

Medical Ethics | Review

Patient Betrayal: The Corruption of Healthcare, Informed Consent and the Physician-Patient Relationship

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Abstract

Background and Purpose

The purpose of this study is: first, to review disciplinary threats made to healthcare professionals by their governing bodies in the US; and second, to review medical literature for complications related to the COVID-19 vaccines and data from the Vaccine Adverse Event Reporting System (VAERS), particularly those related to pregnant women and women of reproductive age. The authors also aim to bring attention to the populace, healthcare workers, and healthcare administrators that illegal and unconstitutional gag orders have been placed on all healthcare workers in the US, and to alert everyone that no healthcare worker can be trusted since they are under a gag order which renders informed consent null and void. It is our intent to put governing bodies of healthcare workers on notice that they will be held accountable and lay legal groundwork for possible Racketeer Influenced and Corrupt Organizations Act (RICO) violations, collusion, and fraud. These potential criminal acts, exposed in a court of law, can pierce legal immunity of Big Pharma and others, and pierce any perceived immunity given to hospitals and organizations via the CARES ACT.

Methods

Communications from the regulatory bodies for healthcare workers were reviewed. We reviewed the medical literature for complications related to the experimental gene therapy injections since rollout of the COVID-19 “vaccines”. We analyzed the VAERS data specifically to gauge overall deaths, menstrual abnormalities, fetal malformations in pregnancy, and pregnancy loss using in the <https://MedAlerts.org/> platform.

Results

In a September 2021 *Statement Regarding Dissemination of COVID-19 Misinformation*, the American Board of Obstetrics & Gynecology (ABOG) threatened their 22,000+ constituents with disciplinary actions, including revocation of licensures and board certifications. In this statement, ABOG referenced the Federation of State Medical Boards (FSMB), and the American Board of Medical Specialties (ABMS). There are 1,013 peer-reviewed medical journal publications documenting morbidities and mortalities of the experimental COVID-19 nucleic acid therapy. VAERS data demonstrate a significant risk associated with this experimental gene therapy in women of reproductive age and pregnant women.

Conclusions

ABOG and other authoritative bodies regulating healthcare workers issued inappropriate gag orders on their constituents, thus preventing informed consent and destroying physician-patient relationships. Many reputable sources of data, medical literature and VAERS signal *DANGER* for the use of COVID-19 vaccines, especially during pregnancy and in women of reproductive age. ABOG must retract their inappropriate threats and recommend against the use of COVID-19 “vaccination” in pregnancy until long-term prospective trials are conducted.

Keywords: COVID-19 vaccine, VAERS, healthcare governing bodies, COVID-19 vaccine injuries and deaths, COVID-19 vaccine associated fetal malformations. ABOG.org, ABMS.org, FSMB.org, AACN.org

Introduction

A recent publication in the *British Medical Journal* cast concern about the impropriety of the Pfizer data. The author, Paul D Thacker reviews a litany of breaches of expected experimental integrity [1]. Many mainstream medical journals and professional organizations receive financial support from pharmaceutical advertising and thus have financial incentives to collude with Big Pharma. Despite the global rollout of COVID-19 “vaccines”, the de-identified participant level data underlying the trials for these new products remain inaccessible to doctors, researchers, and the public [2]. Big Pharma is the least trusted industry [3] and at least three of the many companies making COVID-19 vaccines have past criminal and civil settlements costing them billions of dollars, with one pleading guilty to fraud [4]. The COVID-19 pandemic has made many new pharmaceutical billionaires and vaccine manufacturers report tens of billions in profit [5]. Doshi and Healy maintain that physicians should not recommend vaccines when full transparent data are not publicly available [6]. Appropriate testing was not completed prior to the roll out of the COVID-19 “vaccines” in women of reproductive age, nor was Big Pharma’s data made available to public scrutiny.

The term “cartel” frequently conjures images of illegal drug activities engaged in by groups seeking to fix and control markets. However, a “cartel” is any group of independent corporations and/or entities who band together to control the production, distribution, and pricing of a market or commonly shared commodity [7]. Despite significant signs of danger about the safety and efficacy of the COVID-19 vaccines, governing bodies of

healthcare professionals have banded together in cartel-like fashion, issuing threats to destroy the livelihood of physicians and other health care providers for alleged dissemination of “misinformation” about COVID-19. A term of deception crafted by various cartel entities “misinformation” is used to label anything that would tend to create COVID-19 vaccine hesitancy. In other words, “misinformation” is used to discredit alternative views and seeks to prevent honest and truthful communication with a patient about the experimental gene therapy’s known and very real dangers. This honest and truthful communication is necessary for a physician to provide informed consent.

Using the cartel example, these commonly shared commodities are the COVID-19 vaccines – which are not traditional, immunizing vaccines at all [8], but prophylactic treatments for COVID-19 which carry serious and significant risks. The cartel-like entities seek to collectively control the market by promoting COVID-19 vaccines as the *only* option for pregnant patients, despite other prophylactics and treatments which have a proven safety record in pregnancy. The cartel-like entities in this instance seek also to prevent pregnant patients from being able to make decisions related to these experimental vaccines which is informed by the emerging scientific data. In what can be likened to “fixing” the market in favor of administration of universal COVID-19 vaccines – thereby maintaining their monopoly on COVID-19 vaccines as the only treatment – the cartel-like entities have banded together to falsely assert that the COVID-19 vaccines are safe, effective, and necessary. However, this narrative is crumbling before the eyes of the entire world. There has been unprecedented corruption in mainstream medical

journals including the completely fabricated article from *The Lancet* [9] impugning the safety of hydroxychloroquine despite its 85-year safety record with a known safety profile greater than that of aspirin or acetaminophen.

Methods

The medical literature was reviewed for all peer-reviewed medical publications that reported morbidities and mortalities associated with the COVID-19 vaccines. VAERS was queried using the medalerts.org platform. Standard statistical analyses using Chi Square tests were used for comparisons. We purposely reviewed the influenza vaccines and the pertussis vaccines because these two vaccines in pregnancy have been advocated in the past to provide a risk / benefit ratio that is potentially favorable for the mother and baby. Spontaneous abortions (before 20 weeks' gestation) and fetal deaths (past 20 weeks' gestation) were included together as total pregnancy loss as VAERS database enterers may not have had the specific information and/or expertise to differentiate between these diagnoses.

Results

Medline Search documents 1,013 peer-reviewed publications showing that the experimental mRNA and DNA gene therapy injections are a failed strategy and have killed, injured, and endangered many [87].

VAERS analytics assessed the COVID-19 “vaccines” compared to all other vaccines, including the influenza vaccines and the pertussis vaccines, for outcomes including total deaths (Figures 1-2), menstrual abnormalities, (Figures 3-4), fetal malformations (Figures 5-6) and pregnancy losses (Figures 7-8). In all these comparisons there was a very significant increase in risk of the COVID-19 experimental gene therapy compared to all other vaccines (Figures 1-8). All P values are less than 0.0001 as per Chi Square analysis. The analytics are extremely robust so even large changes in the assumptions will have little impact on the statistical analysis.

We offer An Open letter to ABOG, ABMS, and FSMB

We appreciate your willingness to dialogue with us. One author (JAT) has previously written ABOG on two

prior occasions and expressed concerns, now shared by a number of colleagues, regarding (1) the safety of the COVID-19 experimental mRNA and DNA gene therapy injections in pregnancy, and (2) ABOG's disconcerting September 2021 *Statement Regarding Dissemination of COVID-19 Misinformation*, which has blatantly threatened constituents with revocation of their medical license for “providing misinformation about the COVID-19 vaccine”, making reference to ABMS and FSMB [10]. The intimidating nature of ABOG's September 2021 *Statement Regarding Dissemination of COVID-19 Misinformation* is unprecedented.

ABOG's *Statement Regarding Dissemination of COVID-19 Misinformation*, while adopting a tone designed to dismiss all opposing or alternative views, provokes legitimate concern and critically important questions for both constituents and patients alike. These questions are intrinsic to a physician's ability to treat patients free from conflict of interest due to fear of reprisal from ABOG (or others). Even more important, these questions concern matters essential to safeguarding and protecting the wellbeing of the pregnant mother and her child and are essential to upholding the physician's oath to do no harm. First, what constitutes that which ABOG deems “misinformation about the COVID-19 vaccine”? Second, by whom and how is such “misinformation about the COVID-19 vaccine” determined?

ABOG's *Statement Regarding Dissemination of COVID-19 Misinformation* fails to provide answers to these questions. ABOG neglects to acknowledge the growing body of scientific, peer-reviewed publications (1,013 references linked below [87]) that the experimental mRNA and DNA gene therapy injections are a failed strategy that have killed, injured, and endangered many people. ABOG's widely circulated *Statement Regarding Dissemination of COVID-19 Misinformation* has placed patients' health in jeopardy while leaving constituents holding the proverbial bag as their medical license and livelihood hang in the balance. Patient safety is sacrificed as constituents toe the line – forced to choose between pushing experimental gene therapies shown to be dangerous to both mom and fetus or lose their livelihoods.

ABOG's *Statement Regarding Dissemination of COVID-19 Misinformation* turns a blind eye to this ever-growing evidence and dodges these thorny issues by pointing to published statements made by the Federation of State

Medical Boards (FSMB) [11] and the American Board of Medical Specialties (ABMS) [12]. However, upon further examination, neither the FSMB nor the ABMS provides adequate answers. If anything, the express collaboration of ABOG with the FSMB and ABMS, together with the language of the FSMB's and ABMS's individual statements, raises red flags about potential collusion, bias, and conflicts of interest within the various medical stakeholders, Big Tech, and the media.

Down ABOG's "Yellow Brick Road": The Federation of State Medical Boards (FSMB)

ABOG's *Statement Regarding Dissemination of COVID-19 Misinformation* first points to the statements provided by the Federation of State Medical Boards (FSMB) for answers. Notably, FSMB is an entity which governs medical licensure. However, the FSMB fails to provide any clear answers as to what constitutes "misinformation about the COVID-19 vaccine", or how such "misinformation" is to be determined, or by whom. Instead of providing answers, the FSMB launches accusations, stating that there has been "a dramatic increase in the dissemination of COVID-19 vaccine misinformation and disinformation by physicians and other health care professionals on social media platforms, online and in the media" [13]. The FSMB further notes that physicians "have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health" [13].

But exactly what information is "factual, scientifically grounded and consensus-driven for the betterment of public health?" After all, the stakes for all humanity in getting this right could not be higher. And perhaps more importantly, who is the arbiter of such information? While the FSMB does little to define "COVID-19 vaccine misinformation", it does seem to suggest that somewhere, somehow, a certain "consensus" exists on what narrative *should* prevail, perhaps giving clues about whose interests this prevailing narrative should serve. The FSMB statement's express reference to "social media platforms" and mainstream "media" is deeply disturbing, in light of alleged ties between the mainstream media outlets, social media giants, and Pfizer, suggesting at the very least, serious conflicts of interest [14]. Disconcertingly, the FSMB statement seems to give the appearance it has communicated – if not even colluded with – Big Tech and the corporate mainstream media to somehow root out

what they collectively deem "misinformation."

Down ABOG's "Yellow Brock Road": The American Board of Medical Specialties (ABMS)

ABOG's *Statement Regarding Dissemination of COVID-19 Misinformation* next points to the American Board of Medical Specialties (ABMS) for answers regarding what constitutes "misinformation about the COVID-19 vaccine." Notably, ABMS is an entity which governs medical certification. At first glance, the ABMS statement and definition of misinformation seems just as vague as the statement provided by the Federation of State Medical Boards (FSMB). Up front, however, the ABMS identifies "vaccine hesitancy" as the real culprit – explicitly linking "misinformation" with vaccine hesitancy [15]. Evidently, any information that does not push mass vaccination with experimental gene therapy on all persons constitutes COVID-19 vaccine misinformation, and could "threaten certification by an ABMS Member Board" [16]. Ironically, the ABMS has attempted to frame its statement on COVID-19 misinformation as one that is *supportive* of medical professionals, tilting its press release as follows: *ABMS Issues Statement Supporting Role of Medical Professionals in Preventing COVID-19 Misinformation*. Yet the ABMS' threats contained within the press release reveal that the "support" they are offering is highly conditional – that is, it is only for those who will adopt their false narrative and to the detriment of anyone who would challenge it.

