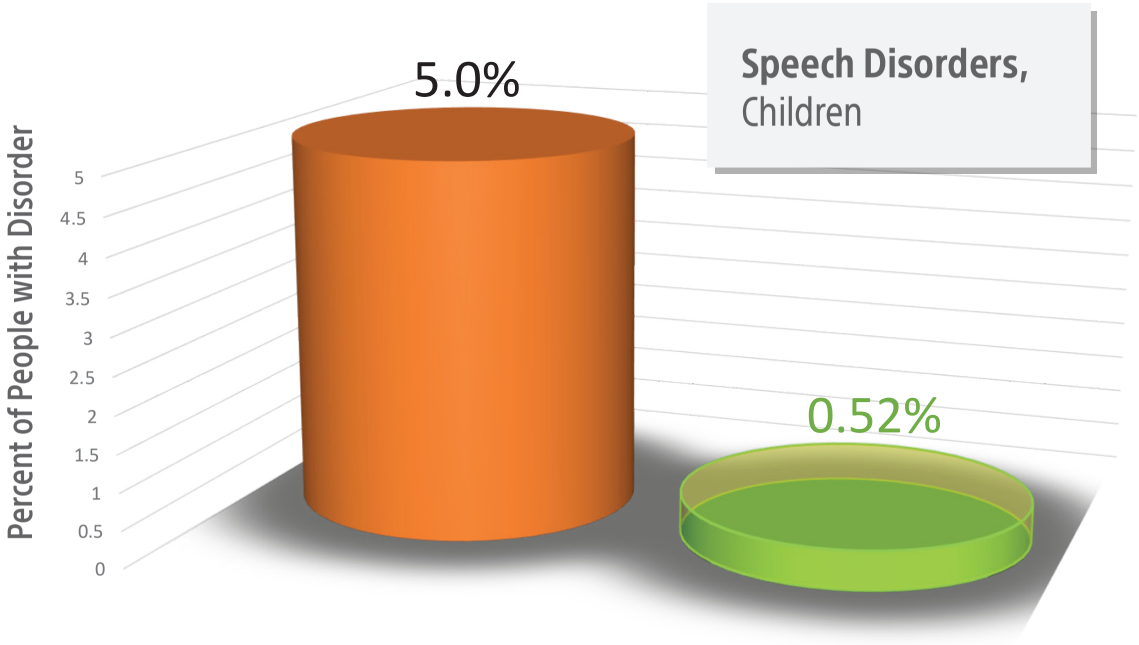
Subsets

- **1.48%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.32%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

- **Risk Factor in Total Population = 0.52%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of speech disorders in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 1,115,522,286,215,680. This calculation is supported by the p-value 8.96E-16. See full report for detailed explanation.

Subsets

- **1.48%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*"The **cure** cannot be worse than the **problem** itself."*
- President Donald J. Trump, October 22, 2020, Presidential Debate

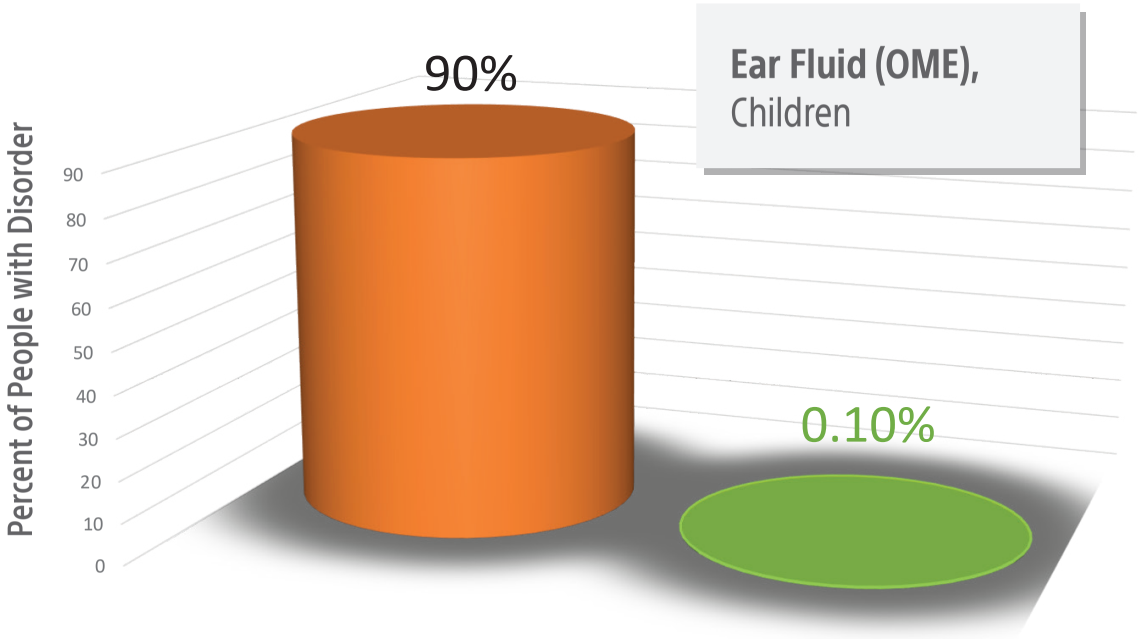
- **U.S. National data for approximately 99%+ Vaccinated Population**
  (CDC, NCHS Data Brief No. 205. https://www.cdc.gov/nchs/products/databriefs/db205.htm)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (AHRQ, Otitis Media With Effusion: Comparative Effectiveness of Treatments. https://effectivehealthcare.ahrq.gov/products/ear-infection/research-protocol)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 0.10%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of OME in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: infinite / incalculable. This calculation is supported by an infinitesimal p-value. See full report for detailed explanation.

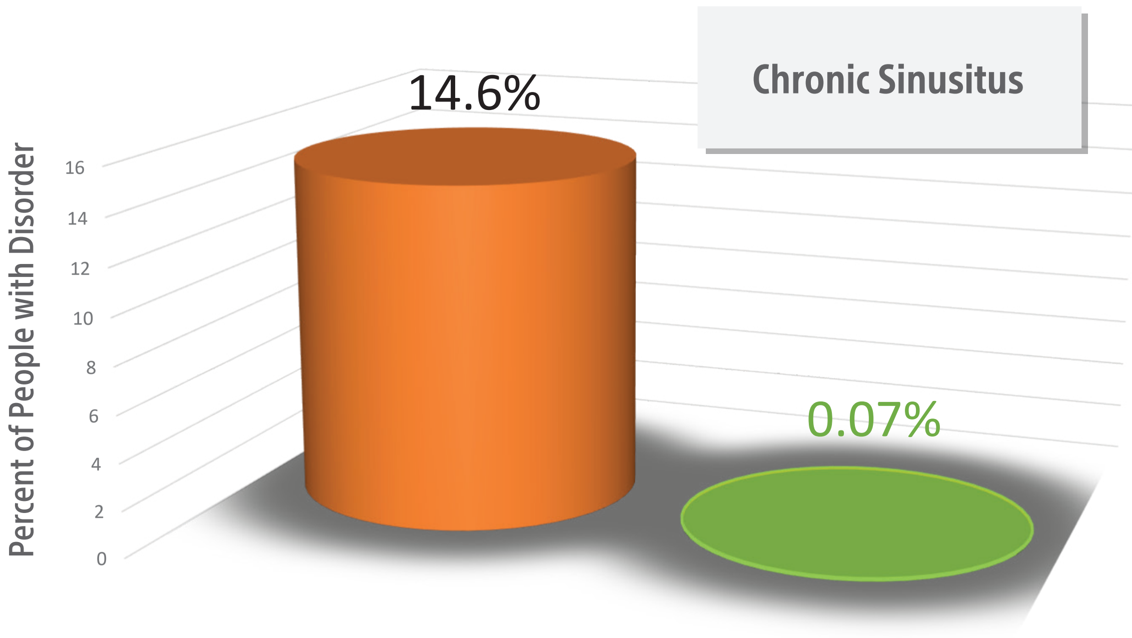
Subsets

- **0.29%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED - *VS* - UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population** (Medscape, What is the prevalence of chronic sinusitis in the US? https://www.medscape.com/answers/232791-42182/what-is-the-prevalence-of-chronic-sinusitis-in-the-us)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

Risk Factor in Total Population = 0.07%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic sinusitus in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 1,492,731,523,722,410,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 6.70E-100. See full report for detailed explanation.

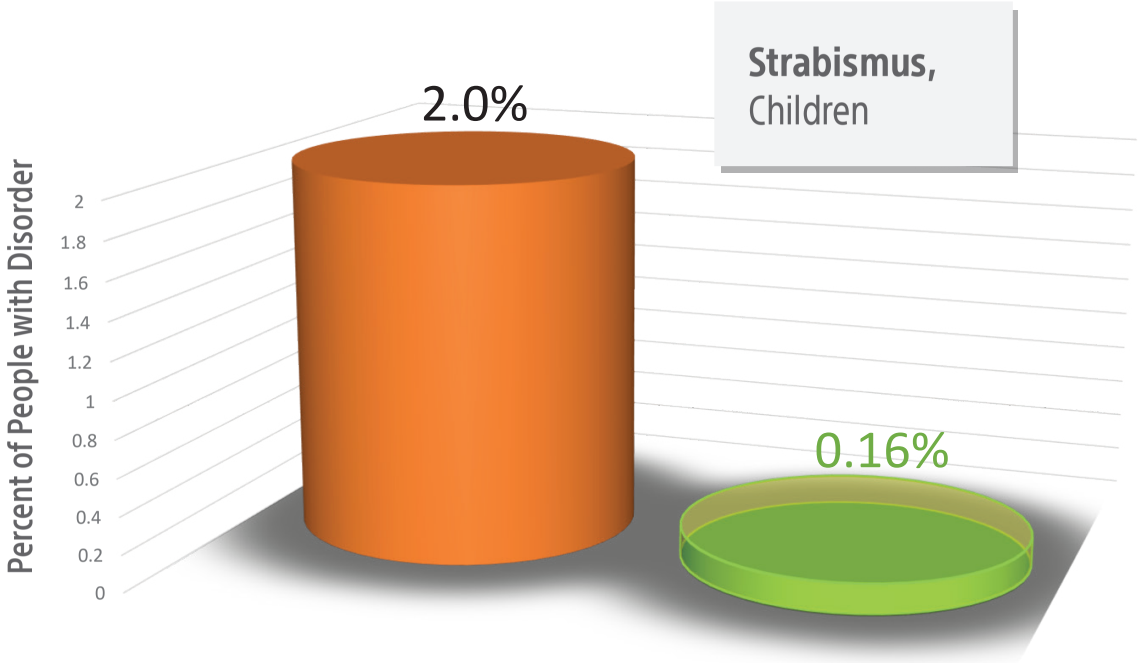
Subsets

- **0.22%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (Prevent Blindness, Eye Diseases & Conditions, Strabismus. https://preventblindness.org/strabismus/)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 0.16%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of strabismus in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 397,893,965. This calculation is supported by the p-value 2.51E-09. See full report for detailed explanation.

