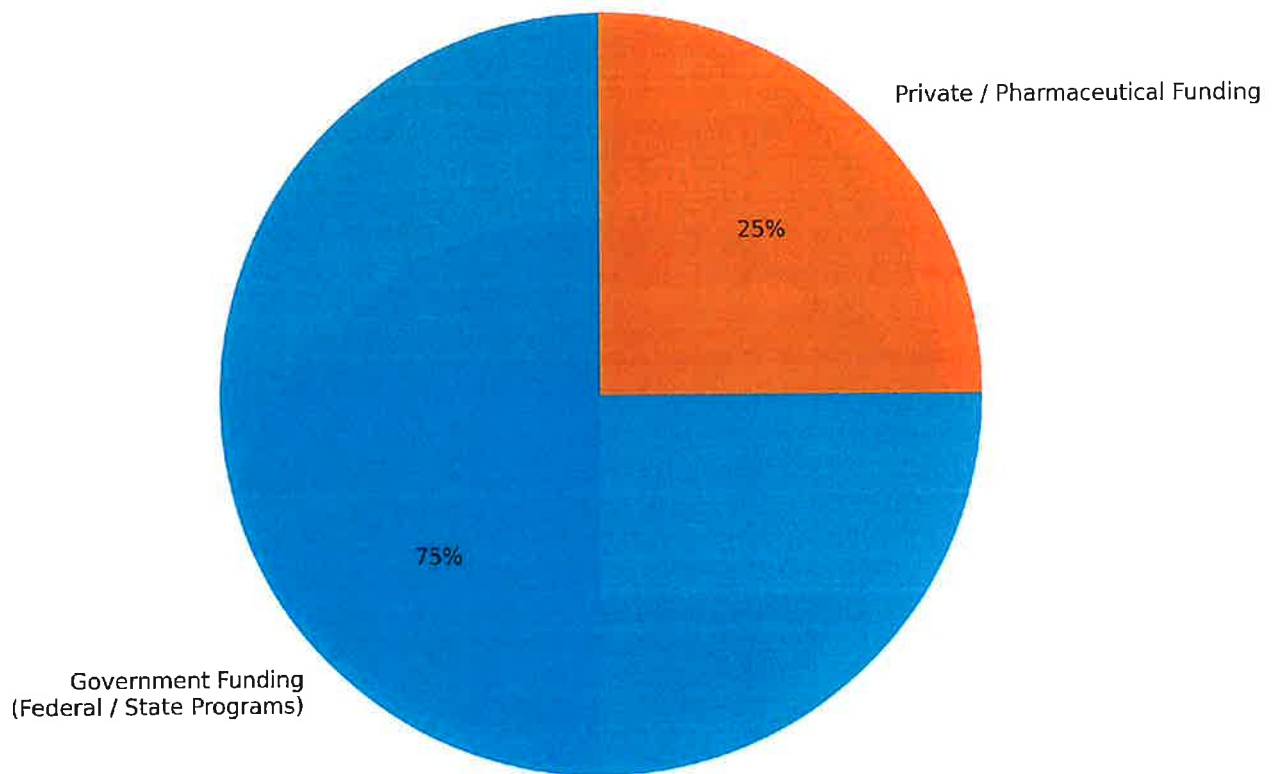


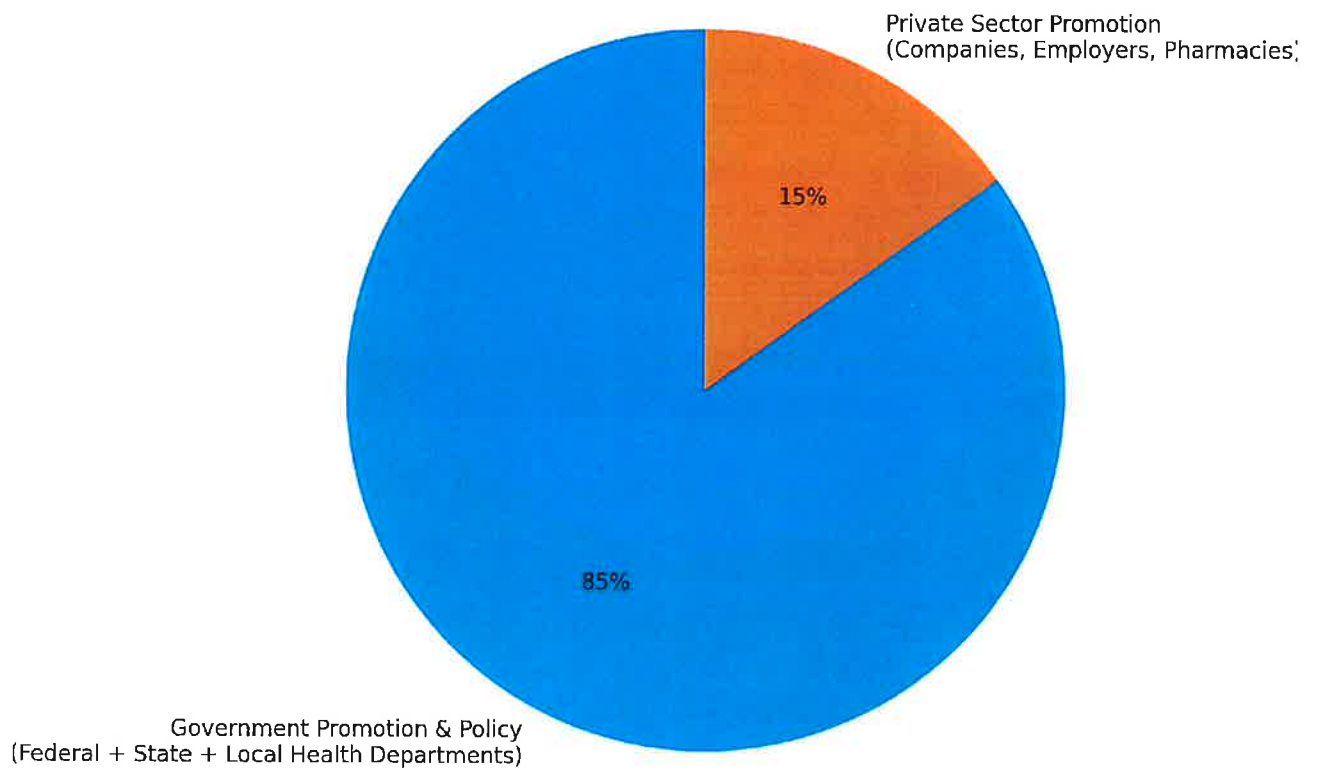
COVID-19 Vaccine Funding and Promotion Charts (Illustrative)

Estimated COVID-19 Vaccine Development & Procurement Funding (Illustrative)



Drivers of COVID-19 Vaccine Promotion (Federal, State, and Local)

Estimated Drivers of COVID-19 Vaccine Promotion (All Government Levels)



Covid mRNA vaccines are misbranded: EUA Countermeasures in Disguise

December 12, 2025

Sasha Latypova, sashalatyova.substack.com

latypova@hotmail.com

EUA Countermeasures cannot comply with BLA licensure standards

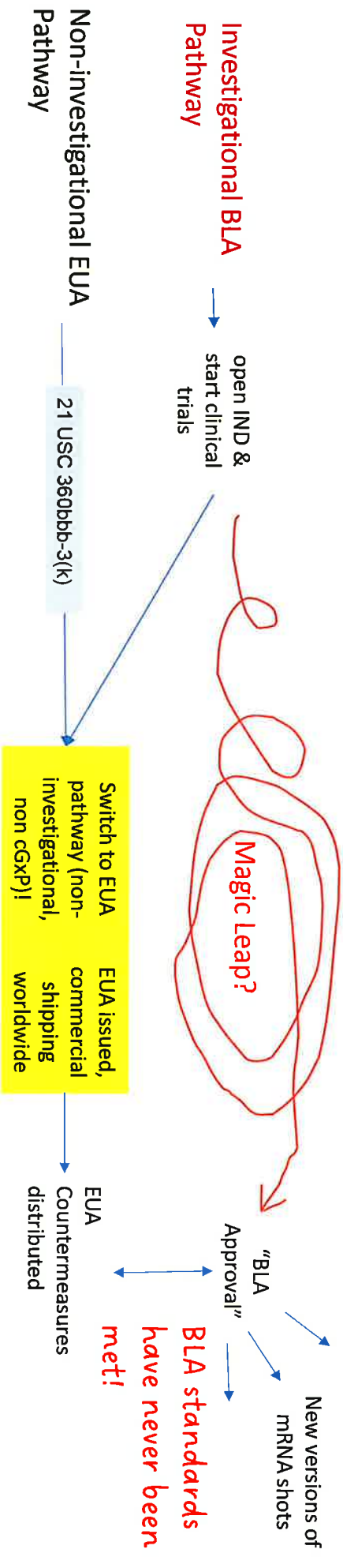
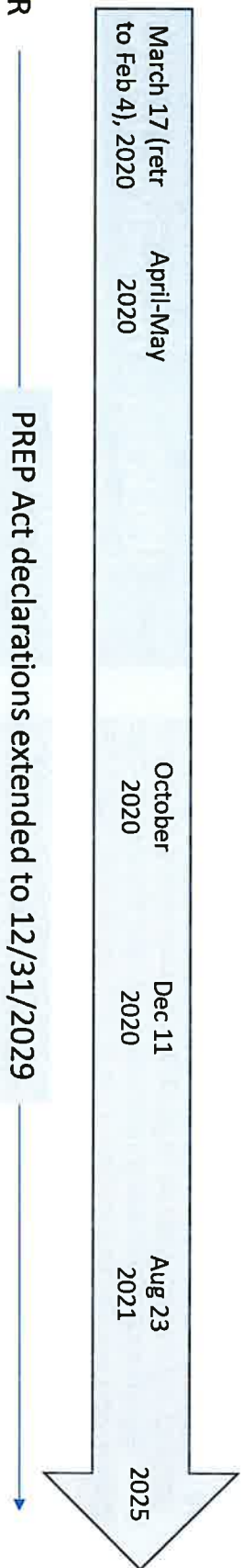
- 21 USC 360bbb-3(k): If a product is the subject of an authorization under this section, the **use of such product** within the scope of the authorization **shall not be considered to constitute a clinical investigation** for purposes of section 355(i), 360b(j), or 360j(g) of this title or any other provision of this chapter or section 351 of the Public Health Service Act [42 U.S.C. 262].

“Non-investigational” = no legal process for assembling the regulatory evidence of safety, efficacy and manufacturing control for purposes of compliance with Section 351(a) of the Public Health Service Act (PHS Act), (42 U.S.C. 262) and cGMP (section 501(a)(2)(B) of the FD&C Act (21 U.S.C. 351(a)(2)(B)) and 21 CFR Parts 210, 211, and 610).

“Expanded Access Use” VS. Non-investigational EUA Pathway

- P201/408 of transcript:
- “DR. KURILLA: And then for Doran [FINK], did you consider at all the possibility of an expanded access protocol for those specific groups that you would issue the indication for the EUA instead of an EUA?”
- P203 Dr. FINK: Yeah. So to answer your question about an expanded access protocol, that is another regulatory mechanism for providing access to investigational vaccine. I think if we were to consider an expanded access protocol of the same size and scope as what is being considered for an Emergency Use Authorization, then the benefit/risk considerations and the data to inform those benefit/risk considerations and allow that type of use would be highly similar. The differences between expanded access use and Emergency Use Authorization are that expanded access use is done -- or is carried out under FDA's investigational new drug regulations. So among many other things, those regulations require use of an institutional review board and also obtaining informed consent from recipients of the investigational vaccine according to regulations for clinical investigations -- research use of investigational vaccines. And so operationally speaking, an expanded access protocol would add some complexity, and that is why Emergency Use Authorization is being considered primarily as the mechanism for addressing the public health emergency that has been declared.”

Timeline of Covid-19 shots "Approval"



Citizen Petition Filed December 8, 2025;

Docket (FDA-2025-P-6831)



I. ACTIONS REQUESTED

1. Petitioners ask the FDA to revoke all BLA's for every mRNA COVID-19 vaccine for all demographic groups because manufacturers do not and have never met BLA standards. Further, in granting licensure, FDA failed to enforce these standards.
2. Petitioners ask the FDA to find Comirnaty (all versions) and SPIKEVAX (including MNEXSPIKE) mislabeled/misbranded.
3. Petitioners ask the FDA to find Comirnaty (all versions) and SPIKEVAX (including MNEXSPIKE) adulterated or potentially adulterated.
4. Petitioners ask the FDA to properly designate every mRNA COVID-19 vaccine as an Emergency Use Authorization biologic as long as the HHS Secretary's Declaration of Emergency is in effect. [21 U.S. Code § 360bbb-3\(c\)](#).

Author - Sasha Latypova



< View Docket



Citizen Petition from Children's Health Defense

Posted by the Food and Drug Administration on Dec 9, 2025



Document Details Document Comments 58

Docket (FDA-2025-P-6831) / Document

Document ID
FDA-2025-P-6831-0001

Content

There are no documents avail

Comments Received
100,953
[More Details](#)

Tracking Number
mik-kup5-jf6x

Attachments 2

Summary


- Covid-19 injections marketed as "vaccines" reached commercial market as "EUA countermeasures under Public Health Emergency".
- Based on EUA status, they cannot be used as investigational products (21USC 360bbb), no IRB, no informed consent rules apply, and not subject to the US FDA evidentiary standards for safety and efficacy. Only "maybe effective" criterion and declarations of "circumstances that justify" apply.
- Despite labeled as BLA approved vaccines, they never met the standards for BLA licensure.
- Absence of enforceable consumer safeguards in relation to these products makes them misbranded and adulterated/potential poisons.

Absence of enforceable consumer safeguards and manufacturer's liability in relation to these products makes them **misbranded/potential poisons** while they remain in circulation.



Over 1,000 peer-reviewed studies demonstrate that COVID-19 vaccines are fundamentally harmful due to their widespread biodistribution, long-term persistence, and pathogenicity of the modified mRNA, spike protein, and lipid nanoparticle (LNP) platform.