ABOG's Euphemisms, Intimidation, and Gaslighting

Since ABOG itself has declined to define "misinformation about the COVID-19 vaccine," deferring instead to other medical agencies, we will kindly attempt to offer one for ABOG's consideration. Following the lead of Robert F. Kennedy, Jr., the phrase "misinformation about the COVID-19 vaccine" seems to represent any statement or scientific evidence that differs from the prevailing narrative of stakeholders who most stand to profit from the COVID-19 vaccines [17]. These stakeholders appear to include Big Tech, government, Big Pharma, Big Media, and various corporate and medical stakeholders. These are the stakeholders who drive the "consensus" referred to by the FSMB [18]. Perhaps not coincidentally, these are the very stakeholders that are attempting to drive the false narrative that the so-called vaccines are

safe, effective, and necessary for all persons, including pregnant women [19]. As it turns out, there is no real definition for “COVID-19 vaccine misinformation” – or any honest answers to the questions posed above. The phrase “COVID-19 vaccine misinformation” constitutes a euphemism, and its true goal is deception. This is because euphemisms don’t create meaning, they disguise and distort or hide it, and have thus been referred to as “the language of evasion, hypocrisy, prudery, and deceit” [20].

Gaslighting has been described as “an insidious form of manipulation and psychological control” where victims are “deliberately and systematically fed false information that leads them to question what they know to be true” [21]. Gaslighting occurs when “an abuser tries to control a victim by twisting their sense of reality” [22]. The abuser or bully misleads their victim, creating a false narrative and making them question their judgments, reality, and perception [23]. When the victim calls out the gaslighting, the abuser will frequently try to discredit their victim. When dealing with someone who is gaslighting, it is advised to pay close attention to what the abuser does, beyond what they say [24].

ABOG’s *Statement Regarding Dissemination of COVID-19 Misinformation* is nothing short of gaslighting. ABOG’s statement professes to encourage constituents to “practice evidence-based medicine based on facts and scientific data” [25]. ABOG’s statement also adopts the FSMB’s position that its physicians “have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health” [26]. ABOG has expressed a concern for protecting patients from harm. Yet, while ABOG’s words express concerns about harm and stress the importance of scientific data, their actions tell a different story. ABOG turns a blind eye to the emerging scientific evidence and refrains from any duty to protect patients from the dangers of experimental vaccines, all while threatening the medical license of constituents who challenge the prevailing narrative. While ABOG expresses concern for patient safety, they betray patients and threaten first responder physicians. This is a classic example of gaslighting. Despite their words, ABOG’s threatening conduct tells a different story.

Exposing the Wizard: "I'm really a very good man; but I'm a very bad Wizard, I must admit" [27]

ABOG is not alone. Gaslighting has never occurred as widely as during the COVID-19 pandemic, with the pushing of experimental gene injections as the only effective, safe, and necessary option for all persons, even pregnant women. ABOG should reverse course and adopt a stance that is factual and grounded in emerging science, and true to their words purporting to protect patients from harm – by retracting and revising the *Statement Regarding Dissemination of COVID-19 Misinformation*. Will ABOG have the courage to do it? As an organization that professes to care about patients’ interests and safety, the ABOG members should peruse the many testimonies of the vaccine-injured on *Real, Not Rare* [28]. The *Real, Not Rare* platform shares personal stories told by many who have suffered serious, life-altering adverse effects from the experimental injections, many of which share remarkably similar characteristics and symptoms. These vaccine injuries appear to be vastly under-reported. Those who have the courage to come forward are frequently called crazy and accused of mental illness, thus enduring gaslighting by doctors, who often refuse to believe them. ABOG, instead of hiding behind euphemisms, false narratives, and other medical organization’s euphemistic verbiage, should seize the opportunity to take a bold stand for the good of patients and constituents and lead the way to expose what is really going on. Will you, do it? The EU in recent days has taken a bold step in this direction – warning that boosters risk adverse effects to the immune system and may not be warranted [29]. A top Israeli immunologist has recently followed suit, calling on the leaders at the Israeli Ministry of Health to admit that the mass vaccination campaign has failed in Israel [30].

There is an undeniable and growing body of peer-reviewed scientific evidence (1,013 references below in hyperlink [87]) that these experimental gene therapy injections are unsafe and dangerous to both mothers and babies, as clearly documented in this publication and elsewhere. Indeed, since the publication and dissemination of ABOG’s *Statement Regarding Dissemination of COVID-19 Misinformation*, the Johnson & Johnson injection is no longer recommended for use, after life-threatening blood clots and deaths have been linked to the injection [31]. The growing body of evidence credibly and scientifically calls into question the efficacy of experimental gene

therapy. As unprecedented numbers of new infections now make painfully clear, the experimental injections are proving to be wholly ineffective at preventing infection of the Omicron strain, the current dominant strain in the US. Multiple recent studies indicate that the vaccinated are more likely to be infected with Omicron than the unvaccinated (negative efficacy). For example, numbers in a recent study from Denmark now show persons who received the experimental injections are up to 8 times more likely to develop Omicron than those persons who did not.³² Multiple independent studies indicate that the more one vaccinates, the more one becomes susceptible to COVID-19 infection [32, 33]. Recent studies also suggest that COVID-19 gene therapy causes more COVID-19 cases per million and more deaths per million associated with COVID-19 [34]. Studies which show the experimental injections to be neither safe nor effective, but outright dangerous, are almost too numerous to count. The brave testimonies of vaccine-injured patients on such sites as on *Real, Not Rare*, are heartbreaking [28]. To continue to require your constituents to push experimental COVID-19 gene therapy injections on patients without considering mounting evidence that they are neither safe nor effective is ignoring science and placing patients in grave danger. ABOG's narrative that the experimental injections are safe and effective in the face of such evidence amounts to an egregious false representation and an intentional failure to disclose the truth to patients.

If ABOG truly cared about encouraging the practice of "evidence-based medicine based on facts and scientific data" and "acting in your patients' best interests" – as it claims in its *Statement Regarding Dissemination of COVID-19 Misinformation* – then it would retract its statement and the threats issued to its constituents. ABOG would welcome and consider emerging science, which includes independent, unbiased scientific data which legitimately question the safety and efficacy of the gene therapy injections. ABOG would be willing to challenge the prevailing stakeholder consensus (but false narrative) that the experimental injections are safe, effective, and necessary. For ABOG to do any less than this, while at the same time professing to care about science and patient safety, is nothing short of gaslighting. It is dishonest and unethical, to say the least.

Let's Work Together to Change Course

It is our desire to work with, not against ABOG, and assist to reverse the disastrous course that has been taken.

ABOG's current course, if it remains unchanged, is headed for extreme and unparalleled disaster with innumerable human lives at stake. We would offer our services on a *pro bono* basis. We could begin to work together through these pressing issues that have threatened the care of women of reproductive age, pregnant women, and their babies.

Two main issues require immediate attention that would be best addressed in a formal statement to constituents. First, the *Statement Regarding Dissemination of COVID-19 Misinformation* published on the ABOG website and circulated to ABOG's 22,000 plus specialists and subspecialists in September 2021 needs to be formally retracted. Second, ABOG needs to immediately recommend specifically *against* the vaccine in pregnancy until there are long-term safety data in the offspring of the pregnant women who have already received the injections. Experimental gene therapy in pregnancy is extremely radical and without historical precedent. It is completely unnecessary, as there are much safer alternatives. To push the experimental injections violates our Hippocratic oath of informed consent and *Primum Non Nocere*.

Perhaps it was not your intent to issue unethical threats, gaslight, and act in contravention of mounting medical and scientific evidence which casts serious doubts on the safety and efficacy of the experimental gene therapy injections. Perhaps it is not your desire to intentionally mislead and harm patients and their pre-born babies, or to destroy informed consent and the sanctity of the doctor-patient relationship. As long-standing supporters of these distinguished organizations, the authors find it difficult to believe that ABOG created the language contained in your *Statement Regarding Dissemination of COVID-19 Misinformation*. Perhaps not coincidentally, this same language appeared and was published almost simultaneously by FSMB.org, ABMS.org, the Association of Colleges of Nursing (AACN.org), multiple other ABMS boards, the AMA, SMFM, ACOG, governmental and private organizations with ties to the pharmaceutical industry, the pharmaceutical industry itself, "BigTech" companies, the mainstream media, multiple medical journals, insurance companies, and many others who have a financial or other stake in pushing the experimental gene therapies. For lack of a better term, we have collectively labelled the forgoing as a CARTEL, as this best describes the blatant conflicts of interest and collusion which lie at the heart of this language. If ABOG is truly "acting in patients' best interests," – as it proclaims to do – it should be fully

*Hyperlink to 1013 references - <https://www.thegms.co/medical-ethics/medethics-RW-22021403-references.pdf>

committed to the health of its pregnant patients, not serving the interests of the pharmaceutical industry or any other organization. It was and is your responsibility to resist and oppose this inappropriate language that was most likely pressed upon you by ABMS, FSMB and others.

“Toto, it Looks Like We’re Not in Kansas Anymore”

ABOG’s narrative is *not* evidence based. It was incumbent upon ABOG to have demanded safety studies with long term outcomes *prior* to issuing their threatening language. It is not incumbent upon the vulnerable and innocent to prove that they have been harmed. ABOG is not aligned with the truth and is forcing a false narrative. If no change is made, ABOG and its members may ultimately be responsible for killing and injuring many more than they already have. ABOG has implemented a dangerous retrovirus gene therapy in pregnancy and in women of reproductive age with zero credible studies conducted on whether it is safe.

ABOG is responsible for multiple OB/GYN and Maternal Fetal Medicine “experts” who have no justification to push ABOG’s dangerous COVID-19 retrovirus gene therapy in pregnancy and in women of child-bearing age all over the US and the world. Any attempt to engage in informed consent and/or challenge the ABOG narrative comes with the very real risk of damaged professional careers and irrevocably lost livelihoods. Indeed, a National Townhall Meeting of two local maternal fetal medicine physicians took place recently in Indianapolis, IN with the sole purpose of pushing ABOG’s stance of using the experimental gene therapy in pregnant women and children across the nation. Both young MFM physicians had a combined clinical/publication experience of only a small fraction of that of any one of the veteran health and law professionals who have authored this analysis and letter [35]. Yet none of us who opposed their faulty and dangerous recommendations were allowed to participate or to challenge and balance their absurd and dangerous claims and recommendations. There are so many of ABOG’s puppets doing the same thing as the Indiana Maternal Fetal Medicine physicians did because of professional threats which ABOG has placed on their careers. ABOG should be held accountable for their unethical threats, likely malfeasance and potential fraud.

The threats that ABOG circulated to all their specialists and subspecialists have resulted in the promotion of the

experimental gene therapy injections in all women of reproductive age and pregnant women, with extremely serious consequences. There are multiple independent sources all over the world that have observed significant increases in miscarriage (spontaneous abortion), fetal death, fetal malformation, severe placental inflammation, severe IUGR, neonatal demise, infant demise, permanent newborn/infant/child chronic autoimmune diseases, permanent immune deficiency syndromes, chronic permanent CNS diseases and chronic cognitive impairment, seizure disorders, neonatal / infant cancers, opportunistic infections, and many other disastrous consequences. The three DOD Whistleblowers just recently brought forth by attorney Thomas Renz in a Senate Subcommittee with Senator Ron Johnson disclosed the significant increase in pregnancy complications, deaths and catastrophic vaccine injuries due to the experimental gene therapy, with a 269% increase in myocardial infarction, a 291% increase in Bell’s palsy, a 156% increase in congenital malformations for children of military personnel, a 471% increase in female infertility, 300% increase in cancer diagnoses, and a 1000% increase in neurological issues [36]. It should be understood that anyone who recommended this extremely dangerous experimental gene therapy in all pregnant women, in the absence of any safety data, bears the responsibility for these disastrous consequences. It is not incumbent upon anyone to prove severe adverse events; rather it was incumbent upon ABOG to prove safety before pushing this extremely dangerous experimental gene therapy in pregnant women.