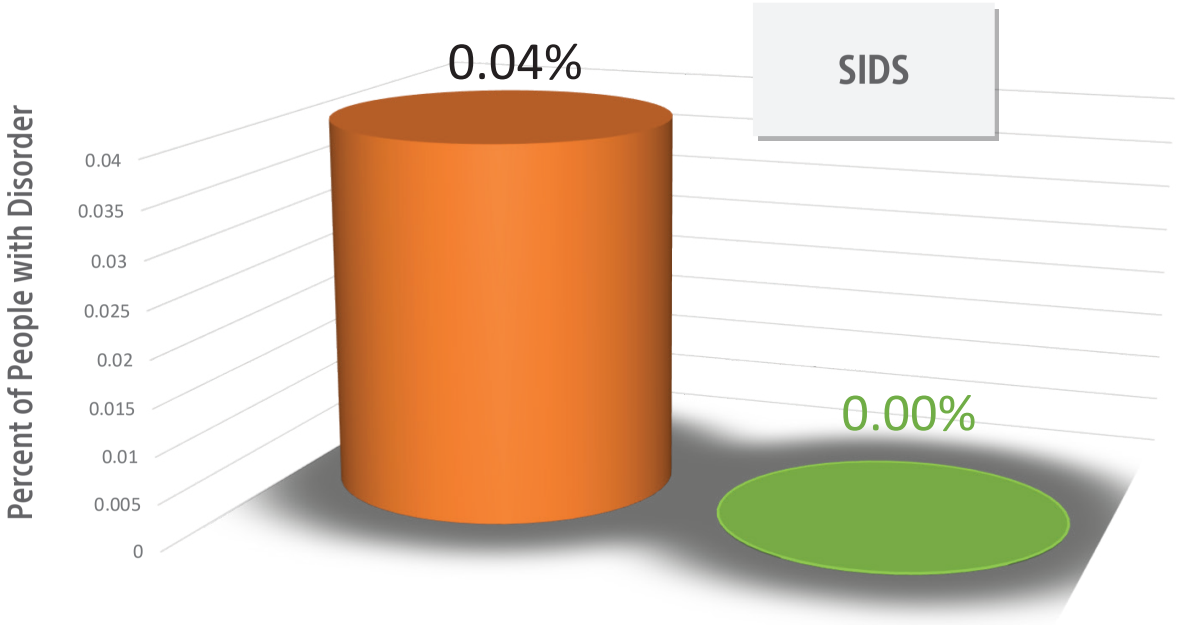
Subsets

- **0.47%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

● Risk Factor in Total Population = 0.00%

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

● U.S. National data for approximately 99%+ Vaccinated Population
(Biomarkers of Sudden Infant Death Syndrome (SIDS) Risk and SIDS Death in SIDS Sudden Infant and Early Childhood Death: The Past, the Present and the Future. Duncan JR, Byard RW, eds. Adelaide (AU): University of Adelaide Press; 2018. https://www.ncbi.nlm.nih.gov/books/NBK513404)

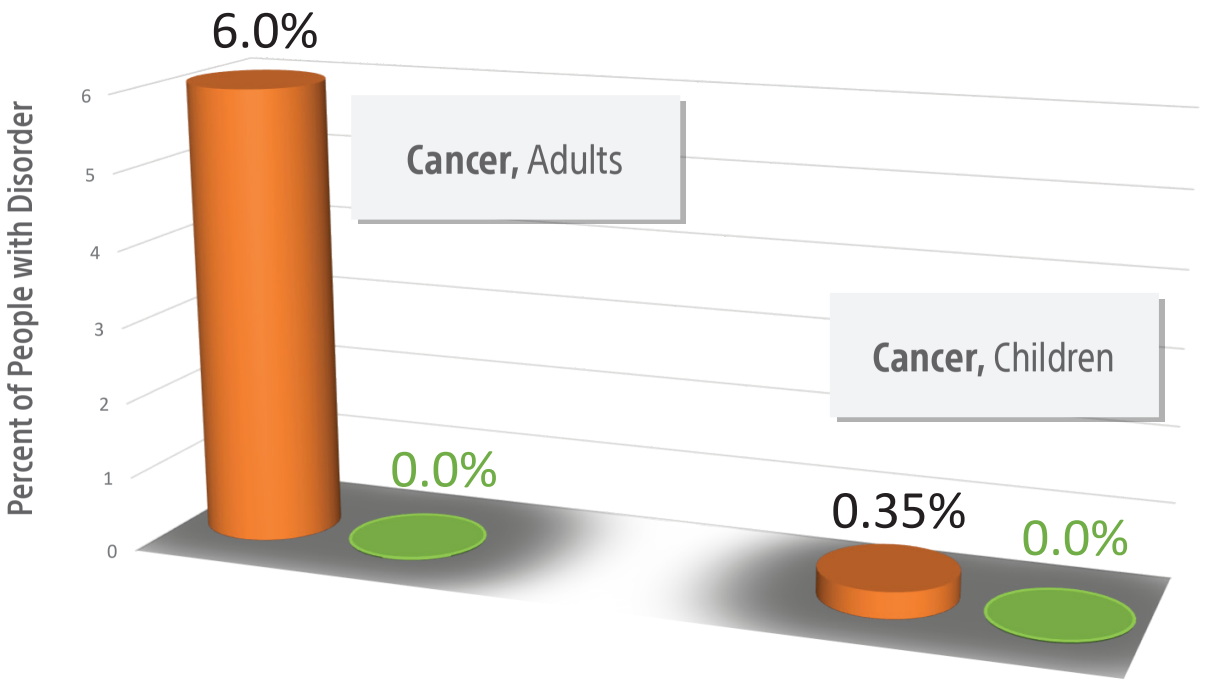
● Pilot survey data for 100% Unvaccinated Control Group

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (CDC, Cancer Prevention and Control. https://www.cdc.gov/cancer/dcpc/research/articles/cancer_2020.htm; ACCO, US Childhood Cancer Statistics. https://www.acco.org/us-childhood-cancer-statistics/)
- **Pilot survey data for 100% Unvaccinated Control Group**

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population, Adults = 0.00%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of cancer in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 439,694. This calculation is supported by the p-value 2.27E-06. See full report for detailed

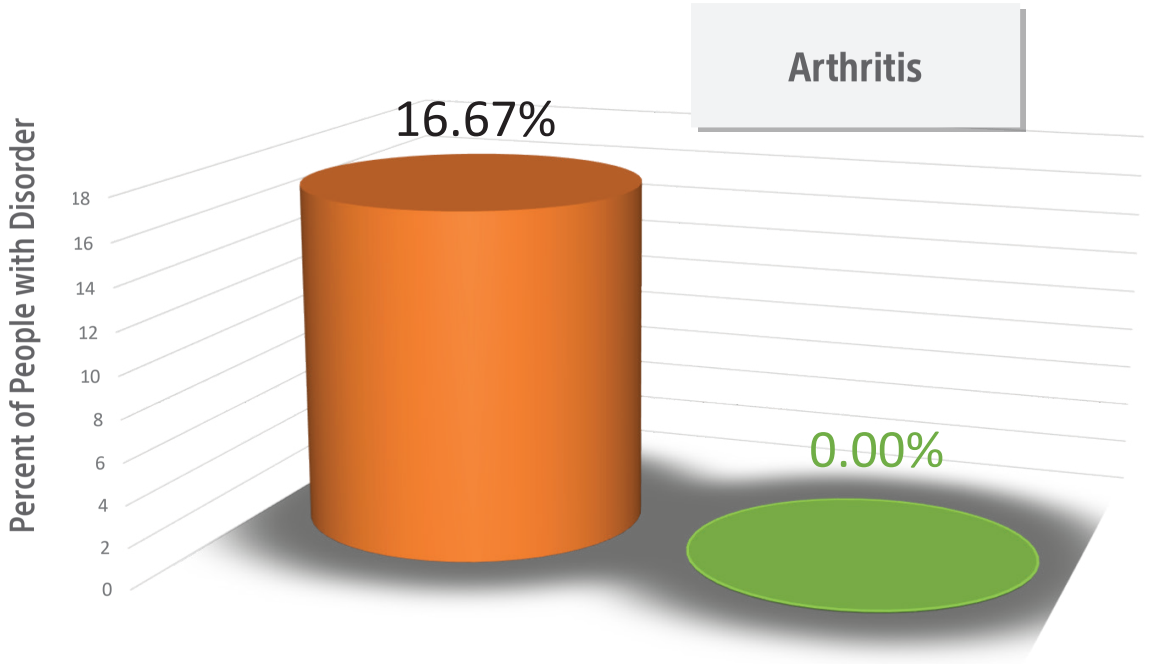
- **Risk Factor in Total Population, Children = 0.00%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of cancer in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 86. This calculation is supported by the p-value 1.16E-02. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.00%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of arthritis in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 42,826,227,194,256,900. This calculation is supported by the p-value 2.34E-17. See full report for detailed explanation.

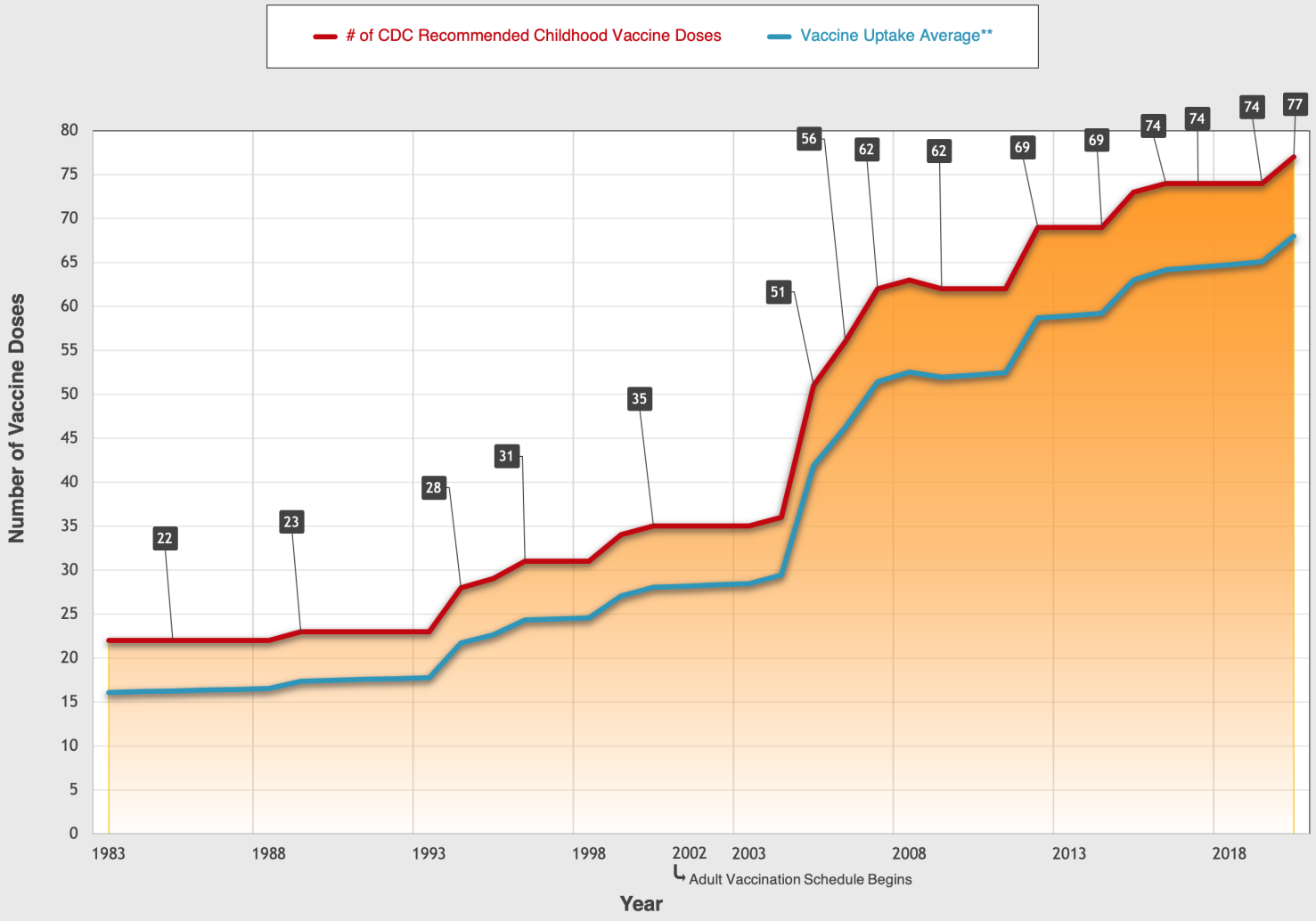
*"The **cure** cannot be worse than the **problem** itself."*
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Arthritis. https://www.cdc.gov/arthritis/data_statistics/state-data-current.htm)
- Pilot survey data for 100% Unvaccinated Control Group