COVID-19 mRNA "vaccine" harms: a real-world evidence (RWE) compilation

Hatfill, Steven (Researcher) 

Compiled by *Marlin Wichter, MSC Dent Sc (eq DDS), Byram Bridge, PhD, Steven Hatfill, MD, Jessica Rose, PhD, Peter McCullough, MD MPH, Harvey Risch, MD PhD, Kelly Victory, MD, Matt Barn, MD, James Thorp, MD, et al.*

<https://zenodo.org/records/17618032>

I. Spike protein pathogenicity research library (547/557 peer-reviewed)

Originally part of the outer coat of the SARS-CoV2 virus, where it functions as a "key" to "unlock" (infect) cells, spike proteins are also produced in large amounts by the mRNA "vaccines", triggering a short-lived immune response in the form of antibodies. However, a growing body of evidence has shown that the spike protein is harmful by itself, including over 500 peer-reviewed scientific papers collected in section I. A second sub-section (p. 59) organizes the research into 35 subject categories.

II. Spike protein and "vaccine" mRNA biodistribution studies (64/72 peer-reviewed)

In addition to the pathogenic characteristics of the spike protein antigen, over 60 peer-reviewed studies have demonstrated that both the "vaccine" mRNA encoding for the spike protein antigen and the spike protein itself can leave the injection site to penetrate distant tissues, causing systemic harms.

III. Spike protein and "vaccine" mRNA persistence studies (41/43 peer-reviewed)

Dozens of peer-reviewed studies confirm that "vaccine" mRNA and the resulting spike protein antigen persist in the tissues of human vaccine recipients and animal test subjects far longer than claimed by public health officials (up to eight weeks in the case of mRNA (Hölggen K et al.) and up to 17 months for spike protein (Cota N et al.)).

IV. Lipid nanoparticle toxicity and allergenicity studies (92/92 peer-reviewed)

Over 90 peer-reviewed papers show that ionizable lipid nanoparticles (LNPs) used in the experimental mRNA injections are highly inflammatory on their own, including their polyethylene glycol (PEG) component, an established cause of anaphylaxis (an extreme allergic reaction). Research also suggests much higher anaphylaxis rates following "vaccination" than indicated in official figures.

V. COVID-19 "vaccine" immune imprinting library (148/156 peer-reviewed)

Immune imprinting, dubbed "original antigenic sin" by Thomas Francis Jr., occurs when memory B lymphocytes produced in response to an initial viral infection dominate subsequent responses to related viruses. Over 140 peer-reviewed papers suggest that COVID "vaccines" imprint the immune systems of recipients through exposure to the "wild type" spike protein from the original Wuhan strain, shaping their response to subsequent variants in potentially harmful ways.

VI. SARS-CoV2 vaccine and viral variant research library (63/85 peer-reviewed)

In addition to the pathogenicity, distribution, and long persistence of the "vaccine" spike protein, the collection of over 80 peer-reviewed papers suggests that by failing to prevent infection or transmission, the "vaccines" applied strong selective pressure to the fast-mutating SARS-CoV2 virus, quickly giving rise to "vaccine-resistant" variants.

VII. COVID "vaccine" cancer, genotoxicity, and DNA contamination risks (117/122 peer-reviewed)

Scientific evidence suggests that the mRNA "vaccines" as well as the adenoviral vector shots (J&J, Astrazeneca) and various inactivated "vaccines" (CoronaVac) can damage DNA and trigger or accelerate the growth of cancers. Research has also revealed contamination of mRNA "vaccines" with residual DNA, a byproduct of the manufacturing process which may be incorporated into cellular DNA during DNA damage repair, permanently altering the human genome.

Unprecedented Persistence of Vaccine mRNA, Plasmid DNA, Spike Protein, and Genomic Dysregulation Over 3.5 Years Post-COVID-19 mRNA Vaccination

Nicolas Hulscher, MPH ^{1*}, Vanessa Schmidt, PhD ², Michael Mörz, MD ³, Claire Rogers, PA-C ¹, Natalia von Ranke, PhD ⁴, Wei Zhang, PhD ⁴, John A. Catanzaro ND, PhD ⁴, Peter A. McCullough MD, MPH ¹

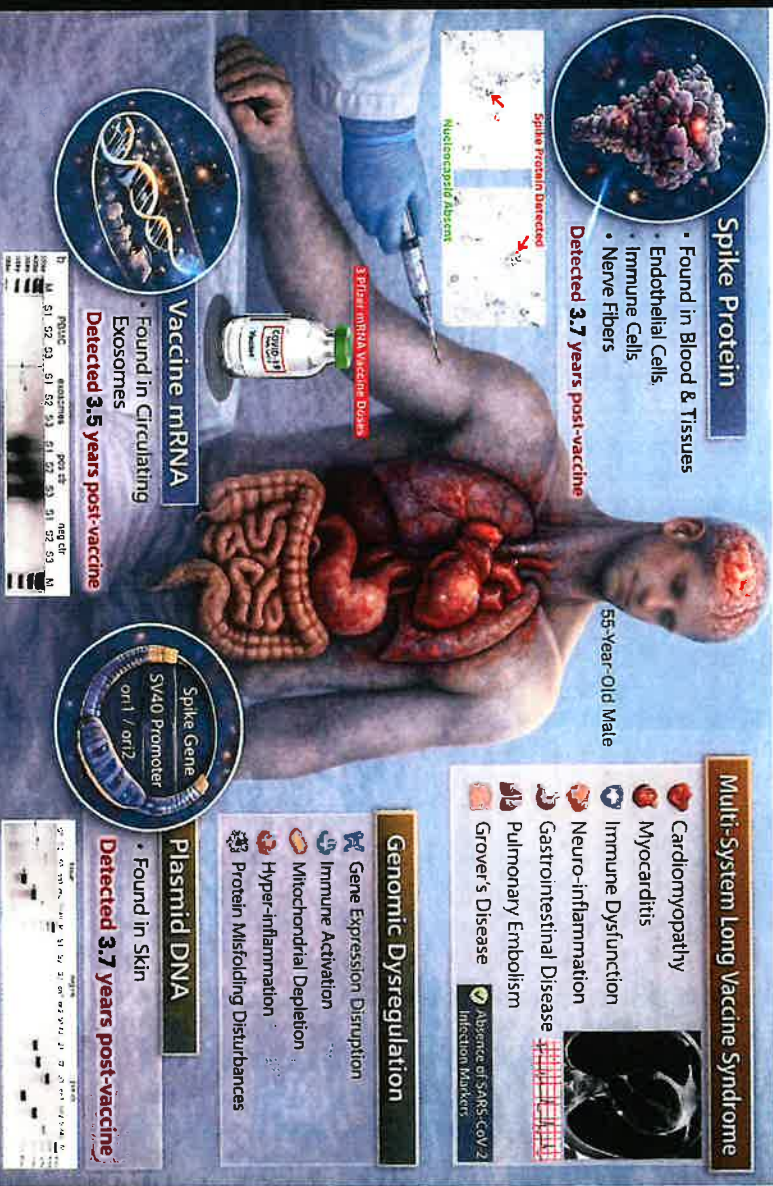


Figure 7. Integrated Molecular Persistence and Multi-System Clinical Findings 3.7 Years After COVID-19 mRNA Vaccination.

Vaccine mRNA, Plasmid DNA, and Spike Protein Can Persist in Humans More Than 3.5 Years After COVID-19 Vaccination - confirmed across multiple laboratories, biospecimens, and time points using diverse analytical methods.

Severe Reproductive Damage: In animal models, mRNA injections destroy >60% of women's finite egg supply (primordial follicles).



vaccines



Article
Impact of mRNA and Inactivated COVID-19 Vaccines on Ovarian Reserve

Emes Karanman ^{1,*}, Adem Yavuz ², Erol Karakas ³, Esra Balcioglu ⁴, Busra Karaca ⁵, Hande Nur Doganay ⁵, Koray Gorkem Seclil ⁷ and Oshan Yildiz ⁸

COVID-19 mRNA VACCINE DESTROYS PRIMORDIAL FOLLICLES

% REDUCTION
>60%

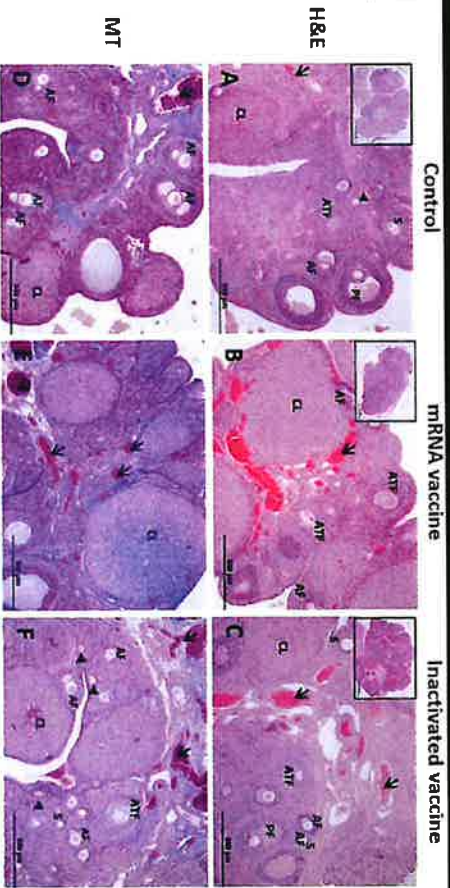
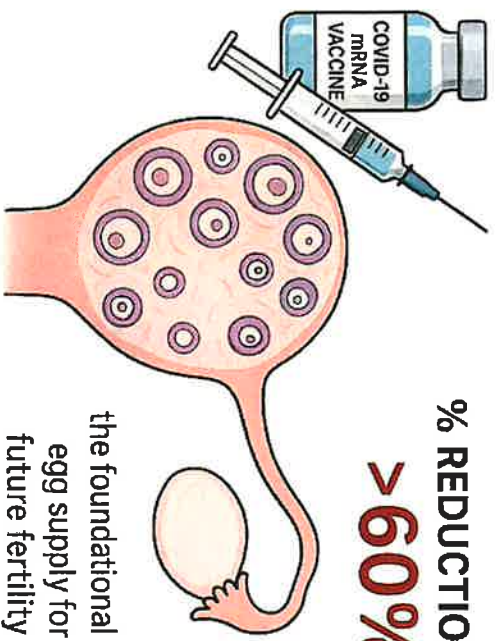


Figure 1. Ovarian images of the control, mRNA vaccine, and inactivated vaccine groups after Hematoxylin and Eosin (H&E; A–C), and Masson's Trichrome stainings (MT; D–F), and Masson's Trichrome (MT; G–I). ATF, antral follicle; S, secondary follicle; Arrow, blood vessel; Arrowhead; primary follicle. Scale bars: 500 μ m.



Figure 2. Immunohistochemical staining of TGF- β 1 in ovarian sections from the control (A), mRNA vaccine (B), and inactivated vaccine (C) groups. Arrows: immunopositive cells. Scale bars: 100 μ m.

In human data (n=1.3M), COVID-19 vaccinated women have ~33% less successful conception rates compared to unvaccinated women.

International Journal of Risk & Safety in Medicine
December 2023, Vol 6, Issue 4
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<http://dx.doi.org/10.17795/ijrsm.v6i4.15338>

Sage Journals



Brief Report

Rates of successful conceptions according to COVID-19 vaccination status: Data from the Czech Republic

Vibeke Manniche¹, Tomáš Fůrta², Miroslav Schmelzing³, Jonathan D. Gilthorpe⁴, and Peter Riss Hansen^{5,6}

Successful conception rates were 33% LOWER for vaccinated women in 2022

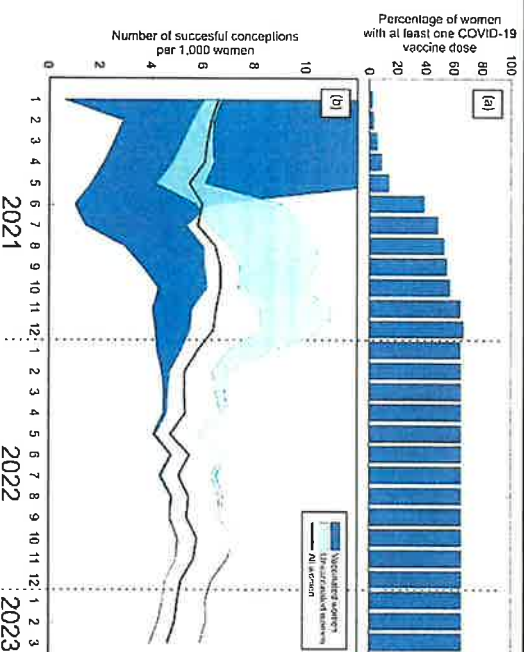


Figure 1. (a) Histogram showing the percentage of women in the Czech Republic aged 18–39 years who were vaccinated with at least one dose of a COVID-19 vaccine by the end of the respective month (January–December = 1–12 on the abscissa). (b) Estimates of the number of successful conceptions (SCs) per 1000 women aged 18–39 years according to preconception COVID-19 vaccination status, and SC rates for all these women, respectively. The blue-shaded areas in Figure 1(b) show the intervals between the lower and upper bounds for estimates of actual SC rates for women vaccinated (dark blue) and unvaccinated (light blue) before SC. The large initial divergence between the lower and upper bounds for estimated SC rates for vaccinated women was due to the small sample size, as indicated in Figure 1(a).

Conclusion

We conclude that at least from June 2021, SC rates in the Czech Republic for women vaccinated against COVID-19 before SC were substantially lower than for those who were unvaccinated before SC. These hypothesis-generating and preliminary results call for further studies of the influence of COVID-19 vaccination on human fecundability and fertility.