Drs. Robert Malone and Geert Vaden Bossche and Pfizer’s own documents state that the lipid nanoparticles (LNP’s) with their mRNA cargo are distributed to the entire body and pass through the blood brain barriers, the placental barrier, and the fetal blood brain barriers, and concentrate in the ovaries [37]. Drs. Byram Bridle, Robert Malone, and Bret Weinstein review the FOIA data obtained by the Japanese Pfizer biodistribution study and confirm concentration of the LPN’s in the ovaries. The original Pfizer document can be downloaded from this site [37]. Schadlic and coworkers [38] observed concentration of LNP’s in the ovaries studied across different mouse species and also in Wistar rats. They warned that accumulation of LNP’s in the ovaries pose an important and neglected toxicity issue in humans. Concentration of LNP’s in maternal, fetal, and newborn ovaries indeed poses a significant and potentially permanent multigenerational risk from this experimental gene

therapy. A female fetus possesses all its gametes (about 1 million ovum) in the ovaries before birth, and following the COVID-19 injections each ovum is exposed to these potentially poisonous LNP's containing the mRNA cargo. It is now widely known and understood that the COVID-19 "vaccine", which is an experimental gene therapy, works by inducing inflammation. *Yet, inflammation in the developing embryo and fetus is a hallmark for permanent damage, malformation, death, placental insufficiency, and potentially life long chronic diseases in the offspring, including severe immunological disturbances, disruption of the TOL7 and TOL8 receptors on cell membranes* [39, 40, 41]. The TOL receptors are responsible for immune surveillance and the suppression of cancers and opportunistic infections in the body including herpes, zoster, CMV, HPV, TB, toxoplasmosis and many others [42, 43]. Dr. Ryan Cole MD, a highly acclaimed pathologist, has noted a striking increase in cancers and opportunistic infections in all age categories, including extremely rare newborn and infant cancers [44]. Since the roll out of the experimental gene therapy there have been unprecedented numbers of stillbirths in the US, Canada, Scotland, Europe, and many other locations. Scott Davison, the CEO of OneAmerica insurance company, has noted all-cause death rates are up 40% in ages 18-64 years [45]. Scott Davison notes that even a 10% rate of increase is catastrophic for the insurance industry. Life insurance companies are warning that there are nearly 100,000 excess deaths per month happening in all age groups in the US which cannot be attributed to COVID-19 alone. How many of these deaths are caused by the experimental gene therapy?

It is important for all members of ABOG to recognize that they cannot defer guilt to ABMS, FSMB, the American Medical Association (AMA), the American College of Obstetrics and Gynecology (ACOG), the Society for Maternal Fetal Medicine (SMFM), or any other medical organization. ABOG is responsible for all these consequences in pregnant women and women of childbearing age, since this is ABOG's jurisdiction. ABMS and FSMB do not dictate policy in pregnant women. SMFM, ACOG, and AMA have no authoritative action; their recommendations and threats are 'teethless'. This is ABOG's jurisdiction, not the jurisdiction of SMFM, ACOG, AMA or any other of the organizations, because they have no authority to threaten their constituents like ABOG has done. All blame for the mass casualties in women of reproductive age and in pregnancy can only lie with ABOG's decision to promote this experimental gene therapy.

The Importance of VAERS

The Vaccine Adverse Event Reporting System (VAERS) alone has strongly signaled that the experimental mRNA gene therapy is dangerous. While perhaps not perfect, this data simply cannot be ignored, denied, or derided by ABOG or any other organizations or treating physicians. VAERS has served as a pharmacovigilance and safety surveillance tool, created as an outgrowth of the National Childhood Vaccine Injury Act of 1986 (the "Act") [46]. Administered by the CDC and FDA, VAERS [47] is part of an arrangement which provides legal immunity to pharmaceutical companies to encourage vaccine research and development [48]. Under the Act, pharmaceutical companies are given full immunity from tort litigation arising out of injuries and damages relating to vaccines. However, no immunity exists for acts of fraud or RICO violations. As the eyes and ears of patient care, physicians have an affirmative duty to report adverse events, and VAERS has been deemed "the front line" of vaccine safety. As the 2000 Committee on Government Reform noted:

"The Act does require that physicians report—directly to VAERS or to the manufacturer—certain categories of serious outcomes defined for regulatory purposes as an event resulting in death, life-threatening illness, hospitalization, prolongation of existing hospitalization, or permanent disability."

"VAERS is intended to serve as the "front line" of vaccine safety, since this type of national reporting system can rapidly document possible effects and generate early warning signals that can then be more rigorously investigated in focused studies. VAERS is considered especially valuable in assessing the safety of newly marketed vaccines [49]."

Indeed, VAERS' own website states that VAERS "is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine" [50]. Physicians serve a critical role in patient safety by virtue of this reporting system. Failing to take VAERS (the "front line" of vaccine safety) seriously, turning a blind eye to VAERS signal data, and/or pushing a false narrative in the face of VAERS evidence to the contrary, are grave offenses committed by those who took the oath, "first, do no harm." Such conduct violates VAERS' own stated primary objectives. Patients' interests have been eclipsed by the interests of the pharmaceutical industry.

Pushing the false narrative that the experimental COVID-19 therapy is safe and effective in pregnancy, when VAERS data and other emerging data clearly signals otherwise, constitutes a great and tragic ethical and moral failing by the entities tasked with governing the licensure and certification of physicians serving on the front lines of patient care and safety. The false narrative ignores the emerging data and is not faithful to ABOG's mission to "facilitate continuous learning to advance knowledge, practice, and professionalism in women's health". Pressuring constituents to tell only the false narrative prevents them from disclosing to their unsuspecting patients that the safety of the experimental COVID-19 injections has been called into question. It asks frontline physicians to betray their pregnant patients by misrepresenting, omitting, and hiding information that is relevant and material to the patients' safety and ability to give informed consent. It is reasonable to ponder whether such conduct could expose physicians and/or physician governance entities – such as ABOG, ABMS, FSMB, SMFM, AMA, AACN, ACOG and others – to legal and/or even criminal liability at some point in the future. There is no blanket immunity for any person or entity – be it ABOG, ABOG's staff, physicians, or even pharmaceutical manufacturers – for conduct that amounts to fraud.

The VAERS Data Has Signaled Warnings that Can No Longer be Ignored

CDC and FDA have been privy to this data since it was reported to the authorities on April 30th, 2021. The experimental "vaccine" should have been removed from the market that very day, or arguably in December of 2020 when Pfizer was aware of hundreds of deaths. Dr. Nagase has strongly urged all pregnant women who received this experimental treatment to bring civil litigation against their obstetricians and all VAERS has shown that the experimental COVID mRNA gene therapy injections have proven to be harmful by any modern safety standards traditionally applied to other vaccines [51]. The "5/50 rule" has always been a "rule of thumb"; if there are 5 deaths associated with a drug, vaccine, or device then a black box warning is issued; if there are 50 deaths the product is immediately removed from the market. Hundreds of examples of this FDA removal process are readily available [52]. Why has ABOG now ignored these long-held safety monitors? There are multiple reports from all over the world reporting an increase in fetal deaths, neonatal deaths, and infant deaths. The Scottish data documents a 25% increase in infant deaths [53].

Dr. Daniel Nagase reviewed Pfizer's own internal data between December 1, 2020 to February 28, 2021. This Pfizer data was released to the Governmental authorities on April 30th 2021. This document was obtained by the Freedom of Information Act (FOIA) by the Public Health and Medical Professionals Transparency Organization [51]. Pfizer reported their experimental gene "vaccine" was administered to 274 pregnant woman and among them there were 75 (27%) serious adverse clinical events. The FDA and CDC authoritative agencies that have recommended it [50]. The Pfizer report obtained by FOIA may be downloaded from this site [51].

There are numerous plausible mechanisms by which the COVID-19 "vaccination" can have adverse effects on women of reproductive age and pregnant women. The placenta is an autonomous and transient organ essentially aimed at mediating nutrient and gas exchange between mother and fetus during intrauterine life [54–56]. Many mammalian species including the human have a hemochorial placenta that is a crucial process of placental morphogenesis in the fusion of the embryonic trophoblastic cells into a multinucleated layered cell called syncytiotrophoblast; this constitutes the main materno–fetal barrier in direct contact with maternal blood and fulfils essential trophic exchange functions [54–56]. In situ hybridization of human placental tissue using an MFSD2-specific probe unambiguously demonstrates receptor expression at the level of the syncytiotrophoblast, again consistent with a role in placenta morphogenesis [57]. Syncytin is an essential protein in the development of the placenta and its subsequent function to support normal fetal growth and development. Syncytin-1, an endogenous retroviral protein, triggers the activation of an inflammatory process [55] and this is known to cause disastrous consequences in the embryo, fetus and newborn. It is also known to be associated with psychiatric illness including schizophrenia [58]. Concerns about the experimental gene therapy are plausible evidence that the spike proteins in the mRNA "vaccines" trigger an immune reaction against syncytin, thus potentially causing menstrual irregularities, miscarriage, stillbirth, fetal malformation, neonatal death and chronic disease in the offspring. It was incumbent upon ABOG to have ruled this out before their unethical threats to destroy their constituents' careers if they do not collude with ABOG's false narrative.

Indeed, ABOG's false narrative is being unraveled as we speak along with the rest of the CARTEL supported

by their “experimental medicine” façade [59]. At first glance, the data from Rambam hospital in Haifa, Israel are reassuring [60]. Upon closer scrutiny Dr. Jessica Rose and Josh Guetzkow note that this data from Rambam hospital in Haifa reveal a stillbirth, miscarriage and abortion (SBMA) rate of 6% among women who never received a COVID-19 vaccine, compared to 8% among women who were vaccinated with at least one dose (and never had a SARS-Cov-2 infection). They found a statistically significant odds ratio of 1.36 (CI 1.0–1.9) of having a stillbirth, abortion, or miscarriage if you are vaccinated [61]. The SBMA rate among vaccinated women was nearly 34% higher than that rate among unvaccinated women. This difference is statistically significant at the 95% confidence interval based on a Chi-square test of significance [61].

There is currently no scientific data to support the use of mRNA gene therapy treatment during pregnancy. None. The long-term outcomes are unknown. Karrow et al. note that animal models suggest significant concerns for the use in pregnancy [62]. In their review of COVID-19 vaccine reactions in humans, they include among symptoms injection site erythema, pain, swelling, fatigue, headache, fever, and lymphadenopathy. For pregnant women who receive the shot, the inflammatory effect in of itself may be sufficient to adversely affect fetal/neonatal development. In their review, they have explored components of the first-generation viral vector and mRNA COVID-19 vaccines that are believed to contribute to adverse reactions, and which may negatively impact fetal and neonatal development [62].

Criminal Corruption of Science?

The *New England Journal of Medicine* article [63, 64] demonstrates zero safety of the COVID-19 vaccine in pregnancy. The v-safe (surveillance system) procurement of data is irrelevant, unreliable, and has never been validated as an accurate tool. The longitudinal study in this very poorly done study lasted less than 10 weeks, while pregnancy lasts for 40 weeks. The data was subsequently challenged for publishing erroneous miscarriage rates. It included pregnant women given the experimental gene therapy after 13 weeks while the authors defined miscarriage as less than 13 weeks. The authors clearly stated that a “total of 700 participants (84.6%) received their first eligible dose in the third trimester”, and later, that a “total of 96 of 104 spontaneous abortions (92.3%) occurred before 13 weeks of gestation”. The correct rate of

spontaneous miscarriages among women vaccinated in the first 13 weeks of their pregnancy was not 12.6% but over 80%. It is difficult to believe that this was not purposeful data manipulation. There was absolutely ZERO newborn follow up which is inconceivable; and this fact alone irrefutably contradicts the authors’ claim that the investigational gene therapy is safe in pregnancy. This potentially fraudulent publication was pointed out to the *New England Journal of Medicine* and should have been retracted. But only a minor, one paragraph “invisible” correction was made, which was buried inconspicuously in the journal. Like the completely fraudulent hydroxychloroquine study from *The Lancet*, [9] the damage was irreparable as it promoted mass vaccination in pregnant women [63, 64].

The fact that ABOG would recommend this “vaccine” in pregnancy is an abomination and may well be the greatest disaster in the history of obstetrics. However, ABOG’s reckless abandon of the scientific method is clearly a strategy shared by Dr. Eric Rubin, Editor in Chief of the *New England Journal of Medicine*. Rubin had the unethical audacity, at the FDA advisory committee, to vote in favor of administering the “vaccine” to children ages 5–11 and is quoted on public record as stating the following: “We’re never going to learn about how safe the vaccine is until we start giving it” [65]. This is absolutely the antithesis of the scientific method. At least Rubin was transparent in this case. In the case of pregnant women, he simply advocated the “vaccine” under his false safety pretense stamped with the seal of the *New England Journal of Medicine*. Whistleblower Paul D. Thacker in the November 2021 *British Medical Journal* exposes major flaws in Pfizer research including manipulation of data, unblinding of the “blinded data”, and many others [1]. Given the obvious bias of the editor in chief of the *New England Journal of Medicine* and his reckless behavior in the scientific method, one must speculate as to the relationship between his journal and Big Pharma.

Safe Effective Treatments Falsely Demonized

The mainstream medical journals have become increasingly corrupt in the last few decades because of unethical entanglements involving Big Pharma, governmental agencies, industry and politicians. How is it that *The Lancet* published a manuscript with the lead author from Harvard, that consisted of completely fraudulent data [9]? It was not manipulated data; it was *completely falsified* for the specific political purpose of doing a

“hatchet job” on hydroxychloroquine [9]. *The Lancet* got caught red-handed and was forced to retract the article, yet Mehra the lead author and Harvard professor was not punished. The *New England Journal of Medicine*, similarly appear to have bias with inappropriate publications misrepresenting data suggesting inappropriate entanglements with Big Pharm [1, 9]. Ironically ABOG threatens to destroy their constituents’ livelihoods if they spread “misinformation”? This represents the height of hypocrisy, and it is egregious. Why did *The Lancet* publish this completely fraudulent article? Evidently, they wanted to eliminate an extremely safe and effective drug for the early treatment of COVID-19 so that Big Pharma (and the journals?) could make trillions of dollars on the fraudulent experimental gene therapy.