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

Increase in the Number of Childhood Vaccine Doses



* CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

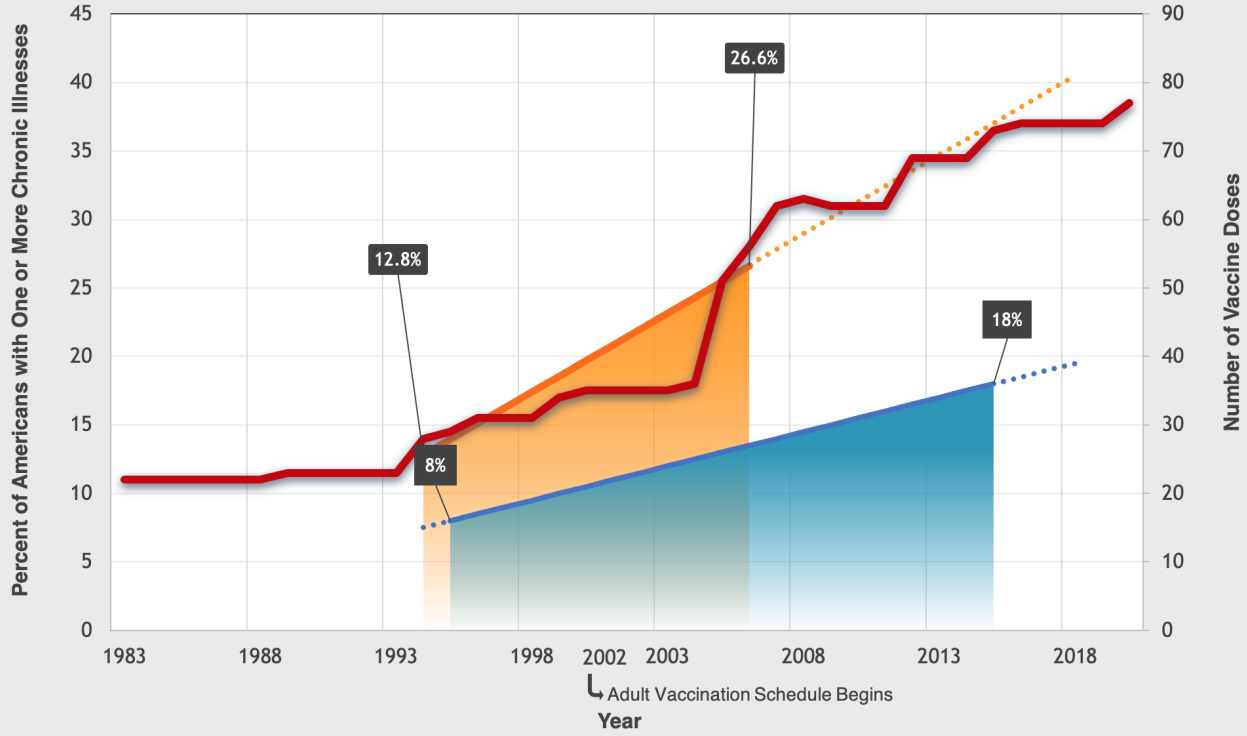
** CDC (2018). Vaccine Coverage Levels – United States, 1962–2016. The Pink Book, 13th Edition, Appendix E. https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/coverage-levels.pdf

CDC (1971). Immunization Survey – 1970. *Morbidity and Mortality* 20(13):114-115. www.jstor.org/stable/44069987
CDC (2003). National, State, and Urban Area Vaccination Levels Among Children Aged 19–35 Months — United States, 2002. *MMWR* 52(31):728-732. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5231a2.htm
CDC (2008). National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2007. *MMWR* 57(35):961-966. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5735a1.htm
CDC (2012). National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2011. *MMWR* 61(35):689-696. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm
CDC (2013). National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2012. *MMWR* 62(36):733-740. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm
CDC (2018). Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017. *MMWR* 67(40):1123–1128. https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in Chronic Disease Rates in the U.S. Population



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Child Chronic Illnesses*

Adult Chronic Illnesses**

# of CDC Recommended Childhood Vaccine Doses

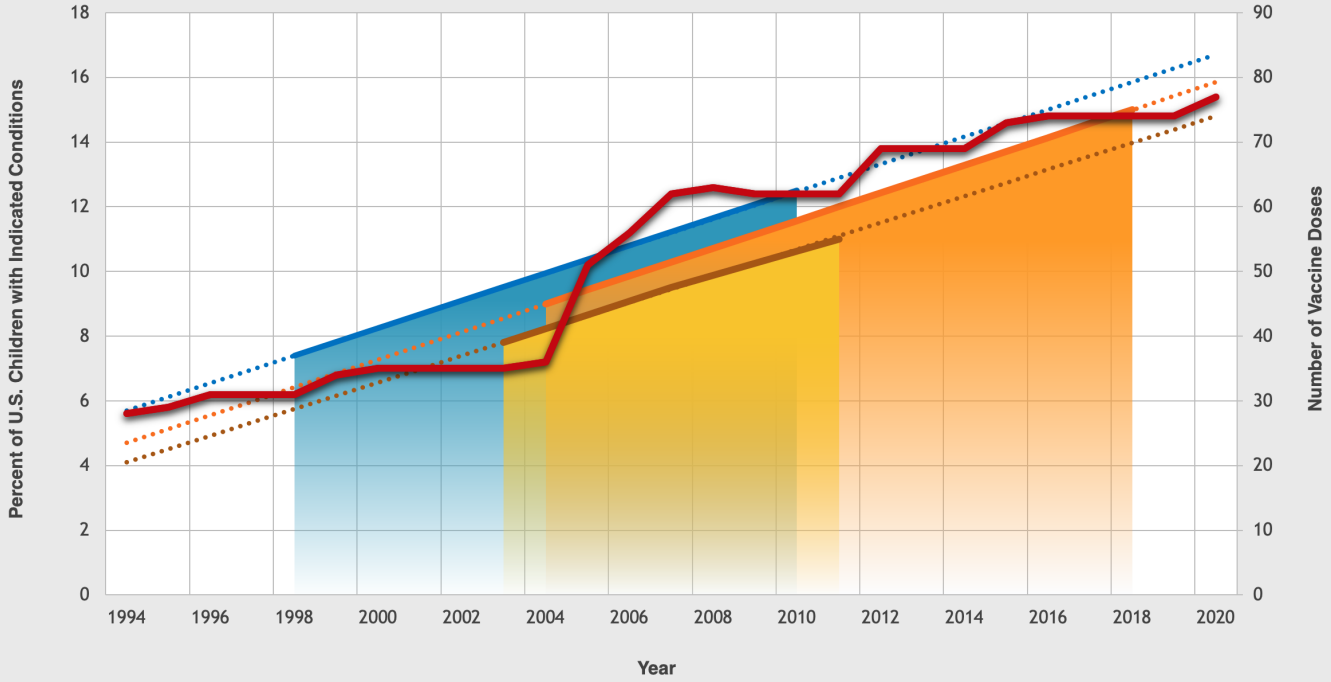
† Correlation between Number of Vaccine Doses and Chronic Illnesses in Children: Correlation Coefficient = 0.99 (includes origin)
† Correlation between Number of Vaccine Doses and Adult Chronic Illnesses: Correlation Coefficient = 0.90 (includes origin)

* Van Cleave *et al.* (2010). Dynamics of obesity and chronic health conditions among children and youth. *JAMA* 303(7):623–630. https://doi.org/10.1001/jama.2010.104
** Aspen Health Strategy Group (2019). Reducing the Burden of Chronic Disease. Washington DC: The Aspen Institute. https://assets.aspeninstitute.org/content/uploads/2019/02/AHSG-Chronic-Disease-Report-2019.pdf
*** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in Miscellaneous Disease/Disorder Rates in U.S. Children



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

- Children with Skin Allergies*
- MDE (Major Depressive Episode) Age 12–17**
- Children with ADHD***
- # of CDC Recommended Childhood Vaccine Doses****

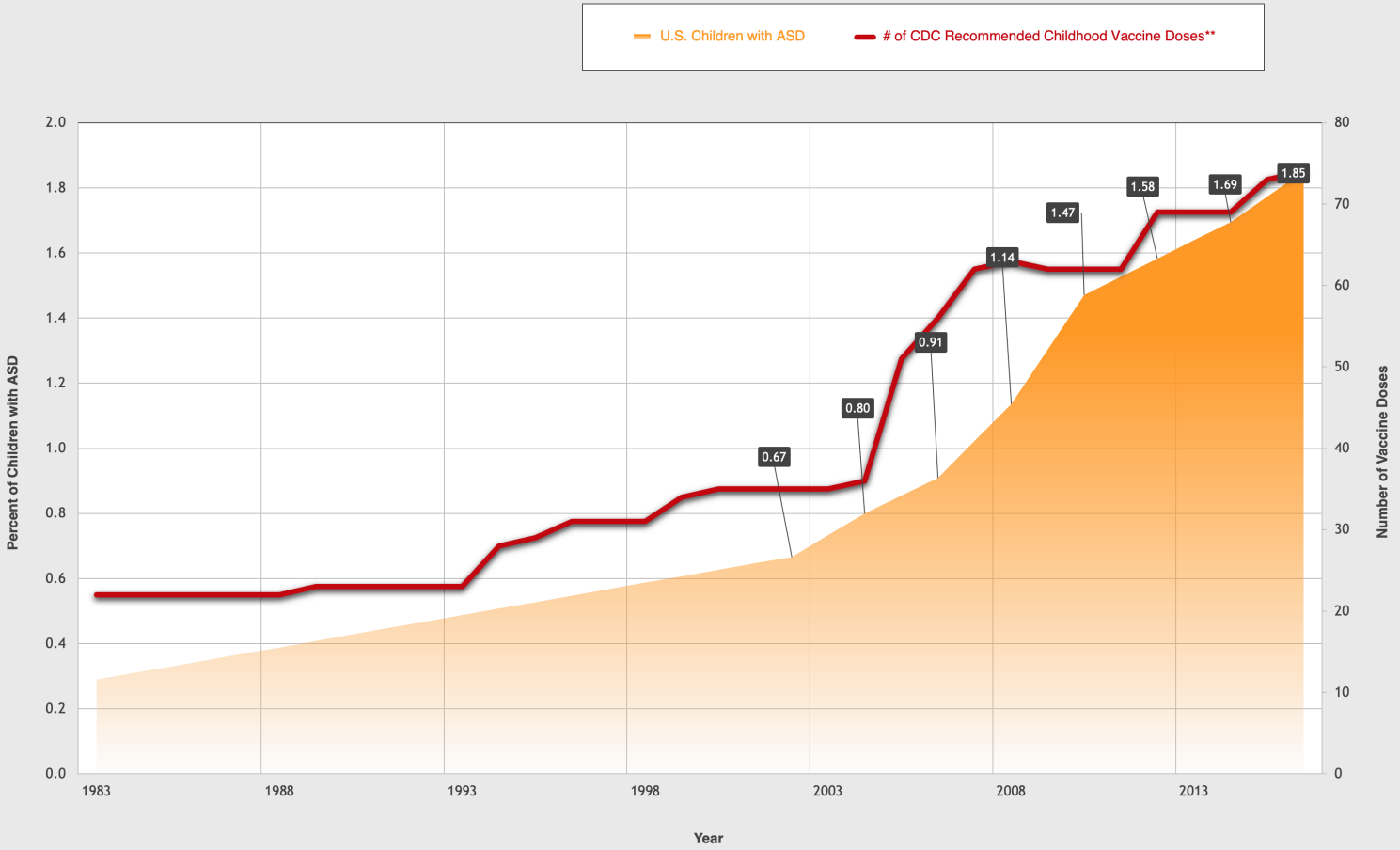
† Correlation between Number of Vaccine Doses and Skin Allergies: Correlation Coefficient = 0.99 (includes origin)
† Correlation between Number of Vaccine Doses and MDE: Correlation Coefficient = 0.99 (includes origin)
† Correlation between Number of Vaccine Doses and ADHD: Correlation Coefficient = 0.99 (includes origin)

* CDC (2013). Trends in Allergic Conditions Among Children: United States, 1997–2011. *NCHS Data Brief 121*. https://www.cdc.gov/nchs/data/databriefs/db121.pdf United States Centers for Disease Control (CDC), *Trends in the Parent-Report of Health Care*
** SAMHSA (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
*** CDC, *Attention-Deficit / Hyperactivity Disorder (ADHD)*. https://www.cdc.gov/ncbddd/adhd/features/key-findings-adhd72013.html
**** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in Autism Spectrum Disorder (ASD) in U.S. Children



Pearson Correlation Coefficient†

This graph is here

1.0	Perfect Correlation
0.99 – 0.90	Very High Correlation
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0.59 – 0.40	Moderate Correlation
0.39 – 0.20	Low Correlation
0.19 – 0.10	Negligible Correlation
< 0.09	No Correlation

† Correlation between Number of Vaccine Doses and ASD: Correlation Coefficient = 0.91