Two Recent VAERS Studies Indicate COVID-19 Vaccines Are Highly Neurotoxic — CDC/FDA Safety Signals Breached for 146 Serious Brain, Spinal Cord, and Psychiatric Adverse Events

International Journal of Research in Medical Sciences
 Cosgrove K et al. *Int J Res Med Sci*. 2023 Dec;3(2):xxx-xxx
www.ijrms.com

pISSN 2320-6071 | eISSN 2320-6012

DOI: <https://dx.doi.org/10.18203/2320-6012.ijrms20233733>

Original Research Article

COVID-19 mRNA vaccination: implications for the central nervous system

Kirstin Cosgrove^{1,3*}, James A. Thorp^{1,4}, Claire Rogers³, Steven Hatfill⁵,
 Nicolas Hubscher⁶, Peter A. McCullough⁷

COVID-19 Vaccine-Induced Disruption of Blood Brain Barrier

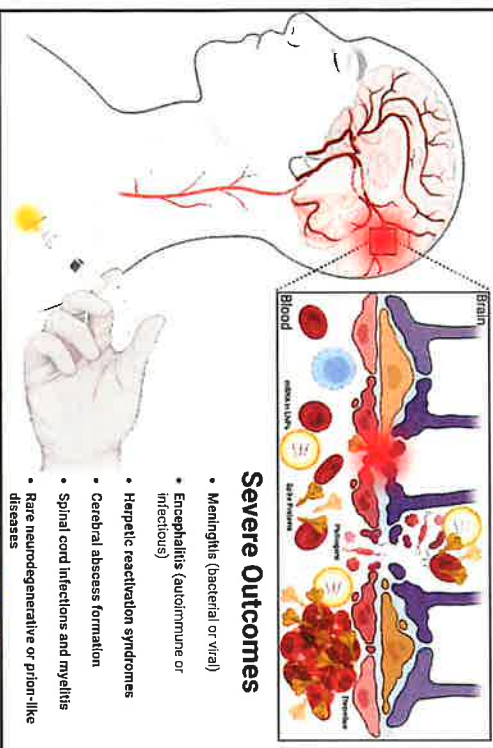


Figure 1: COVID-19 vaccine-induced disruption of the blood-brain barrier and pathogenic outcomes. *Illustration of the proposed mechanism by which mRNA vaccine lipid nanoparticles (LNPs) and spike proteins contribute to disruption of the BBB. Once BBB integrity is compromised, pathogens, vaccine components and inflammatory mediators can enter the CNS, leading to vascular inflammation, thrombus formation, and secondary infections. Severe outcomes include bacterial or viral meningitis, autoimmune or infectious encephalitis, hepatic reactivation syndromes, cerebral abscess formation, spinal cord infections and myelitis, and rare neurodegenerative/prion-like conditions. Created with BioRender.com

International Journal of Innovative Research in Medical Science (IJIRMS)
 Volume 10, Issue 06, June 2025.
<https://doi.org/10.23958/ijrms.vol10-iss6-2090>

Original Article

Association Between COVID-19 Vaccination and Neuropsychiatric Conditions

James A Thorp, MD ¹, Claire Rogers, MSPAS, PA-C ², Kirstin Cosgrove, CCRA ³, Steven Hatfill, MD MEd ⁴, Peter Berggin, MD ⁵, Drew Plinsky, MD ⁶, Peter A McCullough, MD, MPH ⁷

PEER-REVIEWED STUDY FINDS mRNA "VACCINES" LINKED TO 86 SERIOUS NEUROPSYCHIATRIC DISORDERS

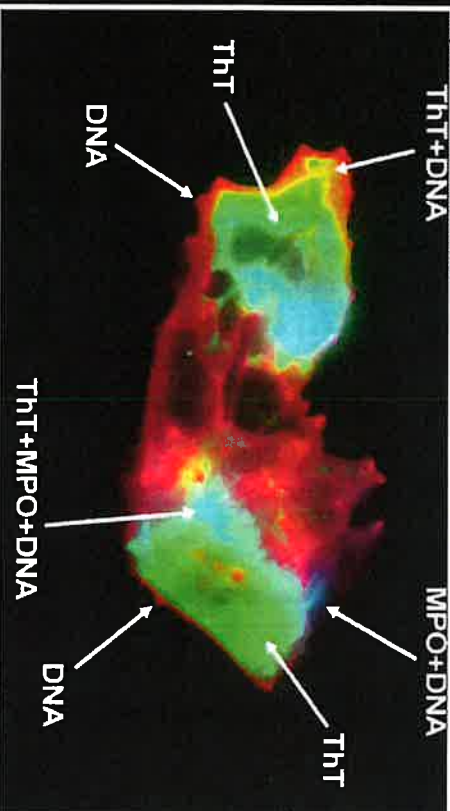
HOMICIDAL IDEATION 25x MORE LIKELY	SUICIDAL THOUGHTS 150x MORE LIKELY	SCHIZOPHRENIA 315x MORE LIKELY	BRAIN CLOTS 3,000x MORE LIKELY
DEPRESSION 530x MORE LIKELY	VIOLENT BEHAVIOR 80 MORE LIKELY	COGNITIVE DECLINE 115 MORE LIKELY	DELUSIONS 50x MORE LIKELY

Anomalous Amyloid Microclots Found in 100% of the COVID-19 Vaccinated Patients Tested (n=83)

JOURNAL OF
MEDICAL VIROLOGY

Circulating Microclots Are Structurally Associated With Neutrophil Extracellular Traps and Their Amounts Are Elevated in Long COVID Patients

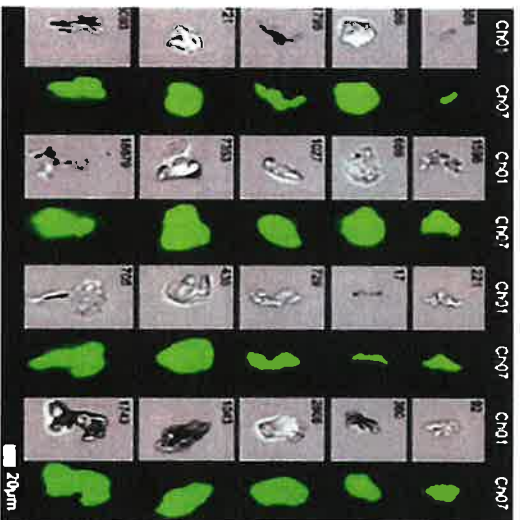
Alain R. Thierry^{1,2} | Tom Usher³ | Cynthia Sanchez¹ | Simone Turner¹ | Charrelle Vanter¹ | Brice Pastor¹ | Maxime Waters³ | Anel Thompson³ | Alevia Mirandah¹ | Ekaterina Pistrsev⁴ | Corinne Prevostel¹ | Ger J. Laubacher² | Douglas B. Kell^{1,5,6} | Bihemata Proctor^{1,5,6}



94% of ALL study participants were vaccinated.

Vaccination status of participants before blood collection	
SA healthy individuals (HI, SA) (n = 14)	14 Vaccinated
French healthy individuals (HI, EFS) (n = 24)	24 Vaccinated
Long COVID patients (LC) (n = 50)	45 Vaccinated; 4 Unvaccinated; 1 Unknown

B Long COVID microclots



Size Range	Healthy individuals (SA and EFS) (n=38)	Number of individuals with one or more microclots	Long COVID patients (LC) (n=50)
0-100 µm ²	37 (97.3%)	50 (100%)	
100-400 µm ²	38 (100%)	50 (100%)	
400-900 µm ²	37 (97.3%)	50 (100%)	
900-1600 µm ²	26 (68.4%)	48 (96%)	
>1600 µm ²	5 (13.1%)	30 (60%)	

Table S11: Number of individuals with one or more HFAP (microclots) in Long COVID (LC) patients and healthy individuals.
100% of vaccinated persons had amyloid microclots.

Post-mortem analyses of 325 peer-reviewed autopsy reports indicate a high likelihood of a causal link between COVID-19 vaccination and death involving multiple organ systems. We found that 73.9% of deaths after vaccination were caused or contributed to by the shot. Most deaths occurred within a week of vaccination. Multi-organ failure, sudden cardiac arrest, myocarditis, pulmonary embolism, and stroke were among the top

SCIENCE, PUBLIC HEALTH POLICY AND THE LAW

A Systematic Review Of Autopsy Findings In Deaths After COVID-19 Vaccination

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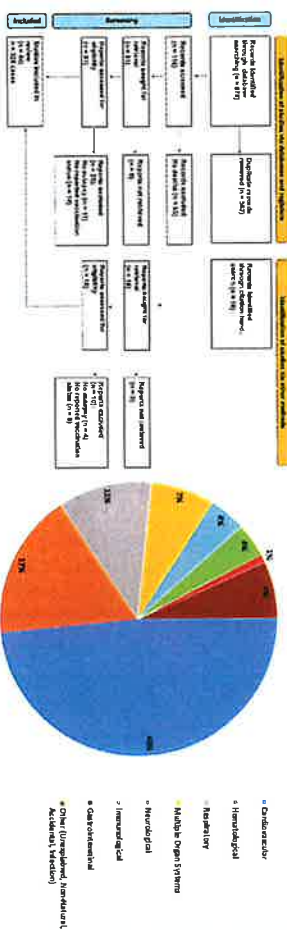


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram Detailing the Study Selection Process

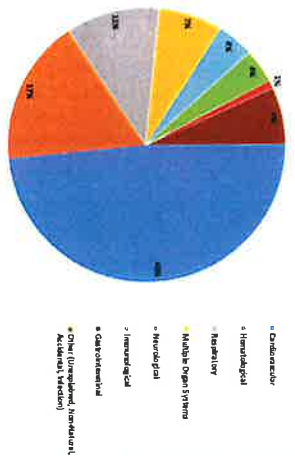


Figure 2. Proportion of Cases by Affected Organ System

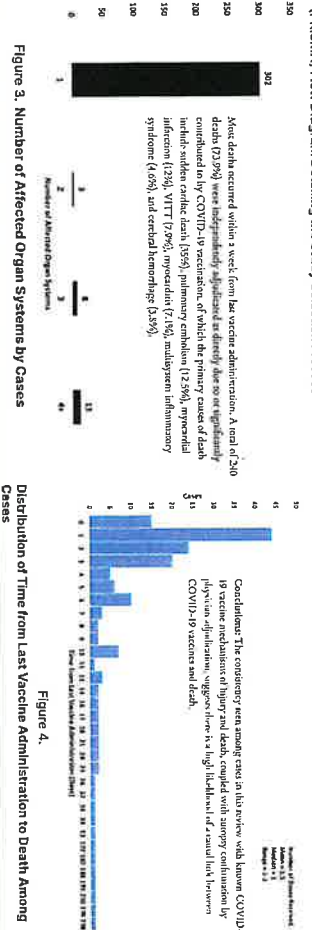


Figure 3. Number of Affected Organ Systems by Cases

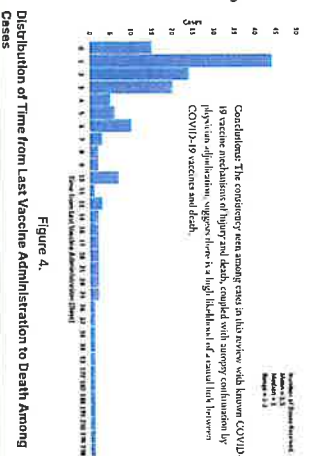


Figure 4. Distribution of Time from Last Vaccine Administration to Death Among Cases

ESC Heart Failure

Autopsy findings in cases of fatal COVID-19 vaccine-induced myocarditis

Nicolaas Huijscher, Roger Hodgkinson, William Makis, Peter A. McCullough

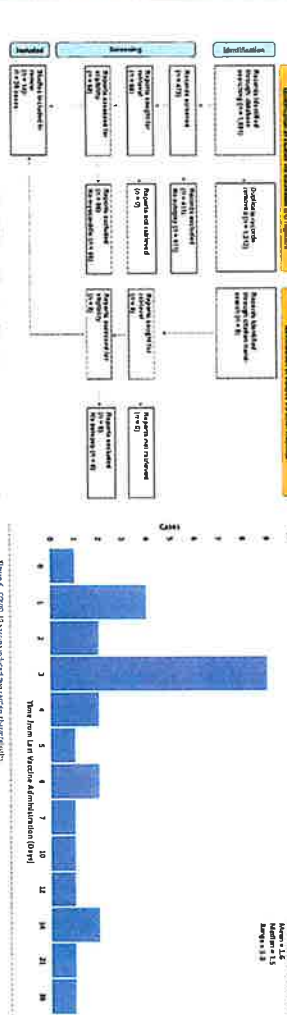


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram Detailing the Study Selection Process

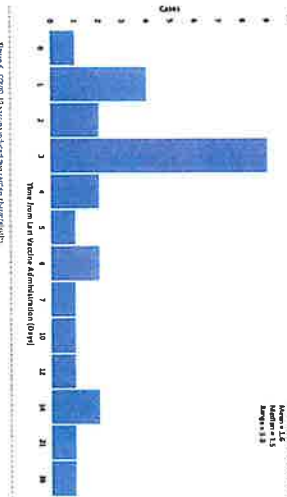


Figure 2. Proportion of Cases by Affected Organ System

Figure 4 Findings of fatal COVID-19 vaccine-induced myocarditis. Representative photomicrographs showing myocardial injury in Patient 5 and Patient 10. Scale bars: 20 μm. Figure and legend adapted from Huijscher et al. "Myocarditis and fatal COVID-19 vaccine-induced myocarditis: A case report." *ESC Heart Failure*. 2021;8(4):e002103. doi:10.1002/ehf2.13103

(A) Patient 5
Myocarditis
DCM

(B) Patient 10
Myocarditis
DCM

(C) Patient 13
Myocarditis
DCM

(D) Post-mortem
autopsy case

COVID-19 VACCINE-INDUCED MYOCARDITIS

MRNA "VACCINE" → MYOCARDITIS → OUTCOMES

SYMPTOMS: Chest pain, shortness of breath, fatigue, dizziness, palpitations, syncope, arrhythmias, sudden cardiac death.

RISK FACTORS: Pre-existing cardiovascular disease, family history of sudden cardiac death, genetic predisposition.

DIAGNOSIS: ECG changes (ST-T wave abnormalities), troponin/BNP elevation, echocardiography, cardiac MRI, histopathology.

DETECTION: If detected: prompt medical attention, cardiac rehabilitation, implantation of ICD.

IF UNDETECTED: Sudden cardiac death, arrhythmias, collapse.

ARRHYTHMIAS: Atrial fibrillation, ventricular tachycardia, ventricular fibrillation.

COLLAPSE: Sudden adult death syndrome.

Excess Mortality

Along with VAERS, 32 studies indicate that mass COVID-19 vaccination has led to increased mortality.

The total number of COVID-19 vaccine deaths worldwide may be greater than 17 million (Rancourt et al.)