Safe and Successful Alternative Protocols

There are thousands of physicians around the world that have treated millions of severe outpatient COVID-19 patients with early, effective, and safe options utilizing a variety of vitamins, supplements, ivermectin, hydroxychloroquine, azithromycin, doxycycline, steroids, and other safe repurposed medications. Dr. Peter McCullough arguably the most well-studied and published physician in the State of Texas and author of over 600 peer-reviewed publications, has championed the safe and effective use of early outpatient treatment for COVID-19, including hydroxychloroquine, ivermectin, and other vitamins, supplements, and repurposed drugs [66-69].

Dr. Benjamin Marble [70] is the Founder of MyFreeDoctor.com. His group is the first physician entity to use early treatment in outpatient COVID-19 patients in all 50 states using a regimen like the McCullough protocol. Marble has a 99.99% success rate in treatment of over 150,000 COVID-19 patients. Similar outcomes have been achieved with many millions of other COVID-19 patients all over the world, including by Drs. Pierre Kory and Paul Marik [71, 72], Vladimir ‘Zev’ Zelenko [73], Karen Ried [74], Deborah Viglione [75-77] and many others. A meta-analysis of 78 studies using ivermectin for the early treatment of COVID-19 shows a significant 64% improvement [78].

Must-read Exposés: Get Informed

Peter R. Breggin MD is a Harvard-trained psychiatrist and former Consultant at National Institute of Mental Health

(NIMH) and for the FAA. He is known as "The Conscience of Psychiatry" for his many decades of successful efforts to reform the mental health field. Dr. Peter Breggin and Ginger Breggin published a NYT best-selling book outlining the extensive success of early outpatient treatment for COVID-19. Their book, “*COVID-19 and the Global Predators: We are the Prey*”, investigates and chronicles detailed timelines for communications and patents that provide irrefutable evidence for the genesis of this pandemic [79]. Robert F. Kennedy Jr. also published a NYT best-selling book, “*The Real Anthony Fauci*”, which outlines the very high success rates of early outpatient treatment for COVID-19. Kennedy too documents the communications and evidence of the extremely corrupt governmental agencies, Big Pharma and Dr. Fauci [80]. Dr. Brian Tyson, MD and Dr. George Fareed MD also published a book, “*Overcoming the COVID darkness: How two Doctors Successfully treated 7000 Patients*”, outlining their very successful early outpatient treatment of COVID-19 [81].

Had the CARTEL not mocked, derided, threatened, censored, and persecuted the health professionals who offered early outpatient treatment, well over 80% of the deaths and hospitalizations in the US could have been prevented since the onset of the pandemic. Hydroxychloroquine has been used for 85 years with an estimated billion of doses dispensed and has a higher safety profile than aspirin or acetaminophen. Obstetricians, Rheumatologists and Maternal Fetal Medicine physician specialists have used hydroxychloroquine for over 40 years in pregnancy without any adverse effects or teratogenicity noted. Hydroxychloroquine, in contrast to the experimental gene therapy, is extremely safe and efficacious in prophylaxis against COVID-19 in pregnancy in the appropriate dosage.

Dr. Bhakdi Sucharit and Dr. Arne Burkhardt, in their YouTube video, “Doctors for COVID Ethics”, unequivocally document how the unexpected deaths in Germany are caused by the experimental gene therapy, not by any other causes. As Sucharit explains, death is caused by the autoimmune “self-attack” of T killer lymphocytes in all organs systems throughout the body. Sucharit states emphatically that all the gene-based vaccines are killing the young and the old [82].

The Omicron variant exposes the major flaws in all the COVID-19 “vaccines”. The so-called vaccine does NOT have positive efficacy; it has NEGATIVE EFFICACY [83]. It

increases viral loads, transmissibility, and increases the risk to those vaccinated. This is a disease of the vaccinated, NOT the unvaccinated. The most vaccinated countries in the world and states in the USA have the highest case rates of COVID-19. How is it that the entire USA NAVY ship, the USS Milwaukee, had 100% of its crew vaccinated and then became completely disabled because of a massive COVID-19 outbreak [84]? How is this possible? The false narratives have fallen apart right in front of everyone's eyes and ABOG is in denial, continuing to force its puppets to push the "vaccine", even in pregnancy.

The Overwhelming Evidence

In just 12 months from deployment of the COVID-19 "vaccines" the authors have reviewed 1,013 peer-reviewed studies published in medical journals referenced in the hyperlink below [87]. This has never occurred in the history of medicine for any drug, vaccine or medical device. We would encourage ABOG staff and examiners to review all these studies [84], and read the three books [79-81]. The resources and references cited here lead to no other conclusion than that the COVID-19 experimental gene therapy injections are dangerous in the population at large, and particularly for women of reproductive ages, pregnant women, and their offspring. The dangers of the COVID-19 experimental gene therapy are evident. ABOG must acknowledge the facts and retract their September 2021 threats. We and ABOG must make a strong public statement regarding the risks of this experimental gene therapy injection in women of reproductive age and in pregnancy, as a matter of ethical due diligence.

The authors welcome debate with anyone in ABOG in a public forum or recorded on Zoom for public viewing. Moreover, some of us have offered to debate anyone in the world on this topic and have had no one challenge us for over a year, only engaging in ad hominem attacks. Having been vaccinated and pro-vaccine, Steve Kirsch saw multiple inconsistencies, delved into the science, and completely reversed his course based upon his own extensive research. He resigned from his highly successful career and now is one of the intellectual leaders of truth fighting against the false narrative of ABOG and the rest of the CARTEL. Steve Kirsch is the model of a true academician and scientist with impeccable intellectual integrity. He exhaustively publishes and interviews experts on his platform and he has offered \$1,000,000 US currency to anyone in the world that will debate him. Yet, ABOG and others have not yet taken him up on the challenge – perhaps they fear they would be exposed as liars and possibly as criminals. ABOG is the creator of this perfect storm that will eclipse the disasters of diethyl stilbesterol (DES) and thalidomide, and make them look prenatal vitamins.

We urge you to cease and desist in ABOG's potentially criminal and lethal deceptions.

We urge you to join us in taking moral action to reclaim allegiance to the truth, to justice, to professional integrity and trustworthiness.

We thank you very much for your time, consideration, and PROMPT resolution of this matter.

Sincerely,

James A. Thorp MD, Ob/Gyn & Maternal Fetal Medicine, Gulf Breeze, FL

Thomas Renz JD, Freemont, OH

Christiane Northrup MD, Ob/Gyn, Women's Health and Wellness, VT

Charles Lively MD, Ob/Gyn, Odessa, TX

Peter Breggin MD, Psychiatry, Ithaca, NY

Richard Bartlett MD, Emergency Medicine, Midland, TX

Neil Karrow MD, Professor of Immunology, Department of Animal Biosciences, University of Guelph, Guelph, Ontario, Canada

Steve Kirsch SM, SB in EECS, Los Altos Hills, CA

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Ryan Cole, MD, Pathologist, Boise, ID

Jeff Childers JD, Tallahassee, FL

Bryan Ardis DC, CEO Ardis Labs, Dallas, TX

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Daniel Nagase MD, Emergency Medicine, Canada

Richard Urso MD, Ophthalmology, Houston, TX

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Peter A. McCullough MD MPH, Dallas, TX.

Summary

For 32 years, VAERS has served as an early warning and pharmacovigilance system for the vaccine industry. In past mass vaccination programs when 25–50 deaths became associated with a vaccine, it was summarily withdrawn from the market. In 1976 the swine flu vaccine was swiftly removed from the market when there were only 25–50 deaths. At the turn of the century the rotavirus vaccine was immediately removed from the market when a few cases of intussusception were reportedly associated with the vaccine. Yet there have been over 22,000 deaths associated with the COVID-19 vaccine, as reported by VAERS. According to their own website, VAERS receives reports for only a small fraction of actual adverse events, so the actual number of deaths is likely much, much higher, over a million. ABOG and others overseeing the implementation of the “vaccines” have roundly ignored the emerging data from VAERS and from many other sources. A striking association between vaccine administration and adverse pregnancy outcomes is observed using the VAERS data through medalerts.org as represented below in Figures 3–6. There are at least three independent and verifiable sources that document severe complications from the experimental gene therapy in pregnancy: the VAERS data source, the DOD Whistleblower physicians’ testimonies [36], and from Pfizer’s own internal document [50]. There are many more reports from elsewhere in the world.

In a November 2020 editorial, executive editor of *The British Medical Journal* Dr. Kamran Abbasi wrote: “Polarization of science was enthusiastically deployed by some of history’s worst autocrats and dictators, and is now regrettably commonplace in democracies. The medical-political complex tends towards suppression of science to aggrandize and enrich those in power. As the powerful become more successful, rich, and further intoxicated with power, the inconvenient truths are suppressed. When good science is suppressed, people die” [85]. Sir Karl Popper stated that scholars and scientists should always be open to divergent opinions, and the scientific method includes discussion of opposing minority opinions and views. Science progresses only by refutation. In fact, as history has demonstrated, without the challenge of opposing data and alternative theories, there can be no true science at all.

The history of science and medicine are replete with conscientious objectors who sought truth over power.

Galileo was placed under house arrest where he remained until his death because he argued, based upon valid empirical evidence, in favor of the sun-centered astronomical model. In the mid-1800’s, Semmelweis stepped up to oppose the mainstream narrative. He showed, again based on empirical evidence, that the 50% maternal mortality rates at Vienna Lying-in Hospital could be dramatically decreased simply by hand washing with a lye solution. He was censured and subjected to harassment by the ABOG-like authorities of his time. By the same token, those who opposed liberal use of opioids in patients during the 1990’s were singled out and criticized by administrators while at the same time an unprecedented US opioid addiction crisis was coming into full swing. History often repeats itself. There could never be what we now call “science” had individuals possessing insight and moral conscience not stepped up to challenge the assumptions, errors, and unethical practices of their time.

Those who engage in ethical scientific work and research report honestly and accurately what has been observed. ABOG’s *Statement Regarding Dissemination of COVID-19 Misinformation* fails to explain what constitutes misinformation or how and by whom it is determined. ABOG refuses to acknowledge an ever-growing body of contrary scientific, peer-reviewed evidence that incriminates the mRNA and DNA “vaccines”. It must be recognized that they are not really vaccines but reckless experiments with nucleic acid preparations that have killed, maimed, and endangered the unsuspecting public.

The Nuremberg Code

The CDC and NIH published the ten criteria of the Nuremberg Code which all researchers must follow to conduct ethical research [86]. The Nuremberg Code is the ethical criteria by which all human experimentation is regulated, and its first principle remains the most important: the requirement of the voluntary, competent, informed, and understanding consent of all patients involved with any type of research. ABOG has violated all ten criteria. Until further testing can be completed, including but not limited to studies of long-term outcomes, governing bodies of healthcare professionals, including ABOG, FSMB, ABMS, AMA, AACN, SMFM, ACOG and others should retract their injunctions aimed at eradication of vaccine hesitancy and focus instead on promotion of truthful, honest communication which is integral to a patient’s informed consent.