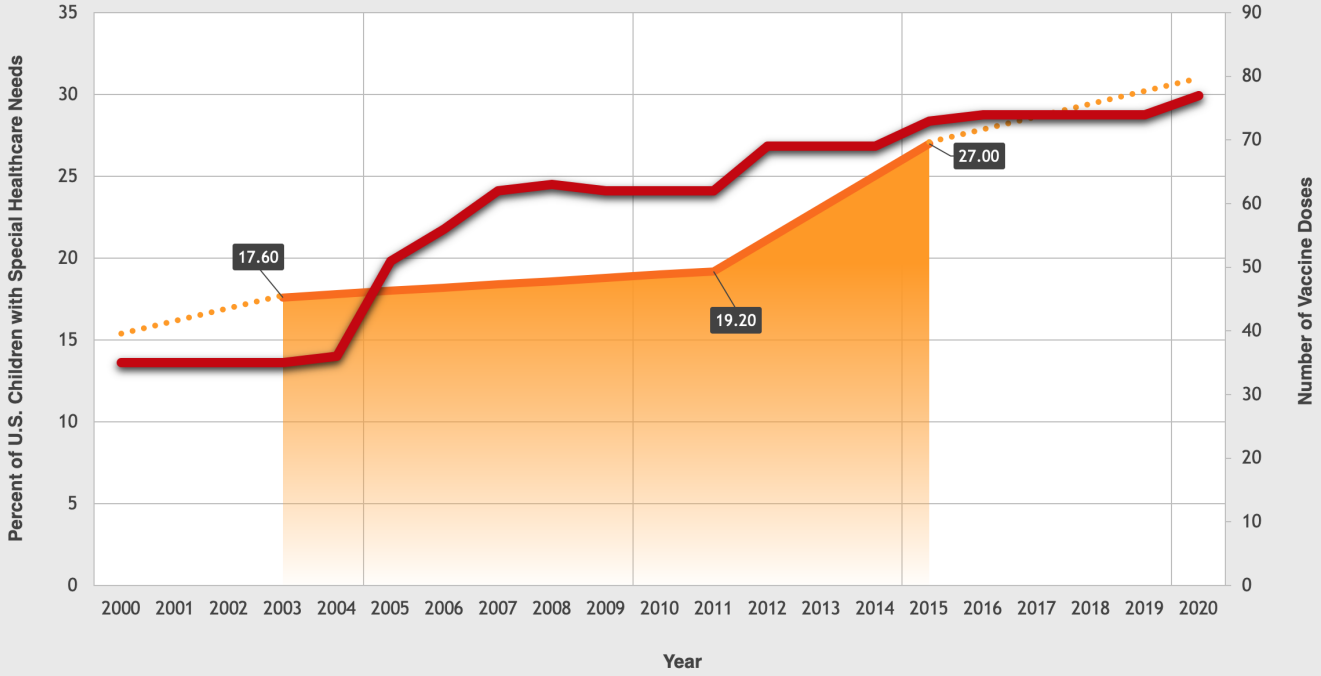
* Nevison *et al.* (2018). California autism prevalence trends from 1931 to 2014 and comparison to national ASD data from IDEA and ADDM. *Journal of Autism and Developmental Disorders* 48:4103–4117. https://doi.org/10.1007/s10803-018-3670-2
CDC, *Autism Spectrum Disorder (ASD)*. https://www.cdc.gov/ncbddd/autism/data.html

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in U.S. Children with Special Healthcare Needs



Pearson Correlation Coefficient†		
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	0.99 – 0.90	Very High Correlation
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	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

U.S. Children with Special Healthcare Needs*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of U.S. Children with Special Healthcare Needs: Correlation Coefficient = 0.96 (includes origin)

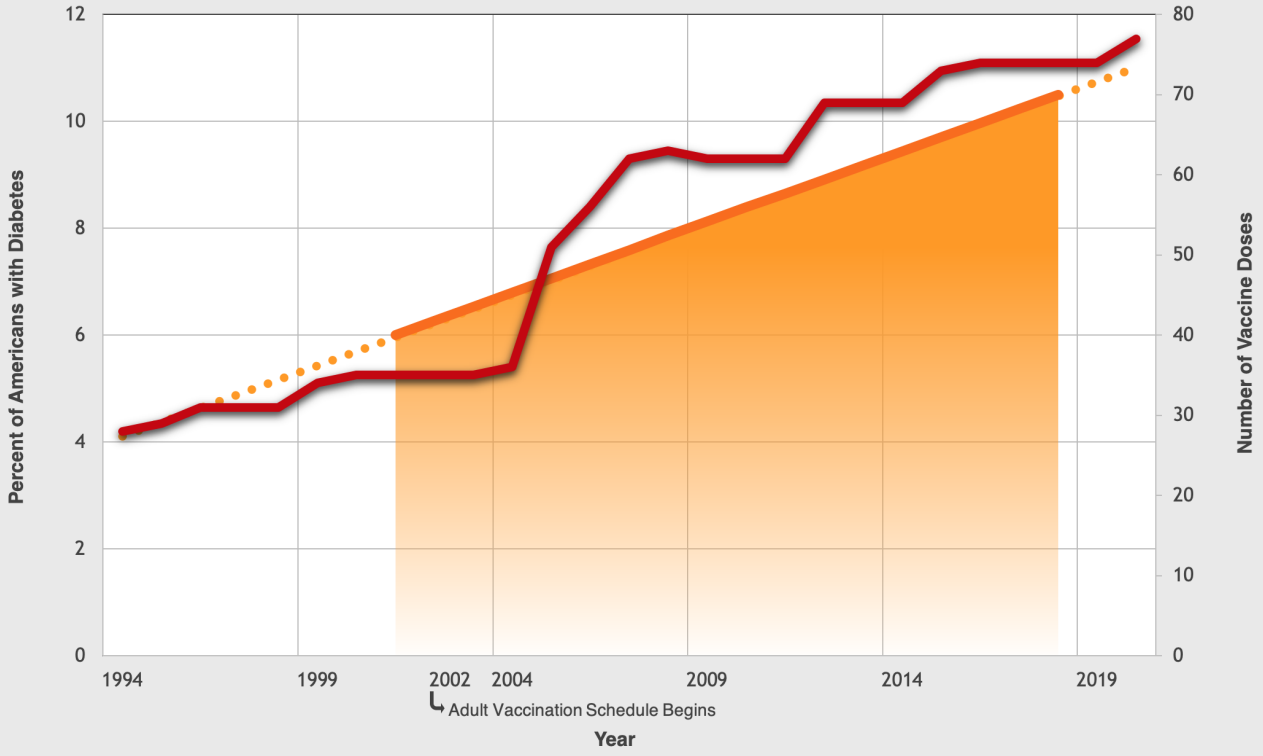
* Bethell *et al.* (2011). A national and state profile of leading health problems and health care quality for US children: key insurance disparities and across-state variations. *Academic Pediatrics* 11(3 Suppl):S22–S33. https://doi.org/10.1016/j.acap.2010.08.011
CDC, *Preventing Chronic Disease*. https://www.cdc.gov/pcd/issues/2015/14_0397.htm

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Diabetes Increasing In Americans



Pearson Correlation Coefficient†

This graph is here

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0.59 – 0.40	Moderate Correlation
0.39 – 0.20	Low Correlation
0.19 – 0.10	Negligible Correlation
< 0.09	No Correlation

Diabetes *

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of Americans with Diabetes: Correlation Coefficient = 0.98 (includes origin)

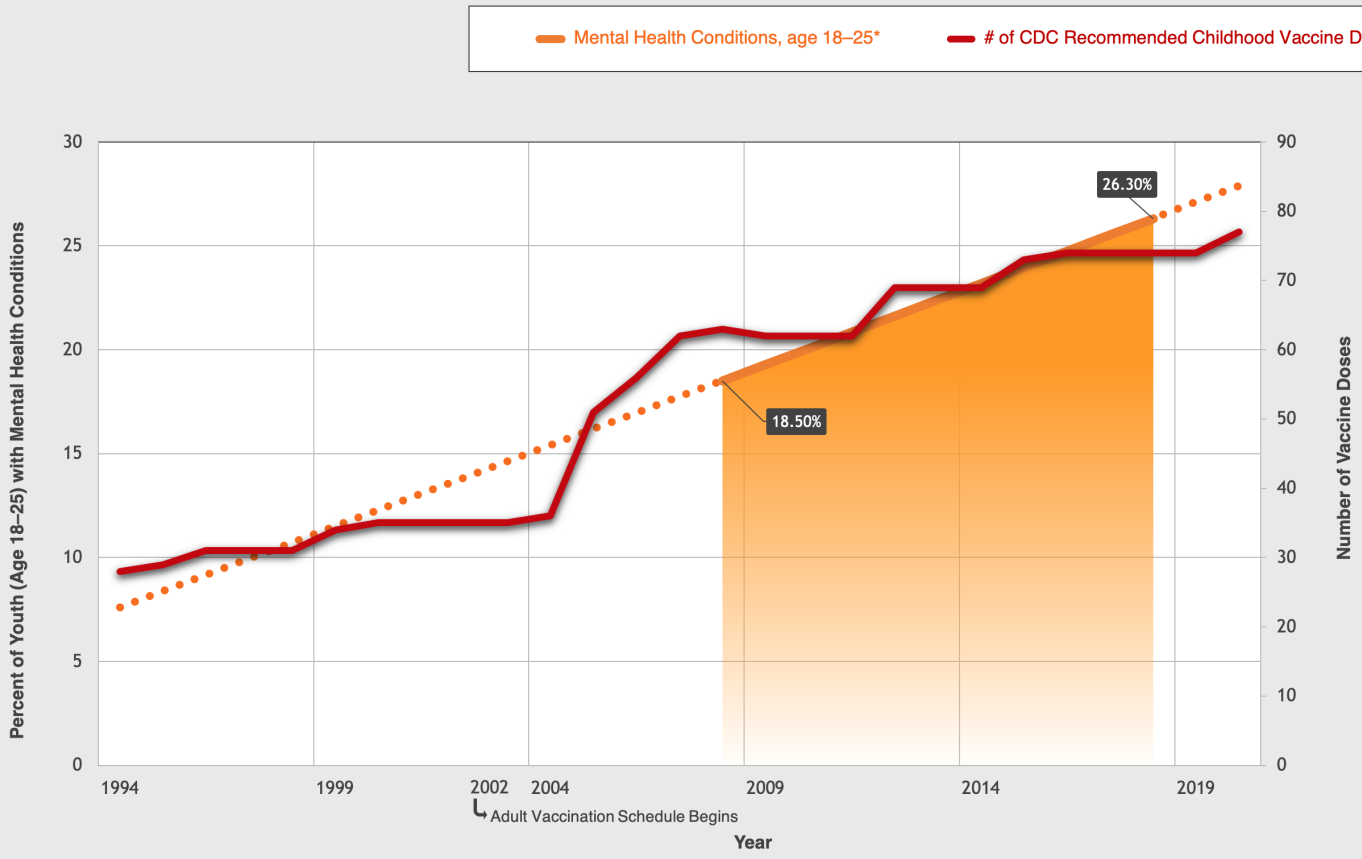
* American Diabetes Association, *Statistics About Diabetes*. https://www.diabetes.org/resources/statistics/statistics-about-diabetes
Dabelea *et al.* (2014). Prevalence of type 1 and type 2 diabetes among children and adolescents from 2001 to 2009. *JAMA* 311(17):1778–1786. https://doi.org/10.1001/jama.2014.3201

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in Mental Health Conditions, age 18–25 in the U.S.