Study/Data Source	Key Finding
Vaccine Adverse Event Reporting System (VAERS) [7]	By September 6, 2024, the CDC has recorded 19,028 American COVID-19 vaccine deaths reported to them by healthcare professionals or pharmaceutical companies who believe the product is related to the death. The deaths reported in VAERS are estimated to be underreported by a conservative multiplier of 31 [5]. This means the American death toll from COVID-19 vaccination may be 589,868 (19,028 x 31).
Hulscher et al. [9]	Demonstrated a high likelihood of a causal link between COVID-19 vaccines and death and estimated that 73.9% of deaths after vaccination are directly caused or significantly contributed to by COVID-19 vaccination.
Rancourt et al. [10]	Estimated 17 million COVID-19 vaccine-related deaths worldwide by September 2023.
Mostert et al. [11]	Reported 3.1 million excess deaths potentially attributed to COVID-19 vaccination and lockdowns across 47 Western countries from 2020 to 2022.
Skidmore [12]	Estimated 278,000 Americans may have died from COVID-19 vaccines by December 2021.
Pantazatos and Seligmann [13]	Projected between 146,000 to 187,000 vaccine-associated deaths in the United States by August 2021.
Hulscher et al. [14]	Estimated 49,240 excess cardiac arrest deaths in the U.S. between 2021 and 2023, potentially linked to COVID-19 vaccination.
Aarstad and Kvitstein [15]	Found a significant association between higher vaccine uptake and increased all-cause mortality.
Alessandria et al. [16]	Revealed higher all-cause mortality risks for those vaccinated with one or two doses compared to unvaccinated individuals, with two doses leading to a 37% reduction in life expectancy during follow-up.
Lataster [17]	Demonstrated a consistent positive correlation between COVID-19 vaccination rates and excess mortality for every month analyzed.
Allen [18]	Uncovered a significant correlation between Australian excess deaths and COVID-19 booster injections, whereas no significant correlation was observed with the unvaccinated population.
Kuhbandner and Reitzner [19]	Observed a significant positive correlation between COVID-19 vaccination rates and the rise in excess mortality during the second and third pandemic years in Germany, with this correlation becoming particularly pronounced in the third year [19].
Rodrigues and Andrade [20]	Found that COVID-19 vaccination nearly doubles the risk of death from all causes after one-year post-COVID infection.

Table 1. COVID-19 Vaccine Excess Mortality.

ESTIMATED U.S. mRNA VACCINE DEATH TOLL: 470,000–840,000

1. **CDC Mortality Data:** Using CDC WONDER excess non-COVID natural-cause mortality, adjusted for baseline trends and the pull-forward effect, there's an estimated ~840,000 U.S. mRNA-associated deaths since mass rollout in 2021.

2. **Florida Department of Health Study:** A cohort study (n = 1.47M) found 36% higher non-COVID all-cause mortality in Pfizer vs. Moderna recipients. Extrapolated nationally (~150M Pfizer recipients x baseline mortality), this yields ~470,000 excess U.S. deaths from Pfizer alone.

3. **VAERS-Adjusted Mortality Estimate:** CDC VAERS reports 19,355 U.S. vaccine deaths. Applying a conservative 31x under-reporting factor → ~600,000 U.S. vaccine deaths.



MIT/FL SURGEON GENERAL STUDY INDICATES Pfizer mRNA SHOTS ALONE Likely KILLED Over 470,000 Americans.

They found a 36% increase in all-cause mortality among Pfizer recipients vs. Moderna.

~250M Americans took at least 1 COVID shot
60% got Pfizer → 150M people

U.S. baseline death rate ≈ 0.87% per year
Expected deaths: 150M x 0.0087 = 1.305M

Now apply the 36% mortality increase:

1.305M x 0.36 = ~470,000

excess deaths -- from Pfizer alone
That's 1 death per ~636 doses.



COVID-19 VACCINE DEATHS



VAERS U.S. DEATH REPORTS: 19,355

CONSERVATIVE UNDER-REPORTING FACTOR (URF): 19,355 x 31 = 600,005

U.S. COVID-19 'VACCINE' DEATHS

Historical Comparisons - FDA Class I Recall Indicated

The total number of COVID-19 vaccine deaths reported to VAERS (37,544 among all participating countries) have far exceeded the recall limits of past vaccine withdrawals by up to 375,340%.

In 1955, the Cutter polio vaccine was immediately recalled after 10 death reports.

The swine flu vaccine of 1976 was recalled after 53 reported fatalities.

In 1999, the Rotashield vaccine was suspended after 15 cases of bowel obstruction.

In 2025, the Valneva Chikungunya vaccine was suspended after 3 reported deaths.

The criteria for an FDA Class I recall, which applies to products with a reasonable probability of causing serious adverse health consequences or death, have been far exceeded.

Reported Deaths for Major Drug/Vaccine Recalls

(Data Obtained from VAERS and FAERS)

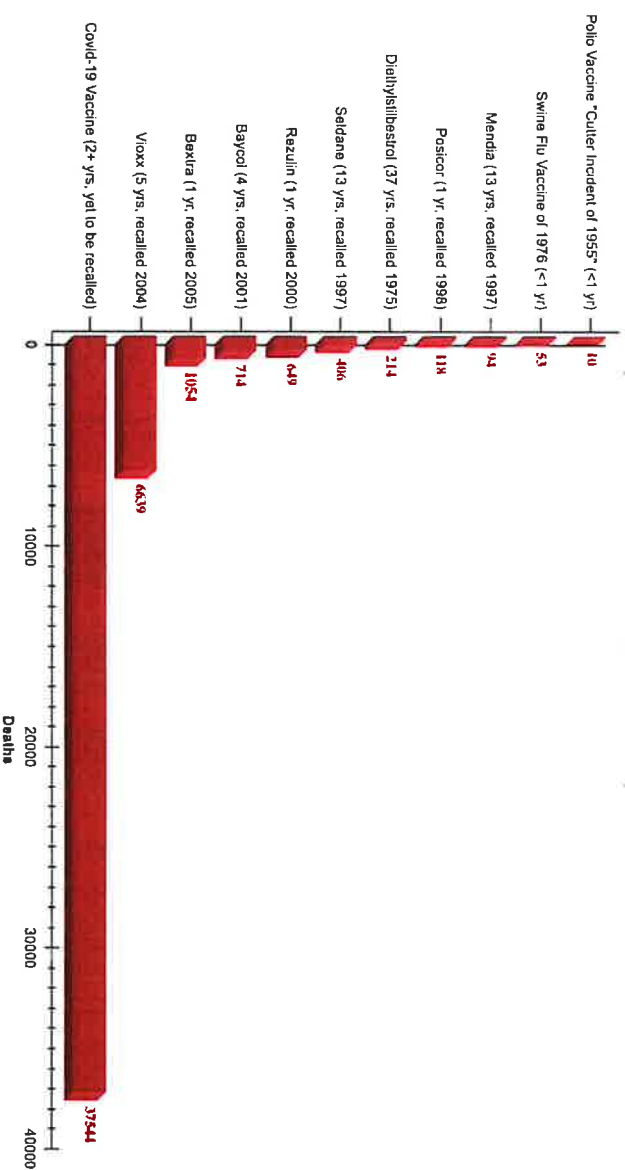


Figure 2. Reported Deaths for Major Drug/Vaccine Recalls Versus Total COVID-19 Vaccine Deaths Reported to VAERS. *Figure reprinted from Rhodes and Parry [25], who obtained permission from VAERS Analysis to use their figure [26]. Permission to use this figure has been granted in accordance with the open access Creative Commons CC BY-NC 4.0 license.

Negative Efficacy

9 studies have shown that COVID-19 vaccination increases the risk of SARS-CoV-2 infection and/or other infections.

Annals of Internal Medicine
Effectiveness of the 2023-to-2024 XBB.1.5 COVID-19 Vaccine
Over Long-Term Follow-up: A Test-Retest Evaluation
Abstract
Background: The effectiveness of the 2023-to-2024 XBB.1.5 COVID-19 vaccine against SARS-CoV-2 infection and other respiratory viruses remains unclear.
Objective: To evaluate the effectiveness of the 2023-to-2024 XBB.1.5 COVID-19 vaccine against SARS-CoV-2 infection and other respiratory viruses over a long-term follow-up period.
Design: Test-retest evaluation.
Setting: United States, September 2023–April 2023.
Participants: 1,000 participants aged 18 years or older who received the 2023-to-2024 XBB.1.5 COVID-19 vaccine.
Measurements and Main Results: The effectiveness of the 2023-to-2024 XBB.1.5 COVID-19 vaccine against SARS-CoV-2 infection was 85% (95% CI, 78–91) over the long-term follow-up period. The effectiveness of the 2023-to-2024 XBB.1.5 COVID-19 vaccine against other respiratory viruses was 17% (95% CI, 10–24) over the long-term follow-up period.
Conclusions: The 2023-to-2024 XBB.1.5 COVID-19 vaccine is highly effective against SARS-CoV-2 infection but has limited effectiveness against other respiratory viruses over a long-term follow-up period.
Keywords: COVID-19 vaccine, effectiveness, SARS-CoV-2 infection, respiratory viruses.

Pediatric Infectious Diseases Society
Effectiveness of COVID-19 Vaccination and Prior Infection in Children and Adolescents in the United States, September 2023–April 2023
Abstract
Background: The effectiveness of COVID-19 vaccination and prior infection in children and adolescents remains unclear.
Objective: To evaluate the effectiveness of COVID-19 vaccination and prior infection in children and adolescents in the United States.
Design: Cohort study.
Setting: United States, September 2023–April 2023.
Participants: 1,000 children and adolescents aged 5–17 years who received the COVID-19 vaccine or had a prior infection.
Measurements and Main Results: The effectiveness of COVID-19 vaccination in children and adolescents was 85% (95% CI, 78–91) over the study period. The effectiveness of prior infection in children and adolescents was 17% (95% CI, 10–24) over the study period.
Conclusions: COVID-19 vaccination and prior infection are highly effective in children and adolescents against SARS-CoV-2 infection but have limited effectiveness against other respiratory viruses.
Keywords: COVID-19 vaccine, effectiveness, children, adolescents, SARS-CoV-2 infection, respiratory viruses.

Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine
Abstract
Background: The effectiveness of the COVID-19 bivalent vaccine remains unclear.
Objective: To evaluate the effectiveness of the COVID-19 bivalent vaccine against SARS-CoV-2 infection and other respiratory viruses.
Design: Cohort study.
Setting: United States, September 2023–April 2023.
Participants: 1,000 participants aged 18 years or older who received the COVID-19 bivalent vaccine.
Measurements and Main Results: The effectiveness of the COVID-19 bivalent vaccine against SARS-CoV-2 infection was 85% (95% CI, 78–91) over the study period. The effectiveness of the COVID-19 bivalent vaccine against other respiratory viruses was 17% (95% CI, 10–24) over the study period.
Conclusions: The COVID-19 bivalent vaccine is highly effective against SARS-CoV-2 infection but has limited effectiveness against other respiratory viruses.
Keywords: COVID-19 vaccine, effectiveness, SARS-CoV-2 infection, respiratory viruses.

Division of Health Systems Research and Analysis
COVID-19 Vaccine Effectiveness in Children and Adolescents
Abstract
Background: The effectiveness of COVID-19 vaccination in children and adolescents remains unclear.
Objective: To evaluate the effectiveness of COVID-19 vaccination in children and adolescents.
Design: Cohort study.
Setting: United States, September 2023–April 2023.
Participants: 1,000 children and adolescents aged 5–17 years who received the COVID-19 vaccine.
Measurements and Main Results: The effectiveness of COVID-19 vaccination in children and adolescents was 85% (95% CI, 78–91) over the study period.
Conclusions: COVID-19 vaccination is highly effective in children and adolescents against SARS-CoV-2 infection.
Keywords: COVID-19 vaccine, effectiveness, children, adolescents, SARS-CoV-2 infection.

1. Song et al – A nationwide cohort (51.6 million people) found a strong dose-dependent increase in respiratory infections after COVID-19 vaccination, with children showing up to a 559% higher risk of the common cold and significant rises in URIs.
2. Dorr et al - Study of 1,745 healthcare workers finds mRNA boosters raise risk of influenza-like illness (flu, COVID, other viruses) by up to 70% and increase workdays lost by 50%.
3. Shrestha et al (Cleveland Clinic) – The risk of COVID-19 increased with the number of vaccine doses received. Individuals with one prior dose had a 107% higher risk (HR = 2.07, 95% CI: 1.70–2.52), while those with more than three doses faced a 253% higher risk (HR = 3.53, 95% CI: 2.97–4.20).
4. Feldstein et al (CDC) – Children vaccinated with Pfizer-BioNTech without prior SARS-CoV-2 infection were 159% more likely to get infected (HR = 2.59, 95% CI: 1.27–5.28) and 257% more likely to develop symptomatic COVID-19 (HR = 3.57, 95% CI: 1.10–11.63) compared to unvaccinated children without prior infection.
5. Perez et al - More mRNA doses → more IgG4 (↑11x) → higher risk of infection (↑1.8x).
6. Ioannou et al – Vaccine effectiveness (VE) against documented SARS-CoV-2 infection was -3.26% (95% CI, -6.78% to -0.22%), meaning vaccinated individuals had a statistically significant higher infection rate than the unvaccinated control group.
7. Nakatani et al – Vaccinated individuals had an 85% increased odds of infection compared to the unvaccinated (OR = 1.85, 95% CI: 1.33–2.57).
8. Eythorsson et al – Those who received two or more doses had a 42% higher risk of reinfection than those with one dose or less (95% CI: 1.13–1.78).
9. Chemaitelly et al – The effectiveness of Pfizer-BioNTech (BNT162b2) against symptomatic BA.1 and BA.2 Omicron infections dropped from 46.6% and 51.7% (1–3 months post-dose) to -17.8% and -12.1% (≥7 months). Moderna (mRNA-1273) declined from 71.0% and 35.9% to -10.2% and -20.4% over the same period.

DNA Contamination

>10 reports have found DNA contamination in COVID-19 vaccines, documented across multiple manufacturers, vaccine platforms, and geographic regions, with levels exceeding regulatory thresholds by up to **65,500%**.

The discovery of large amounts of residual plasmid DNA, including Spike-coding sequences and the SV40 promoter/enhancer, in COVID-19 vaccine vials raises serious concerns about potential genome integration, prolonged Spike protein expression, and carcinogenicity.

