Declaration of Dr. Jessica Rose

Date: October 1st, 2021

I, Jessica Rose, PhD, declare under the penalty of perjury of the laws of the United States of America, and state upon personal knowledge that:

1. I am an adult of sound mind, and make this statement voluntarily, based on my personal knowledge, education, facts or date, and experience, and under penalty of perjury of the laws of the United States of America.
2. I am competent to testify as a viral immunologist to the facts and matters set forth herein. The facts and matters set forth herein are the types of facts and matters medical experts rely upon to reach expert conclusions. A true and accurate copy of my curriculum vitae is attached as Exhibit A.
3. I pursued a Bachelor of Science in Applied Mathematics at Memorial University of Newfoundland (MUN) and a Master of Science in Medicine in Immunology at MUN. I continued with my studies in Israel, having been invited to pursue a PhD in Computational Biology (Viral Kinetic studies on Cytomegalovirus (CMV) and Hepatitis B Virus (HBV)) at Bar Ilan University. Since its completion, I have successfully completed two Post-Doctoral degrees in Molecular Biology, with a focus on Rickettsiology at the Hebrew University of Jerusalem, and Biochemistry, with a focus on Anisotropic Network modeling of ATP-Cassette-Binding Transporter molecule mechanisms at the Technion Institute of Technology. Since completion of the second Post Doc in December 2019 and the declaration of the global ‘pandemic’, I have been pursuing the task of teaching myself ‘R’ using the VAERS data from the United States as an exploratory database. I have published my findings in the journal 'Science, Public Health Policy and the Law' and have two other publications in peer review soon to be published -

both pertaining to VAERS data. One of the manuscripts is a critical appraisal of VAERS pharmacovigilance and the other is a review of Myocarditis adverse events.

4. According to lead experts such as Dr. Peter McCullough and Dr. Pierre Kory, Covid-19 is a highly treatable illness and I concur based on my analysis of their, and others, data. Covid-19 presents risk primarily to immune-aged individuals (such as the elderly – immune senescence) and those with comorbidities such as obesity and diabetes.
5. The Vaccine Adverse Event Reporting System (VAERS) is a pharmacovigilance tool launched by the FDA/CDC in 1990 to provide safety signals not detected in pre-market testing in the context of pharmaceuticals and biologicals such as the COVID-injectable products. I have recently presented an update of my VAERS data analyses to the Canadian COVID Care Alliance (CCCA) in the form of a video presentation[1] and also spoken for 3 minutes at the 167th VRBPAC meeting[2,3] to discuss pending booster roll outs. The judges voted 16 to 2 against rolling out boosters into individuals under 65 years of age due to my testimony, and others' testimonies.
    a. A typical timeframe for newly-designed biological product meant for human use is 5 – 10 years – from design, animal testing, Phase I-III trials to post-trial Phase IV monitoring to FDA approval. Exclusion criteria lists are long for each of the clinical pre-market trial phases (I-III) and exclude pregnant women, lactating women, children less than 12 years old (NCT04368728) and people with co-morbidities and autoimmune diseases, for example. The accelerated timeline of the COVID-19 products of <1 year to market and the 6-month duration of the Phase III clinical trial, precludes the generation of safety data for these groups thus it is unclear how it is

[1] https://www.youtube.com/watch?v=Y4MViwU3XOo
[2] https://www.bitchute.com/video/RlvApxXqKGdZ/
[3] https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-september-17-2021-meeting-announcement

possible to declare these products safe for the members of these groups. Any individual in one of these many groups should **not** be being injected until real safety data is generated and made available to the public.

b. There is a discrepancy between the number of reports in VAERS in the context of COVID-19 products (for 2021) and for all other years (this includes all 30 previous years of data). An over 1000% increase in reports in fact has been documented in peer-reviewed literature and this increase in reporting is not due to an increase in the number of injections administered or due to simulated reporting.[4]

c. Previous licensed vaccine distribution of (H1N1) products had a roll out stopping point of 50 deaths – this was the acceptable limit of deaths for the product. The acceptable limit for the number of deaths in the context of the COVID-19 products has not been established, and it needs to be established.

d. Approximately 1 in 400 people are reporting adverse events in the context of COVID-19 products following a double dose regimen and this is not age-specific – there is a unimodal distribution of data when the adverse event data is grouped by age.[5]

e. Over 10,000 different adverse event types have been reported to VAERS in the context of COVID-19 products to date (October 1st, 2021) and the adverse event counts for immunological, neurological and cardiovascular reports are in the hundreds of thousands and this is not accounting for the under-reporting factor.[6] Other adverse events increasingly being reported include those in the category of female reproductive issues which includes spontaneous abortions and

[4] Rose, J. Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System? Science, Public Health Policy, and the Law. Volume 3:100-129 October 2021. Clinical and Translational Research.

[5] https://www.youtube.com/watch?v=Y4MViwU3XOo

[6] VAERS database

dysmenorrhea. Also, of great concern, are myocarditis reports being made to VAERS in the context of the COVID-19 products for young males: it has been shown in a peer-reviewed article that reports are 19x above background rates.[7]

f. Cancer reports being made to VAERS are increasing as weekly data is updated; the most prevalent type to date being breast cancer.[8]

6. The experimental vaccines are not successfully preventing transmission or breakthrough infections, in many cases, and thus are proving themselves to be ineffective as vaccines.

   a. The majority of people in Israel have received 2 doses of the Pfizer/BioNTech products yet represent the majority of breakthrough cases and hospitalized individuals in the population.[9]

7. The Pfizer-BioNTech COVID-19 product brand-named 'Comirnaty' has recently been FDA-approved. The EUA-approved product BNT162b2 (Pfizer/BioNTech) continues to be administered, in the United States, however, and it is unknown to me at this time if the Comirnaty is even available for administration in the United States. Perhaps this should be investigated.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on October 1, 2021,

Jessica Rose, PhD

[7] Rose and McCullough. Reviews in Cardiovascular Medicine. A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products. 2021. In print.
[8] VAERS database
[9] Our World in Data/Israel Ministry of Health Dashboard