Pearson Correlation Coefficient†

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0.19 – 0.10	Negligible Correlation
< 0.09	No Correlation

† Correlation between Number of Vaccine Doses and Percent of Americans with Mental Health Conditions: Correlation Coefficient = 0.99 (includes origin)

* SAMHSA (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

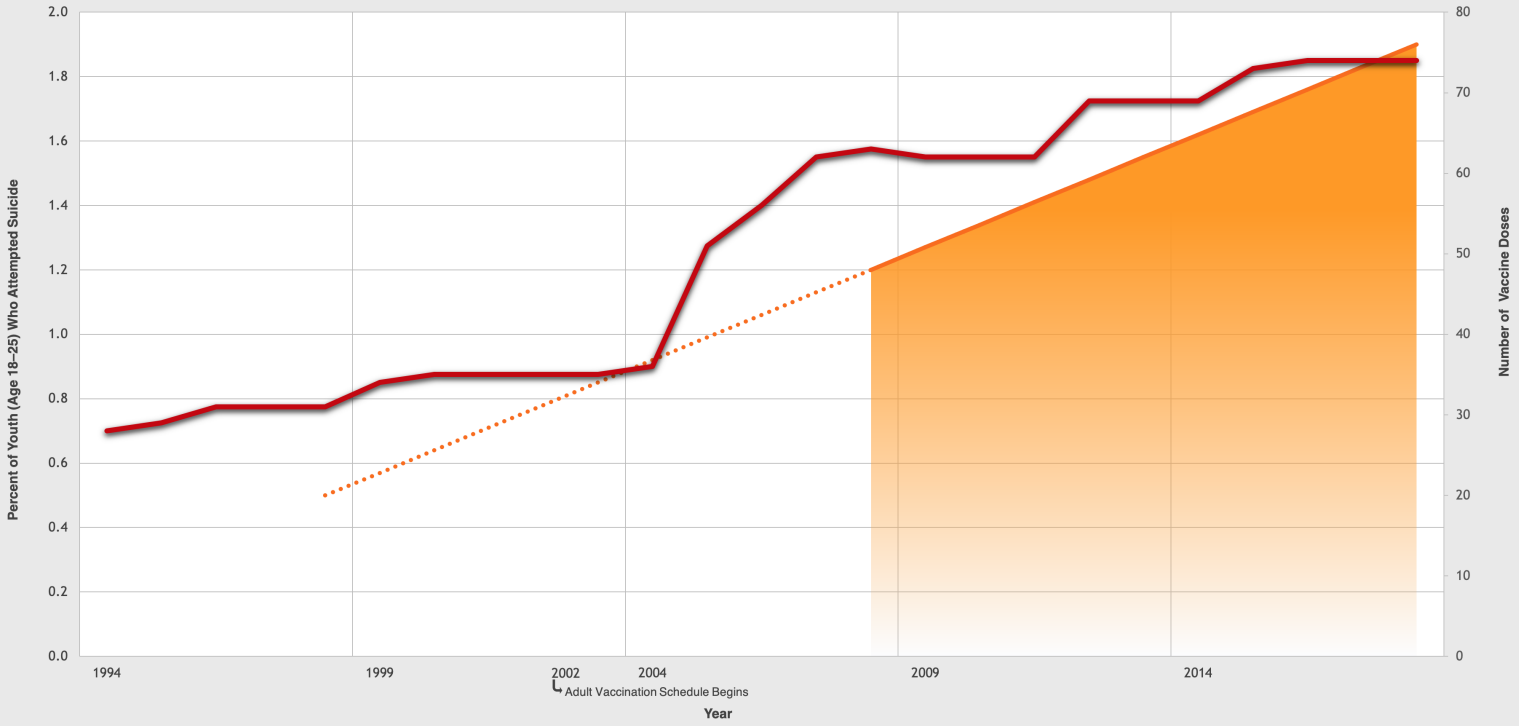
** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

A Bellwether for Mental Health

Increase in Attempted Suicide, Age 18–25 in the U.S.



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	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Attempted Suicide*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Attempted Suicide, age 18–25: Correlation Coefficient = 0.97 (includes origin)

* SAMHSA (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

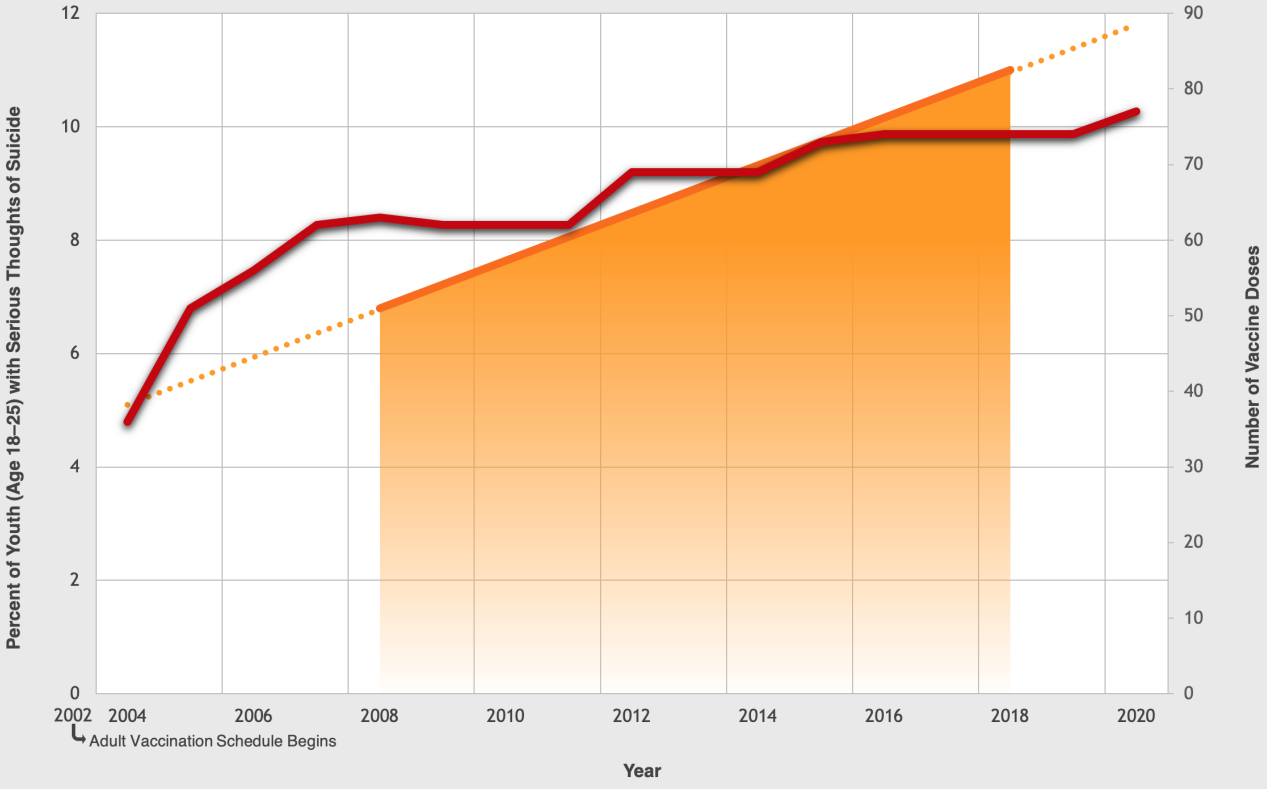
** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

A Bellwether for Mental Health

Serious Thoughts of Suicide, Age 18–25 in the U.S.



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	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Serious Thoughts of Suicide*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of Americans with Serious Thoughts of Suicide: Correlation Coefficient = 0.97 (includes origin)

* SAMHSA (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

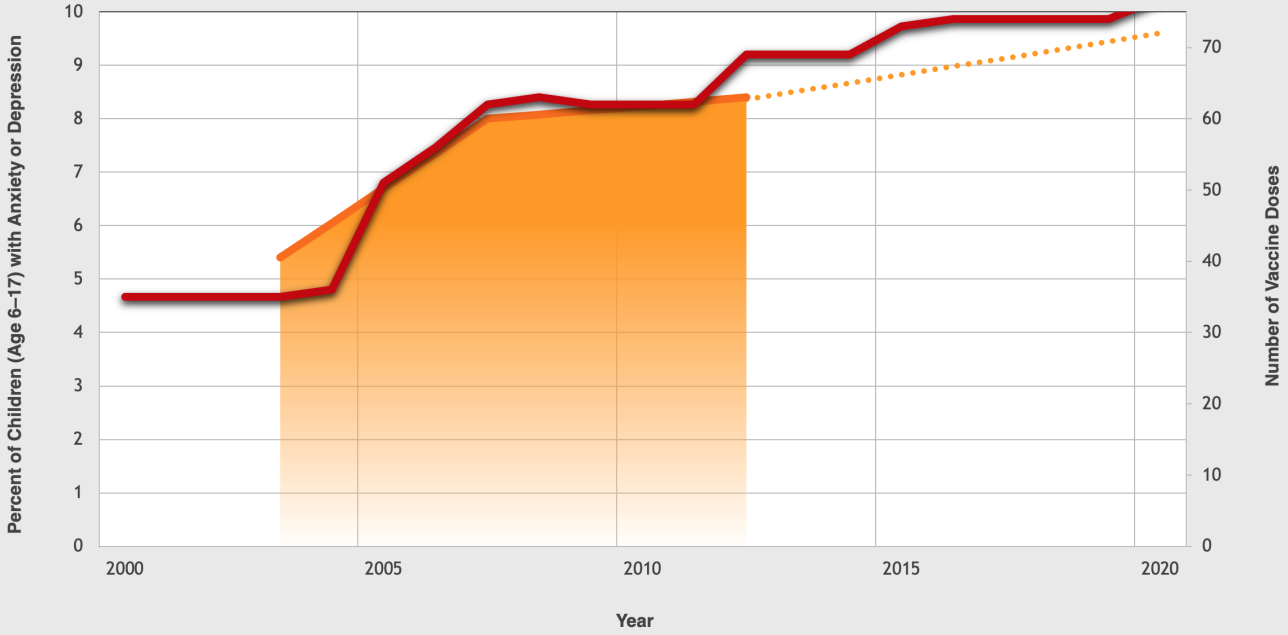
** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

A Bellwether for Mental Health

Increase in Anxiety or Depression in U.S. Children, Age 6–17



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	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Anxiety or Depression*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of Children with Anxiety or Depression: Correlation Coefficient = 0.99 (includes origin)

* CDC, *Children's Mental Health*, https://www.cdc.gov/childrensmentalhealth/features/anxiety-depression-children.html

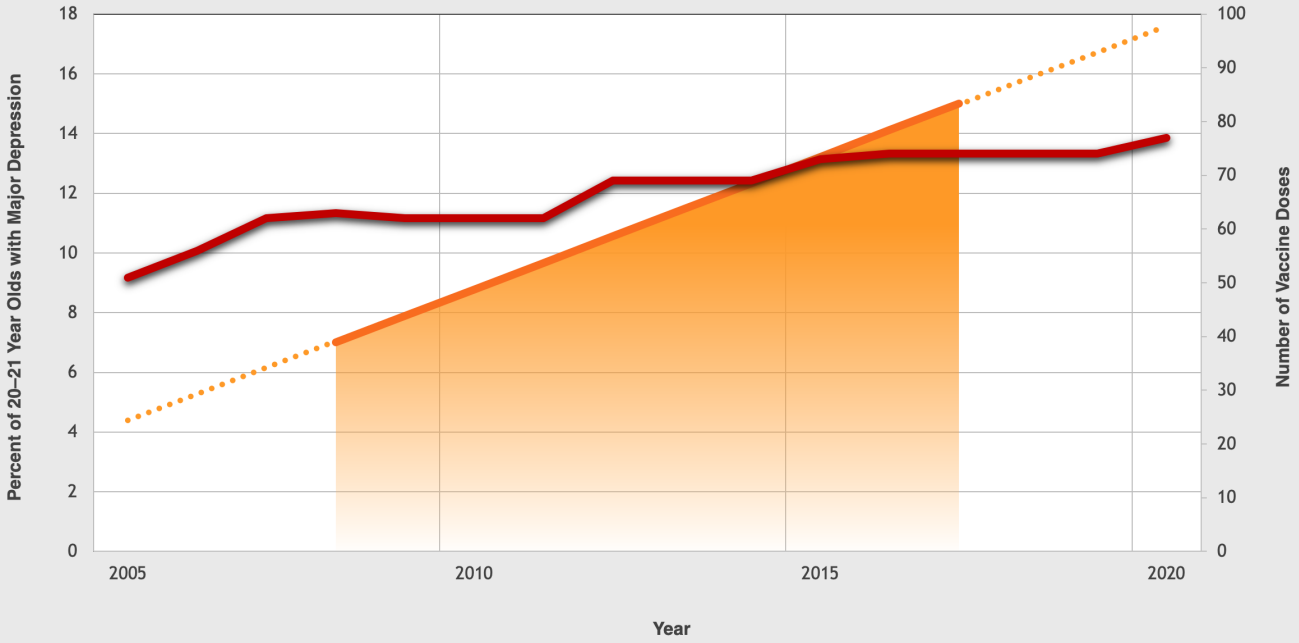
** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

A Bellwether for Mental Health

Increase in Major Depression among 20–21 Year-olds in the U.S.