Researcher	Affiliation, Country	Pharma Company, # of Vials	First reported	Methods	DNA/dose (limit 10ng)	DNA/RNA ratio (pmc/15030)	Concerns	Publication
McKernan, K.	Medical Genomics, US	Pfizer, Moderna	2023-02	Electroforeoresis (Agilent) Fluorometer (Quibit)	2250ng – 2300ng [1] 312ng – 843ng [1]	1/8 – 1/2 1/47 – 1/8	Adverse event, Gene integration	Reported to FDA, Presented at FDA, Presented at WCH, Reported by Epochimes
		Pfizer, Moderna, Daiichi-Sankyo (Japan)	2023-04	qPCR Fluorometer (Quibit) qPCR	12ng 17.5 – 61.1ng (after Tm)X(RNAseA) 88.6ng (Pfizer)	1/151 – 1/43		Found gene integration in C6363 cancer cells transfected by McKernan Found SV40 in tumors
Niwa, T.	Toyo University, Japan	Moderna	2023-03	qPCR qPCR qPCR	0.6ng – 18.7ng 7.7ng (SV40, Pfizer) 4.5 – 5.9ng (Neoclon, Pfizer) 1.5 – 3.0ng (ORF1, Pfizer) 2.5 – 18.7ng (Spike, Pfizer) 0.002 – 0.004ng (ORF1, Moderna 2023)	1/1,000,000	No problem	No publication
Buchwaldt, P. J.	University of South Carolina, US	Pfizer 2020, Pfizer 2023, Moderna 2020, Moderna 2023	2024-04	qPCR			Adverse events, Gene integration	Presented in South Carolina Senate Presented gene integration to normal human epithelial stem cells
Köna, B. Kötcher, J. D.	MMD, Germany Ind. Researcher, Germany	Pfizer, Moderna	2023-03	Fluorometer (Quibit)	3600ng – 5340ng	1/12 – 1/7	Adverse events, Gene integration	Reported to the German Ministry of Health Handled by local public health/counseling MHPI peer-reviewed paper
Speicher, D. J.	University of Guelph, Canada	Pfizer, Moderna	2023-10	Fluorometer (Quibit)	1896ng – 5100ng		Adverse events, Gene integration	Presented at WCH Automatically peer-reviewed paper
McKernan, K.	Medical Genomics, US	Pfizer, Moderna	2023-04	qPCR Fluorometer (Quibit)	0.22ng – 2.43ng (Spike) 0.01ng – 4.27ng (ORF1) 451ng – 1420ng (after RNAseA/DNAseI)		Adverse events, Gene integration	Reported to Therapeutic Goods Administration (TGA) Under inspection
Speicher, D. J.	University of Guelph, Canada	Pfizer (Ireland, incl. XBB 1.5 and JN.1)	2023-03	qPCR	6.46ng – 183.68ng (Spike) 0.54ng – 12.97ng (ORF1) 3.77ng – 14.65ng (SV40, Pfizer) 46.16 – 86.76ng (Spike) 5.59 – 37.77ng (ORF1) 9.13 – 62.15ng (SV40)		Gene integration	Substack
Reault, D.	Aix-Marseille Univ (Former Pfizer), France	Pfizer	2024-11	Fluorometer (Quibit)	216ng (Avg) 5160ng (Avg, after Tm)X-100)		Gene integration	Preprint
Kämmerer, U.	Ullevi Hospital of Witzshup, Germany	Pfizer	2024-12	Fluorometer (Quibit)	2712 – 3659ng (after Tm)X-100) 32.71 – 42.06ng (after Tm)X-100(RNAseA)		Adverse events, Gene integration	Peer-reviewed paper of Science, public health policy, and the law Translation to HEK293 cells
Wang, T. J. Kim, A. Kim, K. (FDA scientists (independent team))	Centinile High School, US (enrolled at FDA White Oak Campus)	Pfizer	2024-12	Fluorometer (Quibit)	41.4 – 109.5ng (extracted by Monarch Plasmid DNA Miniprep, which includes RNaseA)		Gene integration	Peer-reviewed paper of Journal of High School Science
Pelova, S.	TELA LABORATORIES s.r.o., Czech	Pfizer, Moderna	2023-03	qPCR	10 million – 1 billion copies/ml		Gene integration, Tumorigenesis	An announcement by a Slovak government investigator (member of parliament)
Speicher, D. J. Kose, J. McKernan, K.	University of Guelph, Canada Ind. Researcher, Canada Medical Genomics, US	Pfizer, Moderna (Canada)	2023-08	Fluorometer (Quibit) qPCR	371ng – 620ng (after RNaseA/DNAseI) 0.22ng – 2.43ng (Spike) 0.29ng – 7.26ng (ORF1) 0.25ng – 23.27ng (SV40, Pfizer)		Adverse events, Gene integration	Peer-reviewed paper of Autoimmunity revised from Speicher's 2023-10 preprint

[1] Multiplied the value by 300 for u
[2] From the description of DNA 4x106 to rRNA 400ng, the calculation for Moderna 1-dose as mRNA 100ng

Verifications of mRNA Vaccine DNA Contamination Worldwide (as of 2025-09-20)

Synthetic messenger RNA vaccines and transcriptomic dysregulation: Evidence from new-onset adverse events and cancers post-vaccination

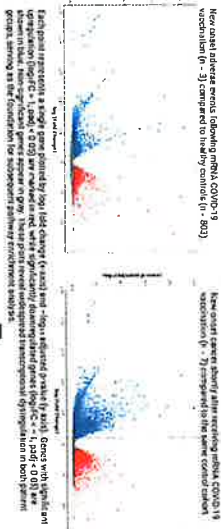
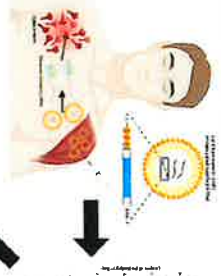
Natalia Lidmar Von Ranke, Wei Zhang, Philipp Anokhin, Nicolas Huischer, Kevin McKernan, Peter McCullough, John Catanzaro

Published online Dec 20, 2025. doi: 10.55993/wjcm.v15.i14.413889

Transcriptomic Alterations Following mRNA Vaccination

mRNA Vaccination

Differential Gene Expression Analysis



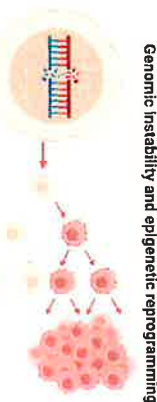
Each panel represents the top 100 genes identified by DESeq2 with adjusted p-values < 0.05. Genes with significant upregulation (log2 fold change > 1.5, padj < 0.05) are indicated in red, while genes with significant downregulation are indicated in blue. Genes in bold, non-significant genes appear in grey. Heatmap genes were subjected to transcriptomic dysregulation in both panels. Genes showing in the font color for independent pathway enrichment analysis.

New-Onset Adverse Events



- Gene
- Transcription
- Mitochondrion
- ROS
- Mitochondrial dysfunction
- Proenzyme-mediated stress
- Transcriptional instability
- Systemic inflammation

New-Onset Cancer



- Genomic instability and epigenetic reprogramming
- Nonsense-mediated decay (NMD)
- Ribosomal stress
- MYC activation
- Elevated immune signaling via TLRs and type I interferons

Figure 4 Transcriptomic alterations following messenger RNA vaccination.

Using high-resolution RNA sequencing of blood samples and differential gene expression analysis, we found that COVID-19 mRNA vaccines disrupted the expression of thousands of genes—inducing mitochondrial failure, immune system reprogramming, and cancerous activity that persisted for months to years after injection.

Our peer-reviewed paper documents the first direct evidence that genetic material from a COVID-19 mRNA vaccine may integrate into the human genome.

In a young woman who received three Moderna doses and developed rapidly progressive Stage IV bladder cancer within 12 months, we found a DNA plasmid-derived Spike gene sequence integrated into chromosome 19 with perfect 20/20 base-pair identity, accompanied by widespread genomic dysfunction.

Genomic Integration and Molecular Dysregulation in Aggressive Stage IV Bladder Cancer Following COVID-19 mRNA Vaccination

John A. Catanzaro⁺, Nicolas Hulscher⁺, Peter A. McCullough⁺

Genomic Integration and Molecular Dysregulation in Aggressive Bladder Cancer After mRNA Vaccination

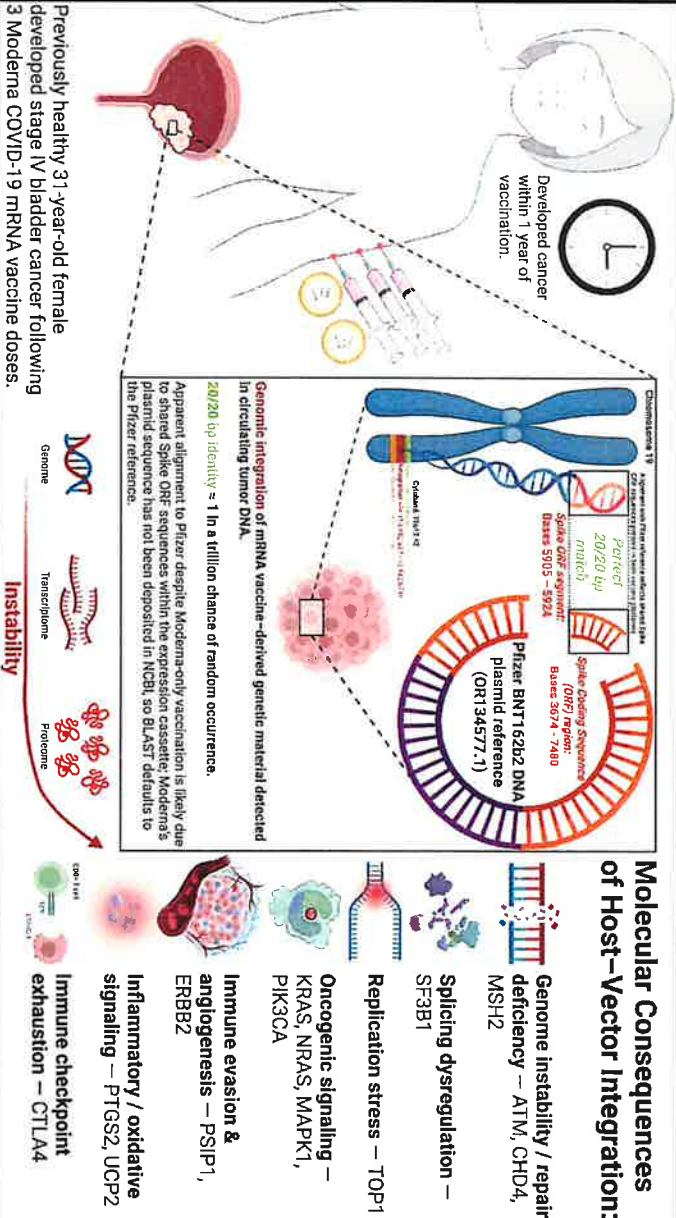


Figure 1. Genomic Integration and Molecular Dysregulation in Aggressive Bladder Cancer After mRNA Vaccination *Created with [Biorender.com](https://www.biorender.com)

A paper by Sano described an 85-year-old breast-cancer survivor who developed spike-expressing metastatic tumors within weeks of her 6th mRNA dose.

Spike Protein, but no nucleocapsid, were found in both the nuclei and cytoplasm of the metastatic breast cancer cells.

LETTER TO THE EDITOR · Articles in Press, October 03, 2025

A case of metastatic breast carcinoma to the skin expressing SARS-CoV-2 spike protein possibly derived from mRNA vaccine

Shigetoshi Sano, MD, PhD

Affiliations & Notes | Article Info



Fig. 1 (A) Clinical manifestation, small ulcer on well-demarcated, indurated erythema in the pigmented chest adjacent to the metastatic site. (B) Histopathology at low magnification (hematoxylin-eosin staining). The epidermal shows hyperkeratosis, acanthosis, where parakeratotic apoptotic cells are present (epidermotropic cancer cell). ECC, short for basaloid, invasive ductal cancer of the IDC, arrowed are in the dermis. Scale bar, 100 µm.



Fig. 2 (A) Immunohistochemical staining of IDC and ECC in metastatic cancer for nucleocapsid and spike protein with anti-SARS-CoV-2 nucleocapsid antibody (GTX36379; Genetex, USA) and anti-spike S1 subunit protein antibody (GTX 133536; Genetex, USA), respectively, followed by HRP-conjugated anti-rabbit IgG antibody, probed with DAB, and counter-stained with hematoxylin. Arrows, metastatic cancer cells expressing spike protein. Scale bar, 50 µm. (B) Primary breast cancer cells are devoid of nucleocapsid or spike protein. H&E, Hematoxylin-eosin staining.

May, 2021
 Jun, 2021
 Feb, 2022
 May, 2022
 Jul, 2022
 Nov, 2022
 Dec, 2022

PG: EW81197J
 PG: F405979Z
 PG: L1058473
 A lump was felt in her right breast
 M: 002838A29
 PG: G1852KA9
 Diagnosed with right breast cancer. Preoperative mastectomy skin incision.

Apr, 2023
 Oct, 2024
 Nov, 2024
 Jan, 2025

PG: LK738146
 Skin lesion reappeared in the right chest.
 Histologically diagnosed as skin metastasis from breast cancer

PG: Prior-3047C2 (English number)
 M: Medicina (English number)

First Population-Wide Study Finds COVID-19 Vaccines Increase Risk of Multiple Cancers. Nearly 300,000 people tracked for 30 months — mRNA vaccines increased risk of any cancer (+23%), breast (+54%), bladder (+62%), breast (+54%), bladder (+62%) and colorectal cancer (+35%)

> EXCLI J. 2025 Jul 1;24:690-707. doi: 10.17179/excli2025-8400. eCollection 2025. **PubMed**

COVID-19 vaccination, all-cause mortality, and hospitalization for cancer: 30-month cohort study in an Italian province

Cecilia Acuti Martellucci ¹, Angelo Capodici ¹, Graziella Soldato ², Matteo Fiore ¹, Enrico Zauli ³, Roberto Carota ², Marco De Benedictis ², Graziano Di Marco ², Rossano Di Luzio ², Maria Elena Flacco ⁴, Lamberto Manzoli ¹



Rationale
Anecdotal reports suggest an association between SARS-CoV-2 vaccination and some cancers, but no formal assessment has been published. This population-wide cohort analysis aimed to evaluate the risk of all-cause death and cancer hospitalization by SARS-CoV-2 immunization status.

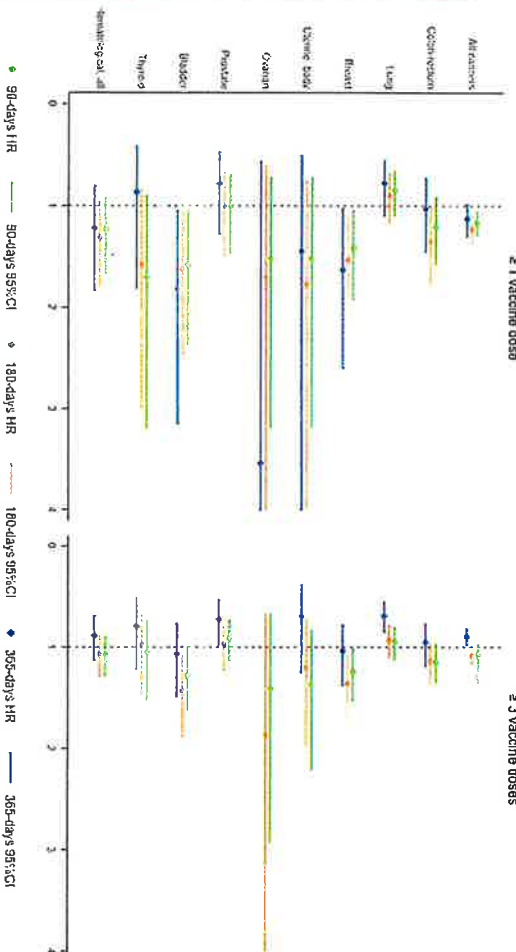


Figure 2: Adjusted hazards ratios (HR) and 95% confidence intervals (CI) ^A of hospitalization for all cancers and selected cancers, by exposure to 1 or 2 vaccine doses ^B and by lag-time. The unvaccinated group is the reference category for all analyses.