Figure 1

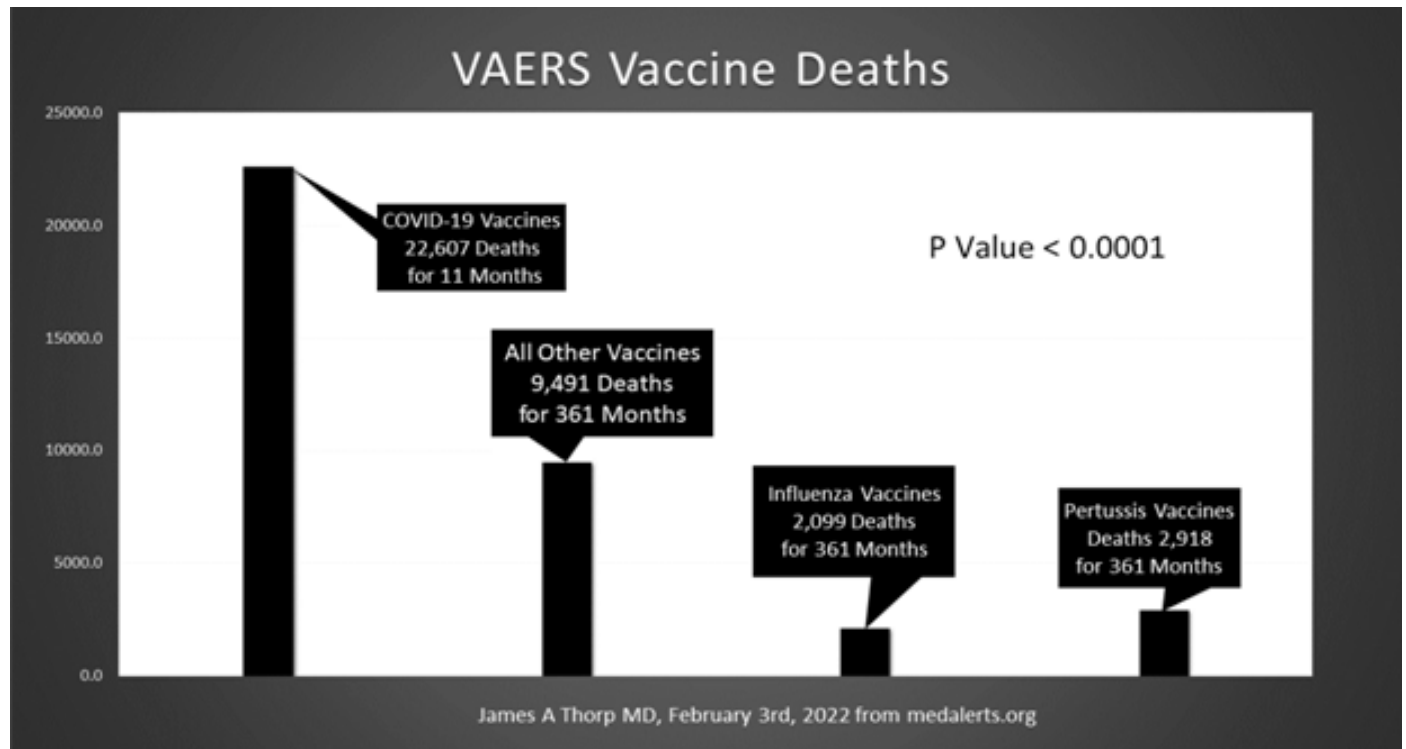
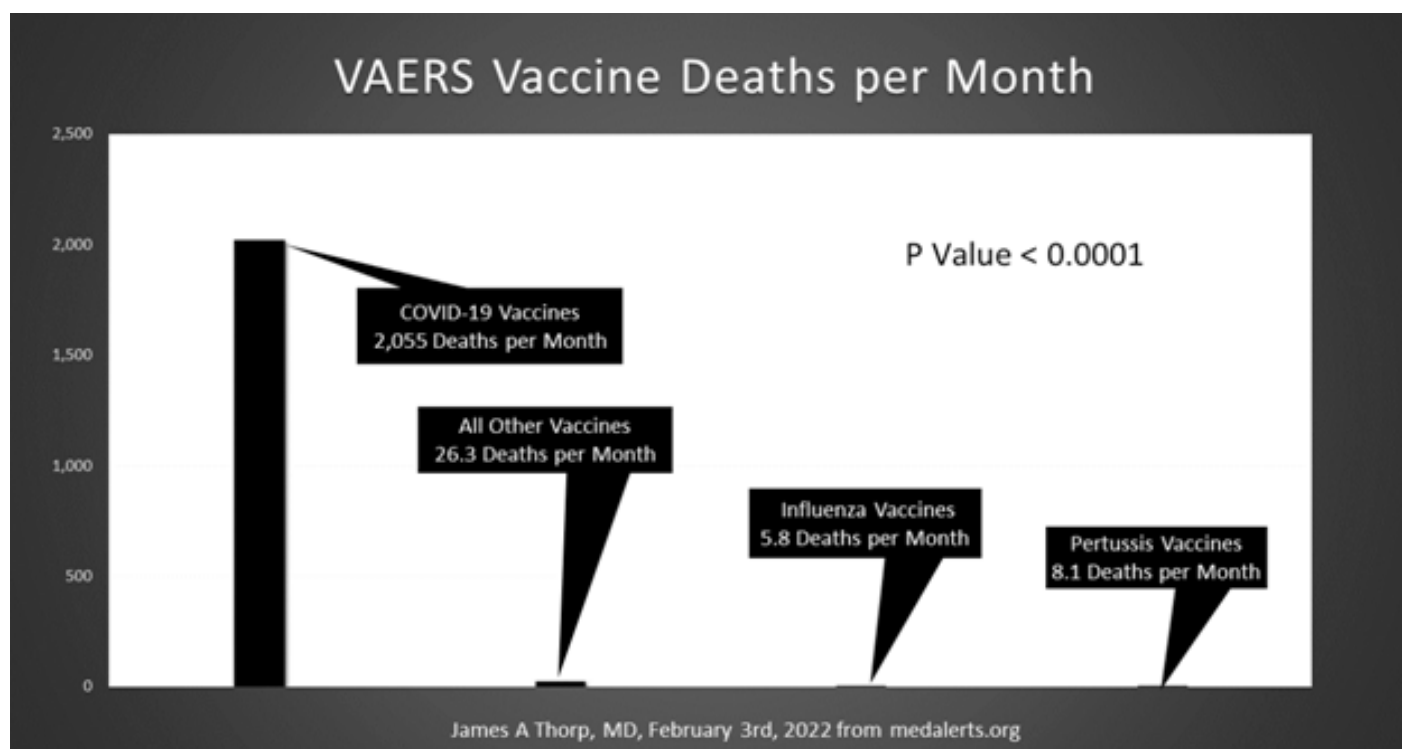


Figure 2



Figures 1 and 2 note the number of deaths from VAERS in the “COVID-19 vaccination”, all other vaccines, the influenza vaccines, and the pertussis vaccines. In Figure 1 there are only 11 months of data for the “COVID-19 vaccines” compared to 361 months for the other vaccines. Figure 2 controlled the data for time.

Figure 3

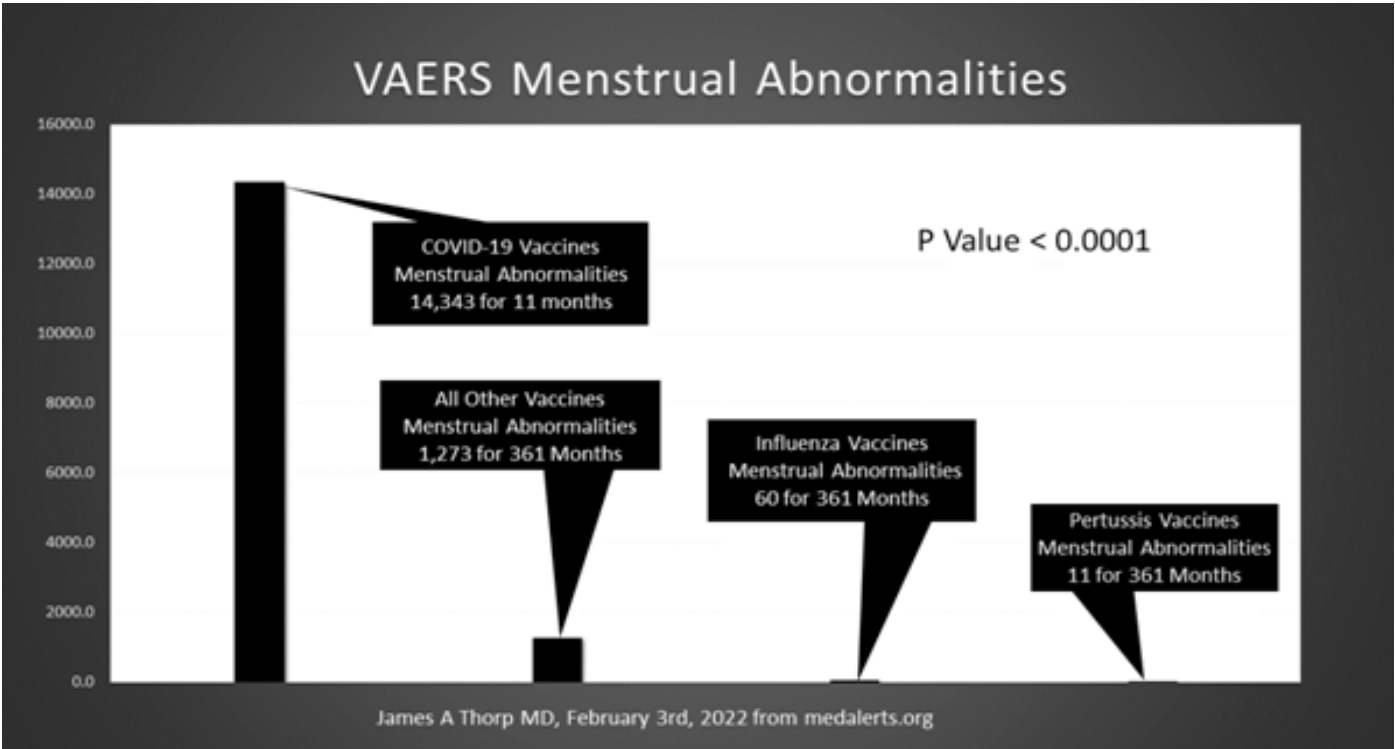
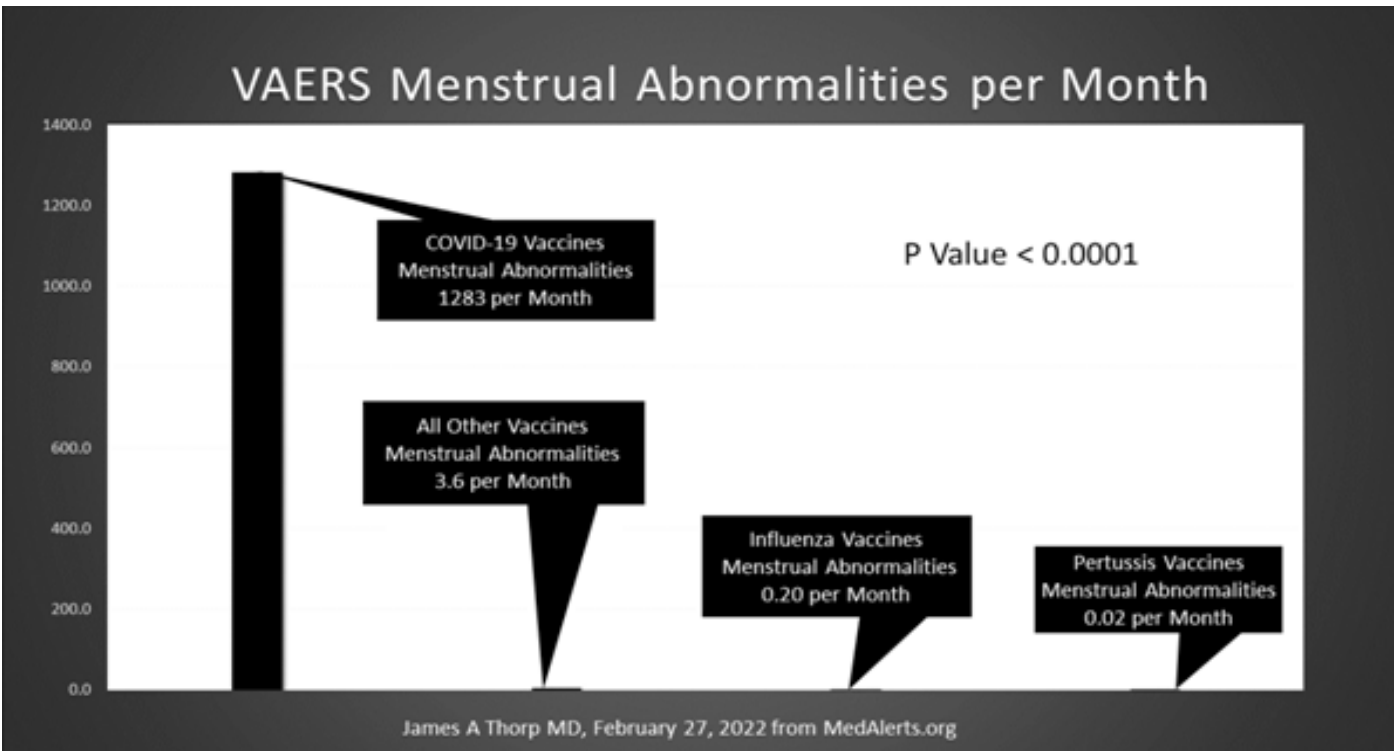


Figure 4



Figures 3 and 4 note the number of menstrual abnormalities from VAERS in the “COVID-19 vaccination”, all other vaccines, the influenza vaccines, and the pertussis vaccines. In Figure 3 there are only 11 months of data for the “COVID-19 vaccines” compared to 361 months for the other vaccines. Figure 4 controlled the data for time.