Pearson Correlation Coefficient†

This graph is here

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0.79 – 0.60	Moderately High Correlation
0.59 – 0.40	Moderate Correlation
0.39 – 0.20	Low Correlation
0.19 – 0.10	Negligible Correlation
< 0.09	No Correlation

Major Depression*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of 20–21 Year Olds with Major Depression: Correlation Coefficient = 0.91 (includes origin)

* SAMHSA (2017). National Survey on Drug Use and Health, 2017. https://www.datafiles.samhsa.gov/study-dataset/national-survey-drug-use-and-health-2017-nsduh-2017-ds0001-nid17939

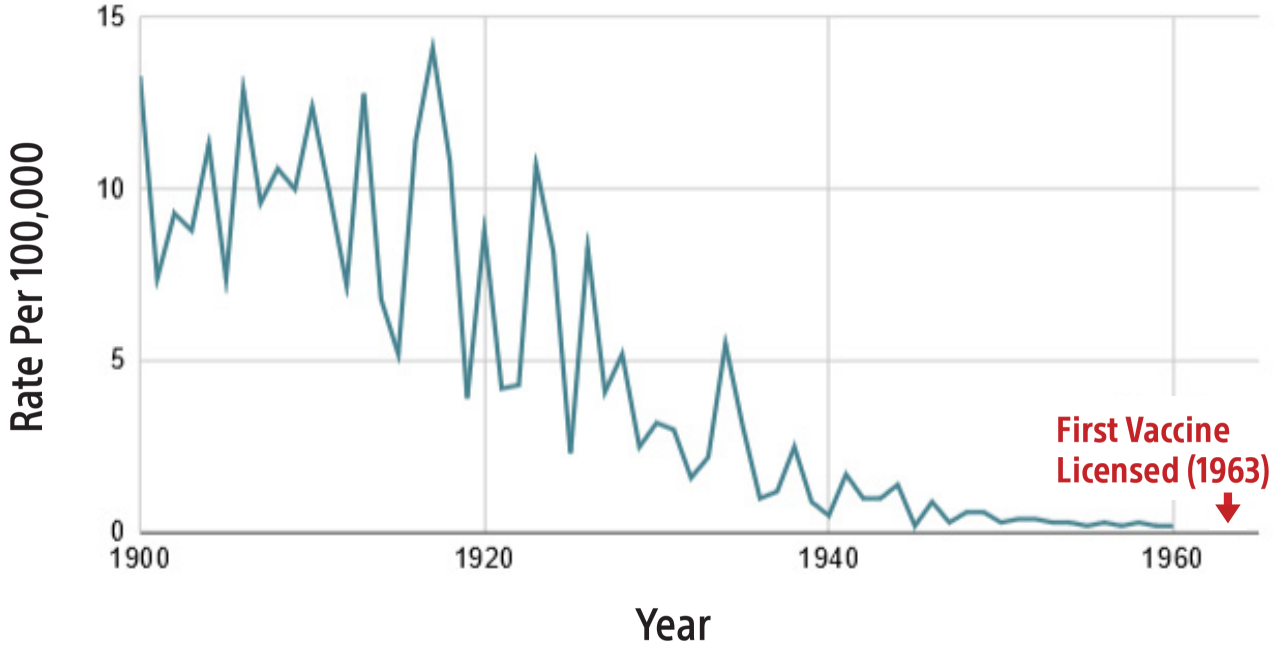
** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Measles Disease Mortality United States, 1900–1960[1]



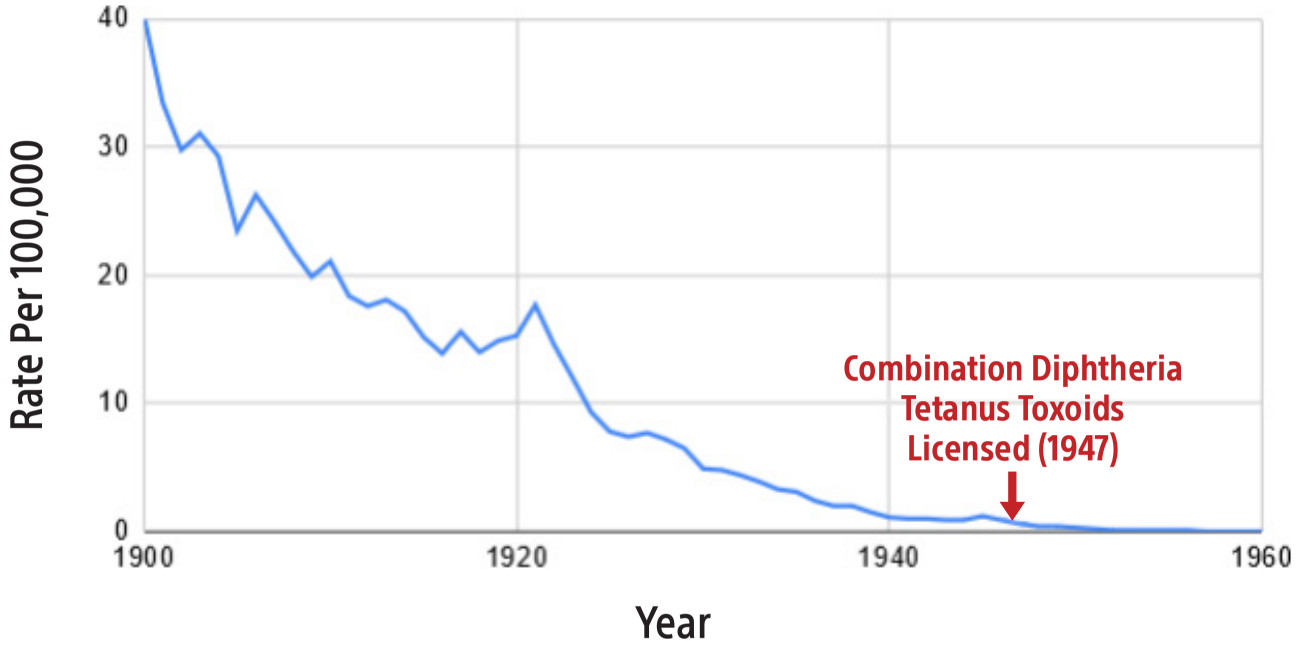
SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968. **2.** "The first measles vaccines were licensed in 1963." Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.

THE CONTROL GROUP
LITIGATION

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Diphtheria Disease Mortality United States, 1900–1960[1]



SOURCES:

1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968. **2.** Antitoxin was invented in the late 19th century, and toxoid was developed in the 1920s. Widespread use of diphtheria toxoid in the late 1940s. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.

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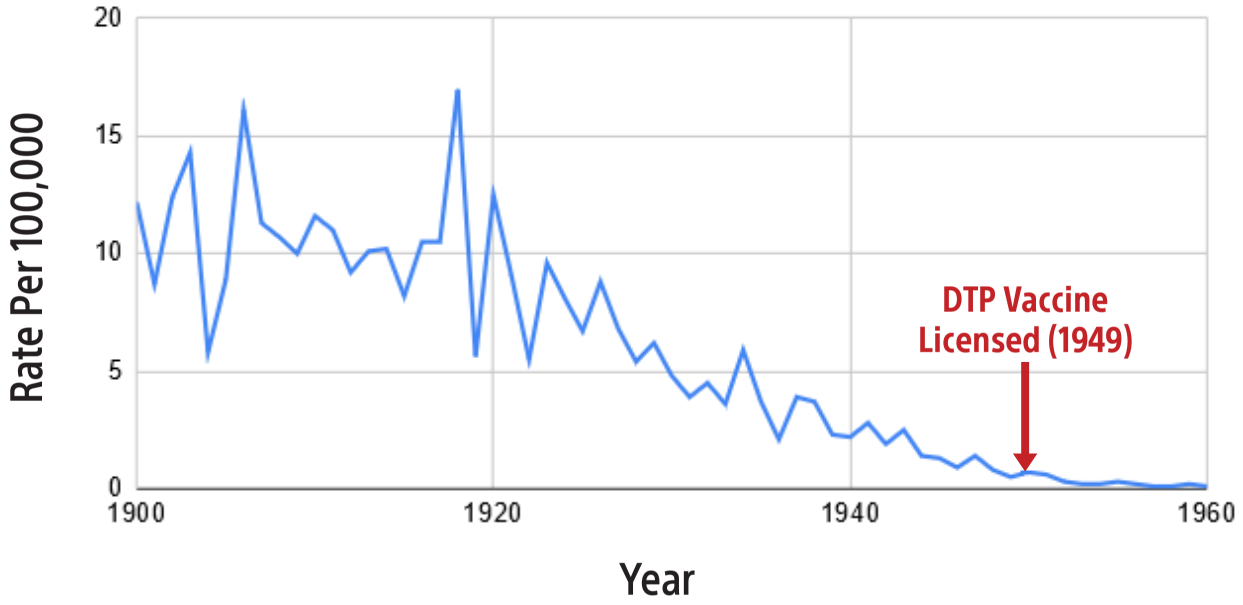
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Whooping Cough Disease Mortality United States, 1900–1960[1,2]



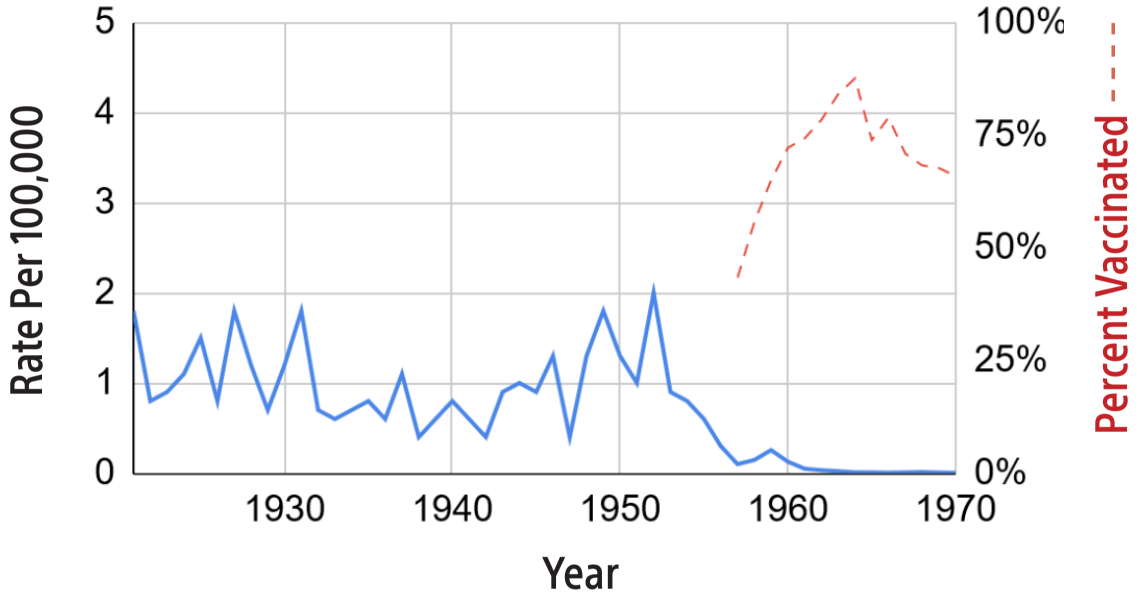
SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968. **2.** "Before the availability of pertussis vaccine in the 1940s, more than 200,000 cases of pertussis were reported annually." Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.

THE CONTROL GROUP LITIGATION

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Polio Disease Mortality United States, 1921–1970[1-6]



SOURCES:
1. Sirken,M.G. National Participation Trends, 1955-61, in the Poliomyelitis Vaccination Program. Pub. HealthRep.77:661-670(Aug.),1962.11 **2.** Morbidity and Mortality Vol. 20, No. 13 (April 3, 1971), pp. 114-115 (2 pages) IMMUNIZATION SURVEY - 1970. (1971). from www.jstor.org/stable/44069987 **3.** Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Appendix E, Vaccine Coverage Levels, United States, 1962-2016. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C.Public Health Foundation, 2018. **4.** Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968. **5.** Centers for Disease Control. Annual summary 1969: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1970;18(54). https://stacks.cdc.gov/view/cdc/1829 **6.** Centers for Disease Control. Annual summary 1971: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1972;20(53). https://stacks.cdc.gov/view/cdc/1577

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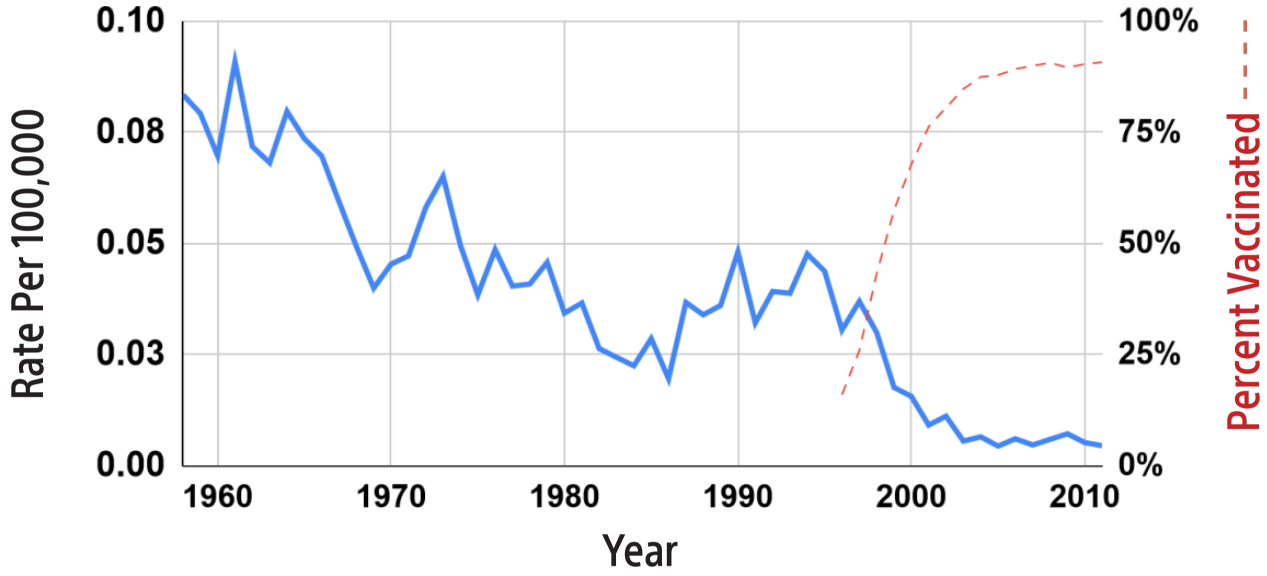
LITIGATION