Second Population Study Finds COVID-19 "Vaccines" Increase Risk of 6 Major Cancers.

Among 8.4 million adults, after 1 year, the vaccinated faced higher risks of overall (+27%), lung (+53%), prostate (+69%), thyroid (+35%), gastric (+34%), colorectal (+28%), and breast (+20%) cancers — across both mRNA (+20%) and viral-vectored (+47%) platforms

► **BMC** Part of Springer Nature

Correspondence [Open access](#) Published: 26 September 2025

1-year risks of cancers associated with COVID-19 vaccination: a large population-based cohort study in South Korea

Hong Jin Kim, Min-Ho Kim, Myeong Geun Choi & Eun Mi Chun

[Biomarker Research](#) 13, Article number: 114 (2025) | [Cite this article](#)

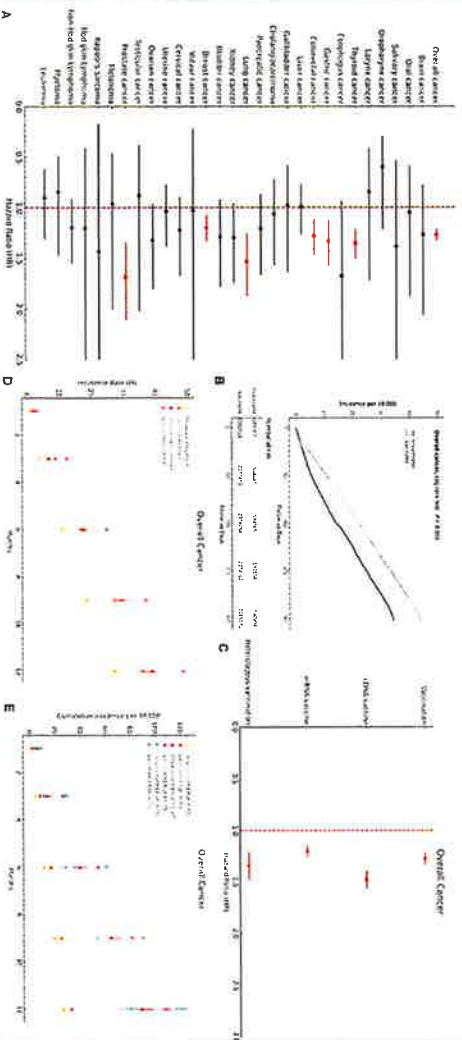


Fig. 1 Risks of cancers associated with COVID-19 vaccines. (A) Hazard ratio of overall and 29 different types of cancers; (B) Cumulative incidences of overall cancers; (C) Hazard ratio of overall cancers according to the vaccine types; (D) Cumulative incidences of overall cancers stratified by sex; (E) Cumulative incidences of overall cancers stratified by age

Overall Cancer
HR 1.27 (1.21–1.33)

Lung
HR 1.53 (+53%)

Prostate
HR 1.69 (+69%)

Thyroid
HR 1.35 (+35%)

Gastric (Stomach)
HR 1.34 (+34%)

Colorectal
HR 1.28 (+28%)

Breast
HR 1.20 (+20%)

mRNA vaccines
Overall cancer HR 1.20 (1.14–1.26)

cDNA vaccines
Overall cancer HR 1.47 (1.39–1.56)

Heterologous
Overall cancer HR 1.34 (1.21–4.8)

COVID-19 VACCINE (Pfizer/BioNTech)
COVID-19 VACCINE (Moderna)

• 1-Year Follow-Up • Propensity-Matched, Adjusted Cox HRs

The two largest COVID-19 vaccine safety studies ever conducted (n=184M) found significantly increased risks of:

Heart Attack (+286%, dose 2)

Stroke (+240%, dose 1)

Brain/Spinal Cord

Inflammation (+278%, dose 1)

Mycocarditis (+510%, dose 2)

Brain Clots (+223%, dose 1)

Coronary Artery Disease

(+244%, dose 2)

Cardiac Arrhythmia (+199%, dose 1)

Guillain-Barré Syndrome (+149%, dose 1)



COVID-19 vaccines and adverse events of special interest: A multinational Global Vaccine Data Network (GVDN) cohort study of 99 million vaccinated individuals

K. Parkson^{1,2}, D. Walsh^{3,4}, Y. Jiang^{5,6}, J. Griffin^{7,8}, A. Phillips^{9,10}, J.C. Kwong^{11,12}, K. MacIntyre^{13,14}, M. Khan^{15,16}, Z. Grange¹⁷, S. Scrobono¹⁸, G. Sepulveda¹⁹, A. Shetty^{20,21}, P. Bullock²², C. Sullivan²³, Z. Navrodt²⁴, N.Z. Janjua²⁵, N. Giglio²⁶, J. Perilli²⁷, S. Nasreen²⁸, H. Gidding²⁹, P. Hovi³⁰, T. Vo³¹, F. Cui³², L. Dong³³, T. Cullen³⁴, M. Aramni³⁵, H. Lu³⁶, H.L. Cloherty³⁷, K. Brady³⁸, J. Peynert³⁹, H. Fouissis-Herita⁴⁰, J. Buttery⁴¹, S. Black⁴², A. Hyatt⁴³

Table 5
Alogeristics OR ratios by lead dose, cardiovascular conditions, period 0-42 days

Dose	Vaccine	MVO		PER	
		OR Ratio	95%CI	OR Ratio	95%CI
1	ChAdOx1	1.36	(1.08,1.68)	1.33	(1.15,1.49)
	BNT162b2	4.39	(4.02,4.76)	1.54	(1.47,1.61)
	mRNA-1273	3.98	(3.68,4.28)	1.35	(1.28,1.42)
2	ChAdOx1	1.31	(1.00,1.69)	1.27	(1.12,1.49)
	BNT162b2	7.66	(7.07,8.27)	1.67	(1.50,1.85)
	mRNA-1273	6.10	(5.62,6.59)	1.39	(1.20,1.59)
3	ChAdOx1	0		0.91	(0.81,1.01)
	BNT162b2	3.06	(2.88,3.24)	1.19	(1.10,1.29)
	mRNA-1273	2.61	(2.45,2.79)	1.39	(1.20,1.59)
4	BNT162b2	2.06	(1.87,2.26)	1.55	(1.30,1.81)
	mRNA-1273	2.91	(2.65,3.17)	2.84	(2.57,3.11)

Abbreviations: MVO= Myocarditis, PER= Pericarditis
Vaccines: Pfizer/BioNTech (BNT162b2), Moderna (mRNA-1273), and Oxford/Astra Zeneca/Serum Institute of India (ChAdOx1)

Thresholds for statistical indications of potential signals:
Red: LBIC* >1.5, statistically significant safety signal
Yellow: LBIC* >1 and <1.5, statistically significant
Green: LBIC* <1.0, not statistically significant

COVID-19 Vaccination and Cardiovascular Events: A Systematic Review and Bayesian Multivariate Meta-Analysis of Preventive Benefits and Risks

Karim, Rabieh^{1,2}; Norozifar, Mina³; Esmaili, Foad⁴; Mansourian, Marjan⁵; Marateb, Hamid R. S. International Journal of Preventive Medicine 16(14), March 2025. | DOI: 10.4703/ijpm.ijpm.290.24

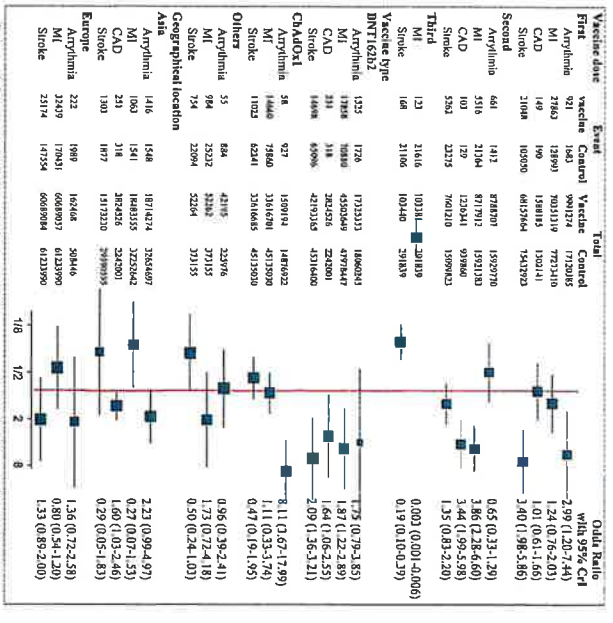


Figure 4: Subgroup analysis for arrhythmia, MI, CAD and Stroke events following COVID-19 vaccination

Conclusion

Immediate removal of COVID-19 mRNA injections from the market is essential to prevent further harm to the fewer than 20% of the population still receiving booster doses.

**COVID-19 Vaccines Harm Pregnant Women,
Preborn Babies, and Newborns**

James A Thorp, MD

Obstetrician / Gynecology

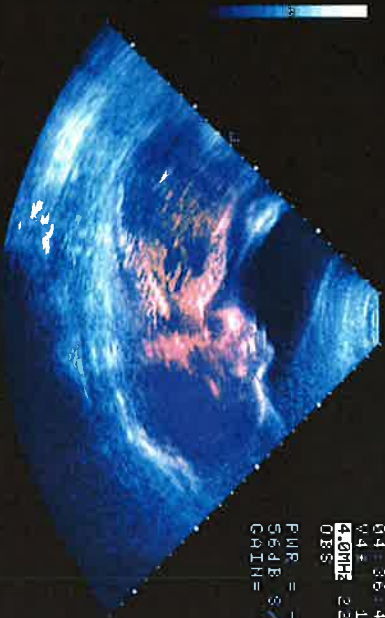
Maternal Fetal Medicine Subspecialist

DrJamesThorp.com

X (Twitter) [@jathorpmfm](https://twitter.com/jathorpmfm)

SACRIFICE

HOW THE DEADLIEST VACCINE
IN HISTORY TARGETED THE
MOST VULNERABLE



JAMES THORP, MD
AND CELIA FARBER

04:36:49PM
M41
4.2012 2.28mm
DBS
PAR = -3dB
SEDB 5/3/2
CAIN= 1dB

Health & Fitness/Vaccinations US \$32.99/Can \$44.99

S*acrifice* documents the true story of Dr. James Thorp, a respected doctor of maternal fetal medicine, who in 2020, finds his entire profession has lost its mind, as well as its soul. Stunned to find his colleagues take the bribe money, drink the Kool-Aid, and push the shots, Thorp is one of the few ObGyns to bear witness and broadcast the multitude of pregnancy complications including miscarriage, stillbirths, and many other tragic outcomes resulting from the shots.

One of the few doctors from the maternal-fetal medicine realm who publicly protested the Covid shots as directly deadly to his patients—unborn babies—Thorp witnessed the carnage on a daily basis firsthand, documented it, published papers, and spoke up on countless media platforms, and in Senate hearings in Washington, DC. He was terminated, without any cause, and went on to campaign around the country to get the truth out.

This is his story.

Book Published in 2025

Available on Amazon

Available at Barnes and Noble

Available at Dr.JamesThorp.com

COVID-19 “Vaccines” Harm Pregnant Women, Preborns, and Newborns - 1 of 2

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<https://www.rodefshalom613.org/2022/01/dl-james-thorp-letter-to-american-board-obstetrics-gynecology-risk-covid19-vaccine-pregnancy/>

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Pfizer phase 2/3 clinical trial. Study NCT04754594 to Evaluate the Safety, Tolerability, and Immunogenicity of BNT162b2 Against Covid-19 in Healthy pregnant Women 18 Years of Age and Older. Submitted Date: July, 14, 2023 (v21). Study Start date February 16, 2021 and Study Completion date: July 15, 2022. https://classic.clinicaltrials.gov/ct2/history/NCT04754594?V_21&embedded=true

Guetzkow J, Patalon T, Gazit S, et al. Observed-to-Expected Fetal Losses Following mRNA COVID-19 Vaccination in Early Pregnancy. *June 20, 2025*. medRxiv preprint doi: <https://doi.org/10.1101/2025.06.18.25329352>

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#DrWojakMD

“Medical Journals Are Corrupt and the Research Is Mostly Junk”

Dr. Wojak, MD 5/7/2025

<https://drwojakmd.substack.com/p/medical-journals-are-corrupt-and-the-research-is-mostly-junk>

Linked HERE

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Idaho State Senate Testimony on February 5, 2026 by James A. Thorp, MD

Slide #1 and Slide #2

Today I will present evidence showing that COVID-19 vaccines have caused serious and lasting harm in many women of reproductive age, pregnant women, preborn babies, and newborns—and why these harms have been minimized or ignored. I am an actively practicing obstetrician–gynecologist and maternal–fetal medicine subspecialist with 46 years of clinical experience, and I am extensively published in the medical literature.

Slide #3 and Slide #4

To date, approximately 5,000 peer-reviewed medical journal publications document harms associated with COVID-19 vaccines. Slides #3 and #4 reference 16 studies—most of them peer-reviewed—documenting harms in the populations I am addressing. I have either authored or extensively reviewed these studies, and time does not permit discussion of each.

The first four studies on Slide #3 analyze CDC and FDA VAERS data at 10, 18, and 40 months, respectively, following vaccine rollout. These studies report very significant associations between COVID-19 vaccination and increased risks of miscarriage, stillbirth, fetal malformations, preterm delivery, premature rupture of membranes, placental injury, and numerous other pregnancy complications. Additional findings include menstrual abnormalities, thrombotic syndromes, and neuropsychiatric conditions. Studies by Guetzkow et al. and Amer et al. further document pregnancy complications associated with COVID-19 vaccination.

Additional data come from Pfizer's own Phase 2/3 pregnancy trial, which began after vaccines were already being widely administered to pregnant women and demonstrated increases in adverse newborn outcomes.