*Hyperlink to 1013 references - <https://www.thegms.co/medical-ethics/medethics-RW-22021403-references.pdf>

Figure 5

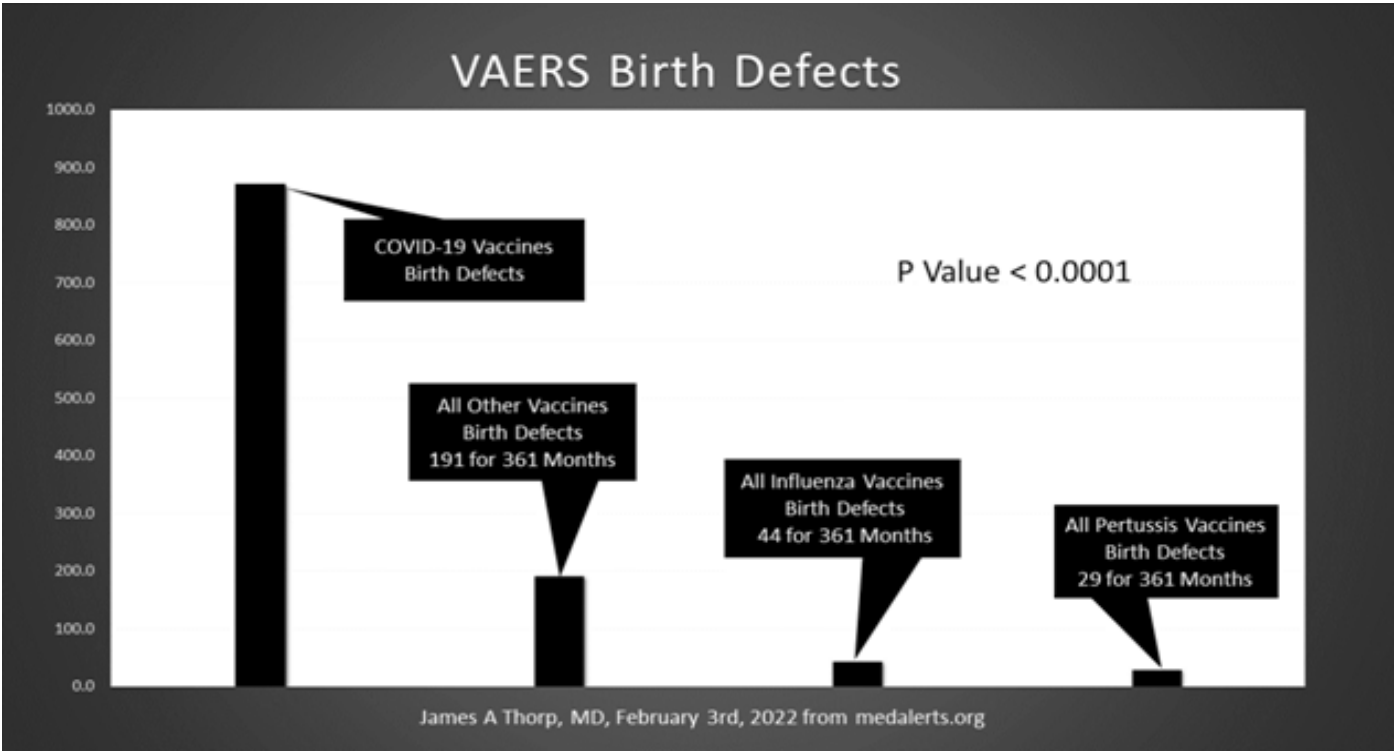
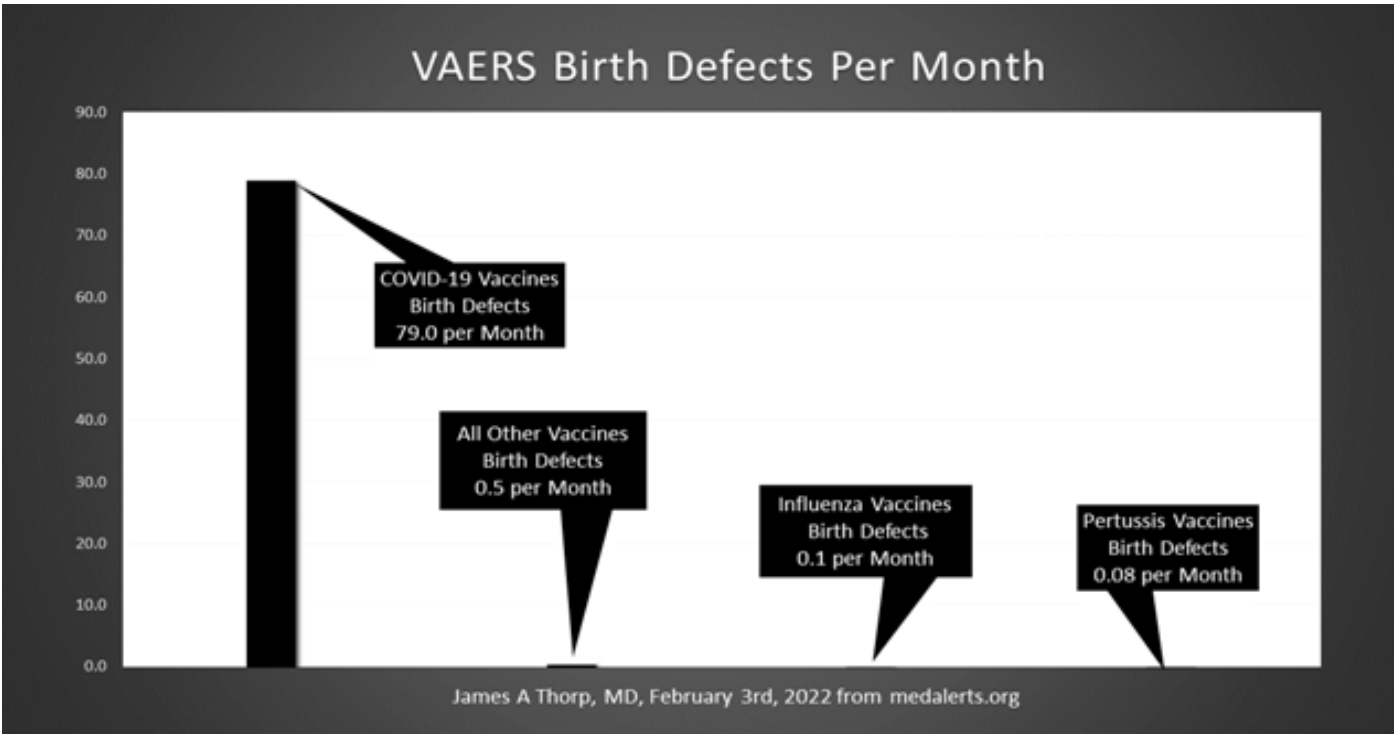


Figure 6



Figures 5 and 6 note the number of birth defects from VAERS in the “COVID-19 vaccination”, all other vaccines, the influenza vaccines, and the pertussis vaccines. In Figure 5 there are only 11 months of data for the “COVID-19 vaccines” compared to 361 months for the other vaccines. Figure 6 controlled the data for time.

*Hyperlink to 1013 references - <https://www.thegms.co/medical-ethics/medethics-RW-22021403-references.pdf>

Figure 7

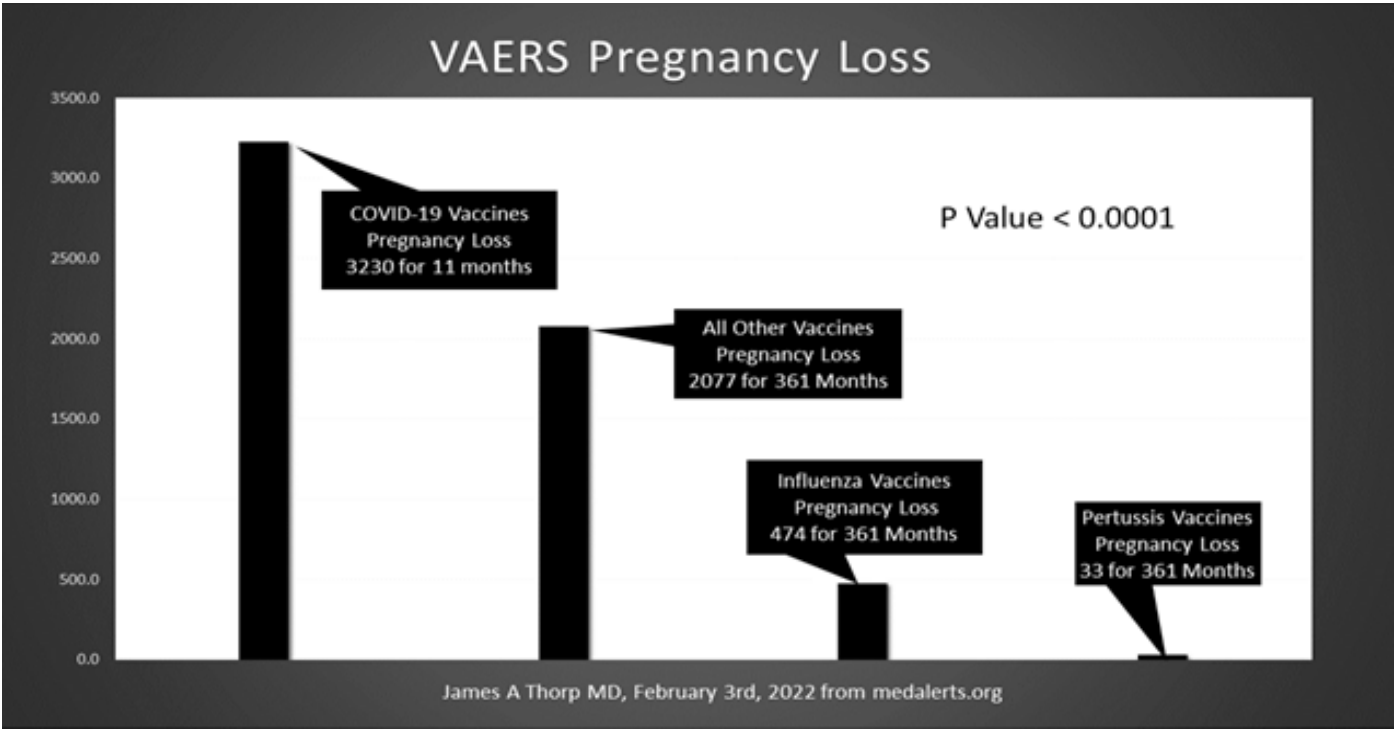
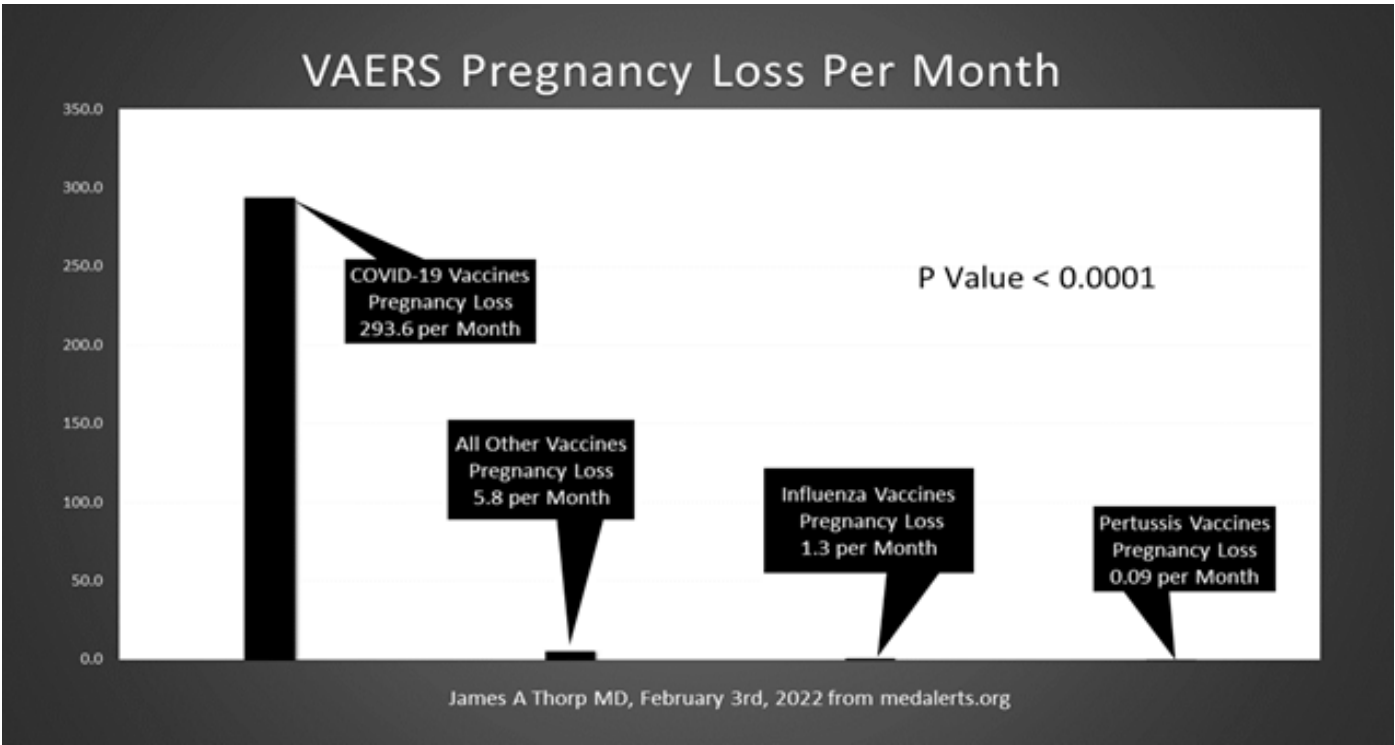


Figure 8



Figures 7 and 8 note the number of pregnancy loss from VAERS in the “COVID-19 vaccination”, all other vaccines, the influenza vaccines, and the pertussis vaccines. In Figure 7 there are only 11 months of data for the “COVID-19 vaccines” compared to 361 months for the ther vaccines. Figure 8 controlled the data for time.