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Varicella (Chicken Pox) Disease Mortality United States, 1958–2011[1-10]



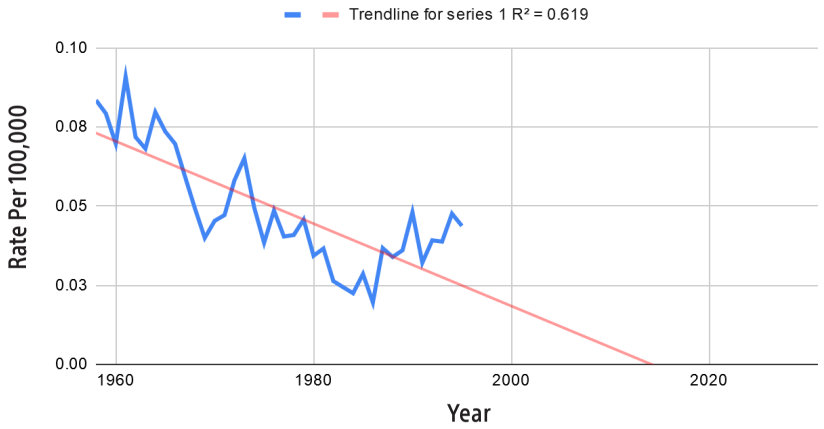
SOURCES:
1. 1959 - 1968: Centers for Disease Control. Annual summary 1969: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1970 ;18(54). https://stacks.cdc.gov/view/cdc/1829 **2.** 1969 - 1978: Centers for Disease Control. Annual summary 1971: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1972 ;20(53). https://stacks.cdc.gov/view/cdc/1577 **3.** 1970 - 1979: Centers for Disease Control. Annual summary 1980: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1981 ;29(54). https://stacks.cdc.gov/view/cdc/1484 **4.** 1980 - 1989: Centers for Disease Control. Summary of notifiable diseases, United States,1991. Morbidity and Mortality Weekly Report 1991 ;40(53). https://stacks.cdc.gov/view/cdc/36010 **5.** 1989 - 1998: Centers for Disease Control and Prevention. Summary of notifiable diseases, UnitedStates, 2000. MMWR 2000;49(No. 53):[90]. https://stacks.cdc.gov/view/cdc/5626 **6.** 1996 - 2001: Centers for Disease Control and Prevention. Summary of notifiable diseases—United States, 2003. Published April 22, 2005, for MMWR 2003; 52(No. 54):[78]. https://stacks.cdc.gov/view/cdc/5560 **7.** 2002 - 2003: Centers for Disease Control and Prevention.[Summary of notifiable diseases, 2010]. MMWR 2007;56:[82]. https://stacks.cdc.gov/view/cdc/21266 **8.** 2004 - 2010: Centers for Disease Control and Prevention. [Summary of Notifiable Diseases, 2012]. Published September 19, 2014 for MMWR 2014;61(No. 53):[112]. https://stacks.cdc.gov/view/cdc/25289 **9.** 2008 - 2014: Adams DA, Thomas KR, Jajosky R, et al. Summary of Notifiable Infectious Diseases and Conditions — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;63:1-152 DOI: http://dx.doi.org/10.15585/mmwr.mm6354a1external icon **10.** Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Appendix E, Vaccine Coverage Levels, United States, 1962-2016. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C.Public Health Foundation, 2018.

THE CONTROL GROUP
LITIGATION

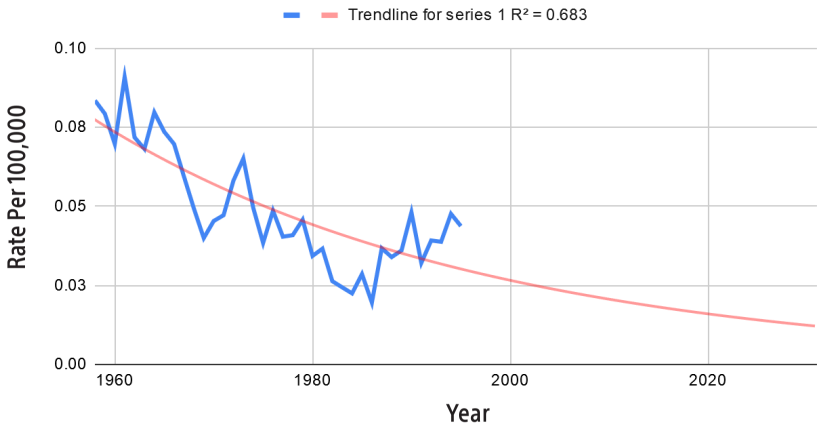
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Varicella (Chicken Pox) Disease Mortality with Trendline (Linear)[1-10]



Varicella (Chicken Pox) Disease Mortality with Trendline (Exponential)[1-10]



A linear regression for varicella mortality data 1958 – 1994 shows the rate of decline pre-vaccine, allowing an estimate using simple linear fit model that were the vaccine not licensed in 1995 the varicella mortality was already on track to approach zero by 2015.

Refer to "x-intercept" below

Best-fit values

Slope	0.001291 ± 0.0001738
Y-intercept	2.601 ± 0.3436
X-intercept	2015
1/Slope	-774.5

95% Confidence Intervals

Slope	-0.001644 to -0.0009384
Y-intercept	1.904 to 3.299
X-intercept	2006 to 2030

Goodness of Fit

R square	0.6051
Sy.x	0.01175

Is slope significantly non-zero?

F	55.16
DFn,DFd	1,36
P Value	< 0.0001
Deviation from horizontal?	Significant

Data

Number of XY pairs	38
Equation	Y = -0.001291*X + 2.601

SOURCES:
1. 1959 - 1968: Centers for Disease Control. Annual summary 1969: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1970 ;18(54). https://stacks.cdc.gov/view/cdc/1829 **2.** 1969 - 1978: Centers for Disease Control. Annual summary 1971: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1972 ;20(53). https://stacks.cdc.gov/view/cdc/1577 **3.** 1970 - 1979: Centers for Disease Control. Annual summary 1980: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1981 ;29(54). https://stacks.cdc.gov/view/cdc/1484 **4.** 1980 - 1989: Centers for Disease Control. Summary of notifiable diseases, United States,1991. Morbidity and Mortality Weekly Report 1991 ;40(53). https://stacks.cdc.gov/view/cdc/36010 **5.** 1989 - 1998: Centers for Disease Control and Prevention. Summary of notifiable diseases, UnitedStates, 2000. MMWR 2000;49(No. 53):[90]. https://stacks.cdc.gov/view/cdc/5626 **6.** 1996 - 2001: Centers for Disease Control and Prevention. Summary of notifiable diseases—United States, 2003. Published April 22, 2005, for MMWR 2003; 52(No. 54):[78]. https://stacks.cdc.gov/view/cdc/5560 **7.** 2002 - 2003: Centers for Disease Control and Prevention.[Summary of notifiable diseases, 2010]. MMWR 2007;56:[82]. https://stacks.cdc.gov/view/cdc/21266 **8.** 2004 - 2010: Centers for Disease Control and Prevention. [Summary of Notifiable Diseases, 2012]. Published September 19, 2014 for MMWR 2014;61(No. 53):[112]. https://stacks.cdc.gov/view/cdc/25289 **9.** 2008 - 2014: Adams DA, Thomas KR, Jajosky R, et al. Summary of Notifiable Infectious Diseases and Conditions — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;63:1-152 DOI: http://dx.doi.org/10.15585/mmwr.mm6354a1external icon **10.** Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Appendix E, Vaccine Coverage Levels, United States, 1962-2016. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C.Public Health Foundation, 2018.

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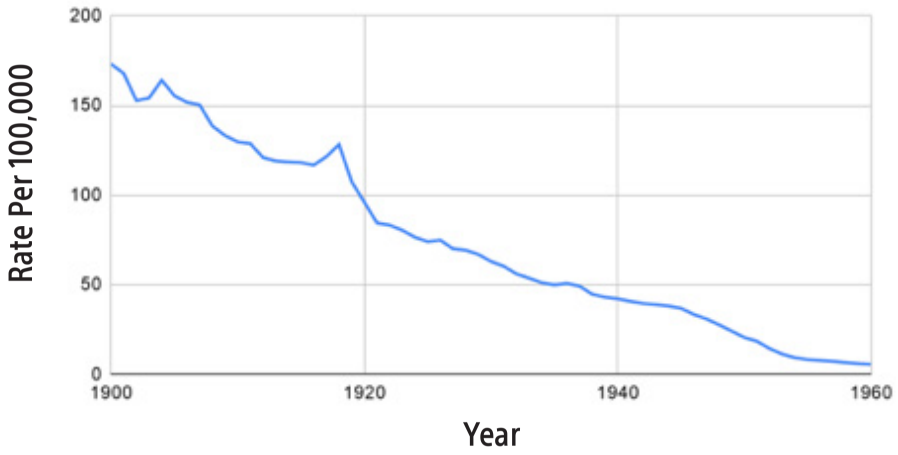
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

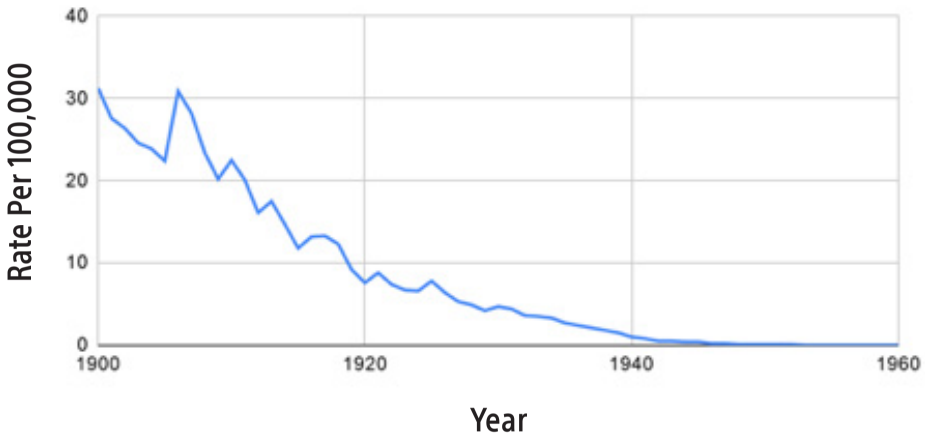
Disease Mortality, United States, 1900–1960[1]

No Vaccine in General Usage

Tuberculosis (Respiratory)



Typhoid Fever



SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968.

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20TH CENTURY DISEASE MORTALITY

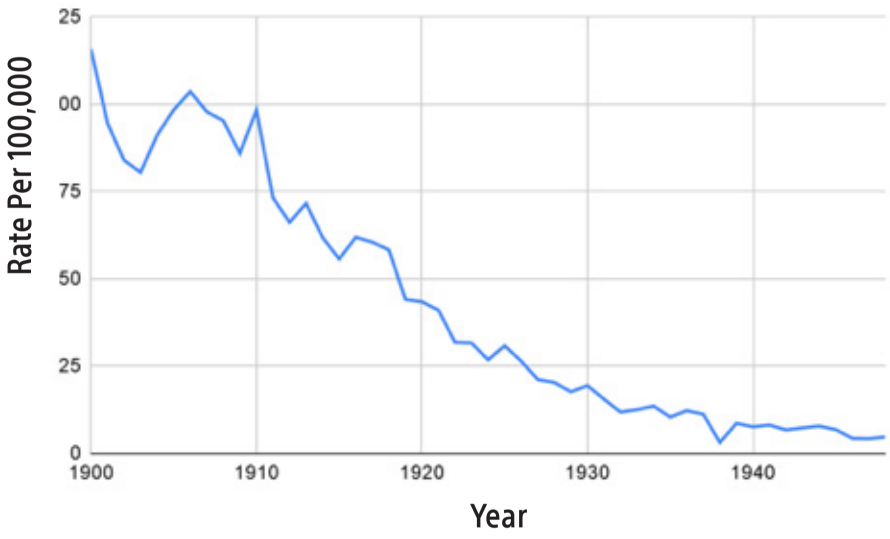
Reductions Caused By Improved Living Conditions Prior To Vaccines

Disease Mortality, United States, 1900–1960[1]

No Vaccine in General Usage

Scarlet Fever

Diarrhea and Enteritis (under 2 years)



SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968.