Slide #5

The obvious question is: why were these warnings not broadly acknowledged? Why was a novel experimental genetic therapy—marketed as a vaccine—administered to the most vulnerable population when the long-established rule of obstetrics is clear: never introduce a novel substance during pregnancy? The answer is simple. Nearly every segment of our society was financially incentivized with taxpayer dollars to follow the 2021 HHS COVID narratives.

Medical journals have maintained a corporate, kleptocratic relationship with the pharmaceutical industry for at least 70 years. This has been documented not only by independent investigators, but by journal editors themselves. Dr. Wojak's May 7, 2025 publication details this extensively. Six whistleblowers—editors and a statistical advisor from *The New England Journal of Medicine*, *The Lancet*, and *The British Medical Journal*—are highlighted on this slide.

Slide #6

A 2024 publication in the Journal of the American Medical Association by Nguyen et al. documented over \$1.06 billion in payments from pharmaceutical and device manufacturers to peer reviewers of the four most influential medical journals in the world between 2020 and 2022, in just the United States..

Slide #7

Peer reviewers are not the only recipients. Editorial staff themselves receive industry payments, as documented by Liu and colleagues in a 2017 *British Medical Journal* study.

Slide #8

Five tiers of publication bias—tantamount to fraud, collusion, and RICO violations—are outlined on this slide. This explains the scarcity of honest and transparent analysis seen in Slides #3 and #4.

In this environment, “evidence-based medicine,” literature reviews, and even AI-generated analyses are built on a corrupted foundation. Genetic therapies such as the COVID-19 vaccines must never be used in pregnancy.

Thank you.

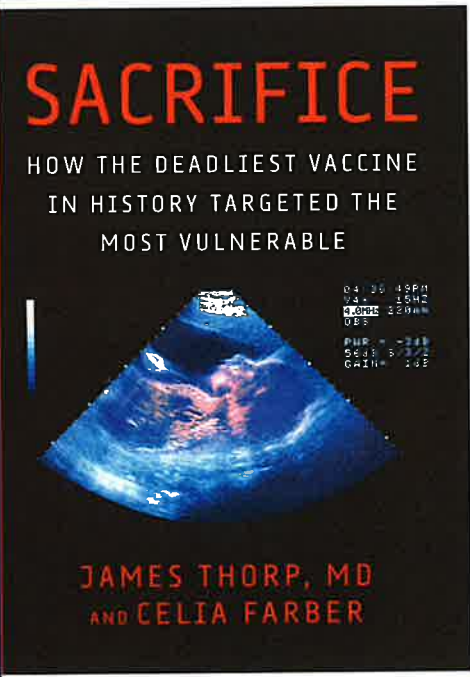
Slide #1

COVID-19 Vaccines Harm Pregnant Women, Preborn Babies, and Newborns

James A Thorp, MD
Obstetrician / Gynecology
Maternal Fetal Medicine Subspecialist

DrJamesThorp.com
X (Twitter) @jathorpmfm

Slide #2



SACRIFICE
HOW THE DEADLIEST VACCINE
IN HISTORY TARGETED THE
MOST VULNERABLE

**JAMES THORP, MD
AND CELIA FARBER**

Health & Fitness/Vaccinations US\$32.99/Can\$44.99

S*acrifice* documents the true story of Dr. James Thorp, a respected doctor of maternal fetal medicine, who in 2020, finds his entire profession has lost its mind, as well as its soul. Stunned to find his colleagues take the bribe money, drink the Kool Aid, and push the shots, Thorp is one of the few ObGyns to bear witness and broadcast the multitude of pregnancy complications including miscarriage, stillbirths, and many other tragic outcomes resulting from the shots.

One of the few doctors from the maternal-fetal medicine realm who publicly protested the Covid shots as directly deadly to his patients—unborn babies—Thorp witnessed the carnage on a daily basis firsthand, documented it, published papers, and spoke up on countless media platforms, and in Senate hearings in Washington, DC. He was terminated, without any cause, and went on to campaign around the country to get the truth out.

This is his story.

Book Published in 2025

Available on Amazon

Available at Barnes and Noble

Available at Dr.JamesThorp.com

Slide #3

COVID-19 “Vaccines” Harm Pregnant Women, Preborns, and Newborns - 1 of 2

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- Amer AA, Amer SA, Badokhon A, et al. Exploring COVID-19 vaccine adverse events among pregnant women: a cross-sectional study, 2022. *Ther Adv Vaccines Immunother*. 2024 Oct 5;12:25151355241285594. doi: 10.1177/25151355241285594. PMID: 39376246; PMCID: PMC11457191. <https://pubmed.ncbi.nlm.nih.gov/39376246/> and <https://doi.org/10.1177/25151355241285594>
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Slide #4

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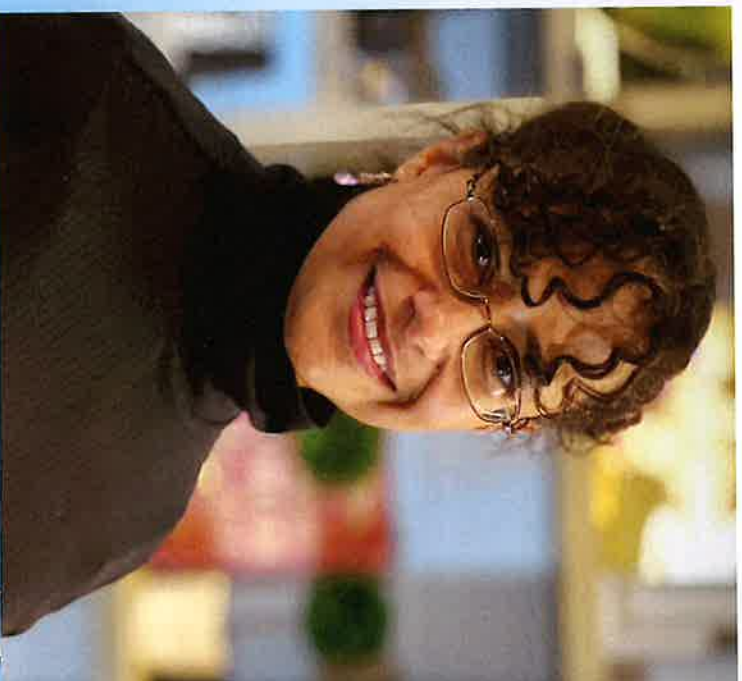
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Idaho Dept. of Health & Welfare
Thursday 01/04/2025

Christina Parks, Ph.D, Testifies:
Why Genetic Vaccine Technology Is NOT Safe



Traditional Vaccines Do NOT Force Cells to Make Viral Proteins

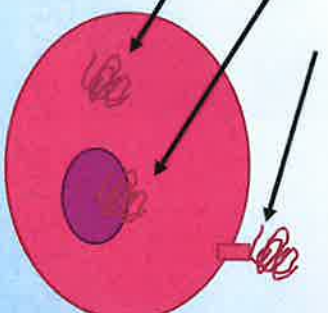
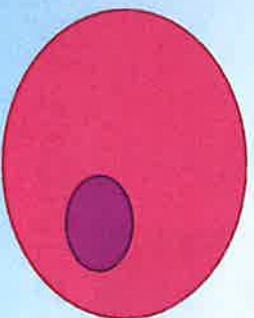
Traditional Vaccine

“Gene Therapy” Vaccine

Viral protein/antigen



Viral protein/antigen



viral protein is NOT inside of the cells

Body WILL attack cells making viral protein

The goals of gene-therapy technology are to:

- Get the target genetic material into as many of the cells of interest as possible
- Have the mRNA for the gene expressed for as long as possible
- Have a much of the target protein expressed for as long as possible

None of these are necessary for the efficacy of a vaccine!!

Regulatory Guidelines for Gene-Therapy Technologies require:

- 10-20 years surveillance to pick up signals for cancer and autoimmunity
- Careful screening for genomic integration into the germ line (sex cells)
- Careful screening for increased prevalence of blood disorders and cancers, such as leukemia and lymphoma

HEART TISSUES OF SOME WHO DIED POSTVACCINATION ARE INFILTRATED WITH IMMUNE CELLS

- Heart tissues of several people who died within 20 days of the vaccine were infiltrated with immune cells that caused inflammation (myocarditis) and heart cell damage. The immune cells were clustered in discreet areas, consistent with them targeting deposits of spike protein produced by the cells.
- Immune cell infiltration of tissues is also associated with the expression of inflammatory cytokines, which can also contribute to inflammation/myocarditis

Clinical Research in Cardiology

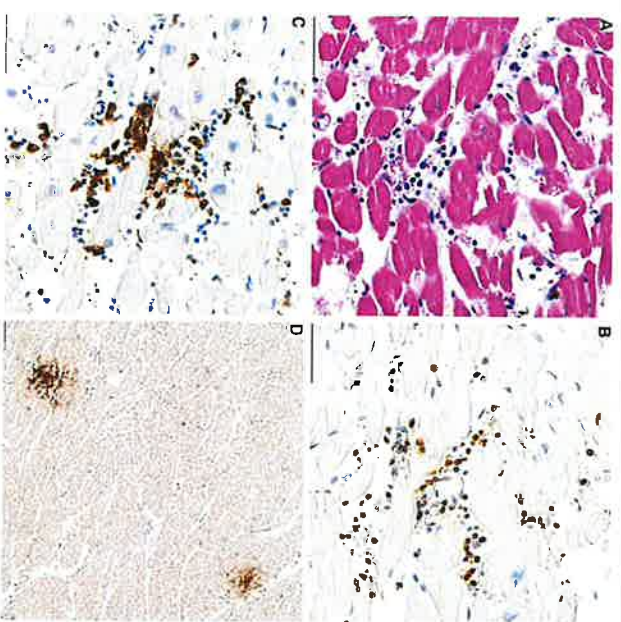


Fig. 1 A Lymphocytic aggregates in the interventricular septum of case 1 with associated myocardial damage. B The infiltrate is predominantly composed of CD3-positive T-lymphocytes and C

CD45-positive macrophages. D In lower magnification two foci of CD4-positive lymphocytes are evident (D)

Schwab, Constantin et al. "Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination." *Clinical research in cardiology : official journal of the German Cardiac Society*, 1–10. 27 Nov. 2022, doi:10.1007/s00392-022-02129-5 <https://pubmed.ncbi.nlm.nih.gov/36436002/>

ORIGINAL RESEARCH ARTICLE

Circulating Spike Protein Detected in Post-COVID-19 mRNA Vaccine Myocarditis

Lael M. Yonker¹, MD; Zoe Swank, PhD; Yannic C. Bartsch, PhD; Madeleine D. Burns², MS; Abigail Kane³, MD; Brittany P. Boribong, PhD; Jameson P. Davis, BS; Maggie Loiselle, BS; Tanya Novak⁴, PhD; Yasmeen Senussi⁵, MBBS; Chi-An Cheng⁶, PhD; Eleanor Burgess, MS; Andrea G. Edlow, MD; Janet Chou, MD; Audrey Dionne⁷, MD; Duraisamy Balaguru⁸, MD; Manuella Lahoud-Rahme⁹, MD; Moshe Arditi¹⁰, MD; Boris Julg, MD, PhD; Adrienne G. Randolph¹¹, MD; Galit Alter, PhD; Alessio Fasano¹², MD†; David R. Walt¹³, PhD†

- Young men vaccinated for COVID have had their cells turned into manufacturing plants for the spike protein.
- Those who were unable to produce antibodies that neutralized the spike protein developed MYOCARDITIS.

Clinical Perspective

What Is New?

- Adolescents and young adults who developed myocarditis after severe respiratory syndrome coronavirus disease 2 (SARS-CoV-2) mRNA vaccination display persistently elevated circulating levels of full-length Spike protein, unbound by antibodies.
- No evidence of autoantibody production, concomitant viral infections, or excessive antibody responses to the anti-SARS-CoV-2 mRNA vaccines was identified in postvaccine myocarditis cases.

What Are the Clinical Implications?

- Understanding the immunopathological mechanisms associated with postvaccine myocarditis will help improve safety and guide the development of future coronavirus disease 2019 (COVID-19) vaccines.
- These results do not alter the risk-benefit ratio favoring vaccination against COVID-19 to prevent severe clinical outcomes.



This technology forces the cells of the body to take up genetic information and make a foreign, viral protein rather than a human protein.