*Hyperlink to 1013 references - <https://www.thegms.co/medical-ethics/medethics-RW-22021403-references.pdf>

References

1. Thacker PD. Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial *BMJ* November 2, 2021; 375 doi: <https://doi.org/10.1136/bmj.n2635>
2. Doshi P, Godlee, Abbasi K. Covid-19 vaccines and treatments: we must have raw data, now. *BMJ* 2022 19 January 2022. <http://dx.doi.org/10.1136/bmj.o102>
3. McCarthy J. Big pharma sinks to the bottom of US industry rankings. Gallup. 2019 <https://news.gallup.com/poll/266060/big-pharma-sinks-bottom-industry-rankings.aspx>
4. Outterson K. Punishing health care fraud —is the GSK settlement sufficient?. *N Engl J Med* 2012 ;367:1082 - 5. doi: 10.1056/NEJMp1209249 pmid: 22970920
5. Ziady H. Covid vaccine profits mint 9 new pharma billionaires. CNN 2021 May 21. <https://www.cnn.com/2021/05/21/business/covid-vaccine-billionaires/index.html>
6. Johnson RM, Doshi P, Healy D. Covid-19: Should doctors recommend treatments and vaccines when full data are not publicly available? *BMJ* 2020 ;370:m3260. doi: 10.1136/bmj.m3260 pmid: 32839164
7. Cornell's *Legal Information Institute* defines "cartel" as follows: "A cartel is a group of independent corporations or other entities that join together to fix prices, rig bids, allocate markets, or conduct other similar illegal activities. Cartel conducts are mainly subject to criminal penalties under United States antitrust laws, although there are some cartel conducts, such as monopolization, resale price maintenance, etc. are subject to civil penalties." Cornell Law School, *Legal Information Institute [LII]: Open Access to Law Since 1992*, "Cartel," <https://www.law.cornell.edu/wex/cartel>, last updated in May of 2020. The CDC reportedly changed its definition of "vaccine" and "vaccination" on or around September 1, 2021, which is around the time when other independent entities also issued their statements pushing the COVID-19 vaccines as the only safe and effective treatment. *The Truth is Where?*, "CDC Emails: Our Definition of Vaccine is 'Problematic,'" Nov. 2, 2021, <https://thetruthiswhere.wordpress.com/2021/11/06/cdc-emails-our-definition-of-vaccine-is-problematic/>.
8. Mehra MR, Desai SS, Patel AN. Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis. *Lancet*. 2020 (published online May 22, 2021) 10.1016/S0140-6736(20)31180-6. RETRACTION-Hydroxychloroquine or chloroquine with or without a macrolide for treatment of covid-19: a multinational registry analysis. *Lancet* June 05, 2020 [https://doi.org/10.1016/S0140-6736\(20\)31324-6](https://doi.org/10.1016/S0140-6736(20)31324-6)
9. American Board of Obstetrics and Gynecology (ABOG), *Statement Regarding Dissemination of COVID-19 Misinformation*, Jan. 27, 2021 <https://www.abog.org/about-abog/news-announcements/2021/09/27/statement-regarding-dissemination-of-covid-19-misinformation>. Specifically, ABOG's statement warns, in pertinent part: "The American Board of Obstetrics and Gynecology (ABOG) fully supports the statement published by the Federation of State Medical Boards (FSMB) that asserts that *providing misinformation about the COVID-19 vaccine contradicts physicians' ethical and professional responsibilities, and therefore may subject a physician to disciplinary actions, including suspension or revocation of their medical license*. Additionally, ABOG supports a recent American Board of Medical Specialties (ABMS) statement, which expresses concern regarding the serious public health effects of the persistent spread of misinformation regarding the COVID-19 virus. (Emphasis supplied)."
10. Federation of State Medical Boards (FSMB), *FSMB: Spreading COVID-19 Vaccine Misinformation May Put Medical License at Risk*, July 29, 2021, <https://www.fsmb.org/advocacy/news-releases/fsmb-spreading-covid-19-vaccine-misinformation-may-put-medical-license-at-risk/>.
11. American Board of Medical Specialties (ABMS), *ABMS Issues Statement Supporting Role of Medical Professionals in Preventing COVID-19 Misinformation*, September 13, 2021, <https://www.abms.org/news-events/abms-issues-statement-supporting-role-of-medical-professionals-in-preventing-co>

- [vid-19-misinformation/](#).
12. FSMB, <https://www.fsmb.org/advocacy/news-releases/fsmb-spreading-covid-19-vaccine-misinformation-may-put-medical-license-at-risk/>.
 13. Megan Redshaw, "Conflict of Interest: Reuters 'Fact Checks' COVID-Related Social Media Posts, But Fails to Disclose Ties to Pfizer, World Economic Forum," *The Defender: Children's Health Defense News and Views*, August 11, 2021, <https://childrenshealthdefense.org/defender/reuters-fact-check-covid-social-media-pfizer-world-economic-forum/>.
 14. ABMS, <https://www.abms.org/news-events/abms-issues-statement-supporting-role-of-medical-professionals-in-preventing-covid-19-misinformation/>. The ABMS states in pertinent part, "Misinformation has been directly linked to much of the vaccine hesitancy and disregard for practical safeguards against infection, including masking and distancing, and is a contributing factor hindering national efforts to combat the virus" (emphasis supplied)."
 15. ABMS, <https://www.abms.org/news-events/abms-issues-statement-supporting-role-of-medical-professionals-in-preventing-covid-19-misinformation/>.
 16. "Flu Misinformation and Coronavirus Fears: My Letter to Dr. Sanjay Gupta," Robert J. Kennedy, Jr., <https://childrenshealthdefense.org/news/flu-misinformation-and-coronavirus-fears-my-letter-to-dr-sanjay-gupta/>.
 17. In an open letter to Dr. Sanjay Gupta published on April 16, 2020, Robert F. Kennedy, Jr., cogently defines COVID-19 vaccine misinformation as "a euphemism for any statement that departs from the Government / Pharma orthodoxy that all vaccines are safe, necessary and effective for all people." © May 9, 2020, *Children's Health Defense, Inc.* "Flu Misinformation and Coronavirus Fears: My Letter to Dr. Sanjay Gupta," Robert J. Kennedy, Jr., <https://childrenshealthdefense.org/news/flu-misinformation-and-coronavirus-fears-my-letter-to-dr-sanjay-gupta/>. It should be noted that Robert J. Kennedy, Jr.'s letter may be found in Steve Kirsch's Newsletter, "Who is the real misinformation spreader: RFK Jr or Sanjay Gupta?" Steve Kirsch, Jan. 11, 2021, https://stevekirsch.substack.com/p/who-is-the-real-misinformation-spreader?utm_source=substack&utm_medium=email&utm_content=share&token=eyJ1c2VyX2lkIjo-2OTY3MDg3OCwicG9zdF9pZCI6NDY5NjY4MjEsIl8iOiJxUThNaSIsImhhdCI6MTY0MTk2MzEwMCwiZXhwIjoxNjQxOTY2NzAwLCJpc3MiOiJwdWItNTQ4MzU0Iiwic3ViIjoicG9zdC1yZWJjdGlvbiJ9.-RzqbFPzOn3-XmO3z-VjIb-gtDn-65DX3rEQ4DUaAaTOQ.
 18. FSMB, <https://www.fsmb.org/advocacy/news-releases/fsmb-spreading-covid-19-vaccine-misinformation-may-put-medical-license-at-risk/>. The FSMB expressly notes that constituents must only share information that is both "scientifically grounded and consensus-driven for the betterment of public health." (Emphasis supplied.)
 19. Children's Health Defense, Inc. "Flu Misinformation and Coronavirus Fears: MY Letter to Dr. Sanjay Gupta," Robert J. Kennedy, Jr. May 9, 2020
 20. "Why Do We Use Euphemisms? Words of Comfort and Words of Deceit," ThoughtCo., <https://www.thoughtco.com/why-do-we-use-euphemisms-1692701>.
 21. "Gaslighting," *Psychology Today*, <https://www.psychologytoday.com/us/basics/gaslighting>.
 22. Ashley Laderer, "How to Spot Gaslighting: 6 Things that Gaslighters Say to Manipulate You," *Insider: Health*, July 23, 2021, <https://www.insider.com/gaslighting-examples>.
 23. Sherri Gordon, "What is Gaslighting?" *Very Well Mind*, Jan. 5, 2022. <https://www.verywellmind.com/is-someone-gaslighting-you-4147470>.
 24. Sherri Gordon, "What is Gaslighting?" *Very Well Mind*, Jan. 5, 2022. <https://www.verywellmind.com/is-someone-gaslighting-you-4147470>.
 25. ABOG, <https://www.abog.org/about-abog/news-announcements/2021/09/27/statement-regarding-dissemination-of-covid-19-misinformation>.
 26. ABOG, <https://www.abog.org/about-abog/news-announcements/2021/09/27/statement-regarding-dissemination-of-covid-19-misinformation>, linking to FSMB, <https://www.fsmb.org/advocacy/news-releases/fsmb-spreading-covid-19-vaccine-misinformation-may-put-medical-license-at-risk/>.