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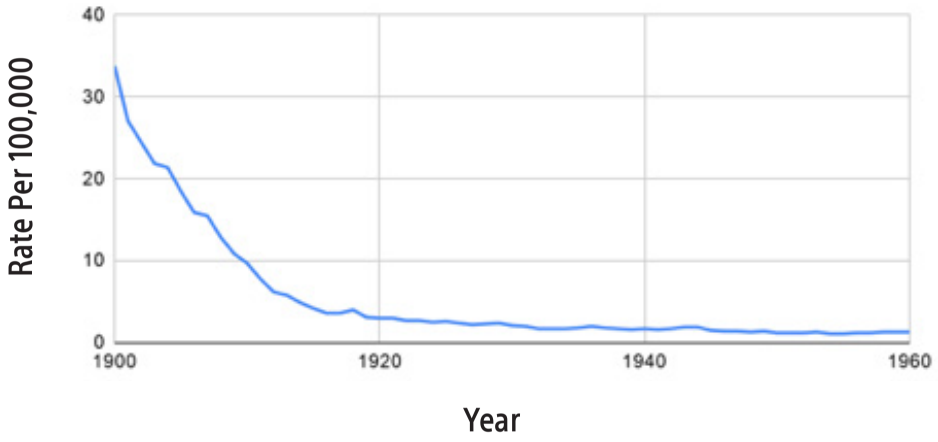
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Disease Mortality, United States, 1900–1960[1]

No Vaccine in General Usage

Meningitis (Simple)



Dysentry Disease

SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968.

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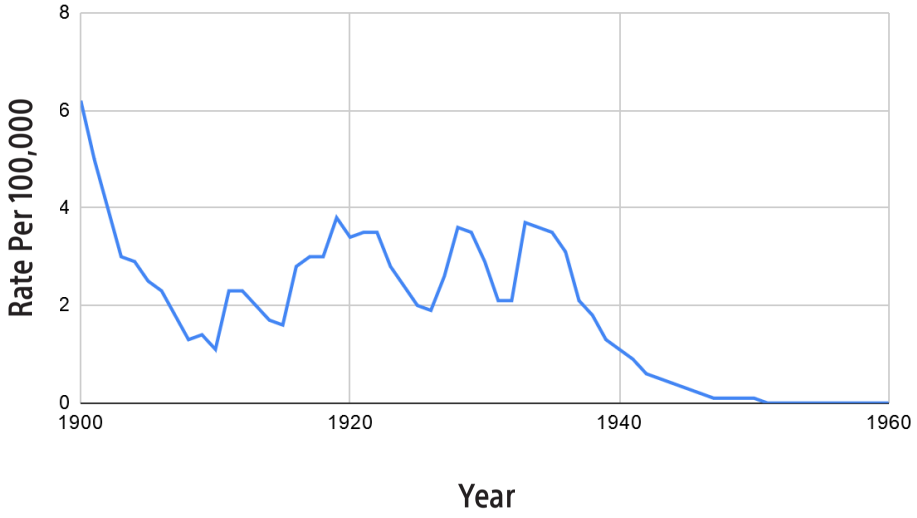
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

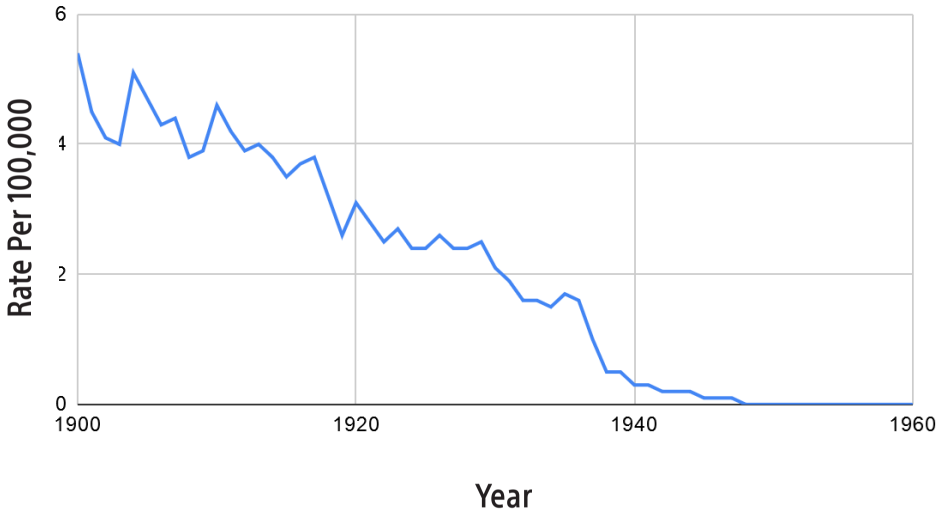
Disease Mortality, United States, 1900–1960[1]

No Vaccine in General Usage

Malaria



Erysepilas



SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968.

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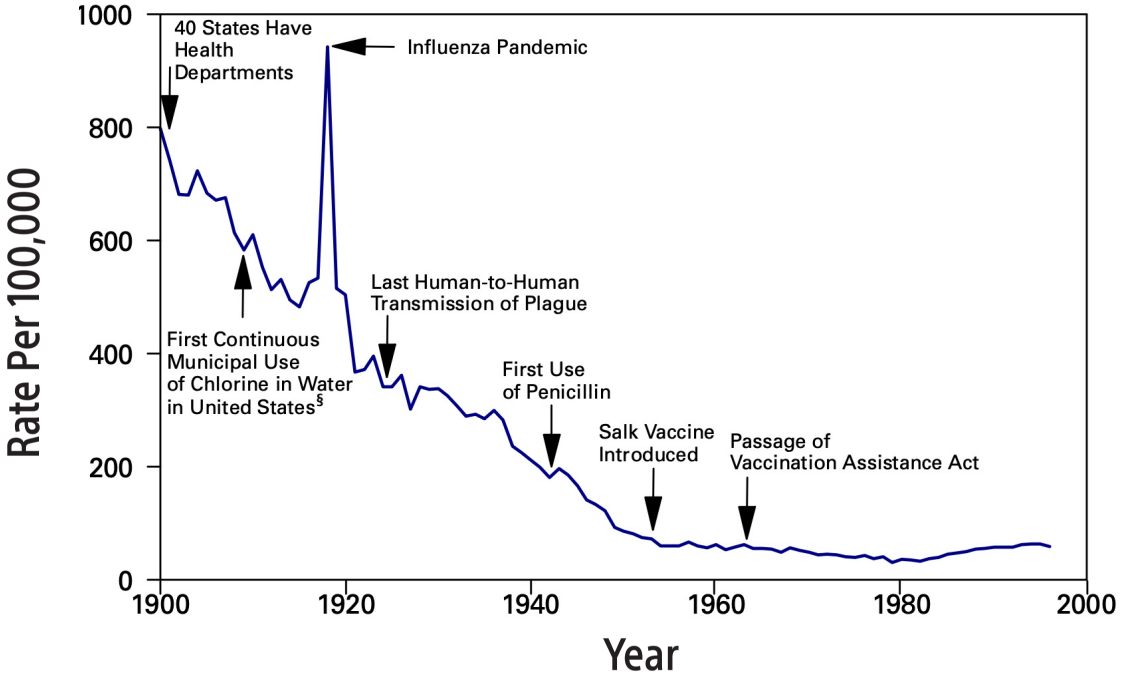
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Crude Death Rate* for Infectious Diseases United States, 1900–1996†



*Per 100,000 population per year.

†Adapted from Armstrong GL, Conn LA, Pinner RW. Trends in infectious disease mortality in the United States during the 20th century. JAMA 1999:281;61–6.

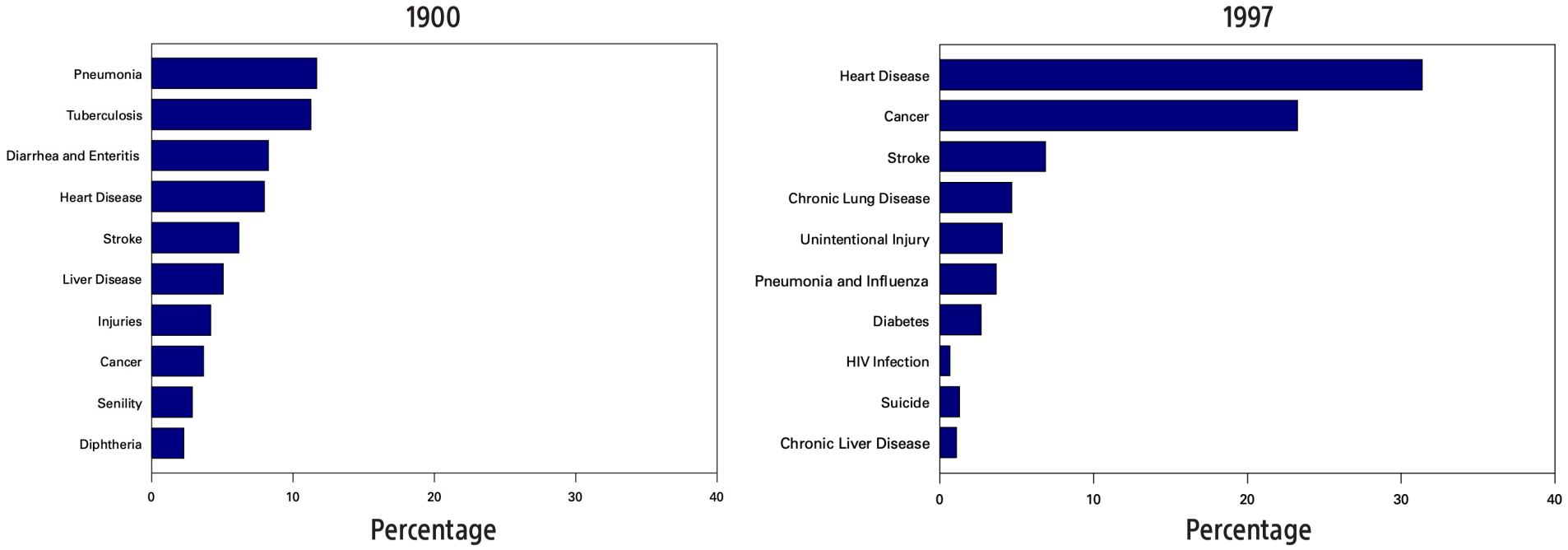
§American Water Works Association. Water chlorination principles and practices: AWWA manual M20. Denver, Colorado: American Water Works Association, 1973.

SOURCES:
Centers for Disease Control (U.S.), & Centers for Disease Control and Prevention (U.S.). (1999). Morbidity and mortality weekly report: MMWR 1999; 48; 29:[621-629]. Atlanta, Ga.: U.S. Dept. of Health, Education, and Welfare, Public Health Service, Center for Disease Control. https://www.cdc.gov/mmWR/PDF/wk/mm4829.pdf

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

The 10 leading causes of death as a percentage of all deaths United States, 1900[1] and 1997[2]



SOURCES:
1. Centers for Disease Control (U.S.), & Centers for Disease Control and Prevention (U.S.). (1999). Morbidity and mortality weekly report: MMWR 1999; 48; 29:[621-629]. Atlanta, Ga.: U.S. Dept. of Health, Education, and Welfare, Public Health Service, Center for Disease Control. https://www.cdc.gov/mmWR/PDF/wk/mm4829.pdf **2.** Centers for Disease Control (U.S.), & Centers for Disease Control and Prevention (U.S.). (1999). Morbidity and mortality weekly report: MMWR 1999; 48; 29:[621-629]. Atlanta, Ga.: U.S. Dept. of Health, Education, and Welfare, Public Health Service, Center for Disease Control. https://www.cdc.gov/mmWR/PDF/wk/mm4829.pdf

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