1. The spike protein is the inflammatory, toxic part of the SARS CoV-2 virus.
2. Your cells are making a foreign protein, which results in your immune system attacking the cells which are making the protein.
3. Chronic production of foreign protein results in chronic immune activation and eventually dysregulation of the immune system.
4. All of this promotes runaway inflammation, which is a major driver of disease.

covid vaccine mRNA and spike protein in tissues

Ryan N. Cole, MD

SPIKE PROTEIN PLACENTA

▶ Mol Ther Nucleic Acids. 2025 Feb 17;36(1):102489. doi: [10.1016/j.omtn.2025.102489](https://doi.org/10.1016/j.omtn.2025.102489) 

mRNA-1273 is placenta-permeable and immunogenic in the fetus

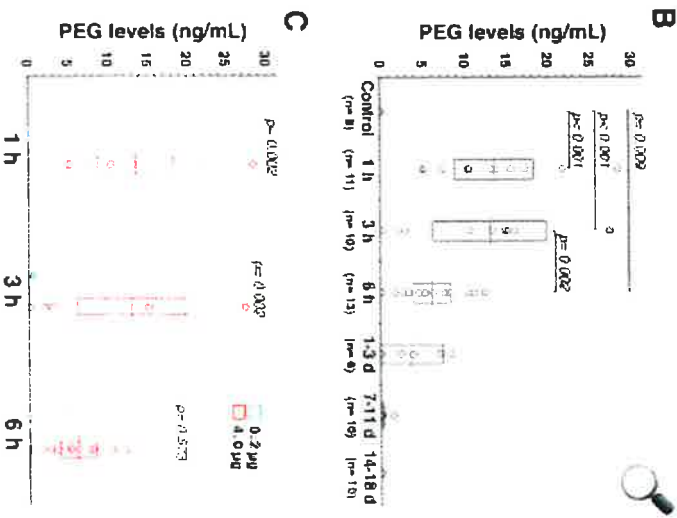
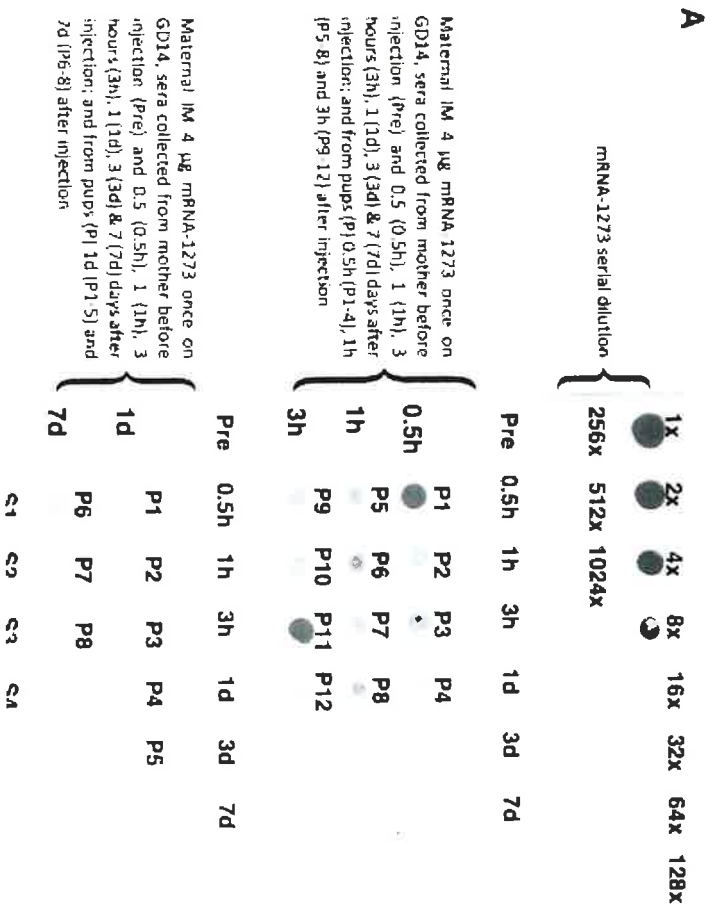
[Jeng-Chang Chen](#)^{1,2}, [Mei-Hua Hsu](#)^{3,4}, [Rei-Lin Kuo](#)^{5,6,7}, [Li-Ting Wang](#)⁶, [Ming-Ling Kuo](#)^{7,8}, [Li-Yun Tseng](#)⁹, [Hsueh-Ling Chang](#)⁹, [Cheng-Hsun Chiu](#)^{3,4,*}

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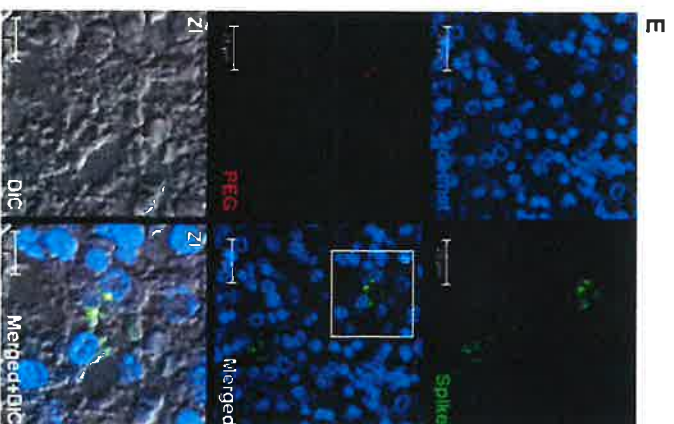
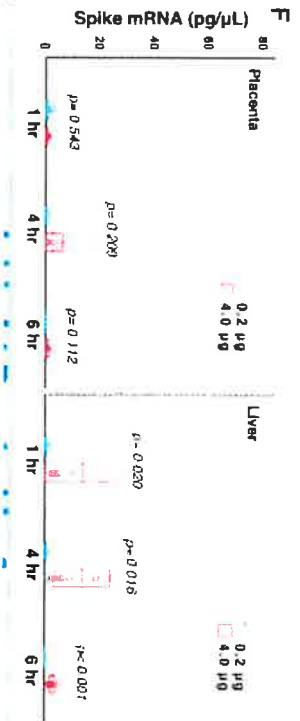
 **Feedback**

SPIKE PROTEIN PLACENTA



SPIKE PROTEIN CROSSES PLACENTA INTO FETUS

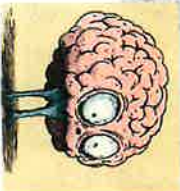
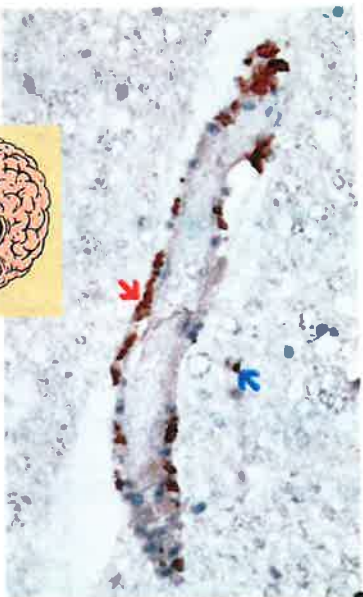
Saline (S1-4)
 S1 S2 S3 S4
 M P1 P2 P3
 Maternal (M) saline control, sera collected from mother (M) and pups (P1-3)



SPIKE PROTEIN PLACENTA

(A) GD14 FVB/N mothers, intramuscularly (IM) vaccinated with a single-dose mRNA-1273 of 4.0 µg, were subjected to serum collection before vaccination (Pre), and at indicated time points of 0.5–3 h and 1–7 days after injection. Their pups were delivered for serum sampling at the same time points. Immunodot blot assay demonstrated transplacental PEGylated LNP transfer. (B) ELISA disclosed that fetal sera contained significantly higher PEG levels at the time points of 1 h, 3 h, and 6 h after maternal mRNA-1273 vaccination than those with maternal saline injection (control, ANOVA with least significant difference (LSD) multiple comparison). A significant decrease of serum PEG levels occurred between 3 h and 6 h. Although PEG remained measurable in certain pups of groups 1–3 d and 7–11 d, their mean levels did not differ from that of saline controls. On days 14–18, PEG was completely absent in all neonatal sera, identical to saline controls. (C) At the time points of 1 h and 3 h following maternal vaccination, 4.0 µg mRNA-1273 led to higher PEG levels in fetal sera than a dose of 0.2 µg. (D) Spike mRNA in fetal placenta, liver, and soft tissue was quantified by RT-PCR after maternal 4 µg mRNA-1273 vaccination (dams 234, 235, and 236 in [Table S1](#)). Spike mRNA levels of “(-)” and “< 0.021” were input as “0” and “0.021,” respectively in building this chart. Spike mRNA significantly dominated in fetal liver of groups 1, 4, and 6 h (ANOVA with LSD multiple comparison). (E) Immunostaining disclosed intracellular PEGylated LNPs and spike protein in fetal liver 6 h after maternal 4.0 µg mRNA-1273 vaccination. DIC: differential interference contrast. Zi: zoom-in. (F) At time points of 1, 4, and 6 h after maternal mRNA-1273 vaccination, levels of spike mRNA in fetal placentas did not differ between 4.0 and 0.2 µg mRNA-1273 used to vaccinate the dams ([Tables S1](#) and [S2](#)), whereas 4.0 µg mRNA-1273 led to significantly greater spike mRNA accumulation in fetal livers than 0.2 µg mRNA-1273. Error bar charts display the box areas of 95% confidence intervals for the means as box-crossing horizontal lines.

**POST VACCINE SPIKE PROTEIN BRAIN
(DR. MORZ case GERMANY) and HEART
(DR. BURKHARDT'S cases GERMANY**



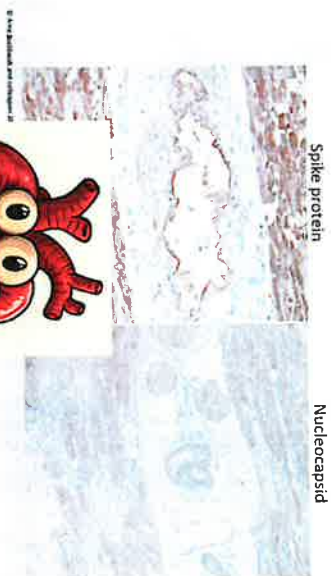
Expression of spike protein in brain tissue



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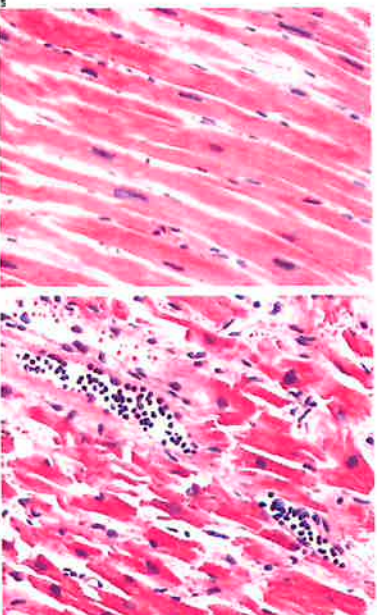
Spike protein vs. nucleocapsid expression in heart muscle (immunohistochemistry)



Lymphocytes invading heart muscle tissue (case 20)

normal heart muscle

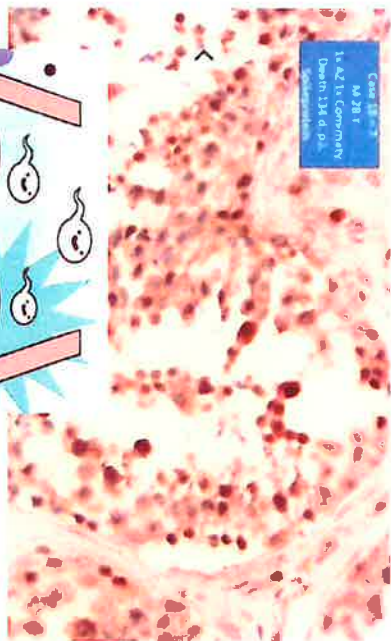
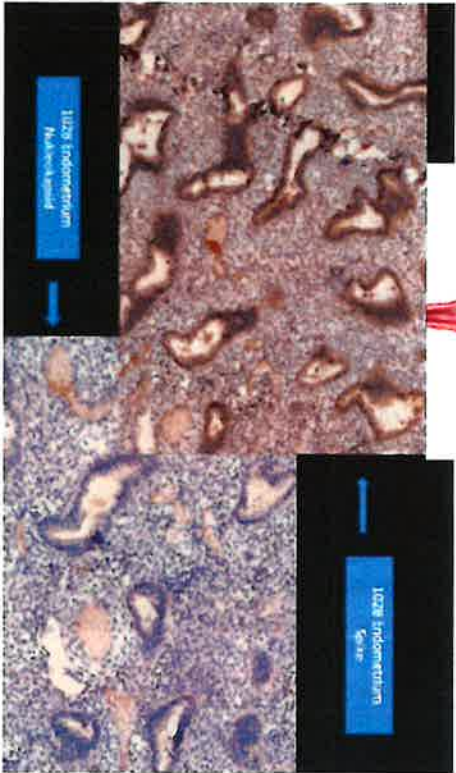
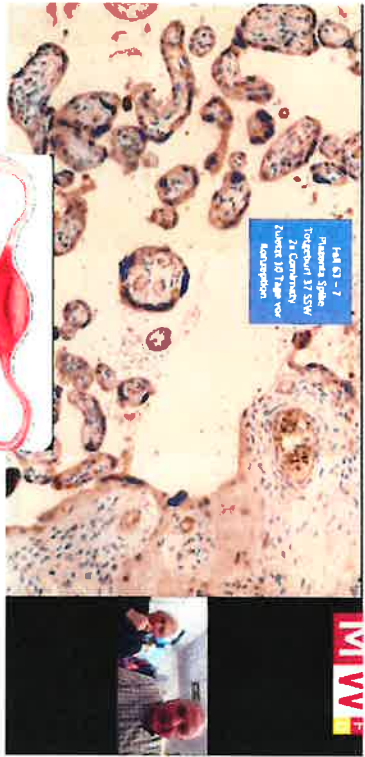
lymphocytes invading heart muscle



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**POST VACCINE SPIKE PROTEIN
ENDOMETRIUM, PLACENTA, TESTES (DR.
BURKHARDT CASE SERIES GERMANY)**

**DNA CONTAMINATION OF COVID VACCINES,
ADULTERATED PRODUCT-PEER REVIEWED
SEE NEXT SLIDE**



DNA fragments
detected in monovalent
and bivalent
Pfizer/BioNTech and
Moderna mRNA
COVID-19 vaccines from
Ontario, Canada:
Exploratory dose
response relationship
with serious adverse
events.

AUTHORS

David J Speicher, Jessica Rose, L. Maria Gutschli, David M
Wiseman PhD, Kevin McKernan

Bios for Wed March 4th

1. **Dr. Christina Parks -Molecular Biologist Christina Parks, Ph.D. Cellular and Molecular Biology**

Dr. Christina Parks graduated from the University of Wisconsin, Eau Claire, in 1992 with a double major in Biochemistry and Molecular Biology. She went on to earn her Ph.D. in Cellular and Molecular Biology from the University of Michigan in 1999. She did her graduate research in the field of cytokine signaling. Cytokines are the chemicals that the immune system uses to communicate. Thus, Dr. Parks brings a wealth of knowledge about how vaccines affect the immune system. Dr. Parks has spent many years studying the biochemistry of how pharmaceuticals and natural substances that enter our bodies affect the expression of genes and biochemical pathways that are essential to our health and well-being. Dr. Parks focuses on supporting the body in activating its natural detoxification and healing pathways by bringing signaling pathways back into balance.

2. **Dr. James Thorp- OB/GYN**

Dr. Thorp is a researcher and the Chief of Maternal and PreNatal Health at The Wellness Company. He is also a practicing obstetrician-gynecologist and maternal fetal medicine specialist. He received his medical degree from Wayne State University School of Medicine and has been in practice for more than 42 years. His career has consisted of overseeing 7000 high risk pregnancies year.

3. **Nicolas Hulcher MPH -MPH, Epidemiology**

BIO: Nicolas Hulscher is an epidemiologist and administrator for the McCullough Foundation. Born and raised in Michigan, he graduated from Oakland University, where he graduated with a Bachelor of Science in Pre-Health Professional Studies from the Honors College in December 2020. He continued his education at the University of Michigan School of Public Health, where he earned a Master of Public Health (MPH) degree with a specialization in epidemiology in April 2024. He has contributed to the publication of 16 scientific studies, significantly advancing the understanding of COVID-19 vaccine injury syndromes and their potential treatments.