- risk/.
27. Quote from “The Wizard of Oz.”
 28. realnotrare.com. This website contains real patient documentaries and testimonies of the patients own vaccine injuries.
 29. Reuters, “EU Drug Regulator Expresses Doubt on Need for Fourth Booster Dose,” Jan. 11, 2022, <https://www.reuters.com/business/healthcare-pharmaceuticals/eu-drug-regulator-says-more-data-needed-impact-omicron-vaccines-2022-01-11/>.
 30. Steve Kirsch, “Top Israeli Immunologist Criticizes Pandemic Response in Open Letter,” Jan 13, 2022, Steve Kirsch’s Newsletter, https://stevekirsch.substack.com/p/top-israeli-immunologist-criticizes?r=15hae6&utm_campaign=post&utm_medium=email.
 31. Berkeley Lovelace Jr. and Sara G. Miller, “CDC Recommends People not get J&J vaccine if Pfizer, Moderna are Available,” *NBC News*, Dec. 16, 2021, <https://www.nbcnews.com/health/health-news/cdc-panel-recommends-people-not-get-jj-vaccine-pfizer-moderna-availabl-rcna8987>.
 32. Steve Kirsch, “New Studies Show that the COVID Vaccines Damage your Immune System, Likely Permanently,” Steve Kirsch’s Newsletter, Dec. 24, 2021, <https://stevekirsch.substack.com/p/new-study-shows-vaccines-must-be>
 33. Steve Kirsch, “Pfizer CEO says Two Covid Vaccine Doses Aren’t Enough for Omicron,” Steve Kirsch’s Newsletter, Jan. 10, 2022, <https://stevekirsch.substack.com/p/pfizer-ceo-says-two-covid-vaccine>
 34. Hannah Ritchie, Lucas Rodes-Guirao, Edouard Mathieu, et al, “Worldwide Bayesian Causal Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A Big Data Analysis of 145 Countries,” Nov. 15, 2021, <https://vector-news.github.io/editorials/CausalAnalysisReport.html.html>
 35. Fishers Health Department to hold virtual town hall on COVID vaccine for kids, pregnant women. <https://www.wishtv.com/news/fishers-health-department-to-hold-virtual-town-hall-on-covid-vaccine-for-kids-pregnant-women/>
 36. Attorney Thomas Renz Shares SHOCKIG Vaccine-Injury Numbers From US Military Whistleblowers. <https://thecovidworld.com/attorney-thomas-renz-shares-shocking-vaccine-injury-numbers-from-us-military-whistleblowers/>
 37. The Defender. Children’s Health Defense News & Views. Dr. Byram Bridle, Dr Robert Malone, Dr. Bret Weinstein review the FOIA data obtained by the Japanese Pfizer biodistribution study. <https://childrenshealthdefense.org/defender/mrna-technology-covid-vaccine-lipid-nanoparticles-accumulate-ovaries/>
 38. Schadlic A, Hoffmann S, Mueller T, et al. Accumulation of nanocarriers in the ovary: A neglected toxicity risk? *Journal of Controlled Release*. May 30, 2012;160(1):105-112. <https://www.sciencedirect.com/science/article/abs/pii/S0168365912000892>
 39. Kim CJ, Romero R, Chaemsaitong P, Kim JS Chronic inflammation of the placenta: definition, classification, pathogenesis, and clinical significance. *Am J Obstet Gynecol* 2015 Oct;213(4 Suppl):S53-69. doi: 10.1016/j.ajog.2015.08.041
 40. Tang Q, Zhang L, Li H, Shao Y. The fetal inflammation response syndrome and adverse neonatal outcomes: a meta-analysis. *J Matern Fetal Neonatal Med* 2021 Dec;34(23):3902-3914. doi: 10.1080/14767058.2019.1702942
 41. Neuromyelitis optica IgG causes placental inflammation and fetal death. Saadoun S, Waters P, Leite MI et al. *J Immunol* 2013 Sep 15;191(6):2999-3005. doi: 10.4049/jimmunol.1301483.
 42. Javaid N and Choi S. Toll-like receptors from the perspective of Cancer Treatment. *Cancers*. 2020 Feb; 12(2):297 <https://www.ncbi.nlm.nih.gov/pmc/article/PMC7072551/>
 43. Yokota S, Okabayashi T, Fumii N. The Battle between Virus and Host: Modulation of Toll-Like Receptor Signaling Pathways by Virus Infection. *Mediators of Inflammation*. 16 June 2010 <https://doi.org/10.1155/2010/184328>
 44. Personal communication with Dr. Ryan Cole MD
 45. Death rates up 40%, setting new 200-year high, life insurance company CEO says. <https://www.dailykos.com/stories/2022/1/5/2072827/-Life-in->

- [surance-CEO-says-pandemic-death-rates-for-18-64-year-olds-are-the-highest-we-have-seen-ever](#)
46. United States Code § 300aa-1 *et seq.*
 47. VAERS: Vaccine Adverse Event Reporting System, "About VAERS," <https://vaers.hhs.gov/about.html#:~:text=About%20VAERS&text=VAERS%20is%20co%2Dmanaged%20by,an%20adverse%20event%20to%20VAERS>.
 48. As 42 United States Code § 300aa-22 entitled "Standards of Responsibility" states: "No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings."
 49. *The Vaccine Injury Compensation Program: Addressing Needs and Improving Practices, 6th Report*, by the Committee on Government Reform, 106th Congress, 2d Session, House Report 106-977, p. 9, (emphasis supplied), <https://www.congress.gov/congressional-report/106th-congress/house-report/977/1>.
 50. VAERS: Vaccine Adverse Event Reporting System, *About VAERS*, "Background and Public Health Importance," <https://vaers.hhs.gov/about.html>.
 51. FDA-Approved Prescription Drugs Later Pulled from the Market by the FDA. <https://prescription-drugs.procon.org/fda-approved-prescription-drugs-later-pulled-from-the-market/>
 52. Investigation into spike in newborn baby deaths in Scotland. <https://www.bbc.com/news/uk-scotland-59347464>
 53. Dr. Nagase Talks on FOIA of Pfizer's COVID-19 Vaccine Documents, Adverse Events, and More. Download the documents at this website. <https://centipedenation.com/first-column/dr-nagase-talks-on-foia-of-pfizers-covid-19-vaccine-adverse-events-and-more/>
 54. Esnault C, Priet S, Ribet D, et al. PNAS. Proceedings of the National Academy of Science. November 11, 2008;105 (45) <https://www.pnas.org/content/pnas/105/45/17532.full.pdf>
 55. Leiser R, Kaufmann P (1994) Placental structure: In a comparative aspect. *Exp Clin Endocrinol* 102:122–134.
 56. Moffett A, Loke C (2006) Immunology of placentation in eutherian mammals. *Nat Rev Immunol* 6:584–594.
 57. Bischof P, Irminger-Finger I (2005) The human cytotrophoblastic cell, a mononuclear chameleon. *Int J Biochem Cell Biol* 37:1–16
 58. Wang X, Liu Z, Wang P, Li S, et al. Syncytin-1, an endogenous retroviral protein, triggers the activation of CRP via TLR3 signal cascade in glial cells. *Brain Behav Immun*. 2018 Jan;67:324–334. doi: 10.1016/j.bbi.2017.09.009. Epub 2017 Sep 18. PMID: 28928004. <https://pubmed.ncbi.nlm.nih.gov/28928004/>
 59. Thorp KE, Thorp JA, Thorp EM. COVID-19 and the Unraveling of Experimental Medicine - Part I. *G Med Sci*. 2022; 3(1): 015-045. <https://www.doi.org/10.46766/thegms.pubheal.22012306>
 60. Goldshtein I, Steinberg DM, Kuint J, et al. Association of BNT162b2 COVID-19 vaccination during pregnancy with neonatal and early infant outcomes. *JAMA Pediatr*. Published online February 10, 2022. Doi:10/jamapediatrics.2022.0001.
 61. Jessica Rose and Josh Guetzkow. Still births, Miscarriages and abortions in vaccinated vs. Unvaccinated women. Evidence from an Israeli hospital <https://jessicar.substack.com/p/stillbirths-miscarriages-and-abortions>
 62. Karrow NA, Shandilya UK, Pelech S, Wagter-Lesperance L, McLeod D, Bridle B, Mallard BA. Maternal COVID-19 Vaccination and Its Potential Impact on Fetal and Neonatal Development. *Vaccines (Basel)*. 2021 Nov 18;9(11):1351. doi: 10.3390/vaccines9111351. PMID: 34835282; PMCID: PMC8617890.
 63. Shimabukuro TT, Kim SY, Myers TR, et al. Preliminary Findings of mRNA Covid-19 vaccine Safety in Pregnant Persons. *N Engl J ed* 2021;384:2273–2282. DOI: 10.1056/NEJMoa2104983
 64. mRNA Covid-19 vaccines in pregnant Women. N

- Engl J Med 2021; 385:1536
65. Scott Morefield, "FDA Panel Member: 'We're Never Gonna Learn About How Safe the Vaccine Is Until We Start Giving It'", TownHall, Oct. 26, 2021, <https://townhall.com/tipsheet/scottmorefield/2021/10/26/fda-panel-member-were-never-gonna-learn-about-how-safe-the-vaccine-is-until-we-start-giving-it-n2598090>
 66. McCullough PA, Kelly RJ, Ruocco et al. Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection. Am J Med. 2021 Jan;134(1):16-22. doi: 10.1016/j.amjmed.2020.07.003. Epub 2020 Aug 7. PMID: 32771461; PMCID: PMC7410805.
 67. McCullough PA, Alexander PE, Armstrong R, et al. Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19). Rev Cardiovasc Med. 2020 Dec 30;21(4):517-530. doi: 10.31083/j.rcm.2020.04.264. PMID: 33387997.
 68. McCullough PA, Stricker RB, Risch HA. Role of hydroxychloroquine in multidrug treatment of COVID-19. Rev Cardiovasc Med. 2021 Sep 24;22(3):545-546. doi: 10.31083/j.rcm2203063. PMID: 34565055.
 69. Santin AD, Scheim DE, McCullough PA, Yagisawa M, Borody TJ. Ivermectin: a multifaceted drug of Nobel prize-honoured distinction with indicated efficacy against a new global scourge, COVID-19. New Microbes New Infect. 2021 Aug 3;43:100924. doi: 10.1016/j.nmni.2021.100924. PMID: 34466270; PMCID: PMC8383101.
 70. Benjamin Marble. Founder of www.MyFreeDoctor.com. Family Medicine Physician, Fort Walton Beach, FL. Dr. Benjamin A. Marble, MD | Santa Rosa Beach, FL | Family Medicine Doctor | US News Doctors
 71. Kory P, Meduri GU, Varon J, Iglesias J, Marik PE. Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19. Am J Ther. 2021 Apr 22;28(3):e299-e318. doi: 10.1097/MJT.0000000000001377. Erratum in: Am J Ther. 2021 Nov-Dec 01;28(6):e813. PMID: 34375047; PMCID: PMC8088823.
 72. Marik PE, Kory P. Ivermectin, A Reanalysis of the Data. Am J Ther. 2021 Sep-Oct 01;28(5):e579-e580. doi: 10.1097/MJT.0000000000001443. PMID: 34491955; PMCID: PMC8415512.
 73. Derwand R, Scholz M, Zelenko V. COVID-19 outpatients: early risk-stratified treatment with zinc plus low-dose hydroxychloroquine and azithromycin: a retrospective case series study. Int J Antimicrob Agents. 2020 Dec;56(6):106214. doi: 10.1016/j.ijantimicag.2020.106214. Epub 2020 Oct 26. PMID: 33122096; PMCID: PMC7587171.
 74. Ried K, BinJemain T, Sali A. Therapies to Prevent Progression of COVID-19, Including Hydroxychloroquine, Azithromycin, Zinc, and Vitamin D3 With or Without Intravenous Vitamin C: An International, Multicenter, Randomized Trial. Cureus. 2021 Nov 25;13(11):e19902. doi: 10.7759/cureus.19902. PMID: 34976511; PMCID: PMC8712288.
 75. Deborah Viglione MD, Integrative and Internal Medicine. Living Waters Regenerative Medicine Center, Gulf Breeze Florida. Deborah Viglione, MD - Gulf Breeze, FL - GAINSWave Certified Provider
 76. Thorp JA, Hollonbeck SA, Viglione DD, et al. Journal of Gynecological Research and Obstetrics. ISSN:2581-5288. Novel therapy for COVID-19 does intravenous ozonated-saline affect blood and tissue oxygenation? (peertechzpublications.com)
 77. Viglione DD, Thorp JA. Early outpatient Treatment for COVID-19 in a high-risk population. Submitted for publication, 2022.
 78. Cumulative data regarding the efficacy of Ivermectin for treatment of COVID19 www.IVMmeta.com
 79. Peter R Breggin MD, Ginger Ross Breggin. Covid-19 and the Global Predators: We Are the Prey. Lake Edge Press 2021. ISBN: 978-0-9824560-6-4.
 80. Robert F. Kennedy Jr. and the Children's Health Defense. *The Real Anthony Fauci*. Skyhorse Publishing 2022
 81. Brian Tyson, MD, George Fareed MD. Overcoming the Covid Darkness. How two Doctors Successfully treated 7000 patients.

82. Dr. Bhakdi Sucharit, "Doctors for Covid Ethics," posted Dec. 2021 on YouTube, <https://tube.doctors4covidethics.org/videos/watch/bea288f1-2ee5-4b83-b1aa-534c993298b9>.
83. Devastating negative efficacy UK COVID data week 4, 2022; Booster data; Covid-19 vaccine surveillance report Week 4, 27 January 2022, relative to week 3. <https://palexander.substack.com/p/devastating-negative-efficacy-uk?r=15hae6>
84. Nearly 25% of USS Milwaukee crew has COVID-19 officials say, despite 100% of all crew vaccinated. <https://www.navytimes.com/news/your-navy/2021/12/27/nearly-25-percent-of-uss-milwaukee-crew-has-covid-19-officials-say/>
85. Abbasi K. Covid-19: politicisation, "corruption," and suppression of science. BMJ. 2020 Nov 13;371:m4425. doi: 10.1136/bmj.m4425. PMID: 33187972.
86. The Office of Research Integrity US Department of Health & Human Services. <https://ori.hhs.gov/content/chapter-3-The-Protection-of-Human-Subjects-nuremberg-code-directives-human-experimentation>. NIH <https://history.nih.gov/pages/>
87. Hyperlink to 1,013 peer-reviewed publications documenting morbidities and mortalities associated with COVID19 vaccinations: <https://www.thegms.co/medical-ethics/medethics-RW-22021403-references.pdf>